When History and Morality Call

A Brief Treatise in Support of Single-Payer Health Insurance

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Contents

I. **Why Single-Payer Health Insurance?** Pp. 1-2

A moral argument; an economic argument; on priorities.

II. **The Cost and Funding of Single-Payer Health Insurance** Pp. 2-3

Expense of single-payer health insurance; current federal health care expenditures; some suggestions for revenue sources.

III. **Addressing Concerns about Single-Payer Health Insurance** Pp. 3-5

Federal subsidies of services and taxation; government control and civil liberties; free enterprise and competition; waiting periods; further discussion of expense and priorities.

IV. **Concomitant Policies to Improve Care and Reduce Costs** Pp. 5-6

Addressing the impending shortage of health care providers; prevention and nutrition; portability of medical records; disparities in health care access based on geographic and demographics.

V. **Conclusion** Pp. 6-7

A summary of this treatise and a call to action.

Notes

I. Why Single-Payer Health Insurance?

There are two fundamental reasons to support the conclusion that single-payer health insurance is the only effective and humane model: one is based in values, the other based in economics.

Let's start with values. The vast majority of people in the world, regardless of their religion or political inclination, agree that every human being is endowed with certain inherent rights. One of those intrinsic rights is the right to dignity. Is there a person among us who would argue that any person should be deprived of his or her human dignity? If you agree with this assertion of the universal human right to dignity, then you must look at the consequences of our commercial health insurance system. More than 44,000 people die every year because they cannot afford the health care that is necessary to treat a severe or chronic disease.[1] Countless more live in poor health or die earlier than necessary for the same reason. Is this a dignified way to live? If you accept the principle that every person is endowed with dignity, then how can you defend the systematic deprivation of basic health care to persons simply because they cannot afford expensive treatment? Frankly, I don't think you can defend it. The United States Constitution clearly states that every person has an inherent right to life, liberty, and the pursuit of happiness; virtually every religion (Christianity, Judaism, and Islam being three examples), as well as nontheistic value systems like humanism, highlight the importance of caring for all persons as if they are members of our own family.[2] It is an unforgivable dereliction of our moral duty as citizens that we do not ensure the well being all of our fellow citizens. We can do better, and we must do better. President Obama's "public option" is a step in the right direction, but it still does not guarantee every citizen the right to dignified health care. Only a single-payer system can provide that guarantee.

Single-payer health insurance also carries many economic benefits. Millions of hours of labor—at least $100 billion worth—are missed every year because of untreated health problems[3]; providing health insurance to all citizens would expand our nation's productivity and, therefore, its economy. Businesses large and small are saddled with the cost health insurance benefits, to the tune of half a trillion dollars each year[4]. Imagine the results of lifting that heavy burden from businesses—the reduced expenses could lead to increased jobs, increased and improved research and development, and a renewal of the entrepreneurial spirit (by freeing more funding to try new, more risky ideas). Furthermore, individual states and cities spend nearly half a trillion dollars per year on health care and health insurance[5], all of which would be freed for other priorities by implementing single-payer health insurance at the federal level. By guaranteeing health insurance to all citizens, and ensuring that funding for single-payer health insurance is not borne

exclusively by our nation's businesses, we will make economic growth more likely.

One could probably identify further reasons to support single-payer health insurance, but the moral and economic reasons are the most important. It is a matter of priorities. What kind of nation do you, as a citizen, want to build for yourself, your family and friends, and your children?

The Cost and Funding of Single-Payer Health Insurance

Many voters get caught up in the cost of single-payer health insurance. In the interest of intellectual honesty and productive debate, I think it is important to lay the cost on the table. The cost of implementing a national single-payer health insurance program in the United States would be roughly $1.5 trillion per year.[6] Note that the cost will likely be somewhat higher in its first couple of years as previously uninsured citizens catch up on health care they couldn't afford before; meanwhile, the cost will be drastically *lower* starting in about twenty years, as members of the Baby Boomer Generation pass away in large numbers.

