**Should All Americans Have the Right to Health Care?**

**References:** [**http://healthcare.procon.org/**](http://healthcare.procon.org/)

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| The United States is one of the world's only developed nations that does not guarantee universal health coverage for its citizens. In 2005 the United States and the other member states of the World Health Organization signed the World Health Assembly resolution 58.33, which stated that nations should "transition to universal coverage of their citizens... with a view to sharing risk among the population and avoiding catastrophic health-care expenditure and impoverishment of individuals as a result of seeking care."  |



Compared to the 34 nations of the OECD, the United States had the third highest rate of infant mortality (behind Turkey and Mexico), 2.4 practicing physicians per 1,000 people (lower than the OECD average of 3.1), and an average life expectancy of 78.7 (lower than the OECD average of 80.1 years).  In the United States, fewer than 10% of patients wait more than two months to see a specialist versus 41% in Canada, 34% in Norway, and 28% in France. The US 5-year survival rate for all cancers is 64.6%, over 10% higher than the 5-year cancer survival rate in Europe (51.6%). A 2009 study found that the United States had better cancer screening rates than 10 European countries including France, Germany, Sweden, and Switzerland. The United States is estimated to have the highest prostate and breast cancer survival rates in the world. The World Health Organization ranked the US health care system at #37 out of 191 countries in its 2000 report, between Costa Rica and Slovenia. In 2014, the Commonwealth Fund ranked the United States last in overall health care behind (in order) United Kingdom, Switzerland, Sweden, Australia, Germany, Netherlands, New Zealand, Norway, France, and Canada.

