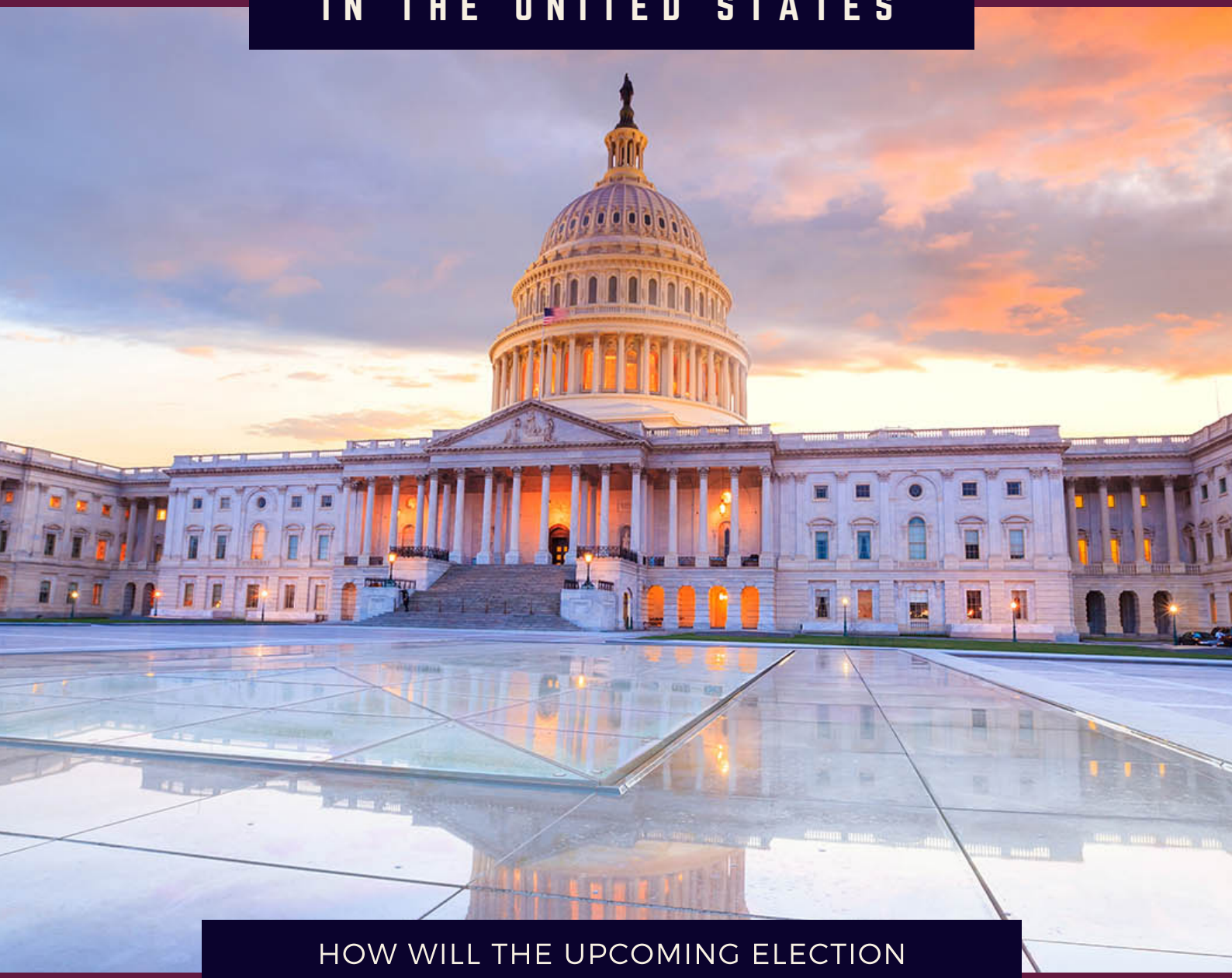
GLOBAL HEALTH IN ACTION

MERCER UNIVERISTY

HEALTH POLICY

IN THE UNITED STATES



HOW WILL THE UPCOMING ELECTION IMPACT HEALTH?

VOLUME 10 | FALL 2020

CONTENTS

EDITORIAL

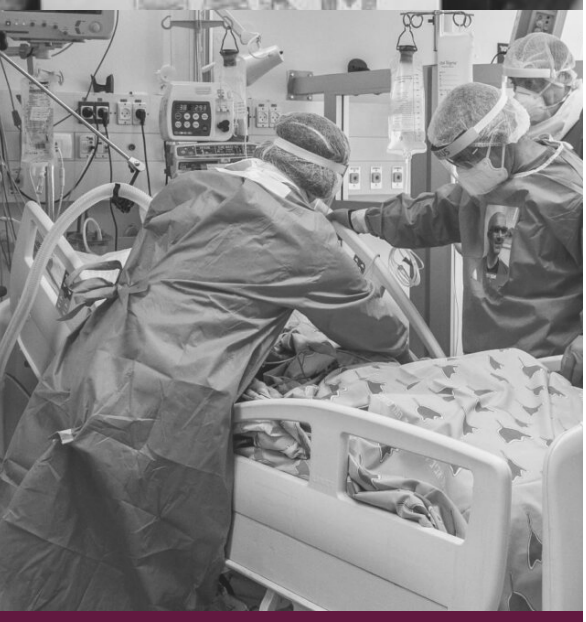
The world walked into 2020 with much uncertainty. We faced a global pandemic that fostered critique and exasperation towards the structure of health systems around the world. These events have made us all think -- "What will change this election year?"

