

UNIVERSITY OF ARKANSAS GRANTHAM

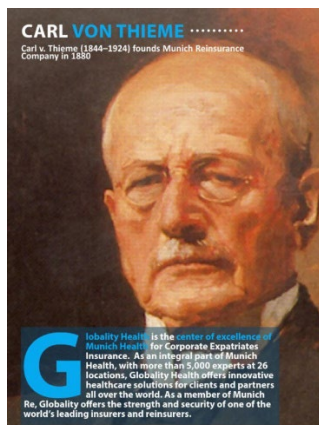
HP111: The U.S. Healthcare System Great Debates – Week 6 Lecture 1

Great Debate: National Health Insurance

This great debate is a historical issue. Younger generations often feel, when socialized medicine is brought up, that it is a new phenomenon designed to address today's healthcare issues.

Nah.

The truth is this was great-great-grandpa's debate first.



[Select the image or this link for a larger version](#)

To truly understand the problems of addressing the fragmented health care system one needs to understand how long this argument has been going on.

The problem of providing satisfactory medical service to all the people of the United States at costs which they can meet is a pressing one. At the present time, many persons do not receive service which is adequate either in quantity or quality, and the costs of service are inequitably distributed. The result is a tremendous amount of preventable physical pain and mental anguish, needless deaths, economic inefficiency, and social waste. Furthermore, these conditions are ... largely unnecessary. The United States has the economic resources, the organizing ability, and the technical experience to solve this problem. ([Committee on the Costs of Medical Care, 1932/1970](#), p. 2)

Resolved, that the American Medical Association declares its opposition to the institution of any plan embodying the system of compulsory contributory insurance against illness, or any other plan of compulsory insurance which provides for medical service to be rendered contributors or their dependents, provided, controlled, or regulated by any state or the Federal government. ([Burrow, 1963](#), p. 150)

1932

Over and over and over again, various special interest groups and political parties torpedoed any attempt to address the issues. The major special interest group was the American Medical Association (AMA) who fought every single attempt to provide any fixes feeling that it interfered with their right to 'own and profit from' everything medicine-related.

Note the AMA specifically lobbied against the proposed addition of National Health Insurance (NHI) to the Social Security Act of 1935 (yes, Social Security dates back to 1935!), and Harry Truman's healthcare bill of 1946. Read the

[Background Essay on: National Healthcare Challenges of the Presidency \(PDF excerpt\)](#)

1939: The bill died in committee, after being vigorously attacked by the AMA

1943: ...once again, the AMA responded negatively, with vigor...the bill never got very far, although it was reintroduced in several successive Congresses

1945: Truman's plan for NHI: The AMA mounted a furious attack on the plan, based primarily on the claim that it was indeed "socialized medicine" ([Harris, 1966a](#)). The AMA used a major public relations firm and a war chest of over US\$2 million, a very substantial sum in those days. With allies from the drug and insurance industries ([Stevens, 1971](#)), it was once again successful in defeating an NHI plan in Congress.

1946: Some people even feared the program would be a "Communist" act, giving too much control to the federal government. This fear was spread specifically by the American Medical Association (AMA).

1993: ...most of the medical, hospital, and insurance industry groups were arrayed against the Health Security Act for a variety of reasons, ranging from an antagonism to "government regulation" to a concern with potential limitations on profit-making.

Interestingly, in the last two decades, the AMA has shifted its stance. More on this in the Affordable Care Act (ACA) discussion next week. Healthcare professionals were major players at the table when the ACA was crafted, and many supported the initiative.

Although it took nearly a century, the AMA has come to support health insurance for all and expansion of the ACA.

The AMA has long advocated for health insurance coverage for all Americans, as well as pluralism, freedom of choice, freedom of practice, and universal access for patients. The same core principles and priorities will guide future AMA advocacy efforts regarding health care reform proposals that are central to our mission of improving public health. Source: <https://www.ama-assn.org/delivering-care/patient-support-advocacy/ama-vision-health-care-reform> 2020

Read: Patient Support and Advocacy article, [AMA vision on health care reform](#)

The change from defying any hint of universal health coverage to supporting healthcare for all is interesting and could take up an entire course. It is likely due to multiple factors, not the least of which is that most physicians are no longer independent practitioners. An entire profession has become 'paid help' and work for large systems. This was driven by escalating costs. I saw many MDs who were adamant they would never work for a system, cave under the costs of liability insurance, health care for staff, and office costs. As employees, MDs were no longer responsible for advocating for their own best interests, with much of this aspect shifting to the American Hospital Association (AHA). With the push to increase APRNs scope of practice, their attention shifted towards fighting what they saw as an infringement on their ability to 'own' all practice of medicine. Perhaps that is taking up more of their time.

Regardless, this shift does not seem to have helped much. The topic has continued to evolve along political ideology. The two major parties, Democrats and Republicans, have become so firmly entrenched in the 'for' and 'against' aisle, that even if they feel a compromise is possible, most will never agree to it, fearing they will be seen as weak or not supportive of their party ideology.

One thing is certain, until U.S. citizens, **all** of the citizens, stand together and demand reform, it is unlikely to happen. Too many citizens have followed their respective parties down the rabbit hole and refuse to see the irony in doing so. While the ideologists make wild, irrational claims, they have access to premium insurance and care. The citizens supporting them, most certainly do not. Reform, true reform, regardless of what that looks like, will require deep reflection from all of us. It will require us to ignore sensationalized, unsubstantiated rhetoric and examine supported facts.

Everyone should have ready access to all necessary medical, hospital, and related services A system of required prepayment would not only spread the costs of medical care, it would also prevent much serious disease. ... Such a system of prepayment should cover medical, hospital, nursing, and laboratory services. It should cover dental care [as far as] resources of the system permit. ... [T]he nation-wide system must be highly decentralized in administration. ... Subject to national standards, methods, and rates of paying doctors and hospitals should be adjusted locally. ... People should remain free to choose their own physicians and hospitals. ... Likewise, physicians should remain free to accept or reject patients. ... Our voluntary hospitals and our city, county, and state general hospitals, in the same way, must be free to participate in the system to whatever extent they wish. ... [W]hat I am recommending is not socialized medicine. Socialized medicine means that all doctors work as employees of government. ... No such system is proposed. ([Truman, 1958](#), pp. 629–630)

National Health Insurance certainly does **not** have to equate to socialized healthcare which, in this country (not other countries) has come to be seen as a pejorative. This point has been argued for over a century. We must learn from the past. Truman said it well.