$1.5 trillion is a lot of money. But relative to federal spending, it is not as high as it seems superficially. Currently, we spend over $800 billion per year (more than half the cost of single-payer health insurance) on Medicare, Medicaid, S-CHIP, and Tri-Care [cite this]. This figure does not include the sizable expenditures for health care through Social Security and Veteran's Affairs. By combining all of the federal government's health insurance and health care programs into Medicare (and streamlining its administration), about $750 billion—half of the cost of single-payer health insurance—would be taken care of[7]. Where, then, will the other $750 billion come from? I do not wish to offer a single, rigidly defined source for the funding, but I will identify a few of the many possible options[8]:

- A national sales tax of 0.03% on gasoline—three cents for every ten dollars purchased. That would provide more than enough to fund single-payer health insurance every year. Are you willing to pay three cents for every ten dollars of gasoline in order to guarantee that no U.S. citizen is deprived of health care?
- A five-percentage-point increase in income taxes for citizens who earn more than $1 million pear year. This, too, would cover the cost of single-payer health insurance. If you earn more than $1 million per year, are you willing to give up five percent of it to ensure access to health care for all of the U.S. citizens who have generated your wealth? If you do not earn $1 million a year, are you willing to ask for the help of those who do?

- How about an additional 1% national sales tax on alcohol, tobacco, soda, and processed foods? (If your monthly budget for alcohol, tobacco, soda, and processed foods were $250, you would pay $2.50 per month for comprehensive health insurance.) This plan would also partially address the concern of preventive health care and nutrition that I address later in this essay. Are you willing to pay a little more for your soda or beer to guarantee that all of your neighbors have access to dignified health care?

Again, my goal is not to offer a firm plan for funding single-payer health insurance. I am merely trying to illustrate that there are *many* ways to fund it, and most of them would be pretty painless. It is not a matter of whether the funds can be raised; it is a matter of what our priorities are.

Addressing Concerns about Single-Payer Health Insurance

There is a surprising (to me) amount of opposition to single-payer health insurance among United States citizens. 32% of citizens support single-payer, while 57% oppose the policy.[9] I will attempt now to address some of the most common concerns expressed on the issue of single-payer.

Some people oppose single-payer because they believe that a taxpayer should not be forced to subsidize services that the taxpayer herself does not use. The idea here is that Person X pays a share of every other person's health care costs, even if Person X needs and chooses to receive little or no health care. This is partly a philosophical position rather than a logical position, and as such I cannot entirely refute it. However, it can be noted that the government regularly subsidizes several services that are utilized by only a segment of taxpayers without credible opposition. For example, we pay for firefighting services with tax money, even though most individuals do not need firefighters at any given time. We also pay for federal development and maintenance of highways across the country, even though it is unlikely that a majority of taxpayers will drive on a given highway. The question that should be asked is not whether I will directly benefit from a public policy, but whether a policy will strengthen our national economy or local economies, contributes to the moral good of our policies, and is the most efficient policy option available. I have already made arguments for the economic and moral values of single-payer, and my economic contention indirectly addresses efficiency; a more precise statement on efficiency is that single-payer health insurance, by uniting all citizens and their health care spending into one funding mechanism, increases the pressure that the insurance program can apply to health care providers, pharmaceutical companies, and patients in order to reduce costs without diminishing the quality of care. The per capita cost of health insurance is also lower under single-payer than under private health insurance. Under

private health insurance, the average person pays over $7,000 per year for health care[10], compared to less than $4,000 per year under single-payer[11].

This leads to another popular complaint about single-payer health insurance, namely that it would give the federal government too much authority over the provision of health care. In fact, I see that argument as largely without merit. It is another position that is more philosophical than logical—it's also rather simplistic and reductionistic. In single-payer health insurance, the government would indeed have the authority to decide which health care services it will recompense. However, a single-payer policy would not, as the least credible opponents of any federally subsidized health care (including single-payer) allege, vest the federal government with authority to choose which senior citizens will die (an actual allegation made by a handful of spurious anti-government extremists); it would not limit the care that can be sought and received by patients, at least no further than law already restricts care to ensure hygiene and bioethical standards; and it would not give the government carte-blanche to examine or retain any person's medical records except to the extent necessary to pay for services provided. Single-payer health insurance would also likely defer most of the time to care providers in determining the care that should be given. (Remember, public policy in the United States is ultimately the creation of voters. If you want to ensure that a physician and patient have the authority to decide the best care, then put pressure on your elected officials to include it in the law.) I am a civil libertarian, and I am as concerned as anyone about government intrusion into private life—but the civil libertarian must be tempered by realism and reason. Single-payer health insurance does not pose a credible threat to civil liberties or privacy. Such arguments are nothing more than diversions, excuses, and fear mongering.