In this edition, explore what healthcare looks like in the United States. How did our system handle the COVID-19 pandemic? What causes health disparities between different groups of people, and how can we make sure our system benefits everyone in our population? How do policies created in Washington, D.C. affect people we interact with daily? But most importantly, *why are decisions on health policy important to keep in mind while voting in the upcoming election?*

The GHIA Editorial team hopes that the Fall 2020 edition will answer these questions and more.

Enjoy these timely and relevant pieces! (And most importantly, go vote!)

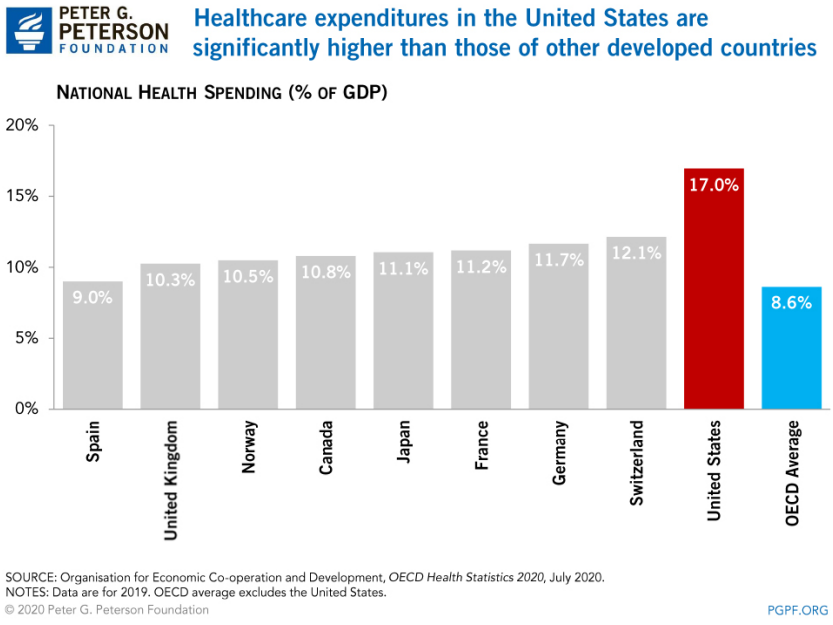
– Parneeta Mohapatra, Chief Editor



Health Care Delivery in the United States

By Parneeta Mohapatra

The United States is considered one of the most powerful and wealthy countries in the world. It leads in medical technological advancements, training in healthcare, and research. On the national level, the US spends more on healthcare per person than any other developed nation. However, despite having the most expensive healthcare system in the world, we rank 30th in the health care index, below almost all of the world's developed and some of the world's developing countries. Why is this?



First, let's explore how the US healthcare system is set up. Most developed countries have national health care coverage run by the government and funded with taxes. However, the United States has a decentralized health care system in which everyone gets healthcare through different means. There is little to no standardization between any of these means to coverage. Our "system" is a mix of public and private services with a majority of for-profit healthcare and insurance providers.

Public Services Include:	Private Services Include:
❑ **Medicare**, a federal program which helps pay for medical costs of people 65 and older; ❑ **Medicaid**, a children's health insurance program that has individual state health plans; ❑ and **CHAMPVA** or **VA**, which provides US veterans insurance through the Department of Veterans affairs.	❑ Employment-based insurance; ❑ Direct purchase of insurance through an insurance company; ❑ and **TRICARE**, a health insurance program for military members, their dependents, retirees, and some survivors & former spouses.

The government funds these for a large part of the low-income, elderly, disabled, and pediatric population. The federal government and the states share the cost of the Medicaid program. This means that in a crisis, state and federal governments work together to increase coverage for people who might not even be eligible for the program before the crisis. The federal government is then able to put funds into that state to help them cope with a crisis.

Health insurance is how most people in the United States pay for health care. A majority of people have insurance through employment-based services. However, not all employers can provide insurance, and even if there are options, many employees cannot afford to pay the premiums required. Because of this, many people opt to receive coverage through government programs. But many states have not expanded provisions for Medicare and Medicaid even under the Affordable Care Act, still leaving many without insurance.

In 2018, only 8.5 percent of the US population was uninsured, down from 15.7 percent in 2011, the year after the Affordable Care Act (ACA) was passed. The ACA helps people who cannot receive employer-based insurance by expanding eligibility for Medicaid, requiring private insurance companies to offer basic packages and cover preexisting conditions, and mainly by giving out subsidies that people can use to buy individual insurance in the Marketplace. Under the law, anyone under 138 percent of the poverty line is eligible for Medicaid benefits, but only if their state has expanded eligibility under the ACA. So far, twelve states still have not expanded Medicaid eligibility, including Tennessee, Georgia, North Carolina, Texas, Wisconsin, and others.

Although the ACA has significantly decreased coverage gaps, a health insurance survey conducted by Commonwealth Fund found that individuals with employer-based insurance plans had "deterioration in the quality and comprehensiveness of coverage." This could be because private insurance companies are now increasing premium prices, and the cheapest and most basic plans do not cover as much as they used to. Although insurers have to follow federal and state regulations, they can set their own benefit packages.

Having people continuing to be underinsured causes a higher rate of people with problems receiving medical care and difficulty paying medical bills compared to people with good coverage. These debts compile and may take years before individuals can pay them back. Hospitals often take these individuals to court to get unpaid debts back, creating more of an issue for those under- or uninsured.

