

National Health Insurance: Truly Taking Care of a Nation

Honors Project
In fulfillment of the Requirements for
The University Honors College
University of North Carolina at Pembroke

By:

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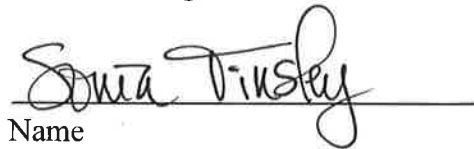
Nursing Department

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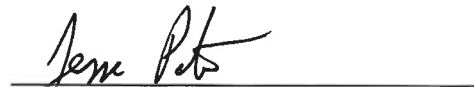
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TABLE OF CONTENTS

Abstract.....	3
Body of text.....	4
Documentation.....	11
Debate reflection.....	14

ABSTRACT

NATIONAL HEALTH INSURANCE: TRULY TAKING CARE OF A NATION

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Implementing national (universal) health insurance for the United States is an issue that deserves to be looked at by government officials. Having this type of insurance coverage in the country would help to cover the millions of uninsured and underinsured citizens of the United States. In order to support the reasons for implementing the universal coverage, information has been gathered that covers a variety of areas. For over a century, the American government has discussed the issue of national health insurance. Past supporters of the issue include former Presidents Truman and Nixon. Recently, Ezekiel Emanuel and Anna M. Miller have created types of universal coverage systems that can easily be implemented without causing too much frenzy for citizens. To help show people how universal coverage affects citizens, there is information included about the plans that have been implemented by San Francisco and Canada. San Francisco has created, implemented, and expanded its Healthy Kids Program. This program covers children and young adults until the age of 24. On a national level, Canada has implemented universal coverage for its citizens and it has had a positive effect on the country, the citizens, the government, the economy, and the healthcare industry.

National Health Insurance: Truly Taking Care of a Nation

Have you ever wondered or thought about how many uninsured people there are living in the United States? If so, you may have thought there are hundreds of thousands, well try millions. Even though America's current health care system is "deeply troubled", there is a solution called national health insurance, sometimes called universal health insurance (DeGrazia, 2000). The plan should be implemented because it has been discussed in our government for over a century, it will help millions of uninsured Americans, some states are already taking steps to enforce the plan for its own citizens, and Canada has already implemented the plan and its citizens approve of it.

The idea of national health insurance was thought of almost a century ago. The issue was included on the primary agenda of the first American Conference on Social Insurance in Chicago in 1913. Proper debate on "standard (universal) health insurance bill" took place in the Senate in 1915. The legislative debate continued for almost 50 years, and Medicare was formed. It took four presidents and numerous members of Congress to get America to offer health insurance to the elderly. On July 30, 1965, president at the time, Lyndon Johnson signed Title XVIII and Title XIX of the Social Security Act, and made it a law. This new law included Medicare and Medicaid. Medicare gives health insurance to every American that is age 65 and older, while Medicaid is "authorized matching federal funds so that states could give additional health coverage to many elderly, low-income, and disabled people" (Balkin, 2004). Looking at the success that Medicare and Medicaid have had since their implementation, this is proof that universal coverage would help, more than it would hinder, the citizens of this country.

Developing plans for national health insurance did not stop when Lyndon Johnson left office. Former president Nixon had also created a proposal for national health insurance. His proposal “envision[ed] a system of insurance funds but with the added involvement of commercial insurance carriers- an approach that no other country now utilizes in its official program.” The proposal had three main points: (1) “employers and employees would be required to contribute funds to provide basic health insurance coverage for the worker, and the worker’s family, (2) for those not covered by this program, especially the poor, there would be a new family insurance plan which in the case of welfare families would be fully financed and administered by the federal government, and (3) emphasis would be placed on enlarging a means of delivering health services that has grown up in recent years- the health maintenance organization” (Waldman, 1971). The fact that the issue of national health insurance has a history in our government should be one reason why our current government officials should look at it today.

