

AN ANALYSIS OF HOW SINGLE-PAYER HEALTHCARE SYSTEM WILL IMPACT
AMERICA'S ECONOMIC EFFICIENCY

by

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ABSTRACT

I have hypothesized that a single-payer healthcare system will improve America's fiscal efficiency, redefine access to adequate healthcare at a reasonable price for Americans, and generate a surplus that could be applied in other public sectors. The purpose of this hypothesis is to further equity and inclusion that creates a positive change in our society. I developed this hypothesis by conducting applied research, which included polls I created and piloted in the general Southwest Florida region. My continuing research will include updating, developing, and organizing poll results. As a part of my applied research, I also created a website that seeks to help under privileged families with local treatments, such as x-rays, vaccinations, and pharmaceuticals. This too will continue to be updated as research evolves on this subject. Overall, my hope is to impact individual curiosity and educate American's on healthcare, and to ultimately propose a healthcare reform that would provide coverage for undocumented immigrants.

Keywords: Single-payer, healthcare, single-payer healthcare system, universal coverage, private insurance, government entity, equal opportunity, human rights, Southwest Florida.

Introducing The Law America Has Long Dreamed Of

Former U.S. president, Franklin Roosevelt, who is recognized for helping the American people maintain faith and hope in themselves, surmises a remembrance America has forgotten: “The test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have too little” (qtd.in Grumbach 533). It is of great significance to acknowledge that we are the only industrialized country without a public healthcare program. How is it that a first world country is facing third world problems? This situation calls upon a determined yet sorrowful audience, keeping in mind that millions of Americans are uninsured. As humans we are born with a right to health, which means that everyone has a right to the highest attainable standard of physical and mental health. This includes access to all medical services. It is with deep concern that access to healthcare has become harder to have, especially when relying on private insurance companies such as Medicare. An analysis of the challenges that humans face today is an ongoing problem that now America as a whole should be concerned with. While there are many issues that trouble America, not being able to afford healthcare is a phenomenon that violates our human rights. Families should not have to debate whether to visit the doctors due to high cost. Though many Americans have access to insurance they undertake needing to receive diagnostic exams or procedures due to high out of pocket expenses afterwards. There is no doubt that health care is costly; however, it can be determined that by establishing a single-payer healthcare system, America would improve its efficiency, and all to redefine the purpose of providing an equal opportunity for everyone to have access to adequate healthcare at a reasonable price, which will save our country billions of dollars in the long run.

History of Health Insurance

If one tends to understand how to fix today's health insurance system, America should be ingenious enough to look first at how it was born. In 1920, the evolution of the American health care system was born, with Americans spending an average of \$5.00 annually on healthcare (Blumberg). Indeed, this statement makes one ponder why health coverage was not necessary back then. Thus, this century felt there was no need for an insurance that cost \$5.00 given the fact that many Americans back then relied on natural home remedies and the majority of the people that did visit the hospitals were close to death. In essence, by the late 1920s hospital beds were beginning to go empty every night. A need for economic sustainability began to cause a demand for hospitals to have patients that weren't deathly ill. Due to this situation, an official from Baylor University Hospital started searching for ways to get people to pay for healthcare monthly. In like manner, they offered a plan for teachers to pay only 50 cents each month in exchange to receiving healthcare (Blumberg). As America continued to develop, it faced the great depression and having insurance was not a luxury anymore but a necessity. Nevertheless, when the great depression hit, patients began to disappear. Here, the official from Baylor University's hospitals idea became extremely popular (Blumberg). Today, it is known as Blue Cross. Blue Cross initiated the modern system of healthcare and it became a way for employees to receive benefits. Important to mention, factories began to use the Blue Cross health insurance to lure employees into working for them. Years later, the debacle of only having employee based insurance arose. In the hope that, they create a health insurance that would become more accessible to everyone, the next step in the evolution of healthcare began.