Although overall disparities in health care coverage have slowly been getting smaller in the past two decades, disparities in low-income and minority populations continue to persist. The trifecta of high cost, unequal access, and often below average outcomes compared to other highly developed nations is caused by a decentralized, complex and often inefficient market-style system. Americans have higher rates of morbidity in diabetes, asthma, and heart disease than residents of other developed, high-income countries. Although the United States delivers some of the best clinical care in the world, we are not able to deliver this care equally to every American.

2020 ELECTION

What's at stake with healthcare?

By Rose Tran

TRUMP VERSUS BIDEN

HEALTH INSURANCE

TRUMP

- Efforts to repeal the Affordable Care Act
- Plans to make budget cuts on Medicaid
- Protect Social Security and Medicare
- Issued regulations that allow health insurers to avoid consumer protection
- Lower healthcare insurance premiums
- Cover all pre-existing conditions

BIDEN

- Supports the Affordable Care Act
- Prevent cuts to Medicaid benefits
- Increase subsidies to help Americans buy plans on insurance market
- Increase the value of tax credits to lower premiums and extend coverage to more working Americans

DRUG AND HEALTHCARE REGULATIONS

TRUMP

- Cut prescription drug costs
- Promises hospital price transparency
- End surprise billing
- Put patients and dcotors back in charge of system

BIDEN

- Plans to create a board to assess and price new drugs
- End surprise billing
- Empower Medicare to negotiate with drug companies

REPRODUCTIVE HEALTHCARE

TRUMP

- Restrict access to abortion and block funding for planned parenthood
- Lift rules that require health plans to cover contraceptives for women
- Supports overturning Roe v. Wade

BIDEN

- Supports abortion rights and pledges to reverse the Trump Administration's rule preventing Planned Parenthood and certain other family planning programs from obtaining Title X funds
- Supports Roe v. Wade and wants to codify it

COVID-19 PROTOCOLS

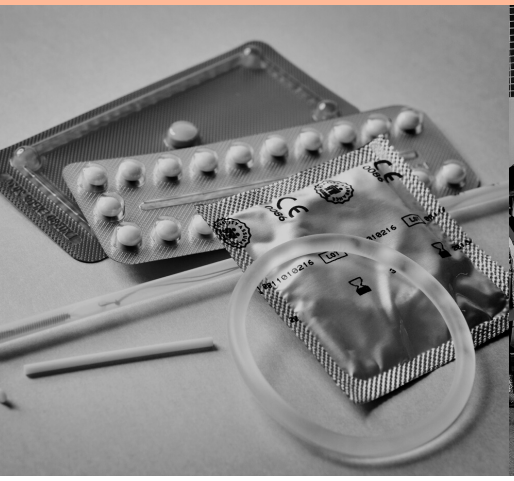
TRUMP

- Calls for businesses and schools to reopen; return to normal in 2021
- "Operation Warp Speed" for finding COVID-19 vaccine by the end of 2020
- Make all critical medicines and supples for healthcare workers in the U.S.
- Refill stockpiles and prepare for future pandemics

BIDEN

- Implement widespread testing and tracing
- Slow and science-based reopening plan
- Ramp up production of personal protection equipment (PPE) and supplies for health care workers
- Plan for effective and equitable distribution of treatments and vaccines

sources: https://www.donaldjtrump.com/media/trump-campaign-announces-president-trumps-2nd-term-agenda-fighting-for-you, https://joebiden.com/healthcare/#, https://www.npr.org/sections/health-shots/2020/10/22/926372475/comparing-bidens-and-trump-s-different-visions-for-health-care



HOW WILL AMERICAN REPRODUCTIVE HEALTH CARE LOOK AFTER THE NOVEMBER 2020 ELECTION?

By McKenna Kaufman

Hailie Poppell, a senior Marketing student at Mercer University, was a senior in high school when she first considered using birth control.

""My mom found out that I was sexually active and so she decided that she wanted to put me on birth control," Poppell said. "We went to the doctor and we went over different methods like the shot, the arm IUD, and the uterine IUD."

Ultimately, Poppell chose the uterine IUD as the best option for her, but was still unsure of the method and time frame in which to go about implementing birth control into her lifestyle, she said.

"This was the June after Trump had been inaugurated and (my doctor) looked at us and (said that) there is a bill in the House right now and it looks like any of these products are going to be raised in cost," Poppell said. "She (said that) 'I recommend that you get this in the next three weeks. Because if not, it could become unavailable at some point in your life.' "

Poppell is among millions of American women whose access to contraceptives and other reproductive health care services depends on government aid and publicly funded programs.

"I think it's scary... how whoever the president is can affect the cost of a contraceptive. I think that it should be something that is standard," Poppell said. "The need for (them) doesn't change no matter what is going on politically..."

As the 2020 Presidential Election approaches, governmental and public opinion of women's reproductive health grows ambiguous as ever. How has the United States approached reproductive health in the past? And how will the coming election transform this access for women like Poppell?"

