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Healthcare Reform in America

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***Abstract**: This article provides a historical account of the United States Healthcare System – including its benefits and limitations. Also provided are the responses of fifteen multi-disciplinary health professionals from a variety of health care settings on the current health care crisis. In this age of healthcare reform, solutions are proposed to improve the healthcare system in the United States of America.*

***Key Words**: Health, Uninsured, Healthcare, Insurance, Health Reform, Affordable Care*

I. Introduction

Governmental politics and recent presidential elections have propelled healthcare reform to the top of the nation's domestic policy priorities. According to the American Medical Association (1995-2022), health care spending accounted for about 19.7 percent of the U.S. gross domestic product in 2020 compared to 17.6 in 2019. Health spending in the U.S. increased by 9.7% in 2020 to $4.1 trillion or $12,530 per capita.

In terms of spending, the U.S. spends more on health care per capita than most industrialized countries. The World Population Review estimated that the U.S. spent more on its health care costs than any other industrialized country in 2021 (World Population Review 2022). Even so, healthcare outcomes were not noticeably different from other developed countries that spent less. The U.S. spends 40% more on healthcare than any other country in the world – largely due to drug costs and administrative fees. With health costs so high in the U.S., health insurance is no longer a mere commodity but an essential necessity. According to the Centers for Disease Control - National Center for Health Statistics, there were 29.6 million (11%) Americans under age 65 without any health insurance. Uninsured individuals 18-64 represented 13.5% of the population in 2021 (Centers for Disease Control, National Center for Health Statistics, 2022).

With these statistics on the forefront of health care, the questions arise - Whether health care is a right or a privilege? And What healthcare reforms are needed in America? In 1974, Victor Fuch wrote that - While social reformers tell us that "health is a right," the realization of the "right" is always less than complete because some of the resources that could be used for health are allocated for other purposes. Thus, politicians, health professionals and the general citizenry of the U.S. continue to ask the question, "Is healthcare a right?" We must ask "What problems are we currently facing that limit access to health care and how can they be resolved?" Finally, "What reallocations and systemic changes are necessary to assure that health care is a right?"

This article presents the viewpoints of selected health professionals in a southern U.S. state on these fundamental health care questions. Their insights from first-hand, day to day knowledge should prove to be both insightful and useful.

II. Review of Literature

Historically, many measures in both the government and private sector have been taken to promote health care among the citizens of the U.S. According to the Health Insurance Institute, the nation's first health insurance company began in 1847 for the protection of rail and steamboat workers. Anderson, 1975 further revealed that in 1916 and 1918, attempts were made by 16 state legislatures to establish some form of compulsory health insurance, as a mechanism to help families pay for health services. However, the movement was stalled due to lack of support from other health related industries.

Insurance as we know it today began in 1929 for Dallas school teachers. This insurance plan eventually evolved into Blue Cross plans (for hospital care), and later became Blue Cross and Blue Shield (to provide for outpatient care). Many other commercial health plans such as Aetna, Prudential and Cigna have also developed (Raffel and Barsukiewicz, 2002). In 2007, 99 percent of companies with 200 workers or more provided health insurance to their employees, according to the Kaiser Family Foundation and Health Research and Educational Trust (HRET) Survey of Health Benefits (Collins, 2007).

In addition to private health plans, Title XVIII Medicare and Title XIX, Medicaid were enacted in 1967 to provide health services for the indigent, elderly and disabled – via the modification of the Social Security Legislation. Since that time numerous other health care plans have been approved such as SCHIP (State Children's Health Insurance Program) for children and the Medicare Part C to provide prescription coverage for the elderly.

After a lengthy series of legislative events, led by President Obama, the House of Representatives passed the Health Care Reform Bill. In March 2010, the health care reform bill that President Obama officially titled the Affordable Care Act, became a part of the law (Alpin, 2010). Various aspects of the act took effect relative to children staying on their parents' health plans until age 26; coverage for certain pre-existing conditions, reducing insurance cancellation / lifetime caps, providing preventive care and emergency room care (Alpin, 2010).

Since it was enacted, the Affordable Health Care Act has helped about 20 million people get health insurance with increased benefits and lower costs to consumers and adding quality to the healthcare system – despite the individual mandate repeal in 2019 (American Public Health Association, 2021).

Yes, in principle, it appears that we want to increase access, quality and the affordability of health care – but barriers to accomplishing these goals still remain. A few of the many culprits include the high prices of premiums and deductibles and the link between employment and insurance. Part-time workers and those under contract are often excluded as premier candidates for health insurance (NCHI, 2004). The healthcare marketplace offers an alternative for part-time and unemployed workers (Healthcareplans.com 2022). Even so, universal governmental coverage without premiums is lacking.

