

Making Health Care FAIR

Affordable Health Care for All: Values, Principles, and Strategies

Introduction

Making Health Care Fair is pleased to offer an update of our [May 2018 Position Paper](#), reflecting what we have learned over the last year, including from our two Washington, DC gatherings.

We believe that a new window to achieve affordable health care for all is opening in our nation. We share the hope that it will happen shortly after the 2020 elections. But realistically, we believe it will require a *multi-year, multi-state, multi-partner, and multi-dimensional strategy*, building on values that resonate deeply with our fellow citizens, and referencing principles broadly accepted in the health care community. Our primary goal now is to advance strategic conversations among those who care deeply about the future health of our country.

For years, every other wealthy nation, using a wide variety of mechanisms, has offered a fair chance for their citizens to stay well and to get well through a commitment to universal health care. Why does the United States continue to stand as a striking outlier? What have the failures been in our economics and in our politics? How do we overcome them? How do we better convey our belief that universal care improves our health, our economy, and our democracy? Health care is not an island unto itself. To answer these questions, we must address values, principles, and strategies that connect health care to our larger understanding of who we are and for what we stand.

Shared American Values

Our values stem from the wisdom of the founding generation, almost 250 years ago. The Declaration of Independence proclaims all people are equal and “endowed with certain unalienable rights,” and that, “among these,” are “life, liberty, and the pursuit of happiness.” What other rights matter? In the 19th century, states added the right to an education. In the 20th century we broadened the right to vote. Now, with the ability of modern medicine to improve health, we believe that it is time for our nation to recognize health care as a right that affirms human dignity, similar to those we already cherish.

The Declaration also states that these “unalienable rights” are “secured by governments” that “derive their just powers from the consent of the governed.” So-called market competition in

health care that is focused on dollars alone does not meet this end. Only governments of the people, by the people, and for the people can assure that all are served fairly.

Five Health Care Principles

Grounded in our shared American values of liberty, equality, justice, and democracy, we propose five inextricably intertwined principles for building a health care system that serves all.

1. **Universal health care** that is comprehensive, personalized, based on evidence, and accessible.
2. **Affordability** for both individuals and society.
3. **Improving population health** as a national priority
4. **Health equity** to reverse historic disinvestment.
5. **Flexibility** for communities and states, while honoring these principles.

Universal Health Care

Life isn't fair, and neither is illness. Everyone requires care to maintain or treat their health. A well-designed health system can make the treatment of disease fairer and more evenhanded. In our nation, the primary cause of unfairness in health care has been our failure to commit to [universality](#). Universality is a promise that all people will be helped solely according to their clinical need, not who they are or how much they can pay. This promise has been a commitment of the healing professions for centuries, but has never been consistently kept, and its failure is felt deeply, by the millions of Americans who are uninsured and underinsured. Additionally, it affects all through higher health care spending on fragmented and often too-late care, rather than investing in early, preventive care for everyone.

Affordability

Since the 1980s, the dollars spent on health care services have risen much faster in the United States than in other developed countries, while life-expectancy has risen more slowly, and is now lower than in many other wealthy nations. The excessive cost of services causes delays in care and needless suffering for the tens of millions of uninsured and underinsured. But even those with good insurance indirectly feel the burden of unreasonable prices through our premiums and taxes. Any argument that righting the wrongs of American health care would require *more* money — rather than *less* money — cannot be squared with these facts. We now spend more and get less. That cannot continue.

Improving Population Health

The delivery of standard medical services is a relatively small factor in determining the health and wellbeing of our [population](#), yet it accounts for an enormous percentage of our national income. While traditional clinical services prolong, improve, and comfort individual patients' lives, preventive services contribute more to a population's overall health. "Upstream" interventions —

improving nutrition, education, housing, and workplaces, broadening opportunities for living wage employment, regular exercise and addiction recovery, and reducing exposures to toxins, abuse, and violence — make “downstream” traditional medical interventions less needed.

Equity

We see daily significant health disparities among groups in America. These disparities are the result of historical and ongoing disinvestment in a variety of services, including health care, for many communities. As our nation comes to the realization that health care spending is excessive and maldistributed, we need to address these health inequities and strive to attain the highest level of health for all people.

Flexibility

Universality does not mean, nor require, uniformity, at the individual or community levels. States, communities, and practices need the flexibility to innovate and to meet special needs. Within reasonable parameters, individuals should have choices regarding their doctor and setting of care. Some may be concerned that flexibility can lead to a race to the bottom, in the opposite direction from our principles. We disagree. Health policies can give states and communities the flexibility to innovate and meet unique needs while assuring that the principles of universality, affordability, equity, and a focus on population health are respected.

Strategy: putting values and principles into practice

America’s complex, confusing, fragmented, and administratively contentious system needs **fundamental** reform, not tinkering around the edges. It prioritizes money over people. To change it to prioritize people over money, we must create strategies that are multi-year, multi-dimensional, multi-partner, and multi-state.

Multi-year. No transformational reform will be enacted before the 2020 elections. This is the time to deepen people’s understandings of the causes of their health care payment and access problems and to advocate for the principle of affordable universality. After the election of leaders committed to principled reform is the time to debate how to turn the principles into practice.

Multi-dimensional. Health care is just one of many areas of unfairness in America. Too many Americans struggle financially - with low incomes, little savings, and economic insecurity. Ill health is caused by physical factors like bacteria, psychological factors like stress, and social factors like poor housing and food. How we pay for health care adds financial insult to physical and mental injury. Everyone believes in fairness. Views of what is and isn’t fair change over time. Ultimately they are codified in law. Effective democracies enact laws that help their whole population. Ironically, America’s failure thus far to create any form of universal care is a striking symptom of our own democracy’s ill health.

Multi-partner. To state the obvious, united we stand; divided we fall. We must seek to collaborate with all who share our values in the belief that civil conversation among allies can create policy clarity over time.

Multi-state. Political and economic values and cultures vary widely among our fifty states. Some are close to enacting universal health care; others do not know where, when, and if to begin. Ultimately, all states will participate in universal health care systems; the steps to get there may vary in content and timing. Advocates must be culturally sensitive.

We need to understand our opposition better in order to address it more effectively. We see three primary sources:

- those who benefit financially from high prices, including insurance companies, drug companies, hospitals, medical supply manufacturers, physicians, and others
- those who benefit politically from divisiveness,
- those who do not believe in the values of equality and universality, who feel that some *deserve* more and others *deserve* less.

Our strategies must be ***principled AND practical***. Too often policy debate is mired in details and fails to reference the principles from which they come. Practical does not mean compromising principles because of the strength of the opposition. It does mean enacting principled policy vehicles that can be implemented effectively in a timely fashion. Once our nation determines our principles, detailed policy work will focus on how best to transition from what we have now to an improved, universal health care system.

Doctors and health professionals are especially trusted voices on what is wrong in health care and how to make it better. We who work in health care must be wise stewards of individual and public resources, thoughtful prescribers and advisers, and concerned more with our patients' welfare rather than our personal wealth.

Even in these difficult times, health care is an issue that can play a leading role in moving our nation towards more fairness. It affects all of us personally and financially. How it is organized reflects our common humanity and dignity. To achieve our goals, we must root our work in the sacred soil of the American values of liberty, equality, justice, and democracy.

For more information on our efforts, please visit our website, www.MakingHealthCareFair.org, or email us at MakingHealthCareFairInfo@gmail.com