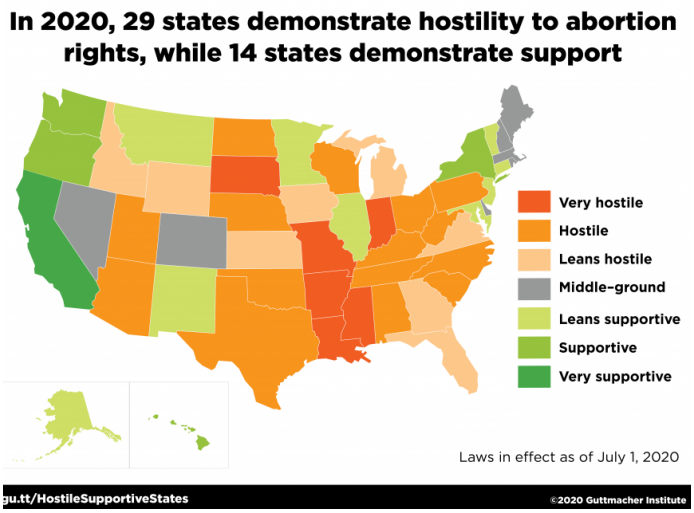
2020's Virtual Republican National Convention unveiled the party's plans for the upcoming four years with Donald Trump as their election nominee. Speakers at the convention ranged from President Trump's daughter and wife, to Vice President Mike Pence, to other supporters of the GOP. One of these was Pro-Life Activist, Abby Johnson, who worked at a Planned Parenthood clinic before she quit her clinic director position in 2009 to begin "And Then There Were None," an anti-abortion organization.

In the speech she gave at the RNC, she recounted her experiences at a Planned Parenthood clinic and the ultrasound abortion that led her to quit her position. She described President Trump's initiatives to limit access to abortions, including blocking federal funding to organizations like Planned Parenthood and vowing to nominate judges to the Supreme Court who would "overturn" the 1973 Roe v. Wade decision.

Because of these stances, Johnson called President Trump "the most pro-life president we've ever had," while she referred to the Democratic President and Vice President nominees Joe Biden and Kamala Harris as "radical, anti-life activists."

Johnson's presence and position as a speaker at the RNC illuminated much of the party's stance on

women's access to abortions and other reproductive health services, mirroring the rhetoric prominent in Donald Trump's presidency and foreshadowing similar legislation that may come with his potential second term.



The Democratic Party stayed majorly silent on the issues of reproductive health and women's rights at this year's Democratic National Convention, which was also held virtually. None of their speakers, which included former President Barack Obama and Rep. Alexandria Ocasio-Cortez, touched on these topics.

However, their current platform, includes a section outlining their plans for reproductive health care in the United States. According to their platform released this summer, "We [the Democratic Party] believe unequivocally, like the majority of Americans, that every woman should be able to access high-quality reproductive health care services, including safe and legal abortion."

Joe Biden's voting record on women's health and access to reproductive services has also been analyzed recently in anticipation of the upcoming election. His voting record proves rather ambiguous, with his early political career boasting many anti-abortion votes and the barring of federal funding to abortion clinics, initiated by the adaption of the Hyde Amendment.

However, following Democratic presidential nominee competitors, Elizabeth Warren and Beto O'Rourke, criticizing these views, Biden quickly flipped his stance and began supporting federal aid for family planning clinics like Planned Parenthood. He also stated that the Roe v. Wade decision's central ideas "should be the law" and enshrined in United States legislation.

The death of Supreme Court Justice, Ruth Bader Ginsburg, an advocate for women's rights and reproductive health care access, adds another level of uncertainty to conversation surrounding reproductive health in the United States. Both parties are vying to fill her seat on the court, and tensions concerning her replacement are running high.

Amy Coney Barrett, President Trump's Supreme Court Justice nomination, provides a stark ideological contrast to Ginsburg. Her history of opposing the Roe v. Wade decision and President Trump's promise to appoint "pro-life" judges during a 2016 debate has some increasingly worried about the future of abortion access following Ginsburg's passing.

> "I'M TERRIFIED FOR WOMEN IN THIS COUNTRY," ANNA LASHLEY, A WASHINGTON D.C. ATTORNEY. "I'M VERY CONCERNED ABOUT WHAT IT WILL MEAN FOR ROE V. WADE GOING FORWARD."I'M WORRIED THAT OTHER PEOPLE AREN'T GOING TO BE ABLE TO TAKE UP THE FIGHT THAT SHE DID FOR US."

In addition to Roe v. Wade, the Affordable Care Act is also predicted to be challenged in a Supreme Court without Ginsburg, according to Julie Rovner in an article for Kaiser Health News. This could eliminate women's guaranteed access to affordable birth control without insurance and allow employers with religious convictions to refuse that their workplace health insurance plans cover birth control and other services.

The varying perspectives taken up by both the law and politicians concerning reproductive health are likely going to continue to muddy the waters of discussions surrounding these issues. The 2020 Election and its stark polarity will also add to the contrasting arguments for and against access to these services, with the race to fill the empty seat on the Supreme Court adding greater urgency.

Like Poppell said, whoever is in the White House can play a role in if American women have access to the reproductive health care they need. With the uncertainty surrounding the Supreme Court and political tensions running high, the future of these services rests in the hands of President Trump, Amy Coney Barrett's confirmation, and the result of Nov. 3.

History of Health Policy

By Sejal Patel

1912

Teddy Roosevelt begins to advocate for health insurance and the National Convention of Insurance Commissioners meet.

1920'S - 1930'S

The Committee on the Cost of Medical Care and the Tactical Committee on Healthcare were formed to advocate health insurance to legislation.

1935-1938

Social Security Act is passed and the National Health Conference is held.

1946

The Communicable Disease Center (CDC) is established (later known as the Center for Disease Control).

1953

The United States Department of Health and Human Services (HHS) is created.

1957

The National Health interview survey is issued by the government for the first time annually.