Historical polls, showed that public and opinion leaders viewed the need to expand health care as the most critical domestic policy challenge facing the nation (Collins, 2007). Poll results also showed that the majority of Americans (61%) believe that paying for health insurance should be a shared responsibility by individuals, employers and government (Collins, 2007). Many movements have been underway recently opposing and supporting healthcare reform. Some "tea-partyers" have organized movements across the country in opposition to "Obamacare."

Additionally, another author suggested that physicians, nurses and other medical professions were in the best position to collaborate with patients on health care decisions – without being at the mercy of insurance companies' profit driven decisions (Kucinich, 2007). Other suggested resolutions have included making health care affordable, increasing access to quality health care, making health care portable (despite job mobility or life occurrences) and slowing the rate of health care spending (Romney, 2007).

Kucinich, 2007, also advocated for fundamental changes in the current health care system. In order to make fundamental changes, the major players in the health care system must be considered: (1) patients and customers; (2) providers of services; (3) suppliers of services and goods, including pharmaceuticals; (4) insurance intermediaries, including Medicare and Medicaid; and (6) government - as regulator, planner, financier for research and training (Williams and Torrens, 2008).

While the U.S. health system needs significant reform, it is still known as the best quality health care system in the world (Romney, 2007). To make needed reform, and assure the right to health care, health providers may be among the best "front-line" professionals to propose changes and solutions to the crises we face in the delivery of health care in the United States.

III. Methods

Semi structured interviews were conducted with over a dozen health providers in southern and northern Georgia cities – in their health care facilities. All of the providers were involved in direct patient care or the administration of patient care services. The health providers included health service owners, physicians, nurses, office managers, a health educator and a health analyst. The major interview questions requested the insights of the health professionals on health care / insurance problems and related solutions to the problems identified. The responses from the providers were placed in tabular form for review and summarization.

IV. Results

Results of the semi-structured interviews yielded fifteen responses from a wide variety of health providers on the U. S. health care crisis. A summary of the responses are presented in Tables Ia and Ib.

Generally, speaking, all of the health providers identified health problems commonly associated with the "three-legged stool" – cost, access and quality. The cost issues seemed to have the greatest frequency in occurrence and were directly related to the other issues. Solutions were suggested by the health providers - including universal access / coverage, National Health Insurance, governmental intervention, reconfiguration of premiums and deductibles, direct pay vs. third party pay and other incentives for preventive health practices (See Tables Ia and Ib).

Table Ia -Health Care Providers' Identification of Health Problems and Related Solutions

Health Provider–Work Site	Sources of Problems	Related Solutions
CNA - Assisted Living Facility	-Cost of health care; medical insurance premiums are sky rocketing -Many employees not eligible for medical benefits -Employer plans too expensive -Demand for insurance increasing -Elderly population living longer	-Universal access and coverage -Health care should be a right; not a privilege
Nurse Tech – Hospital	-Limitations on Peach Health Care funding	-Continuation of Peach Health Care funding
Chiropractor – Private Practice	-Insurance profit vs. patient health primary focus -Rising cost of visiting a provider -Unemployed / self-employed do not always know where to find quality insurance at a fair price	-Everyone should have some type of health insurance. -Workshops on various issues, e.g. health insurance for those with low incomes
Family Nurse Practitioner – Health Clinic	-Disparities in health care – especially for the uninsured -Underinsured with Preferred Provider Organizations that allow selected coverage	-Government programs for the poor -Governmental intervention; less spending on war -More programs from which the uninsured may choose -Preventive medicine to keep different diseases from occurring – e.g. healthy diet and exercise
Health Office Manager – Hospital	-Insurance is too expensive -Health care costs are too expensive -Low income families cannot afford health care and make decisions on whether to get	-There should not be premiums and deductibles. -There are Medicare plans that do not require premiums and deductibles – but one or the other.