The Emergence of Medicare and Medicaid

We enter the 1960s an era of dramatic changes, especially in the role the federal government was taking in the organization and finance of healthcare. According to Harvard professor Dr. Frank, the approaches adopted for paying for health services during this time would frame economic policy toward patient care for the next 35 years. Ultimately, who would of ever imagined that 51 years later this approach continues to impact us today. Consequently, amongst the most notable policies was the passing of the legislation of the amendments to the Social Security Act (Frank). In 1965, President Lyndon B. Johnson signed the bill into law that led towards the establishment of Medicare and Medicaid (CMS). These programs were established to offer health insurance protection to the elderly, the poor, and the disabled. Medicare was broken down into Part A, which paid for facility-based care, and Part B, which dealt with physician services (Frank).

Enrollment in Medicare/Medicaid: Elderly and disabled beneficiaries (only those enrolled in the Social Security Disability Insurance) are automatically enrolled in Part A, which pays for hospital care. Enrollment in Part B, consist in the payment of professional services. Part B is optional and requires that a premium be paid (Frank). Presently, Medicaid consists of the same guidelines, but was mainly established for low-income people of every age (Frank).

Differences between Medicare and Medicaid: Presently, Medicare is an insurance program, in which medical bills are paid from trust funds, who those that are covered, continue to pay into. It was inaugurated to serve people 65 or older, no matter what their income is. Unlike when it was established, it now covers younger disabled and dialysis patients. Even though patients pay part of cost through deductibles for hospital and other cost, small monthly premiums are required for non-hospital coverage. Medicare is a federal program that is run by

the Centers for Medicare and Medicaid Services. On the other hand, Medicaid is an assistance program. It serves low-income people no matter what age level. Typically, even though patients pay no part of costs for covered medical expenses, a small co-payment is required (HHS). However, throughout the years since its inception, the American population has increased significantly. Critically enough, providing insurance, driven by increases in population, has outpaced it, leaving millions currently uninsured. Though congress has made a variety of changes to Medicare and Medicaid, the beneficiaries are not the people anymore, but the private insurance companies them selves.

The Allocation of Funds for the Health Care Sector in America

As we further analyze the detrimental impacts on healthcare, we come across how America funds and allocates money towards the healthcare sector. How can the United States spend trillions of dollars and still have such an atrocious health care? In America, a variety of private health plans cover the profitable sector of society, such as low cost healthy workers and their families. In like manner, public programs are obligated to cover the higher cost of the elderly, individuals with permanent disabilities, and a diversity of low-income individuals. Since the uninsured are unable to pay for the care they receive, their cost is shifted to government programs (McCane). The problem with government programs is the quantity of patients they receive, which results in adequate quality healthcare. Furthermore, recent studies show that by replacing our current health reform with a universal funded single-payer system America would recover \$200 billion dollars or more, which are currently being wasted on unnecessary administrative services. Recent studies from the offices of Medicare and Medicaid Services on December 2, 2015 show that in 2014 health spending in the U.S grew 5.3%, reaching \$3.0 trillion or \$9,523 per person. Correspondingly, the health care sector grew 1.2% faster than the

overall economy in 2014 and has continued to increase rapidly (NCSL). It is breathtaking to think that our healthcare spending is growing faster than or GDP (Gross Domestic Product). Having taking expenditure costs into consideration, a National Health spending study is presented, which was released July 2016. It demonstrates the amounts and annual predicted growth, by spending category with selected calendar years 2015-25. (See Fig 1 on Appendix)

One can see the deficiency private insurance companies have brought to America, where the whole purpose of having insurance is to receive quality healthcare and have the least out of pocket expenses as possible, yet this proposal remains inadequate. A point often overlooked explains why families in America have seen no increase in their real incomes over the last decade: “All of the improvement in productivity and growth during that time has gone to the health care sector” (*Ration End of Life Care*). The extreme challenges presented that America is facing and will continue to face has long absconded from the hands of the government, and has now outstretched to your loved ones.

How recovered Health Care money will be applicable to other public sectors: There is little doubt that the healthcare sector grows faster than any other sector in America. While providing insurance for all at a reasonable price is crucial, our government needs to realize that by implementing a single-payer system, America would save billions of dollars. This money would be allocated to other public sectors that are in urgent need of funding. For example, if we continue to use our current healthcare platform, policymakers will be obligated to make decisions that will profoundly affect future economic opportunities in communities across the country (Williams). By saving money from the healthcare sector, the government would allocate this money to the education sector whose budget continues to be cut down. The government needs to realize that America needs to reinvest in education. *Children* are the future of America.