1965

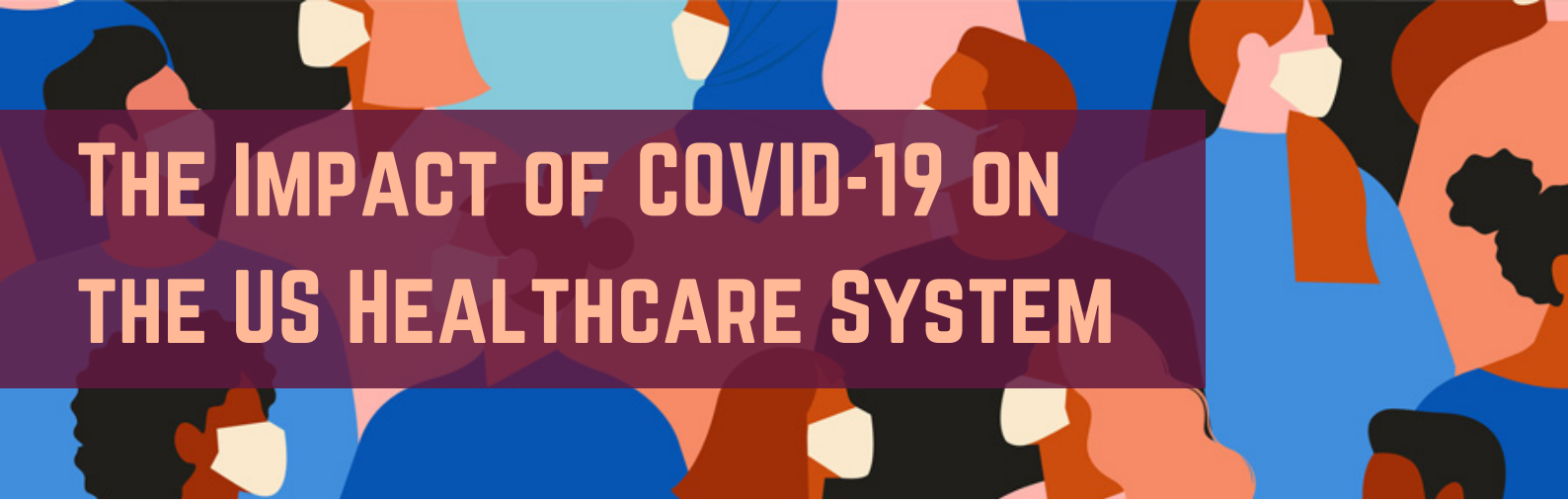
Medicare and Medicaid programs are enacted.

2020

Policies on required vaccinations, stay-at-home orders, and mask requirements are implemented.

CURRENT TIME

sources: https://www.cdc.gov/museum/timeline/1940-1970.html, www.kff.org/wp-content/uploads/2011/03/5-02-13-history-of-health-reform.pdf



The Impact of COVID-19 on the US Healthcare System

By Makenzie Hicks

The COVID-19 pandemic has revealed problematic flaws in the United States healthcare system, which in turn have worsened the impact of COVID-19. Lack of coordination, variations in policy, and lack of access to healthcare, and other factors have all contributed to the desire for change in our healthcare system.

COVID-19 has exposed a lack of cooperation and communication among governmental and other organizations. Due to a decentralized government, unified responses to issues are complex to carry out. Many mandates and opinions on treatment vary, making it more difficult to prevent the spread of COVID-19. Although the CDC recommends wearing masks, some states have no mask mandates, while others have very strict ones. Currently, some states are still under lockdown, while others have begun opening back up.

Compared to most nations, early testing in the US was unavailable, and even where it was present, it was not widespread. This disparity made quick identification of COVID cases unlikely. From the beginning, the response to COVID and the variation in policy has worsened our situation.

Another obstacle to addressing the pandemic was politicians undermining scientific data and spreading false information due to the lack of efficient public health infrastructure. The COVID pandemic quickly became a political issue, hindering the ability of the scientific community to do its job. David Bloomenthal, president of the Commonwealth Fund, addressed this saying, "no one gains in the short term or the long term from trying to impose any political constraints on our nation's fundamentally critical scientific infrastructure."

An example of variation in policy is the use of hydroxychloroquine as a treatment for COVID patients. President Trump released a statement in March saying that it showed "tremendous promise," and, "it's safe, it doesn't cause problems." Soon after, the FDA authorized prescribers to use it, even though there was minimal evidence supporting its effectiveness. Currently, the FDA has released a statement recommending that hydroxychloroquine not be prescribed unless in a hospital or clinical setting. Even so, Premier Data found that, "demand for chloroquine and hydroxychloroquine spiked dramatically."

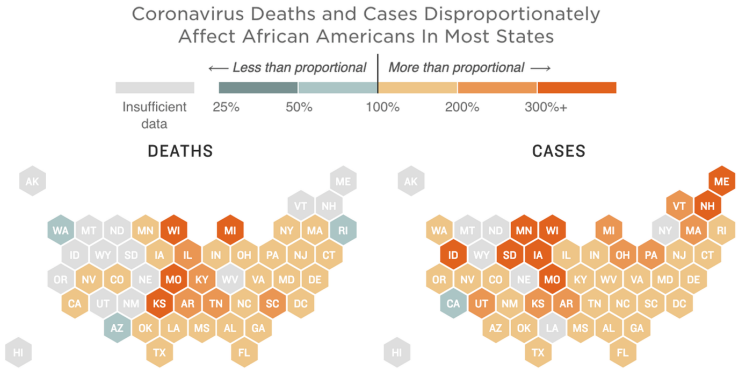
On the state level, each Board of Pharmacy has a different opinion on if hydroxychloroquine should be used. The Texas Medical Association reported that the Texas Board of Pharmacy, " places medical limitations on the prescribing of hydroxychloroquine as a means to conserve this drug for patients for whom it is medically necessary." Texas is among 5 other states with similar requirements. Several states have also required doctors to sit in front of the board to defend their decision to prescribe it. This lack of unity has confused many healthcare providers on how to treat patients. Because of this, it has swayed their decision making in treatment and patients may not receive the best care.

