

## Priority #4: Health Care People Want:

- Coverage for All Americans
- More Cost-Effective Healthcare System
- Public Health Promotion and Preparedness

Four shocking facts about health care in the United States:

1. We have, by far, the most expensive health care system in the world.
2. The health outcomes for United States citizens ranks 30<sup>th</sup> or lower in the world.
3. The United States is the only economically developed country in the world which does not provide coverage for all of its citizens.
4. Medical bills are the number one cause of personal and family bankruptcies in our country.

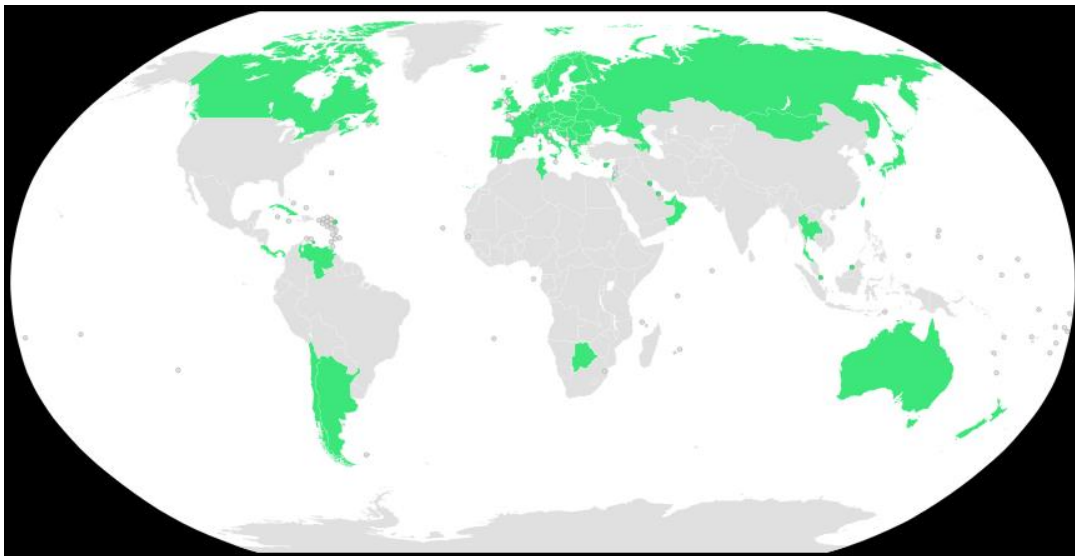
**We have, by far, the most expensive health care system in the world.**

The average cost per capita for health care in the United States is about \$12,000 per person. This is double the amount per capita which other economically developed countries spend on health care.

The total annual amount of the cost of health care in our country is \$4,000,000,000,000 (4 trillion dollars).

**The health outcomes for United States citizens ranks 30<sup>th</sup> or lower in the world.** Some of the health outcomes which are lower than other developed countries include: life expectancy, infant mortality rates, and the prevalence of chronic, negative health conditions such as diabetes. On the other hand, we rank #1 in obesity among economically developed countries.

**The United States is the only economically developed country in the world which does not provide coverage for all of its citizens.**



*Countries in green have 100% coverage for all of their citizens.*

In the United States, about 10%, or 30,000,000 (30 million) people do not have health insurance. Before the Affordable Care Act which was passed in 2008, there were more than 50,000,000 (50 million) people on the U.S. without health insurance.

**Medical bills are the number one cause of personal and family bankruptcy in our country.** There were 752,160 cases of personal bankruptcy filed in the U.S. in 2019. About 2/3 of those filings were due to unpaid medical bills. Based on those numbers, approximately 500,000 people and families became bankrupt in 2019 because of medical bills. Before the Affordable Care Act was fully implemented in 2014, the number of personal bankruptcies due to medical bills were over 1,000,000 per year.

Related to the bankruptcy dangers of getting sick, one of the frequent stories in the media are about family and community members getting together to raise money to help an individual and/or family pay their medical bills. Those stories are always touching, and they speak to the care which people have for each other. Sometimes those fundraisers help someone avoid bankruptcy. But the United States is the only economically developed country in the world in which such fundraising efforts are often needed to help their family and neighbors.

