



Universal Health Care A Roadmap for HIV Advocates

What is universal health care?

Universal health care describes a system where all people can obtain the medical care and services they need without being pushed into financial hardship. All high-income industrialized nations, with the notable exception of the United States, have some form of universal health care where the government ensures quality medical services for all residents, regardless of ability to pay.

The right to health has been established by a number of global treaties and conventions. Universal health coverage, where a minimum standard of high-quality health-related information, health care, prevention services, and treatment, are available and accessible to everyone, is an important mechanism to promote the right to health. Although universal health coverage does not necessarily mean that every possible medical service is free, it is a hallmark of a society that values equitable access to quality, integrated care for the physical, mental, emotional, and social wellbeing of all residents.

There are many ways of getting to universal health care. Here we briefly describe a few common models (see the Resources section for more details). These models can be used together or separately.

- In a *single-payer system*, one entity, usually the government, finances all health care services. These services may be delivered through the public sector or some combination of private and public sector sources.
- In a *two-tier system*, a basic level of health care is assured by the government and a second tier of care is available to those who can purchase it.
- Under an *insurance mandate*, there is a requirement to purchase some level of health care. The Affordable Care Act (ACA) included an individual mandate designed to lower U.S. health care costs by encouraging healthy and younger people to purchase health care. The ACA's individual mandate was eliminated in the 2017 Republican tax bill.

Where are we now?

Through the Affordable Care Act (ACA), the U.S. came closer to universal health care by requiring people to have insurance, expanding Medicaid eligibility and improving protections against discrimination in health care. But the ACA is a far cry from comprehensive, affordable coverage, limiting access based on immigration status and ability to pay. Tens of millions remain uninsured, and that number is rising¹.

A 2017 Kaiser Health Tracking Poll found that more than one in five people skipped recommended treatment and one in four delayed getting the health care they needed because of cost². Racial and gender disparities plague the health care system, and protection from discrimination is not guaranteed. The Trump administration has consistently attempted to chip away at the long-term viability of the ACA.

Given this context, there is growing momentum for single-payer health care in the US, with a majority of the American public supporting such a system³. Multiple bills have been introduced in states and in Congress aspiring to cover residents under a single insurance program.

Several recent proposals have been made to accomplish universal health care in the United States. Two complementary bills, the Senate Medicare for All Act and the House Progressive Caucus' Expanded and Improved Medicare For All Act are the most expansive, aiming to guarantee everyone coverage for a wide-range of high-quality medical services with no premiums, deductibles or co-pays, regardless of employment, health status, income or immigration status. Under both versions, the expanded Medicare program would cover all U.S. residents and eliminate premiums. The Senate version would add coverage for vision, dental, prescription drugs, long-term care, and reproductive health services, including abortion. Switching to single-payer would drastically reduce costs: savings are estimated at \$500 billion a year⁴.

1 "Key Facts about the uninsured population," Kaiser Family Foundation, December 2018, <https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>.

2 Dijulio, Bianca; Kirzinger, Ashley; Wu, Brian; and Brodle, Mollyann, "Data Note: Americans' Challenges with Health Care Costs," Kaiser Family Foundation, March 2017, <https://www.kff.org/health-costs/poll-finding/data-note-americans-challenges-with-health-care-costs/>.

3 "Public Opinion on Single-Payer, National Health Plans, and Expanding Access to Medicare Coverage," n.d., available at <https://www.kff.org/slideshow/public-opinion-on-single-payer-national-health-plans-and-expanding-access-to-medicare-coverage/>.

4 "Single-Payer Reform: The Only Way to Fulfill the President's Pledge of More Coverage, Better Benefits, and Lower Costs." *Annals of Internal Medicine*, 2017, <http://annals.org/aim/fullarticle/2605414/single-payer-reform-only-way-fulfill-president-s-pledge-more>

Policy recommendations

At the federal level:

- 1. Pass Medicare For All (S. 1804) and Expanded & Improved Medicare for All (H.R. 676).** Both of these single-payer proposals lay the groundwork for a national health insurance program and would make health care free in the U.S. Such proposals have gained significant support in Congress, especially in the House where the Medicare for All caucus has over 70 founding members and the Democratic majority has promised to hold committee hearings on H.R. 676.
- 2. Maintain and fully fund the Ryan White Care Program.** The Ryan White program remains a critical source of high-quality, lifesaving health care for half a million people with HIV in the U.S. It is essential that Ryan White funding be increased and that reproductive and mental health care be fully integrated into the program.
- 3. Remove legal and policy barriers to immigrant access to health care.** Immigrants face tremendous barriers in accessing health care, including language barriers, cost, fear of being reported to authorities and policies that fully exclude or aim to deter access to government services. Current policies in the U.S. – like the 5-year ban on Medicaid and CHIP enrollment, exclusion from the ACA, and “public charge” determinations -- hinder access to health care and put immigrant communities at increased exposure to structural violence.
- 4. Reject attempts to undermine the ACA, Medicare, Medicaid and reproductive rights.** In the 2019 State of the Union address, Trump claimed that his administration would end the HIV epidemic by 2030. But this laudable goal rings hollow in the face of relentless executive, legislative and regulatory attacks on the ACA, Medicare, Medicaid and reproductive health care. In order to better support holistic health and wellness for people living with, or vulnerable to, HIV, all such efforts to undermine access to health care coverage and services must be rejected.

At the state level:

- 5. Pass state-level single-payer legislation.** 26 states have introduced such legislation at one time or another and several states are currently building support for advancing campaigns for publicly funded universal health care programs.
- 6. Expand Medicaid in every state and U.S. territory.** 37 states have adopted Medicaid expansion, creating access to care for millions of low-income people and vulnerable communities. Yet, many states -- most notably in the US South, where some of the deepest health and HIV disparities persist for low-income people and people of color -- have failed to expand their program. All states should ensure access to comprehensive care, including sexual, reproductive, and gender transition-related care, by expanding Medicaid without the addition of work requirements or eligibility limitations.

Learn more about health care around the world

Read About Health Care Around the World

- The Commonwealth Fund – International Health Care System Profiles: international.commonwealthfund.org
- Health Systems & Reform – The Long Road to Universal Health Coverage: Historical Analysis of Early Decisions in German, the United Kingdom, and the United States: www.tandfonline.com/doi/full/10.4161/23288604.2014.991211
- World Health Organization – Universal Health Coverage: [www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](http://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))
- World Health Organization – What is health financing for universal coverage?: www.who.int/health_financing/universal_coverage_definition/en/
- Vox – 12 questions about single-payer health care: vox.com/2014/6/26/18080458/single-payer

Learn more about health care in the United States

- The American Prospect – The Road to Medicare for Everyone: prospect.org/article/road-medicare-everyone
- Health Care Now – Guide to Birddogging for Single Payer: campaignforguaranteedhealthcare.org/guide-to-birddogging/
- Physicians for a National Health Program – What is Single Payer?: pnhp.org/what-is-single-payer/
- Political Economy Research Institute – Economic Analysis of Medicare for All: www.peri.umass.edu/publication/item/1127-economic-analysis-of-medicare-for-all
- Treatment Action Group – The Long Game for Health Justice: treatmentactiongroup.org/tagline/2017/fall/madoori-boykin-long-game-health-justice
- Vox – We read Democrats’ 8 plans for universal health care. Here’s how they work: vox.com/2018/12/13/18103087/medicare-for-all-single-payer-democrats-sanders-jayapal