	treatment or not	Why can't insurance companies do the same?
Senior Medical Secretary – Hospital	-Health insurance is not patient friendly- too much "red tape" -For needed care, some insurance companies have to be called repeatedly (by the physicians) to verify claims -Insurance verification approval sometimes falls on the patient	-Eliminate cumbersome aspects of insurance coverage and approval for procedures.
R.N. – Health Clinic	-Insurance is too high and many people are unable to afford any policy. -People do not practice preventive self-care.	-Follow recommended health guidelines form experts. -People should be more proactive about their health – get screenings, eat healthy and drink water. -The government should offer lower premium policies (for all) – especially for the less fortunate. -Lower premiums should be offered through jobs.
RN – Health Center	-(Affordable) healthcare should be for everyone – not just for those who work. -Mis-prioritization of the country's needs	-Pass legislation for universal health care (for all) -Include health care as a national priority vs. war (national security) only -Reassess the need for and role of technology in promoting health care

Table Ib -Health Care Providers' Identification of Health Problems and Related Solutions

Health Provider–Work Site	Sources of Problems	Related Solutions
RN – Hospital	-Insurance does not meet the patients' basic or major needs. -Some insurance companies give minimum coverage, and leave the patients with more than half of the costs for their visits. -Many major surgeries are not covered and leave the patient to go untreated or pay out of pocket.	-Insurance companies should cover more services for less money – so that basic needs can be met.
General Surgeon – Private Practice	-Problems stem from the profit motive of insurance companies and hospitals – along with annual increases in premiums. -Unaffordable health insurance and hospital services -Fee increases for new equipment purchases in health facilities yearly	-National Health Insurance
LPN – Outpatient Clinic	-Failed national policies on economics and healthcare -"Free-loading" – the shift in the cost of employee health care coverage to tax payers and responsible citizens -Critical choices – basic living expenses such as rent compete with health insurance premiums --Dropped benefits by employees	-Affordable health care by the government (for all) -Continuation of the Medicare and Medicaid programs for the elderly and mentally challenged -Discount insurance based on income level and allow choices on amount of coverage -Have direct pay for insurance vs.

	leads to emergency room care and increases for tax payers.	third party -Insurance incentives for preventive health practices – such as being a non-smoker
Certified Nurse Midwife – Private Practice	-Limited service availability and affordability for low- or no-income individuals	- Governmental review of health care to determine what works and what doesn't -Public services should include all.
Health Educator – Public Health Clinic	-People with limited education often take jobs without insurance.	-Write elected officials to support expanded health care access. -Implement universal health care.
Home Health Care Director – Owner Home Health Care Service	-Employment is no longer a guarantee of health coverage. -Part-time and contract workers may be ineligible for employer insurance. -Some people cannot afford insurance. -Too many factors in pre-qualifying for insurance -Too few insurance companies from which to choose – thus, limiting market competition -Too much paper work	-Laws to make health care affordable -The government should be removed from decisions on health insurance and allow doctors to approve patient's insurance.
Health Management Analyst- Hospital	-Expense of health insurance -Affordability for unemployed or low income families -High premiums for employers	-Hospital carefulness is needed in providing care for those who cannot afford it. -Promotion of primary care services to minimize unnecessary care

V. Discussion / Conclusion

Problems and solutions for the current health care system identified by the health providers were quite similar to those identified in the literature. One author suggested one "real" solution to the health care crisis as the removal of the "for-profit" element from the health care equation (Kucinich, 2007). Other less radical suggestions included such measures as shared responsibility in funding (Collins, 2007).

Allowing health providers to make more health care decisions relative to funding / reimbursement (Kucinich, 2007); establish federal incentives to deregulate and reform state markets; enhance savings accounts and provide full deductibility of qualified medical expenses and the reformation of Medicaid were also suggested in the literature (Romney, 2007). Additionally, the administration of President Obama has led reforms to increase access to health insurance. Even so, national healthcare remains a common recommendation by health professionals. Many of the suggested solutions have considered cost-saving measures, more care management and prevention (Woolhandler and Himmestein, 2007).

Both preventive and chronic disease management models consist of coordinated sets of health care interventions and communications amenable to self-care management (Long, Perry, Pelletier, Lehman, 2006). Mathematical and business models have also been suggested to explore price control and regulation relative to the delivery of health care and pharmaceuticals.

Obviously, the health care crisis is much too complex to be effectively resolved in one study – especially in consideration of escalating administrative costs and pharmaceutical prices, the increase in specialization among providers, the increase in technological advances, the aging of the population, the increase in chronic diseases, health consumerism and open-ended spending in health care.

Despite the approach selected based on feedback from professionals and citizens, alike, the era in which we live presents a golden opportunity to revisit our health care stance in America. It is also a time when we can critically review appropriate alternatives and determine resolutions to our dilemma. The ultimate question

remains "What additional steps will be embraced to move towards health care as a right vs. a privilege - for all of the citizens of our great nation?"

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