## **We Need A Better Health Care System in the United States**

In many ways, the U.S. health care system is like paying to buy a Rolls Royce, Ferrari, or BMW and getting a 20 year old “beater.”

We pay top dollar and get results which are below average compared to other countries.

There are a wide variety of models which other countries use to provide health care for all of their citizens at about half the cost of the American health care system.

Some are run entirely by the national governments. Some are run by a mix of government, businesses, and private insurance. Some are financed through taxation. Some use a mix of taxation on employers and employees.

Currently, the Medicare system in the United States is our most efficient and cost-effective health care provider.

It is a mix of government, private insurers, and medical organizations which provide medical care to people over 65 years of age. It is funded by contributions to the Medicare system by employees and employers.

One of the most interesting and seldom mentioned impacts of Medicare is that it has greatly reduced poverty among the 65 and older age group in our country.

Before Medicare was passed and implemented in the mid-1960's, the poorest population group in our country were those 65 and older. Close to 40% of people in that age group were below the poverty line before Medicare. Currently, about 9% of people 65 and older are below the poverty line.

Now, the poorest group of people in the U.S. are children 18 and under.

### **There are several alternatives to the current health care system in the U.S.**

One simple one is to gradually reduce the age at which people can become part of the Medicare system. Currently, that is 65 years old. The age to be eligible for Medicare could be lowered by several years every few years. For example, the age to qualify could be lowered by one year each year going forward. In 2022, the age to qualify would be 64 years of age. In 2023, the age to qualify would be 63 years of age. In each subsequent year, the age to qualify would be reduced another year.

Another alternative would be to decrease the qualifying age by 5 years every other year until everyone who wishes to be part of the Medicare system would be eligible. For example, in 2022, the age to qualify for Medicare would be lowered to 60 years old. In 2024, the age to qualify would be lowered to 55 years old.

There are two advantages to gradually reducing the age qualification to participate in the Medicare system:

1. The impact on the current private market approach to providing health care could be dealt with on a gradual basis. No system as complex as our health care system can or should be changed in one, fell swoop. Laying out a timetable which allows for gradual transitioning will give both the private sector providers of health

care and the federal government time to make this transition efficiently and effectively, and not put medical providers and citizens in danger of negative organizational or personal health impacts.

2. It would greatly reduce the cost of medical care in our country. Usually, the medical charges of hospitals and doctors which are billed to Medicare patients are substantially higher than what Medicare pays. Very often the Medicare payment to a medical provider is 50% to 75% lower than the amount billed. If that system is extended to cover more people in our country, rather than costing all of us more, it will reduce what we pay for medical care.

Another alternative would be for the U.S. government to appoint a special task force to study the question of health care for all. They would look at how other countries provide better health outcomes at lower overall costs.

They would also look at the various funding mechanisms used in these other countries.

The task force would include a broad spectrum of people including medical professionals, hospital and medical facility management staff, insurance company staff, elected officials, and, very importantly, ordinary people who receive medical care.

The task force would have 1 to 2 years to come up with a plan which would then be presented to the U.S Congress and the President for their action.

## Public Health Preparedness

Here are several things which could improve the health outcomes in our country. I am sure there are more.

1. **A stronger emphasis on local, state, and national governmental approaches to promoting good health practices.** One of the most successful public health initiatives of the past 50 plus years is related to smoking. Back in 1965, 43% of adult Americans smoked. Today 14% of adult Americans smoke. Smoking was not banned. However, because of legislative and volunteer efforts by many organizations and individuals, advertising of cigarettes on radio and TV was no longer permitted. Cigarette packages needed to have warnings on them to tell people that smoking greatly increases their risk of lung cancer. Doctors became more pro-active in urging their patients who smoked to stop doing so. Restaurants and other public gathering places started to prohibit smoking on their premises because of the health dangers caused by second-hand smoke. I think we should explore similar cooperative efforts to lower the levels of diabetes and obesity in our country. The efforts need to be well-funded and sustained over a long period of time. Healthy dietary and nutrition recommendations should be clearly defined and promoted. A strong and on-going conventional media and social media campaign should be developed and implemented to cut down on cases of diabetes and obesity. It will lead to healthier lives for people and cut down on the medical expenses related to treating those conditions.
2. **A more robust and connected health care recordkeeping and data sharing system.** The recent Covid-19 pandemic has highlighted the importance of having accurate and timely data on health issues. Tracking what was going on locally, statewide, nationally, and internationally was not coordinated well at the beginning of the pandemic. Progress in collecting and sharing information and making decisions based on that information improved as the pandemic went along. It finally got to the point where information was better coordinated. And thereby, more effective action could be taken.