At the start of COVID-19 infections in the United States, there was worry that our healthcare delivery model would not be able to handle a pandemic of this size. Dr. Brendan Carr, chair of emergency medicine for the Mount Sinai Health System in New York, says "We essentially have built a health care system that is perfectly right-sized for the care that was delivered yesterday [but] it took two weeks, three weeks [of the pandemic] until we totally broke the financial model of health care."

We see the largest disparity in lower-income communities. These communities are more likely to get COVID-19 because most people are working minimum-wage jobs considered "essential," such as grocery and food-service, in which they are coming in contact with more people than the average worker. They also are less likely to be able to get tested, because they are mostly paid an hourly wage and would be losing money if they were to leave work to see a doctor.

On top of that, they have lower proportions of access to insurance and they are more worried about cost, because they most likely are unable to get any through their employer. Ashish Jha, Dean of the School of Public Health at Brown, asks, "Do we really want people to act like consumers during a pandemic?" This question refers to the 30 million people in the United States who are currently uninsured.

This issue has been exacerbated by the increasing unemployment caused by the pandemic. Because unemployed persons do not have financial stability, they are less likely to seek care until they are extremely sick. Lena Simet of Human Rights Watch asserts that "The US government needs a response to the coronavirus that prevents people from having to choose between a missed paycheck and risking their and their families' health."



National Public Radio: Coronavirus by the numbers May 2020

Because people of color, specifically Blacks and Hispanics, are more likely to be uninsured or underinsured, COVID-19 has had a heavy impact on these communities. According to the New England Journal of Medicine, Blacks account for 13% of the US population, but they also account for 20% of COVID-19 cases and 22% of COVID-19 deaths. Additionally, predominantly black counties account for over 60% of COVID-19 cases even though they're only 20% of the counties in the US. Similarly, Hispanics account for only 18% of the population but 33% of new cases. These statistics can be attributed to the fact that these two groups have the lowest access to healthcare. The Affordable Care Act was able to alleviate some of this strain, but there is still a lot to be done.

Additionally, the lack of primary care in the US has caused a strain on healthcare workers and made the spread of COVID-19 more difficult to contain. Bloomenthal stated, "We have a tremendous deficit compared to other advanced countries of frontline providers who can offer that initial contact with the health care system, where symptom identification can take place, and where screening could happen outside of the crowded and more dangerous setting of a hospital emergency room." These places of low access to primary care are mostly lower-income communities, which increases the stress already felt by the lack of access to health insurance.

On the other hand, the government has had various ideas on how to help those in need during this time, but the application is inconsistent, and disproportionally affects lower-income populations. COVID-relief packages for workers who cannot go to work due to COVID exposure or positive tests are important because they are unable to get a paycheck. However, these packages take a long time to arrive, so people who are living paycheck to paycheck are not receiving help when they need it most.

While many states have expanded Medicaid, there are still 14 where there is a large proportion of people living in poverty who cannot access healthcare. Additionally, the government has not made any substantial investments into the public health field or helped to alleviate some of the stress the newly unemployed have in finding insurance, which could be done by educating about Medicaid services.

The issues in our healthcare system were made more apparent by the COVID-19 pandemic. Shanoor Seervai of The Dose, reflected upon COVID-19 saying, "a crisis is not the time to be learning these lessons but we should start now before it's too late."

sources: https://www.commonwealthfund.org/publications/podcast/2020/mar/coronavirus-reveals-flaws-us-health-system, https://www.gpb.org/television/show/pbs-newshour/season/2020/september-4-2020-pbs-newshour-full-episode/extras/what, https://www.nejm.org/doi/full/10.1056/nejmsb2021088, https://abcnews.go.com/Health/covid-19-exposing-cracks-us-health-system-experts/story?id=70408044, https://www.vox.com/policy-and-politics/2020/3/16/21173766/coronavirus-covid-19-us-cases-health-care-system

PROTECT YOURSELF FROM COVID-19!

By Maggie Porter

Your guide to boosting your immunity and protecting yourself from the Coronavirus!

Get at least 30 minutes of mild exercise 5 days a week!

GET OUTSIDE!

WEAR. YOUR. MASK. Over your mouth and nose and in class, when you are not eating and drinking, and when you are around people other than who you live with. Wear disposable masks colored side out and wash reusable masks after every wear!

Keep an eye on your mental health! CAPS is a great resource on mercer's campus! Check on your friends and those you love. Isolation is hard, and it is okay to ask for help.

SLEEP!

Take your temperature daily and monitor for symptons.

Wash your hands often with soap and water for 20 seconds! Do this before eating, drinking, touching your face, and more.
If you can't wash your hands, use a hand sanitizer with at least 60% alcohol.

STAY CONNECTED WITH YOUR LOVED ONES!

Take your vitamins! Vitamins like daily multivitamin, vitamin C, vitamin D3, zinc (20 mg per day), quercetin ascorbate (1/4 teaspoon, twice per day) will all help boost your immune system.

Disinfect high touch areas regularly! For example, Door Knobs, Counter Tops, Phones, and Laptops.