Another argument often made against single-payer health insurance is that it will eliminate private health insurance companies or otherwise inhibit free enterprise. In fact, it is likely that a federal single-payer health insurance program would decline to provide certain medical services (abortion is likely to face a federal funding prohibition and cosmetic circumcision is often excluded from health insurance benefits, to name but two procedures unlikely to be covered by a single-payer system). Private health insurers would be permitted to provide health insurance policies that cover procedures denied by single-payer health insurance; indeed, in most single-payer legislation, private health insurers are even permitted to compete directly with single-payer by offering comprehensive private health insurance. If extant private insurers cannot compete against a single-payer program, a "free market" economic perspective would conclude that their model wasn't as feasible as the single-payer program. Yes, that might mean a temporary loss of market choices, but it also means that private insurers would be forced to develop better ideas and offerings in order to compete successfully. Furthermore, even if a single-payer program did force private health insurers to shudder their doors, the

employees of private insurers would certainly find openings in single-payer administration; the only financial loss would be to shareholders of insurance companies. (No credible person would argue that firefighting services should be provided exclusively by private, commercial companies with profits accruing to shareholders at the expense of fire victims. Why do some naysayers suppose that individuals should have a right to firefighting services but not to health care provision? I think it's another case of diversion and excuses.) Furthermore, health insurance providers derive profit exclusively by denying payment for treatment. Even if the most nihilistic claims against single-payer were reasonable, and the government chose to deny truly necessary health care provisions, that would still leave us in no worse condition than we find ourselves today. Private insurers have every incentive to deny care. A single-payer program would have every incentive to reduce the need for care through prevention (a point I expand on later), not to deny care outright.

Two other arguments are prominent. First is the question of waiting periods. In truth, waiting periods are indeed longer in some countries with single-payer insurance than in the United States, but not in all such countries. Germany and New Zealand, both of which have variations of the single-payer method, have shorter waiting periods than our own in most areas of care. I will address the problem of adequacy of access to health care in the next section; for now, it suffices to say that the problem is one of national administration, not one intrinsic to the single-payer system. Finally, some people contend that single-payer health insurance is just too expensive. I have already laid out the likely cost and some possible funding sources, and I can do no more than that. Those who are resolutely opposed to the fundamental idea of government and taxation will never be convinced that single-payer health insurance is the best system available. The question, again, is one of priorities. What do you value in public policy, and what are you willing to sacrifice to get it?

Concomitant Policies to Improve Care and Reduce Costs

The problem of uninsured citizens is quite visible, but we cannot adequately address the problems of our health care system without addressing some less visible issues. Most important is the shortage of health care workers in our country.

As Baby Boomers age as a cohort, they will require increased care—and simultaneously, Boomer doctors and nurses will retire—in the next two to three decades. We simply do not have enough younger doctors and medical students to replace the Boomer doctors and nurses, let alone to compensate for the increasing demand for health care[12]. This problem, more than any government-managed health insurance program, will cause increased waiting periods and costs for all patients. We must have a national policy to increase the pool of

medical professionals in the United States. Once again, I wish to avoid strict policy recommendations, but I have a few suggestions. We can waive the student debt held by any person who practices medicine in the United States for at least five years, and offer increased grants and loans to students who attend medical school and maintain good standing. We can make it easier for well-trained and experienced doctors from other countries to move to and practice medicine in the United States, and for international students to study medicine in our universities.

Beyond the shortage of health care workers, we must also address nutrition and preventive health care. This means, among other things, getting serious about educating and empowering citizens to maintain good health by eating healthful foods, avoiding or ceasing chemical dependency, and exercising.

Portability of medical records would also reduce costs and improve care. One idea for portability—an idea that I'm sure will be controversial—would be to give every U.S. citizen a Medicare card with a magnetic strip. My medical record would be connected electronically to my Medicare card, as your record would be to your card. Thereby, if you move to another city or change doctors, all you would need to do is give your new doctor your Medicare card and she or he will have immediate access to your medical history, including previous doctors' notes and any imaging that you have undergone. (I anticipate that my fellow civil libertarians would object to a perceived reduction of privacy under such a system; certainly a more effective system could be devised instead.)