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| **Instituting a right to health care could lower the cost of health care in the United States.** According to a 2013 study, under a single-payer system, in which all citizens are guaranteed a right to health care, total public and private health care spending could be lowered by $592 billion in 2014 and up to $1.8 trillion over the next decade due to lowered administrative and prescription drug costs. According to the American Medical Association, on average, private health insurance plans spend 11.7% of premiums on administrative costs vs. 6.3% spent by public health programs. According to a study in the American Journal of Public Health, Canada, a country that provides a universal right to health care, spends half as much per capita on health care as the United States. In 2010 the United Kingdom, another country with a right to health care, managed to provide health care to all citizens while spending just 41.5% of what the United States did per capita. **A right to health care could save lives.** According to a 2009 study from Harvard researchers, "lack of health insurance is associated with as many as 44,789 deaths per year," which translates into a 40% increased risk of death among the uninsured. Another study found that more than 13,000 deaths occur each year just in the 55-64 year old age group due to lack of health insurance coverage. In addition, a 2011 Commonweath Fund study found that due to a lack of timely and effective health care, the United States ranked at the bottom of a list of 16 rich nations in terms of preventable mortality. In Italy, Spain, France, Australia, Israel, and Norway, all countries with a right to health care, people live two to three years longer than people in the United States. **The right to health care is an internationally recognized human right.** On Dec. 10, 1948 the United States and 47 other nations signed the United Nations Universal Declaration of Human Rights. The document stated that "everyone has the right to a standard of living adequate for the health and well-being of oneself and one's family, including... medical care." In 2005 the United States and the other member states of the World Health Organization signed World Health Assembly resolution 58.33, which stated that everyone should have access to health care services and should not suffer financial hardship when obtaining these services. According to a 2008 peer-reviewed study in the Lancet, "[r]ight-to-health features are not just good management, justice, or humanitarianism, they are obligations under human-rights law." The United States and Mexico are the only countries of the 34 members of the Organization for Economic Co-operation and Development (OECD) that do not have universal health care. As of 2013 over half of the world's countries had a right to health care in their national constitutions. The United States already provides free public education, public law enforcement, public road maintenance, and other public services to its citizens to promote a just society that is fair to everyone. Health care should be added to this list. Late US Senator Ted Kennedy (D-MA) wrote that providing a right to health care "goes to the heart of my belief in a just society." According to Norman Daniels, PhD, Professor of Ethics and Population Health at Harvard University, "healthcare preserves for people the ability to participate in the political, social, and economic life of society. It sustains them as fully participating citizens." **Providing all citizens the right to health care is good for economic productivity.** When people have access to health care, they live healthier lives and miss work less, allowing them to contribute more to the economy. A Mar. 2012 study by researchers at the Universities of Colorado and Pennsylvania showed that workers with health insurance miss an average of 4.7 fewer work days than employees without health insurance. According to an Institute of Medicine report, the US economy loses $65-$130 billion annually as a result of diminished worker productivity, due to poor health and premature deaths, among the uninsured. In a Jan. 14, 2014 speech, World Bank President Jim Yong Kim stated that all nations should provide a right to health care "to help foster economic growth." **A right to health care could improve public health**. According to a 2012 study in the Lancet that looked at data from over 100 countries, "evidence suggests that broader health coverage generally leads to better access to necessary care and improved population health, particularly for poor people.” In the United States, people are 33% less likely to have a regular doctor, 25% more likely to have unmet health needs, and over 50% more likely to not obtain needed medicines compared to their Canadian counterparts who have a universal right to healthcare. According to a 2008 peer-reviewed study in the Annals of Internal Medicine, there were 11.4 million uninsured working-age Americans with chronic conditions such as heart disease and diabetes, and their lack of insurance was associated with less access to care, early disability, and even death. **Providing a right to health care could benefit private businesses**. If the United States implemented a universal right to health care, businesses would no longer have to pay for employee health insurance policies. As of 2011, 59.5% of Americans were receiving health insurance through their employer. According to the Council on Foreign Relations, some economists believe the high costs of employee health insurance place US companies at a "competitive disadvantage in the international marketplace." According to the Business Coalition for Single-Payer Healthcare, a right to healthcare under a single-payer-system could reduce employer labor costs by 10-12%. Many people are afraid to start their own businesses for fear of losing the health insurance provided at their existing jobs. The Kauffman-RAND Institute for Entrepreneurship Public Policy estimated that a 33% increase in new US businesses may result from the increased access to health insurance through the Obamacare health insurance exchanges. [57] A 2001 study found that providing universal health care in the United States could increase self-employment by 2 to 3.5 percent. [58] | **A right to health care could increase the US debt and deficit.**Spending on Medicare, Medicaid, and the Children's Health Insurance Program, all government programs that provide a right to health care for certain segments of the population, totaled less than 10% of the federal budget in 1985, but by 2012 these programs took up 21% of the federal budget. According to US House Budget Committee Chairman Paul Ryan (R-WI), government health care programs are "driving the explosive growth in our spending and our debt." Studies have concluded that the expansion of insurance coverage under Obamacare will increase the federal deficit by $340-$700 billion in the first 10 years, and could increase the deficit to $1.5 trillion in the second 10 years. Even with these expenditures, the Congressional Budget Office (CBO) estimates Obamacare will leave 30 million people without health insurance. If everyone in the US were covered under a universal right to health care, the increase in the federal deficit could be even larger than under Obamacare.**A right to health care could increase the wait time for medical services.**Medicaid is an example of a federally funded single-payer health care system that provides a right to health care for low-income people. According to a 2012 Government Accountability Office (GAO) report, 9.4% of Medicaid beneficiaries had trouble obtaining necessary care due to long wait times, versus 4.2% of people with private health insurance. Countries with a universal right to health care have longer wait times than in the United States. In 2013 the average wait time to see a specialist in Canada was 8.6 weeks, versus 18.5 days in the United States in 2014. In the United States, fewer than 10% of patients wait more than two months to see a specialist versus 41% in Canada, 34% in Norway, 31% in Sweden, and 28% in France – all countries that have some form of a universal right to health care. **Providing a right to health care could raise taxes.**In European countries with a universal right to health care, the cost of coverage is paid through higher taxes. In the United Kingdom and other European countries, payroll taxes average 37% - much higher than the 15.3% payroll taxes paid by the average US worker. According to Paul R. Gregory, PhD, a Research Fellow at the Hoover Institution, financing a universal right to health care in the United States would cause payroll taxes to double. **Providing a right to health care could create a doctor shortage.**The Association of American Medical Colleges predicts a shortfall of 63,000 doctors by 2015 due to the influx of new patients under Obamacare. If a right to health care were guaranteed to all, this shortage could be much worse. In the United Kingdom, which has a right to health care, a 2002 study by the British National Health Service found that it was "critically short of doctors and nurses." As of 2013 the United Kingdom had 2.71 practicing doctors for every 1,000 people – the second lowest level of the 27 European nations. **A right to health care could lower the quality and availability of disease screening and treatment.**In countries with a universal right to health care certain disease treatment outcomes are worse than the United States. The US 5-year survival rate for all cancers is 64.6%, compared to 51.6% in Europe. The United States also has a higher 5-year survival rate than Canada.  Studies have found that US cancer screening rates are higher than those in Canada and 10 European countries with universal health care including France, Germany, Sweden and Switzerland. The United States is estimated to have the highest prostate and breast cancer survival rates in the world. The United States also has high survival rates after a stroke, with an age-adjusted 30-day fatality rate of 3 per 100, lower than the OECD average of 5.2 per 100. In addition, the 30-day survival rate after a heart attack is higher in the United States than the OECD average. **A right to health care could lower doctors' earnings.**The Medicare system in the United States is a single-payer system where government pays for health care bills, and between 1998 and 2009 it reduced physician payments in three different years. In 2009, Medicare payments to health care providers were almost 20% below those paid out by private insurance. In Britain and Canada, where there is a universal right to health care, physicians have incomes 30% lower than US doctors. According to a 2011 study, in comparison to US specialists, the average specialist in Canada earned 30% less, and the average specialist in the United Kingdom earned 50% less.  Any lowering of doctor payments in the United States could reduce the number of young people entering the medical profession, leading to a doctor shortage. |