By increasing education funds, not only will schools improve student's academic performance, but also the quality of a state's workforce and jobs overtime (Williams). A study found that "the increased earnings alone outweigh the costs by more than five times" (Williams). Furthermore, the reason I stress that the education sector needs additional funding is because from my personal experience, I had the opportunity to volunteer at the Imaginarium, which is a museum focused on STEM research, located in Fort Myers, Florida. Each year they hold a solar panel competition. At this competition, students from elementary to high school have to construct solar panels and use it to cook any food they desire. It was amazing to see the intellectual capacity of these students. Thus, this made me realize that if the government continues to cut back on education budgets, these STEM programs, which are focused on educating students in science, technology, engineering, and mathematics will disappear. Forthwith, it is time that the government opens their eyes and realizes that STEM education is vital to our future as it shapes children's everyday life, and our technological advances call for continued implementation of these programs.

Increased work productivity: With our current healthcare platform, the ongoing cycle of uninsured Americans causes low productivity in the workplace. This impacts our culture significantly because ill and stressed out workers cause stressed out clients. Therefore, employees are constantly calling for days off work or not showing up at all, in which a repetitive pattern occurs. If employees continue to be ill and request time off, this causes jobs to offer insufficient service. Furthermore, diversity stress as morality stress impacts the workforce tremendously. "In multicultural situations diversity stress is widely experienced in part because key management assumptions involving moral diversity are constantly changing" (Andre 489). A concise example would be managers, team leaders, or overall higher authorities that on a daily basis have to deal with challenges like dealing with a longtime employee who has just lost his

mother or an employee who cannot afford a doctor's visit. The transmission of stress in the workforce impacts America entirely. Henceforth, if the government would adopt a single-payer system, productivity in the workforce would increase because employees would not request as many days off. This then results in America increasing its GDP (Gross Domestic Product). In return this leads to saving America billions of dollars that could be allocated to other public sectors as discussed earlier on.

Stress free America: Stress is the medical term that tends to immediately shut down ones' body system in a way that humans are incapable of contributing effectively to our society. From the smallest of situations to the most consuming, stress is a growing problem that is difficult to become aware of instantly, meaning that when a person reaches their stress threshold, the body has already reached its highest capacity. Despite the fact that we have medical theories explaining what causes stress, it still continues to affect our culture in many ways. One might contemplate if it is culture that is causing stress on human beings or is it that human beings are affecting our culture's evolution by being stressful. The augmentation of stress led by the anxiety of not having medical insurance has affected mental health, family households, and low productivity in workplaces. By examining the effect, we will have a clearer aspect of how the stress of not having medical insurance impacts our society, by taking out their stress on their daily life routines and what can be done to increase awareness of this ongoing battle against stress.

Fiscal and Monetary Views on Healthcare

For a clearer understanding on the roles fiscal and monetary policy partake in government, one begins by analyzing their roles. Monetary policy is a term that refers to the actions of central banks to achieve objectives such as price stability, full employment, and stable

economic growth (“What is the difference”). On the other hand, Fiscal policy is a term that refers to the tax and spending policies of the federal government. Unlike, the monetary policy, fiscal policy decisions are determined by the Congress and the administration (“What is the difference”). The Federal Reserve does not partake in decision making for the Fiscal policy. How do fiscal and monetary policy influence the healthcare platform? The healthcare reform will be a key fiscal policy challenge in upcoming years because it can be determined that public health spending has risen incredibly. These spending pressures are expected to escalate over the next two decades, especially if technological advances continue to increase costs. Important to note, these increases will occur at a time when countries, like America, will need to undertake increased fiscal adjustments to help reduce public healthcare debt ratios (IMF). Notably, the healthcare reform is among the most complex areas of public policy. “The pervasiveness of market failures in the health sector, and a desire to ensure that access to basic health care reflects need and not ability to pay, have motivated extensive government involvement in this sector” (IMF). Due to this pervasiveness there is a need to ensure that whatever healthcare platform is adopted, public healthcare services are provided efficiently. This is why implementing a single-payer system is crucial.

