Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period: \_\_\_\_\_\_\_\_\_\_\_

THE Healthcare Debate

The issue of healthcare; how it’s provided, who get’s it, how should it be paid for, and more, is debated in the news and most recently in the Presidential and Congressional election.

We will hold three mini-debates. You will be assigned ONE of the sides below (a total of 6 teams) and you will spend the class period today researching evidence that will support it’s claim. Circle the claim that you are assigned.

**Debate Date:** Wednesday, December 14th

**Option #:** \_\_\_\_\_\_\_ Pro \_\_\_\_ OR Con \_\_\_\_

*Look for the following: facts, statistics, REAL stories, quotes from professionals or politicians.*

1. **Option #1**
	1. PRO: Instituting a right to health care could lower the cost of health care in the United States.
	2. CON: A right to healthcare could increase the US debt and deficit.
2. **Option #2**
	1. PRO: A right to health care could save lives.
	2. CON: A right to health care could increase the wait time for medical care.
3. **Option #3**
	1. PRO: A right to health care could improve public health.
	2. CON: A right to health care could lead to government rationing of medical services.

You will be responsible for researching a PRO or a CON for one of the options. You will need to bring a FULL PAGE of research to aid in the debate. You will turn that in. You will also be responsible for taking notes on the other debates.

You will be graded on having or research on the day of the debate, your participation during your debate, and notes on the other two debates.

|  |  |
| --- | --- |
| **1 page of research**-(Includes as least THREE cited references and at least THREE arguments for your side) |  /15 |
| **Participation during YOUR debate-**(Express your opinions and ask questions) | /10 |
| **Notes-**(Written notes for the other two debates) | /10 |

 TOTAL POINTS /35

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period: \_\_\_\_\_\_\_\_\_\_\_\_

Option 1

**PRO: Instituting a right to health care could lower the cost of health care in the United States.** According to a 2013 study, under a single-payer system, in which all citizens are guaranteed a right to health care, total public and private health care spending could be lowered by $592 billion in 2014 and up to $1.8 trillion over the next decade due to lowered administrative and prescription drug costs.[[51](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#51)] According to the American Medical Association, on average, private health insurance plans spend 11.7% of premiums on administrative costs vs. 6.3% spent by public health programs. [[52](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#52)] According to a study in the *American Journal of Public Health*, Canada, a country that provides a universal right to health care, spends half as much per capita on health care as the United States. [[53](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#53)] In 2010 the United Kingdom, another country with a right to health care, managed to provide health care to all citizens while spending just 41.5% of what the United States did per capita. [[48](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#48)]

**CON: A right to health care could increase the US debt and deficit.**Spending on Medicare, Medicaid, and the Children's Health Insurance Program, all government programs that provide a right to health care for certain segments of the population, totaled less than 10% of the federal budget in 1985, but by 2012 these programs took up 21% of the federal budget. [[78](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#78)] According to US House Budget Committee Chairman Paul Ryan (R-WI), government health care programs are "driving the explosive growth in our spending and our debt."[[77](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#77)] Studies have concluded that the expansion of insurance coverage under Obamacare will increase the federal deficit by $340-$700 billion in the first 10 years, [[79](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#79)][[80](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#1)] and could increase the deficit to $1.5 trillion in the second 10 years. [[81](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#81)] Even with these expenditures, the Congressional Budget Office (CBO) estimates Obamacare will leave 30 million people without health insurance. [[82](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#82)] If everyone in the US were covered under a universal right to health care, the increase in the federal deficit could be even larger than under Obamacare.

NOTES on the Debate:

Option 2

**PRO: A right to health care could save lives.** According to a 2009 study from Harvard researchers, "lack of health insurance is associated with as many as 44,789 deaths per year," which translates into a 40% increased risk of death among the uninsured. [[59](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#59)] Another study found that more than 13,000 deaths occur each year just in the 55-64 year old age group due to lack of health insurance coverage. [[60](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#60)] In addition, a 2011 Commonweath Fund study found that due to a lack of timely and effective health care, the United States ranked at the bottom of a list of 16 rich nations in terms of preventable mortality. [[112](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#112)] In Italy, Spain, France, Australia, Israel, and Norway, all countries with a right to health care, people live two to three years longer than people in the United States. [[62](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#62)]

**CON: A right to health care could increase the wait time for medical services.**Medicaid is an example of a federally funded single-payer health care system that provides a right to health care for low-income people. According to a 2012 Government Accountability Office (GAO) report, 9.4% of Medicaid beneficiaries had trouble obtaining necessary care due to long wait times, versus 4.2% of people with private health insurance.[[102](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#102)] Countries with a universal right to health care have longer wait times than in the United States. In 2013 the average wait time to see a specialist in Canada was 8.6 weeks, [[72](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#72)] versus 18.5 days in the United States in 2014. [[73](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#73)] In the United States, fewer than 10% of patients wait more than two months to see a specialist versus 41% in Canada, 34% in Norway, 31% in Sweden, and 28% in France – all countries that have some form of a universal right to health care. [[24](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#24)]

NOTES on the Debate:

Option 3

**PRO: A right to health care could improve public health.**According to a 2012 study in the *Lancet*that looked at data from over 100 countries, "evidence suggests that broader health coverage generally leads to better access to necessary care and improved population health, particularly for poor people.” [[99](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#99)] In the United States, people are 33% less likely to have a regular doctor, 25% more likely to have unmet health needs, and over 50% more likely to not obtain needed medicines compared to their Canadian counterparts who have a universal right to healthcare. [[63](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#63)] According to a 2008 peer-reviewed study in the *Annals of Internal Medicine*, there were 11.4 million uninsured working-age Americans with chronic conditions such as heart disease and diabetes, and their lack of insurance was associated with less access to care, early disability, and even death. [[65](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#65)]

**CON: A right to health care could lead to government rationing of medical services.**Countries with universal health care, including Australia, Canada, New Zealand, [[97](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#97)] and the United Kingdom, [[88](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#88)] all ration health care using methods such as controlled distribution, budgeting, price setting, and service restrictions. [[104](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#104)] In the United Kingdom, the National Health Service (NHS) rations health care using a cost-benefit analysis. For example, in 2008 any drug that provided an extra six months of "good-quality" life for £10,000 ($15,150) or less was automatically approved, while one that costs more might not be. [[87](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#87)] In order to expand health coverage to more Americans, Obamacare created an Independent Payment Advisory Board (IPAB) to make cost-benefit analyses to keep Medicare spending from growing too fast. According to Sally Pipes, President of the Pacific Research Institute, the IPAB "is essentially charged with rationing care." [[89](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#89)] According to a 2009 Wall Street Journal editorial, "once health care is nationalized, or mostly nationalized, medical rationing is inevitable." [[98](http://healthcare.procon.org/view.additional-resource.php?resourceID=002722#98)]

NOTES on the Debate: