Approaches to Achieving Universal Health Care in the United States

Where Should the American Thoracic Society Stand?

> The measure of a society is found in how they treat their weakest and most helpless citizens. —James Earl Carter Jr. (39th President of the United States)

> "Are there no prisons?" asked Scrooge. "Plenty of prisons," said the gentleman, laying down the pen again. "And the Union workhouses?" demanded Scrooge. "Are they still in operation?" "They are. Still," returned the gentleman, "I wish I could say they were not." "The Treadmill and the Poor Law are in full vigour, then?" said Scrooge. "Both very busy, sir." "Oh! I was afraid, from what you said at first, that something had occurred to stop them in their useful course," said Scrooge. "I'm very glad to hear it." —Charles Dickens, *A Christmas Carol* (London: Chapman and Hall, 1843)

In this issue of the *American Journal of Respiratory and Critical Care Medicine*, the ATS Health Policy Committee seeks to promote an interchange of ideas and opinions between the Society's membership and ATS leadership on the issue of universal access to health care in the United States. This editorial is intended to introduce the issue and provide some working definitions and desiderata, following which two editorials take opposite stands on whether a "single-payer" system should be instituted to achieve this goal (1, 2). These editorials are not the view of the ATS, its Health Policy Committee, or its members, but instead represent the views of the editorialists concerning the relative merits of single-payer health care. In addition, the ATS Board of Directors has recently approved an official document entitled "An Official ATS Statement: Position Statement on ATS Activities for the Promotion of Respiratory and Sleep/Wake Health and the Care of the Critically Ill in the United States," which is also introduced in this issue (pp. 1023–1028) (3). Authored by members of the Health Policy Committee after extensive consultation with ATS leadership, this latter document sets forth principles that are meant to guide health policy–related activities within the organization and influence the content of official positions we communicate to outside audiences.

TABLE 1. COLORADO MEDICAL SOCIETY PHYSICIANS' CONGRESS FOR HEALTH CARE REFORM

Guiding Principles for Health System Reform
Coverage – Health care coverage for Coloradans should be universal, continuous, portable and mandatory.
Benefits – An essential benefits package should be uniform, with the option to obtain additional benefits.
Delivery system – The system must ensure choice of physician and preserve patient/physician relationships. The system must focus on providing care that is safe, timely, efficient, effective, patient-centered and equitable.
Administration and governance – The system must be simple, transparent, accountable, efficient and effective in order to reduce administrative costs and maximize funding for patient care. The system should be overseen by a governing body that includes regulatory agencies, payers, consumers and caregivers and is accountable to the citizens.
Financing – Health care coverage should be equitable, affordable and sustainable. The financing strategy should strive for simplicity, transparency and efficiency. It should emphasize personal responsibility as well as societal obligations, due to the limited nature of resources available for health care.

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Despite the ailing U.S. economy, there appears to be growing momentum for reforming this nation's health care system, with actual legislation possibly being moved in Congress by the end of the summer. Consequently, the ATS Health Policy Committee sought to commission opinion pieces weighing in on each side of implementing a single-payer system, which has been the most common means of achieving universal access in other developed countries. Several fundamental precepts were felt to be integral to such a discussion. First, that there should be a set of shared premises on both the pro and con sides. Because health care coverage is an overwhelmingly complex topic, we directed that the two short papers focus on a relatively narrow question: the advantages and disadvantages of a single-payer system. Arguing about how many uninsured there are, or whether the U.S. really lags on measures of health care quality is distracting and tangential to this question. Second, a definition must be presented of a "single payer system" that is clear and concise. This term is not synonymous with "socialized medicine" or a "national health service," (although the latter is certainly one possible implementation). A single-payer system can coexist with a private health care delivery system. On the other hand, "universal health care" is not synonymous with a single-payer system as there are other mechanisms to provide universal health care (e.g., the ill-fated Clinton plan). We therefore instructed the editorialists to adhere to debating the same concept, as defined below. Third, we asked our authors to address whether a single-payer plan can guarantee consumer choice and preserve elements of a free enterprise system while not unduly restricting care, or will such a plan, by its very nature, create only an illusion of free choice and ready access? Fourth, in the final analysis political feasibility absolutely matters (see the Clinton plan), and this is an entirely different set of conversations. Perhaps the single-payer system is the best in a set of imperfect solutions, but if it is not politically feasible, then it is a dead argument (and there are already strong indications from the Obama administration that single payer is off the table). Particularly in a country that has not trusted government to have the dominant fiscal power, it is an open question as to whether a single-payer system is feasible, despite its ubiquitous adoption in other developed nations.

To facilitate the discussion, the editorialists were asked to adhere to the following working definitions:

Universal access to health care (sometimes shortened to *universal health care*). One of the better definitions has been crafted by the American Medical Women's Association and states "Access to health care should not be linked to a person's employment, place of residence, sex, age, marital status, or health status. Health care should be available to all persons on the basis of medical need rather than financial ability or employer contracts" (4).

Single payer system: a funding mechanism in which the cost of a defined scope of medical care for all residents in a political subdivision is derived from one entity. Although the funds are usually held and distributed by a government entity, some forms of single payer use a public-private system.

Guiding Principles: although a number of overarching principles have appeared over the years by which a plan to achieve

universal access to health care might be judged, one of the best appears to be that of the Colorado Medical Society, approved by their House of Delegates in 2006 (Table 1) (5). In fact, these principles were felt to be sufficiently valid so that they were also adopted, virtually intact, by the New Mexico Medical Society House of Delegates one year later.

The Health Policy Committee looks forward to opening a vigorous, thoughtful, and respectful debate on this issue within the ATS community. Please think carefully about these issues and let us know your thoughts.

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