Liberal and Conservative Views on Implementing a Single Payer System

For one to understand the views Liberals, also known as Democrats, and Conservatives, known as Republicans, take towards the implementation of a single payer system, one must understand how global perspectives have influenced the framework of American politics. “A Liberal is generally thought to be someone who supports large government with heavily funded social programs and favors social engineering” (Redmond). Similarly, a “Conservative is generally thought to be someone who supports small government, and does not support

government funded social programs, and is against any form of social engineering” (Redmond). With this being said, the ideologies both political parties are based on follow the way Democrats and Republicans interpret the Constitution of the United States. Unfortunately, as one can see, with the state of America’s current healthcare platform, both political parties are going against the ideals of “Life, Liberty, and the pursuit of happiness” the Constitution was established upon.

Democratic Views: It has been a goal of Democrats since 32nd president of the United States, Franklin D. Roosevelt, to create a universal health care system. Every other dominant industrialized nation has done so. It is now time for America to join them and comply with the legacy of Franklin Roosevelt, Harry Truman, Lyndon B. Johnson, and other significant democrats. In a health tracking poll conducted in December of 2015, nearly 6 in 10 Americans, which equals 58 percent, say they favor the idea of universal coverage, including 34 percent who say they strongly favor it. Opinions vary widely by political party identification, with 8 in 10 democrats (81 percent) saying they favor the idea (“Democrats and Independents”). Some may ask themselves the reasons behind democrat’s ideals in wanting to implement healthcare coverage for all. In short, democrats know that a single-payer system will save taxpayers about \$500 billion per year even including the initial costs to train more doctors and nurses. They also concluded that Canada and 19 of the other wealthiest countries pay about 60% as much on health as we do, for care that is always free at the point of service (“Bernie Sanders on Healthcare”). Comparatively, the statement American politician Bernie Sanders gave in support of getting rid of private health insurance:

Bernie believes that the challenges facing the American healthcare system need to be addressed immediately—they are a matter of life and death. He has always believed that healthcare is a human right and should be guaranteed to all

Americans regardless of wealth or income. He prizes the health and wellness of individuals over corporate profits. Additionally, he supports future legislation to curb drug costs and tackle fraud in the industry. Altogether, universal healthcare serves as a strong foundation for his policy goals. (Bernie Sanders on Healthcare)

If Americans could one day come to an agreement, we will benefit, and altogether eradicate private healthcare companies, the human is not a negotiable money profit. If the healthcare platform continues to remain the same, death rates will increase because when the uninsured asked for help, they were heard, but ignored. Butt out, private health insurance, Americans are now aware of your atrocious acts.

Republican Views: From my perspective, unlike democrats who view healthcare as a right and believe that every citizen should benefit from adequate healthcare, republicans views are based on, once you're an adult, you're on your own. If you cannot afford healthcare, you're just out of luck. Healthcare has risen to the forefront of political issues, especially in terms of the Republican Party. The Republican Party believes in a patient-centered healthcare system, which is based in free markets, cultivating competition and decreasing healthcare costs. Nonetheless, they believe that a health care system, like universal health coverage, that would be run by the government will reduce both the efficiency and the standard of care, as well as compromise the patient-physician relationship, and increase waiting periods ("Republican views on healthcare"). As biased as these viewpoints may be, Republicans don't acknowledge the primary benefits, like the fact that universal coverage will lessen the unfair encumbrance on the working class to pay for a corporate health care plan amongst other positive factors. Republicans establish a fair point when they claim that since this system would be run by the government, there would be increased waiting periods when it comes to receiving patient care. What Republicans do not

realize is every American will be given the opportunity to choose his or her own doctor, of course this may lead to prolonged waiting periods, but when it comes to being uninsured, the waiting time becomes the least of worries.