National health insurance has many supporters. Ezekiel Emanuel is not only a supporter of national health insurance, but he has developed a blueprint that aims to satisfy all those involved in insurance, from the employee to the politician. The system, which Emanuel has created, is called the “voucher system”. Each individual or family would be given a voucher that would be used to purchase insurance from a “private managed care or insurance system.” The public would like the voucher system because they are no longer required to accept the insurance provider chosen by their employer. They are allowed to choose any doctor they would like and only pay for the services that meet the needs of their family. If they would like to have new or more services, they

would have to agree to pay a higher premium, but once again, this is at their discretion; they will never be forced to add more services. This system would satisfy politicians and the government. Liberals would like the system because it is a form of universal health insurance, which is a goal the party has been trying to achieve for a long time. However, conservatives would also like the system because the party has a history of supporting voucher systems in the past. Conservatives would also like the system if Medicare and Medicaid were incorporated into the system either immediately or over time. Including Medicare and Medicaid would get the “government completely out of health care.”

Emanuel admits that this is a bare outline and that a great deal of work and numbers need to be figured out before the system can be put into effect. (Emanuel, 2002). Even though the voucher system is not worked out completely, having a blueprint is the first step.

Another individual that is hard at work developing ways to implement national health insurance in America is, Anna M. Miller. Miller, a registered nurse, has gathered with other nurses in the field and developed several variations to put national health insurance into action. One program that was developed was the “Employer-based Health Insurance” program, which she describes as a “‘play or pay’ approach”. With this plan “employers play the game and provide private health insurance for their employees or pay into a public health insurance program through a payroll tax.” Both employers and employees would have the option to add more benefits at an additional cost. Using this program would not be a drastic change because it would be a slight change to the “employer-based insurance” that is already in place. Majority of Americans are already insured through their employer and those individuals that are uninsured, either have a full-time or part-time job, implementing this program would allow them to have

insurance. One aspect that many American may like is that they do not lose coverage when they change jobs (Miller, 1993). The plans that have been developed by Emanuel and Miller are examples of the first steps that need to be taken to move this country into a universal health insurance system.

Whenever changes need to be made, it is best to do so by taking small steps. Logically speaking, it would be impossible to transform the entire nation's health insurance system overnight. However, if small steps are taken by focusing on individual states, it is possible that the goal of national health insurance can be reached. For instance, the national government took a small step in 1997 when the Balanced Budget Act (BBA) was approved by legislation. This act "enacted the State Children's Health Insurance Program (SCHIP)". SCHIP allows states to receive "\$24 billion in matching funds" over a five-year period to strengthen the states' health insurance for children. This program leaves a great deal of room for the states to customize a health insurance program or system that will best benefit the children that live in that particular state (Swigonski, 2001). SCHIP is a good program because it focuses on the health of the children in the country, which is sometimes overlooked.

When it comes to providing health insurance coverage for children, San Francisco has set an example for the rest of the country. The city of San Francisco has taken it one step further and implemented a plan to cover uninsured young adults. Mayor Gavin Newsom of San Francisco has decided to cover uninsured young adults. This will take the city one step closer to universal coverage, which has been approved by voters. In order to cover uninsured young adults, Newsom wants to expand the Healthy Kids program, which was started in San Francisco under former Mayor Willie Brown in 2001.

The program “insures children who don’t qualify for other state and federal programs and whose family incomes are up to three times the national poverty level.” Under the program, a family just pays \$4 a month for each child. About 2,500 young people grow out of the program in the first year. Now, with this new plan, they will be covered until the age of 24. Currently, the program has 3,786 children enrolled. The city pays about \$5.95 million a year for the program, and the mayor has added \$1.9 million to the budget for 2004-2005 to help the young adults. The Healthy Kids program brings the city closer to meeting the goals of Proposition J, which calls for coverage for the city’s uninsured residents whose number is higher than 300,000; Proposition J was approved by voters in 1998 (2004). Alone, California has thought of ways to provide universal coverage of its own citizens and funded a program that covers uninsured young adults. Through the success of a small program, the American government can anticipate the success of a national health insurance plan for citizens of all 50 states.

