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Universal Health Coverage

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Universal Health Coverage

Since universal health coverage was proposed in the United States, it has attracted varied opinion. Some agree that every citizen should enjoy affordable and quality health care, whereas others are opposed to the idea. This paper aims to highlight the arguments for and against universal health coverage, the barriers faced in achieving universal health coverage, and the role of nurses in promoting universal health coverage.

The proponents of universal health coverage argue that health insurance is expensive, hence they cannot afford to pay. They claim that it is not their fault, hence advocating for universal health coverage (Beland et al., 2016). However, those who oppose the move argue that the uninsured must take individual responsibility and get health insurance. They argue that as people who are insured and pay taxes, it is not their responsibility to pay for the medical expenses of others. Additionally, those opposing argue that the uninsured are lazy and are looking to exploit the country's health care system. Essentially, this population maintain that the scheme is a government handout to those without medical insurance (Beland et al., 2016). Another argument suggested by proponents of universal health coverage is that at the federal level, it lowers the cost of health care because the federal government controls prices for services and medicine. Furthermore, every patient will get equal treatment, which is not based on race, age, or wealth. This will lead to a healthy population and longer life expectancy. However, people are likely to abuse free health care. In addition, there already exists a waiting list for the uninsured who seek the services of specialist doctors. For that reason, with the implementation of universal health coverage, many people might have to wait for months before seeing a specialist (Beland et al., 2016). In the end, America might end up rationing health care.

Whereas America may want to adopt universal health coverage for its citizens, some barriers have derailed the process. Among the notable ones are; vested interests, lessons from history, and diversity. For instance, health care consumes 17.4% of the country's gross domestic product (GDP), which is double what is spent in a country like Australia (Rice et al., 2014). Furthermore, some individuals are currently making a lot of money in the country's health sector. They include doctors, pharmaceutical companies, and insurance firms. In this regard, the country can achieve universal health coverage if it is willing to reduce costs. However, in doing so America will have to confront some of the entities that benefit from the current health care set-up, which might lead to court battles (Ottersen & Norheim, 2014). In the end, it might be hard or difficult to achieve universal health coverage.

Consequently, the country's diversity explains why it is difficult to implement universal health coverage. A look at the last hundred years tells a different story. Homogenous countries like Britain and Germany managed to implement universal health coverage because it was easy to mobilize people who spoke the same language. Americans were demanding for the same but mobilizing the citizens to rally behind the program was and is still elusive (Interlandi, 2019). Besides, the program works best in jurisdictions that have witnessed solidarity among its citizens. The citizens treat each other with dignity and respect, but that is not the case in America. The country's cultural diversity and its size, particularly divisions based on race mean that Americans are divided and do not see each other as equal. Thus, that is why those who oppose universal health coverage argue that they cannot pay taxes for others to get affordable and better health care.

Universal health coverage cannot succeed when nurses are not at the forefront of promoting it. Nurses play a significant role in universal health coverage because they form the

largest contingent of health care personnel. They account for a majority of the contacts between patients and health caregivers. Therefore, bringing them on board can help achieve universal health coverage (Rice et al., 2014). Second, their number offers what is needed in achieving universal health coverage. Nurses have the correct mindset and the necessary training that align with what is targeted in universal health coverage in both prevention and treatment. Again, from a quality and quantity perspective, nurses are best placed to cost-effectively deliver on universal health coverage. For that reason, investing in nurses will help the country improve health services while strengthening disease prevention and health campaign.

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