CONSUME LESS

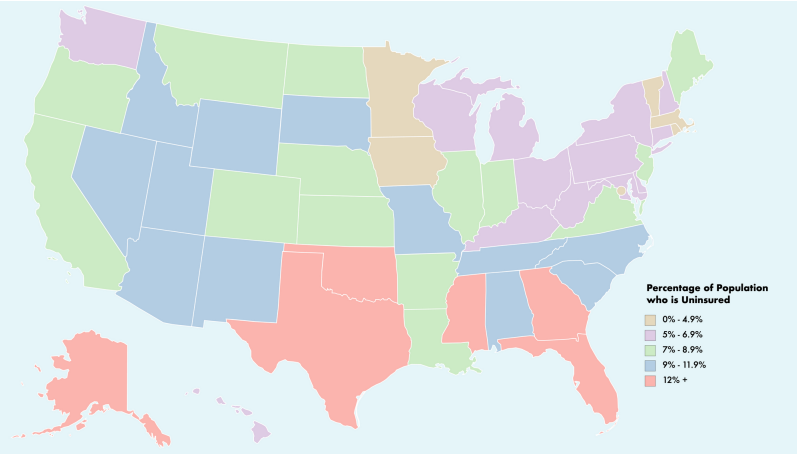
- Processed Foods
- Sugar and Starch
- Alcohol
- Nicotine and Tobacco products

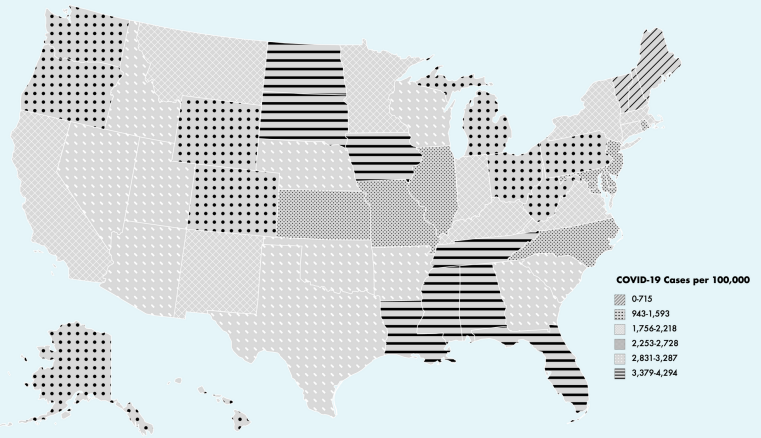
CONSUME MORE

- Fruits and Vegetables (esp. citrus!)
- Protein (1/2 your body weight in g /day)
- Natural Oils (coconut, olive, avacado)
- Flaxseed
- Garlic & Ginger
- Green Tea

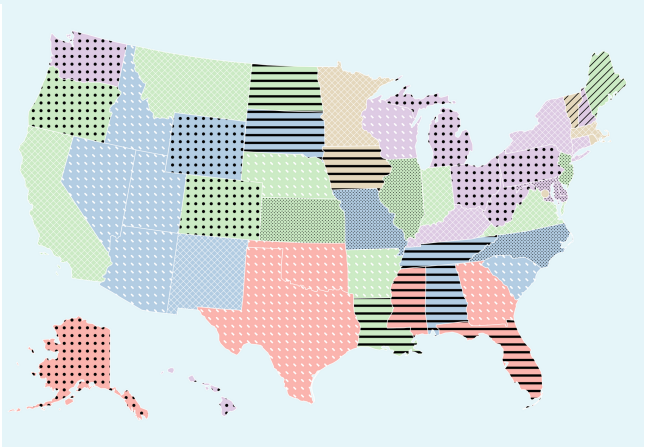
CORONAVIRUS TRENDS ACROSS THE UNITED STATES & SOCIAL DETERMINANTS OF HEALTH

Maggie Porter





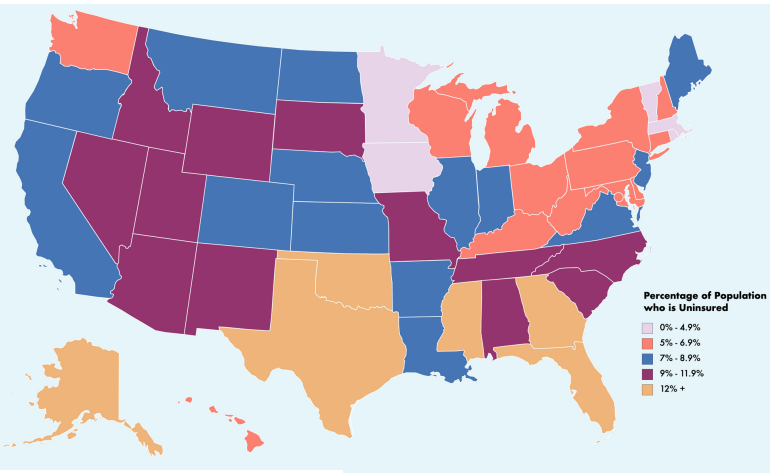
Current Statistics as of October 20, 2020

