

# Health care reform in the usa argumentative essay

[Economics](#), [Insurance](#)



## **Dalal Almomin**

Nursing 2367

Bridget Wells, RN, MA Ohio State University

Health Care Reform in the United States

The U. S. health care system has been under examination and subject of much debate over the recent years. Some contend that the US has the best health care system in the world because of the numerous associated modern technologies that are available. On the contrary, others disagree stating that the current U. S. health care system is contaminated with cronyism and corruption; even though the nation spends heavily towards the development of its health facilities, it still suffers from administrative waste, uneven quality, and worse still, it fails to provide the basic care to all (Chua, 2006). President Barack Obama believes that Americans need reform. Although some argue that the proposed health care legislation would fail to provide universal care for all Americans, it would ultimately improve access to basic care to all Americans.

In order to provide satisfactory argument on the topic, it is important to describe the U. S. health care system. According to (Chua, 2006), the health care system by the U. S. is not really a system although it features various services and components that work together. As such, the question lingering on the minds of many is whether the U. S. has a proper health care system or it needs reform. The World Health Organization (WHO) defines a health care system as the overall efforts by all institutions, organizations, institutions, and resources whose primary purpose is to improve health (WHO, 2013). It is difficult to elucidate a proper description of the current

America health care system. Instead of interrelated components that work together in harmony, the US health care system consist of decentralized system that is unreasonably fragmented with components that do not fit together, with structures focusing mainly on profit generation and giving power to health providers and insurance companies.

Various externalities shape the basic characteristics of a health care system, such as economic development, political climate, physical environment, technological progress, population, social and cultural values, and global influences. For many years, the fundamental values and beliefs of the American culture, that is mainly driven by the medical model that put emphasis on illness, rather than wellness has dominated the US healthcare system (Chua, 2006). When compared to other developed nations, the U. S. is unique because of the level of control that the private sector has on the public sector, despite the fact that each sector has its own critical role. The private sector provides insurance while public sector provides the funds. As noted by (Chua, 2006), the US has had private service fee for service system that has produced among other things high income for physicians, higher than most developed nations (Chau, 2006). Despite undergoing some changes in relation to quality, cost, and access, it is still difficult to provide even the basic health care package at affordable cost.

Another unique characteristic of the U. S. healthcare system is that it is among developed nations that have an “ employer-sponsored health insurance” system where the employer sponsors insurance coverage to an employee (Himmelstein, Thorne, Warren & Woolhandler, 2009). This implies that people who lose their job also lose access to health care insurance. As

such, the system puts remarkable burden on employees and employers. The problems mentioned above regarding the U. S. health care system have led to efforts by the U. S. president Barack Obama to enact reforms. Health care reforms proposed by Obama require preventative care covered at 100 percent (Waitzkin, 2010). While this part of the reform will initially prove costly, the reform will have long-term positive implications. The best means of keeping health cost lower over the long-term is through keeping all people healthy. Moreover, the best way to achieve this is by ensuring that all Americans access screenings in order to detect problems early enough and receive treatment at lower cost. The universal health care proposed in the U. S. health care reform would allow all Americans to have access to quality health care. Many Americans believe that the new system would provide a better alternative compared to the current system (Waitzkin, 2010). In real sense, universal health care would also make the overall cost of health drop significantly.

However, opponents argue that universal health care would serve as an unwarranted intrusion on the part of the government (Troy, 2010). Many think that the government should not force people into paying for health insurance. In addition, concerns are also emerging about the idea that providing universal health care by the government would mean high cost to taxpayers (Troy, 2010). However, providing universal health care would prove useful to all Americans seeking health services. Since the American health care system seems to be at bottom rock, providing universal care would reduce the cost of accessing health care and this would ensure access to quality healthcare for all. Some also maintain that universal health care

would prove worse than the current system. Considering the state of the U. S. health care system, the reform would improve the health standards in America (Chau, 2006).

Health care reform will bring into place regulations to the private health care insurance market that will enable more people to get coverage by removing or changing the inflated premiums because of health status, pre-existing health conditions, age, or gender (Gary, 2008). The new market will enact standardized plans that will enable consumers to clearly understand the coverage and terms of their plans. For example, most insurance companies in America operating in the individual markets are free to deny coverage to applicants because of health risks, health problems, or age (Leighton & Matthew, 2012). Enacting health care reforms would remove such barriers and control unethical practices in the private sector.