The Affordable Care Act

What seemed to be a solution to America's Healthcare crisis was finally executed on March 23, 2010 by the United States federal statute on behalf of President Barack Obama, known as the Affordable Care Act (ACA). The ACA refers to two separate pieces of legislation, the Patient Protection and the ACA, and the Healthcare and Reconciliation Act of 2010 ("Affordable Care Act"). Altogether they expand Medicaid coverage to millions of low income Americans and make a number of improvements to both Medicaid and the Children's Health Insurance Program ("Affordable Care Act"). Consequently, the ACA law has three primary goals. To make health insurance affordable and available to more people, to expand the Medicaid program to cover all adults with income below 138% of the federal poverty level, and to support innovative medical delivery methods, which are designed to lower the costs of health care in general (Healthcare). Ultimately, for the first time, states can provide Medicare coverage for low-income adults without children and can be guaranteed coverage without a need for a waiver ("Affordable Care Act"). The ACA was a critically important step towards the goal of universal healthcare. Thanks to the ACA, more than 17 million Americans have gained health insurance (Healthcare). Some of the benefits include young adults being able to stay on their parents' health plans until they're 26. Important enough, all Americans can benefit from increased protections against lifetime coverage limits and exclusion from coverage because of pre-existing conditions (Healthcare). While the ACA has helped many, it has also created problems. The Democrats health care law ACA, also colloquially known as "Obama Care," will increase the

budget deficit by \$131 billion over the current 10-year budget window (2015-2024) (Healthcare Reform). Additionally, to offset the ACA's new spending, the law contains spending cuts to Medicare that amount to \$716 billion from 2013 to 2022 (healthcare Reform). Therefore, since the law's passage the Medicare Trustees have warned that if these cuts are implemented, as the law requires, it will impact senior's access to quality of healthcare (Healthcare Reform). With this intention, the end result is that seniors will have fewer provider options and will be forced to find new doctors. It is also noticeable that the amount of money spent on the implementation of the ACA has not made Americans healthier. Dejectedly, in our high priced healthcare system that continues to leave million overlooked, we spend more yet end up with less. Americans need a healthcare system that works for both patients and providers. It is for these reasons that the government needs to use the ACA law as a segway to establish universal health coverage for all.

Proposing A Single-Payer System

A complication of such monumental proportion calls for the implementation of an urgent solution. The current problem with all solutions is they require time and effort, further government action, and billions of dollars. While all solutions being proposed have continued to create more problems than what it originally started off with, I suggest that one further analyze methodically the solution of providing insurance at a reasonable price for all by adopting the single-payer system. Respectively, a single-payer system is "a system like Medicare, in which people pay for their coverage through taxes to the federal government, which then distributes it to hospitals and clinics" (Grumbach 532). Thus, as acknowledged before not only is such system more efficient, but it will lessen the unfair encumbrance on the working class to pay for a corporate health care plan (531). Though many may think that patient care may change it will remain the same, or better yet implementing this system will allow Americans to see

improvement. Every American will be given the opportunity to choose his or her own doctor-
“the government has no say in their policies or decisions” (532). “Many advocates of universal
health care have long pointed to a single-payer system as the answer to the problems facing U.S.
healthcare” (Zezza and Parmet 92). By having one entity in charge of paying health care
providers it will increase coverage and improve outcomes (92). Correspondingly, a Harvard
Medical study demonstrated that America would save over \$286 billion by adopting universal
health coverage (Grumbach 532), as well as provide prescription drugs for seniors, cover every
uninsured person, and improve quality healthcare. Keep in mind, that in this case quantity and
quality are both significant, but what is the point of insuring everyone if Americans continuously
keep getting ill again. That is where quality healthcare takes place, to say nothing of, out of the
many benefits, this system would allow for the purchase of better prescription drugs. In like
manner, what is happening in America is happening everywhere, only faster, due to a growing
population. Now that one has analyzed what universal health coverage is, lets look at the
rigorous methods of how it would be implemented.

Implementing A Single-Payer System: With this intention, one begins to further
explore how a single-payer system would be implemented. To evade an economic thrust on a
rapid downfall of private insurance companies, the plan will be eased in annually through
Medicare (Grumbach 533). To clarify Columbia University graduate Jake Grumbach’s point:
Each year, Medicare will cover Americans ten years younger. In other words, depending on the
year it is being adopted, Americans above 55 will be covered by Medicare, followed by 45, then
35, and so on. The process will stop at 18, the year after it hits 25. According to the article “The
Advisory Board Company” Bernie Sanders, who is seeking the Democratic presidential
nomination, believes in the Single-Payer Healthcare system. His recent polls proved to many

Americans that nearly 40% of U.S. residents support replacing the current health care system with universal health coverage. According to Sanders, his plans will focus on ensuring that all U.S. residents have health coverage. He would do this by creating several new taxes to pay for the expanded coverage. The plan calls upon a 2.2% healthcare tax on all individuals and 6.2% health care payroll tax on employers. The plan would also increase taxes for U.S. residents with the highest incomes, such as those who make annual incomes of more than \$10 million. Given the above statistical methods on how this system would be implemented, an analysis released by the Sanders Campaign examined that his proposal would reduce U.S healthcare spending by more than \$6 trillion over 10 years (Polls). Indeed, it is not too late for America to take action and take into consideration the method proposed by Sanders.