Canada is one country that has already implemented a national health insurance policy. As a result of national health insurance being implemented, patient satisfaction is higher in Canada than the United States. When Canada implemented its policy, it was “built on existing provincial insurance programs.” Unlike the plans in the United States, the Canada’s plans covered physician services in the office and the hospital (Vayda, 1981). Canada accomplishes its national health care plan by global budgeting and other planning. The physicians’ fees are “negotiated annually by medical and government representatives.” Hospitals’ global budgets are also negotiated annually; this covers expenses and basically makes no need for patients to be billed. Their plan “provides universal access to care and still controls costs sufficiently to spend much less per capita

that the U.S. does.” In 1990, the United States spent \$2,566 per citizen on health care and Canada spent 70 percent less at \$1,770 per citizen. The “U.S. spends and estimated .25 cents of every health care dollar on administration” and Canada spends only .13 cents. Scandinavian countries, France, Great Britain, and others have national health care insurance and “had lower rates of health care inflation in recent decades than the U.S. has had.” Not only does their government save money, their physicians that work under this plan feel a sense of freedom. They are paid mainly “under a fee-for-service system” which avoids limitations on which doctors, patients can be referred to and the number of visits patients can make to see their doctor. They are not bothered with insurance companies’ demands because there are none. Patients also feel a sense of freedom. They can choose their physicians, which is something many Americans cannot do, they get the right care regardless of financial or employment status, or preexisting conditions, and they also do not have to worry about what their coverage allows, co-payments, or deductibles. The Congressional Budget Office (CBO) found that a national health care insurance plan is the only way to cover all Americans and save “an estimated 14 billion dollars annually” (DeGrazia, 2000). Canada has implemented a national health insurance plan and the outcome was they saved money and improved patient and physician satisfaction.

The issue of uninsured Americans is a major problem in the United States. However, that problem can be fixed by putting the national health insurance plan into action. It has been discussed in the American government for over a century, it will help those Americans that are either uninsured or underinsured, San Francisco has already taken steps to provide universal coverage to its young adults, and Canada has the plan

and it has pleased its citizens and government. Now is time when the government should start learning from the past, paying attention to the present, and looking towards the future.

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Reflection on "Time for a change or remain the same" debate

At the end of the presentation, the audience was split into two groups in order to debate the issue of national health insurance. The group that supported implementing national health insurance was called, "Time for change" and the group that opposed national health insurance was called, "Remain the same". Both groups were given time to brainstorm and develop their argument. Their statements could include information from the presentation, the media, or personal experiences. The purpose of the debate was to get the audience to take what they learned from the presentation and apply it to scenarios and challenge one another's views.

The "Time for change" group argued that the United States is currently spending too much money on the war and ignoring the current state of healthcare. They also mentioned that the money the country saves by implementing universal coverage could go towards strengthening other areas in the country. The areas they felt the money should go toward were healthcare and education. Two of the participants from this group have traveled overseas and noticed the benefits of the countries that have a form of universal coverage. They mentioned that the healthcare cost was lower and the state of public health was better overseas compared to the United States. This group felt that if universal coverage was implemented, the health of Americans would increase because insurance would not be an obstacle for them. They believe people do not visit the doctor as often as they should because of insurance reason, but universal coverage would allow them to visit the doctor more often and be better informed about their health.

On the other side of the issue was the "Remain the same" group. The main problem that this group had with universal coverage was that those who did not deserve it

would be covered. For example, they were concerned if whether or not illegal immigrants and the unemployed would be provided coverage. They felt that only those individuals that deserve coverage should get the coverage. This group was also concerned about the chance that taxes might increase in order to support and fund universal coverage. Another point of interest for this group was socialized medicine. They were curious to know whether or not it would be covered by universal health insurance.

Overall, the debate was successful. The discussion was very civilized and informative and did not get out of control. Each side supported their position well and caused the opposing side to think. The debate progressed by the sides challenging one another with questions. These questions caused the groups to think some more and often helped to strengthen their argument. In the end, both sides agreed that remaining the same and changing insurance coverage each had its pros and cons. However, they also said that seeing how the country would implement national coverage would be interesting.

Presentation Evaluation

Name of Presenter Anitra Williams

Title of Presentation National Health Insurance: Truly Taking
Care of a Nation

Date 4-16-08

Please rate on a scale of 1-5 (1 being highest)

- Excellent
 Satisfactory
 Needs Improvement
 Failed to Complete

Content:

Understands material 1

Main points clear 1

Main points supported 1

Organization logical 1

Delivery:

Maintained audience attention/interest 1

Volume 1

Articulation 1

Enthusiasm 1

Length appropriate 1

Visual aides:

Clarity 1

Interesting to view 1

Management 1

Name of Evaluator Sonia Tinsley

Department Health & Physical Education