The health care reforms will introduce a sliding-scale subsidy that will enable middle-class working families to afford the coverage they need to keep their families healthy (Gary, 2008). Such changes are necessary because insurance premiums are rising steadily, making private insurance unaffordable to many Americans (Gary et al., 2008). Average job-based family health premiums grew by 199% from \$5,791 to \$12,680 between 1999 and 2008 (Kim & Laura, 2009). In addition, middle-class working families who are not eligible for Medicare or Medicaid do not qualify for any federal assistance when purchasing health insurance (Himmelstein, Thorne, Warren & Woolhandler, 2009). This implies that millions of Americans go without the necessary coverage and care they require.

The new law on health care will also include caps on the amount that

individuals pay directly for their health expenses. Removing the service fee will enable many Americans to afford quality health care as well as control exploitation by physicians. Even to those with coverage, the high cost health can make people plunge into huge debts. According to Chua (2006), an estimated 54.2 million Americans with health insurance will spend more than 10% of their income on health care by 2014 (Kim & Laura, 2009). Additionally, 62.1% of bankruptcy cases in 2011 were due, or partially due to medical reasons (Kim & Laura, 2009).

Health care reforms will also provide relief to small businesses in order to enable them provide coverage to their employees. Obama plans to achieve this by providing tax credits to the growing number of small businesses to make coverage more affordable (Himmelstein, Thorne, Warren & Woolhandler, 2009). This is equally important because more than half of people without insurance are small business owners, employees, and their dependents (Leighton & Matthew, 2012). Many small businesses cannot afford coverage for their employees because they pay higher premiums compared to their counterparts (Himmelstein, Thorne, Warren & Woolhandler, 2009). Less than half of firms with 3 to 9 employees are not able to offer health benefits to their workers (Gary et al., 2008). The American system, where some employers offer coverage while others do not promotes a culture of "job lock," which refers to a situation where people fail to switch jobs just for the health insurance (Kim & Laura, 2009). Enacting a mechanism that levels the playing field so that all workers have coverage regardless of the employer will increase efficiency of the labor market, job mobility, and economic growth.

In conclusion, the proposed the proposed reforms to the American health care would serve best to improve access to basic care to all Americans. By adopting the various strategies such as universal health care, tax credits, and sliding scale subsidy into the reform program, the U. S. health care system would be able successfully serve the interest of millions of Americans struggling to access quality health care. The provision of the health care reform will ultimately improve the lives of Americans and give the peace of mind that comes with knowledge that everyone has access to coverage no matter what. However, Americans must continuously seek improvements and make sure that we do not lose focus.

## **References:**

Chua, K. (2006). " Overview of the U. S. health care system." Retrieved from <http://www.amsa.org/uhc/HealthCareSystemOverview.pdf>

Gary, C., et al. (2008). Employer health benefits 2008 annual survey. Menlo Park, CA: Kaiser Family Foundation and Health Research and Educational Trust. Retrieved from <http://www.google.co.ke/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&ved=0CDAQFjAA&url=http%3A%2F%2Farmstrongdoylecarroll.com%2Fadc%2Fbenefits.nsf>

<http://www.google.co.ke/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&ved=0CDAQFjAA&url=http%3A%2F%2Farmstrongdoylecarroll.com%2Fadc%2Fbenefits.nsf>

<http://www.google.co.ke/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&ved=0CDAQFjAA&url=http%3A%2F%2Farmstrongdoylecarroll.com%2Fadc%2Fbenefits.nsf>

Himmelstein, D. U., Thorne, D., Warren, E., & Woolhandler, S. (2009). " "

Medical Bankruptcy in the United States, 2007: Results of a National Study."

The American Journal of Medicine 124(6), 321-345). Retrieved from

[http://www.pnhp.org/new\\_bankruptcy\\_study/Bankruptcy-2009.pdf](http://www.pnhp.org/new_bankruptcy_study/Bankruptcy-2009.pdf).

<https://assignbuster.com/health-care-reform-in-the-usa-argumentative-essay/>

Kim, B. & Laura, P., (2009). Too great a burden: Americans face rising health care costs. Washington: Families USA.

Leighton, K. & Matthew, B. (October 20, 2012). Coverage of parents helps children too. Washington: Center on Budget and Policy Priorities.

Troy, T. (2010). Health Care: A two-decade blunder. *Commentary*, 129(4), 19-23.

Waitzkin, H. (2010). Selling the Obama plan: Mistakes, misunderstandings, and other misdemeanors. *American Journal of Public Health*, 100(3), 398-400.