Vermont's Example: Beyond the stellar analytical extensive research stated above, to further encourage America to join the 40% who support such a system, a detailed study demonstrates the state of Vermont that adopted the single-payer system and it has overall provided many successes for its people. Without further hesitation, Vermont's bold experiment reveals that according to Hsiao William from the Journal *Health Affairs*, after the first full year of operation in 2015, they expect to produce an estimated savings of 25.3% in comparison to current state health spending levels. It will also create an estimated average of 3,800 jobs, and boost the state's economic output by \$100 million. On May 26, 2011, Vermont governor Peter Shumlin signed House bill 202 (H 202), the state's single-payer healthcare law (1). It is of equal importance to know that Vermont is the first US state to auspiciously enact the single-payer law (1). One may wonder how they were able to enact the H 202 law. Henceforth, Vermont saw a political opportunity given that in 2011 both the House and the Senate in Vermont's legislature were controlled by Democrats (1). It is important to realize that the Democratic governor was

elected on a platform of single-payer healthcare. Vermont further calls upon the attention of other states to consider a change in their health system reform, and Vermont is willing to discuss lessons with America to enact a change.

Taiwan's Example: Moreover, we further researched the immense country of Taiwan, who celebrated their 20th anniversary using the single-payer national health system. Needless to say their universal health coverage had provided Taiwan's 23.4 million residents with insurance (Cheng 502). As many know, nothing worth having comes out quintessential, the first time it is implemented. Even though the system has encountered challenges over the years, that includes financial deficit, Taiwan's government managed crisis through sequential policy adjustments and reforms (502). A brief overview states that Taiwan's government began planning to provide universal health insurance for its citizens in 1986, and at that time 8.6 million people were either uninsured, paid for care out of pocket, or went completely without it (502). Over the years as Taiwan's population has continued to increase so has the number of uninsured. It wasn't until 1995, after various case studies and surveys conducted around the world, that Taiwan passed the new law, and by the end of 1995, 92% of the overall population was insured (502). In order for Taiwan to carry out such rigorous tasks, it took strong public demand, strong political leadership, and the need to control double-digit growth in healthcare spending. With this in mind, Taiwan's successful experience with universal coverage are lessons for America to expand coverage, manage adjustments to the health system, and achieve freedom of choice (502). One can see that America not only needs strong political leadership, but *your* cooperation.

Florida's Healthcare

As a local Floridian it is important to know that currently 2.8 million of the populace in Florida remain uninsured (Gentry). Though many are eligible to enroll in Medicare or the

Affordable Care Act, they continue to remain insured because it creates an income tax penalty for Americans who could afford a health plan, but chose not to have one (Gentry). One can see that the number of people not getting insurance could also decline as the income tax penalty increases each year (Gentry). It is chaotic to think that a report found that “many Floridians found coverage to be too expensive, even with financial assistance” (Gentry). Henceforth, the flaws of Medicare or Medicaid and even the Affordable Health Care Act are endless. It is for this reason, that if one begins to research their own state, they would be crestfallen at the results they would likely encounter. As for now, if we can begin to educate Floridians on the implementation of universal health coverage, our community will pick the correct presidential candidate, which in return would allow for the single-payer system to become a law, the law America has long dreamed of.