The global economy, environmental changes, reduction in overall bio-diversity, and other factors are making it likely that another pandemic may start in one part of the world and then spread across the globe, just as the Covid-19 has done. Close to 4 million people globally and over 600,000 in the U.S. have died because of the pandemic. A better, on-going data collection, analysis, and sharing system needs to be set up and maintained to avoid having the same results in the future.

3. **Limiting the added sugars, fats, and chemical additives in processed foods.** One of the biggest contributors to obesity is the broad range of sugars, fats, and chemical additives in our food supply. These are added

primarily to make food tastier. Tasty food is a good thing. But adding sugars, fats, and chemical additives has the effect of making us hungrier. One area which should be studied are the sugar substitutes used in diet drinks of all kinds. The sugar substitutes do reduce the sugar intake of people, which is a good thing. But I suspect that the sugar substitutes and chemical additives in diet sodas and other liquid diet drinks stimulate hunger in people which leads to greater, overall consumption of food. I have never seen a study of the possible negative impact of such food and drink additives. I think it would be a good step forward if the Food and Drug Administration would conduct and fund studies along these lines.

- 4. Reducing gun violence, gun suicides, and mass shootings.** Over 43,000 people died from gun shots in the U.S. in 2020. Of the approximately 43,000 people who died from gun shots last year, 19,000 died being shot by another person including those who were shot and killed in over 600 mass shootings during the year. 24,000 died by suicide using a gun. Gun deaths are among the top 10 causes of death in the U.S.

The number of gun deaths in the U.S. per 100,000 population per year is 12.21. In Canada, it is 2.05 per 100,000 population. In Europe, the average is 1.65 per 100,000 population. Compared to the number of gun deaths in Canada and Europe combined, the percentage of annual gun deaths in the U.S. is 740% higher.

We need to do better. We can do better.

As a country, we make a great effort to fight other causes of death such as heart attacks, cancer, strokes, and other medical causes of death. We closely monitor the causes of accidental deaths, including those caused by vehicles, work-related accidents, building construction, and other causes of accidental deaths.

One area where we have been very successful in reducing the accidental deaths is vehicle deaths. Vehicle deaths peaked in this country in 1969 with 53,543 vehicle accident deaths. That figure translates to 26 vehicle accident deaths per 100,000 population. Total vehicle accident deaths have steadily declined since then to 35,650 vehicle deaths in 2018. What is more impressive is that the vehicle deaths per 100,000 population have been reduced to 12.

The reduction in vehicle deaths has happened for several reasons. One of the most important is that the federal and state governments passed legislation which mandated safer vehicles. One very important legal requirement was the addition of seat belts to vehicles and then enforcing that law. Also, getting and renewing driver's licenses became more stringent. Dropping speed limits also helped reduce vehicle fatalities. Vehicle insurance companies also played an important role in reducing vehicle fatalities. Auto insurance premiums and payouts became a factor in raising awareness of the importance of driving safely. Collaborative efforts between government, business, and not for profit organizations to use electronic media to regularly remind people not to drink and drive also helped to reduce vehicle fatalities.

One way forward to reduce gun deaths in our country is to take a similar approach to how we confronted the problem of vehicle deaths. We need to:

- A. Set up a more comprehensive gun licensing process which requires every gun to be licensed.
- B. Set up a coordinated state and federal data sharing network on gun ownership.
- C. Require that gun owners take mandatory gun safety training.
- D. Require that gun owners pass a gun safety test.
- E. Require that gun licenses, like drivers' licenses, be renewed on a regular basis.
- F. Require that fines be established and enforced for failure to have a proper gun license and training.
- G. Require gun owners to purchase gun insurance for each gun they own, just as car owners are required to have automobile insurance for each vehicle they own.
- H. Develop a multi-media campaign to call attention to the gun death problem in our country so that individuals and organizations can promote gun safety.