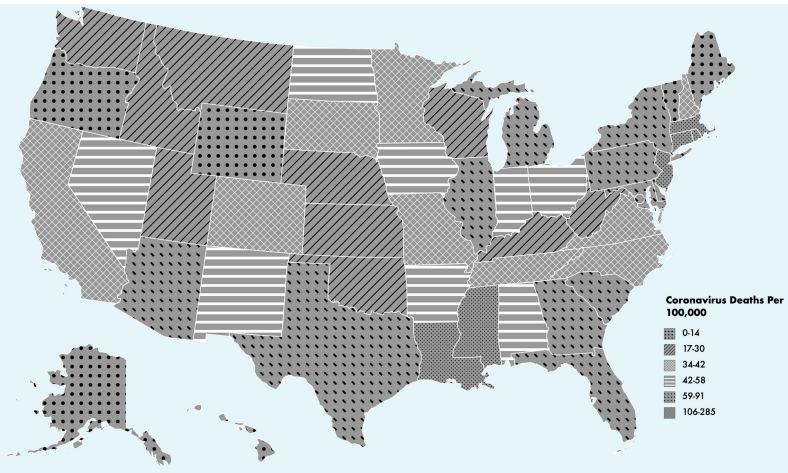


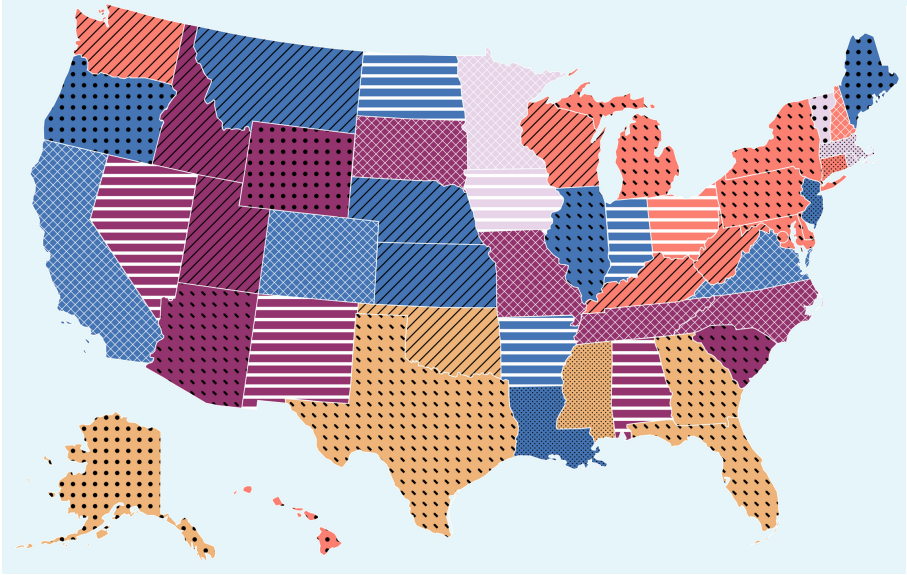
Imagine sitting in the low light of an overcrowded waiting room, being coughed on and breathed on by strangers sitting, standing, and leaning wherever they can find a space. This image is a reality for 1.8 million Americans around the country as they wait for care in free clinics. Another segment of the population avoids even the free clinic, instead, going undiagnosed, untreated, and unhelped. This is the sad reality of life for many Americans without health insurance. And things are not much better during this unprecedented time of the novel Coronavirus.

The above maps show correlations between Coronavirus cases in the United States and lack of health insurance among the population, at the state level. You will notice that, for the most part, there is not a strong correlation between Coronavirus cases and insurance rates.

It does not appear that there are more cases of the Coronavirus in places where fewer people are insured. There is some correlation, sure take Texas, New York and the general south. Other reasons factor in these findings. Southern states have larger rural populations without close, decent, cost-effective medical care. Populations in larger cities like New York are more concentrated, with higher numbers of people without insurance. Where populations more concentrated, viruses will spread faster. Along with that, the south saw a trend of progressing towards more Coronavirus cases because of the decisions to end quarantine and open up earlier than others. Both of these things can serve to increase the spread and increase in cases in states. But, as you can see, this is more of a found correlation than causation. Other factors must be looked at when examining the role of insurance statistics on the novel Coronavirus.







These maps show another correlation between the Coronavirus and insurance among Americans, but this time they examine the correlation between Coronavirus deaths and health insurance. As you can see, there is a stronger correlation between these two factors.

While a lack of health insurance does not necessarily cause Coronavirus or other things like this, it can certainly lead to an increase in deaths from the pandemic. Uninsured persons are more likely to postpone care or receive subpar care, but early treatment of symptoms has been shown to lead to better health outcomes.

But an even more interesting idea comes out of these observations, and that is the idea of social determinants of health. Social determinants of health are factors that would affect someone's well being, including factors not automatically considered. Race, religion, gender, age, socio-economic status, and many more indicators like these can affect healthcare quality, availability, and accessibility. Scan this QR code to learn more about Prejudice in Healthcare, and social determinants of health.

HTTPS://LIBERALARTS.MERCER.EDU/WP-CONTENT/UPLOADS/SITES/5/2020/04/EDIT-GHIA-NEWSLETTER-SPRING-2020.PDF

Current Statistics as of October 20, 2020 via. CDC & US Census Bureau

Additional Resources

Podcasts

- *The Healthcare Policy* by David Introcaso
- *Healthcare News* by the Heartland Institute
- *The Dose* by the Commonwealth Fund

Books

- *The Healing of America: A Global Quest for Better, Cheaper, Fairer Healthcare* by TR Reid
- *Where Does it Hurt?* by Jonathan Bush
- *An American Sickness: How Healthcare Became Big Business and How You Can Take It Back* by Elizabeth Rosenthal

Movies

- US Health Care: The Good News (2012)
- Money-Driven Medicine (2009)
- Sicko (2007)

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