Attacks on Implementing Universal Health coverage

With every dreamy law, comes the opposing viewpoints of many, in fact others viewpoints are not meant to change ones perspective on certain thoughts, but for one to make a concise intellectual decision. In this case, an analysis presents a refutation that acknowledges even though a “single-payer plan is the most radical reform of the financing system, it retains and solidifies the nineteenth century, fragmented, fee-for-service delivery system that provides profligate and quality care” (Emanuel 38). Researcher Ezekiel Emanuel argues that the American health care system needs to address problems both financially, and in the delivery system” (38). By the delivery system he means being able to offer quality healthcare to patients. On the other hand, his article also argues that, “many working poor and lower middle class Americans pay taxes to support Medicaid, yet are excluded from these programs” (38). Therefore, something similar may occur if America were to adopt the system. Although this may be true, the article

contradicts itself because the whole point of implementing a single-payer system is to fix insurance financially and NOT by allowing the wealthy to receive much higher tax breaks than the poor or middle class. Be that it may, in regard to patients receiving quality healthcare, the single-payer system would indeed insure this by allowing each patient to choose his or her own doctor, although the government would be the main entity in universal health coverage it will have no right in choosing doctors/hospitals, and clinics for its patients. Conversely, the article states that currently Medicare is the largest part of state budgets, forcing states to limit their budget in other programs or sectors (38). Then again it is complete nonsense that the author contradict himself, knowing that the answer is to adopt the system proposed throughout this research paper.

At the same time, other viewpoints confess that single-payer systems spark endless debate, saying it is condemned as a form of socialized medicine (Reinhardt 881). Nevertheless, one knows that under a universal coverage, the entire population will share one insurance carrier in this case it will be administered by the government. This is why such system should not be looked upon as socialized medicine, because the government also owns and operates the system (881). Vermont and Taiwan are classic examples of this classification. While we have taken into consideration the opposing viewpoints from financing to delivery systems, to single-payer systems being seen as a form of socialized medicine, we come across the perspective that there is no perfect health system. “Extensive research into quality care in different countries demonstrates that there are no conclusive findings that one system is better or worse than others” (McGlynn 100). Keeping in mind, that quality care is not associated with how much each country spends. For example, the United States is the highest spending country in healthcare and the quality patients receive could be improved (100). For this purpose, I refute this article’s

argument. In a way the author is right there will never be a perfect healthcare system, but America needs a change and it needs to start somewhere. Nevertheless, a change in the system will reduce cost drastically and provide Americans with the human right of access to insurance.

Ultimately, when it comes to evaluating such a perplex situation that has to do with Americans having an adequate standard of mental and physical health the difficult part is being able to change one's mentality. Could it be that America has lived under the same health reform for 20 years now, and that people fear change? Maybe it is time that Americans change their mindset and the government start asking what our fellow residents actually need. As part of the human naturalness, one may tend to fear the change a new law might bring. That is why one is accustomed to leaving situations of great importance for the government to handle. If one lacks the courage to have a say in decisions that benefit our states-as to what ones state will look like in 2030- others will indeed make those decisions for us. Knowing that all do not share the same thoughts for the American health system that creates a dark shadow over the uninsured. The solution is quite simplistic and is in our hands. As Americans, we can support the need to make a single-payer system a law by educating our community even more on the situation. With this being said, do not forget your right to vote. Voting has an immense impact on whether we can make this law a reality one day. Thus, as for the government they also receive the invitation to educate themselves by reaching out to states like Vermont, or the country of Taiwan for ideas and principles on how they managed to be successful in implementing such law. As mentioned before, they are willing to collaborate their ideas with America.

Southwest Florida Statistical Analysis

In order to get a broadened perspective on my research, I decided to further analyze America's knowledge on healthcare. To do this, I created a statistical poll on Survey Monkey.

The questions on this poll were strictly based on America's knowledge of what a single-payer system was. Currently, this survey only applies to the Southwest Florida region. It categorizes the respondents by age groups starting from under 18 to 65 and older. The broadened age category allows me to prove my hypothesis that the younger age group lacks knowledge of the deficit our current healthcare platform is facing, but also they are not aware of what a single-payer system is. Consequently, this survey also asks the type of insurance people have. This question is of crucial importance because it allows me to analyze whether people rely on government medical insurance provided by the government or if they rely on private insurance companies. The idea of establishing a single-payer system is to expand medical coverage for Americans through the government by eliminating private insurance companies. Another important question presented in this poll asks people whether they are Democrats or Republicans. This question ties back to the research that states that most Republicans oppose changing our current healthcare platform. Overall, all these questions redefine the purpose of providing an equal opportunity for everyone to have access to adequate healthcare at a reasonable price. Currently, this statistical poll is in progress and the results will be provided soon.