Finally, we must acknowledge that there are geographic discrepancies in access to health care. Whether you are insured or not, you are more likely to have access to health care (hospitals, clinics, and doctor's offices) if you live in a suburb or large city than if you live in a rural area, small city, overseas U.S. territory, or reservation. Additionally, predominately European-American neighborhoods in large cities have more health care options than predominately African-American or Latin-American neighborhoods.[13] We must establish policies that encourage medical practice in impoverished and rural areas if we want our nation to live up to its full potential. (Perhaps a tax credit for medical practitioners in such areas would be in order.)

Conclusion

Under private health insurance, a significant segment of the population is forced to forgo health care entirely. Private insurers reap profits by denying care to citizens; meanwhile our economy is hindered by a resulting loss of productivity and consumer buying power, and human beings are denied the dignity of receiving care that can save or maintain their livelihood. Simply stated, private health insurance does not benefit our economy in the long view,

nor does it promote justice or dignity for people. The cost of a single-payer health insurance program is relatively large, but it could be funded by a number of relatively painless revenue sources; the question is of priorities primarily, political ideology secondarily, and finance and civil liberties only peripherally. Some argue, out of either political ideology or basic deception and diversion, that a single-payer system would damage the economy, impede civil liberties, and reduce options for receiving health care. All of those arguments can be either refuted or reduced to an orientation of priorities. While concomitant policies are necessary to complement a single-payer insurance program (such as incentives for students to attend medical school, greater public education on prevention of disease, and addressing access disparities based on geography or demographic groups), the most logical and moral conclusion is that single-payer health insurance is the only system that is sustainable. Private and mixed private-public health insurance systems intensify human suffering and inhibit economic growth; socialized health care systems discourage innovation and efficiency. For the sake of our nation, we must reassess our priorities, temper our philosophical and ideological instincts with reason and realism, and ultimately join together in calling for single-payer health insurance.

[1] Harmon, Katherine. 2009. "Lack of insurance causes more than 44,000 U.S. deaths annually, study says." *Scientific American*. Retrieved Oct. 20, 2009 (http://www.scientificamerican.com/blog/60-second-science/post.cfm?id=lack-of-insurance-causes-more-than-2009-09-17).
[2] See the United States Constitution; Mark 12:31 in the Bible; Leviticus 19:18 in the Bible and Tanakh; Ayah 5:8 in the Qur'an; verse 5 in the Dhammapada; the first principle of Unitarian Universalism; the third and fourth affirmations of the Humanist Manifesto III; and the categorical imperative concept in Kant, Immanuel. 1934. *Fundamental Principles of the Metaphysics of Ethics*. London: Longmans, Green, and Co.
[3] Harbage, Peter, and Ben Fumas. 2009. "The Cost of Doing Nothing on Health Care." Center for American Progress. Retrieved Oct. 20, 2009 (http://www.americanprogress.org/issues/2009/05/pdf/cost_doing_nothing.pdf).
[4] Moore, Jeff. 2009. "Even insured find gaps in health coverage." *The Lafayette Daily Advertiser*. Retrieved Oct. 20, 2009 (http://www.dailyworld.com/article/20090927/NEWS01/909270311).
[5] Chantrill, Christopher. "United States Federal, State, and Local Government Spending." Retrieved Oct. 20, 2009 (http://www.usgovernmentspending.com/us_health_care_spending_10.html#usgs302).
[6] This is my own estimation based on current per capita health care expenditures in the United States, per capita health care expenditures in Canada, and expenses saved by switching to single-payer insurance.
[7] Data from the U.S. Centers for Medicare and Medicaid Services, retrieved Oct. 20, 2009 (http://www.cms.hhs.gov/NationalHealthExpendData/downloads/tables.pdf).
[8] All calculations are my own based on various government data.
[9] In a Rasmussen Reports national poll from August 2009, retrieved Oct. 20, 2009 (http://www.rasmussenreports.com/public_content/politics/current_events/healthcare/august_2009/32_favor_single_payer_health_care_57_oppose).
[10] See note 7.
[11] See note 8.
[12] Johnson, Lorie. 2009. "National Doctor Shortage Putting Patients at Risk." Christian Broadcasting Network. Retrieved Oct. 20, 2009 (http://www.cbn.com/cbnnews/healthscience/2009/October/National-Doctor-Shortage-Putting-Patients-at-Risk/).
[13] See RESULTS. "Health Disparities." Retrieved Oct. 21, 2009 (http://www.results.org/issues/us_poverty_campaigns/health_care_for_all/health_disparities/).