“Life, Liberty, and the pursuit of Health Care Rights”

The ideals of “Life, Liberty, and the pursuit of Happiness,” or as I like to call it, the pursuit of our healthcare rights, is a well-known phrase in the United States Declaration of Independence. According to the Declaration of Independence, this phrase gives three examples of the “unalienable rights” that have been giving to all human beings by their creator, and which governments are created to protect. The Declaration also states that if for any reason the government cannot protect these rights, people have the right to overthrow the government and

call upon a new government. It is important that Americans remember these rights and understand that the principles of these rights are based on the government being able to provide safety, happiness, and equality for all. It is detrimental to acknowledge that a document that was created 241 years ago is beginning to slowly be abolished by the government. The overwhelming part is that as citizens, one has the right to speak up and make a difference, but many decide to stay quiet. As Americans, *we* have the right to educate ourselves on the issues that face America. Not only in the healthcare sector, but also on the overall deficits our country is facing. As a country founded on the ideals of unity and honor, *we* must enact a change in our healthcare platform.

Limitations/Recommendations/Conclusion

This chapter presents a synopsis of the study, the presentation of the findings and recommendations derived from the analysis and interpretation of the data.

LIMITATIONS:

The presented research was founded upon the human rights we are born with. This study was chosen because it negatively impacts Americans' health care rights, but it is also causing America to spend billions of dollars annually on medical insurance that is either too expensive to afford or cannot be obtained. This study focuses strictly on American citizens. As a result, the research presented is limited by its current population diversity size, making it extremely difficult to make generalizations.

RECOMMENDATIONS:

The violation of our human rights and the financial burden America will continue to face with its current health care platform indicates that there is a need to adopt a single-payer or

universal coverage healthcare system. Necessary action should be first taken by our executive branch to prevent the infringement of our rights as stated in the Declaration of Independence.

CONCLUSION:

In general, America is negatively impacted by its current healthcare platform. It was established that our government is at fault and that implementing a single-payer system for America would provide insurance for all at an adequate price. The platform of a single-payer system expands government funded medical insurance for all Americans and eliminates private insurance companies. However, a majority of Americans are worried about the increase in taxes the implementation that a new healthcare platform would bring. We have a golden opportunity in future election years to come to educate ourselves on the billions of dollars America would save by adopting a single-payer healthcare system. We have the perseverance and fortitude to shoulder the responsibility of change when our country's future is in jeopardy, as Americans have proven constantly and tirelessly throughout our nation's history. We need action. We need you. We need our government. We need our president. Now.

Appendix

National Health Expenditures 2015-2025, Health Spending Will Grow From \$3.4 Trillion to \$5.6 Trillion

National Health Expenditures 2015-2025
Health Spending Will Grow From \$3.4 T to \$5.6 T

Spending category	2016	2025	% Change 2016-25	2025 % of Total Spending
Hospital care	\$1,067.3	\$1,800.5	68.7%	32.0%
Professional services – Physician, Other, Dental	881.8	1,446.6	64.1%	25.7%
Other health, residential, and personal care	166.0	264.5	59.3%	4.7%
Long-term care	261.7	435.9	66.6%	7.7%
Retail – Prescription drugs	342.1	614.5	79.6%	10.9%
Retail – Durable medical equipment and other nondurable products	111.5	181.8	63.0%	3.2%
Government administration	47.3	87.3	84.5%	1.6%
Net cost of health insurance	220.4	382.6	73.6%	6.8%
Government public health	87.4	147.8	69.1%	2.6%
Investment	165.2	269.4	63.1%	4.8%
Total spending	\$3,350.7	\$5,631.0	68.1%	100.0%



Source: National Health Expenditure Projections, 2015-25: Economy, Prices, and Aging Expected To Shape Spending and Enrollment, Health Affairs, July 2016

Figure 1.1 National Health Expenditure Projections, 2015-25: Economy, Prices, and Aging Expected To shape Spending and Enrollment Health Affairs, July. 2016, Web, table 1.1.

Notes

1. Spending levels is in the Trillions. All statistics are based on the year 2016 with an analysis of predicted years up to 2025. Statistics do not include refugees or immigrants. Statistics based on the American resident population.
2. Political and Economical shifts will continue to change; henceforth my research will continue to be developed.

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