EDITORIAL

HEALTH POLICY

Health Care Is a Right, Not a Privilege

A New Series on US Health Care and Health Policy

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Two fundamental questions about health care in the US remain unanswered: is health care a right or a privilege and, relatedly, is the US committed to ensuring that every individual has access to some form of health insurance like in every other modern high-resource country.[1,2] President Obama, despite the success of the Affordable Care Act (ACA) in increasing the number of individuals with health insurance in this country, seldom addressed this issue directly, even in a wide-ranging special communication in *JAMA*.[3] President Trump has done little with respect to increasing the number of individuals with insurance; instead, his administration has challenged the legality of various aspects of the ACA in court, although overturning it would reduce health coverage significantly. However, there has been encouraging, if incomplete, movement at the state level. In total, 39 states have now expanded Medicaid under the auspices of the ACA, including a number of states, such as Oklahoma and Louisiana, with a historically conservative populace.

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President Biden has released a health care plan that, among other provisions, includes 2 important initiatives related to coverage: reducing the age of eligibility for Medicare to 60 years and introducing a public option.[4] It is not clear how many additional individuals would be insured if these 2 initiatives were adopted. Reducing the age of Medicare eligibility is important because as people age, the need for additional medical care increases. However, this reduction in the age of eligibility for Medicare beneficiaries could have important financial implications.[5] In addition, although there may be potential advantages with establishing a "public option," many more details about this proposed plan, including how it would operate and how much it would cost, are needed. It is also unclear whether the public option would include Medicare Advantage. Because about 40% of individuals with Medicare have Medicare Advantage, which is administered by private health insurers, the contentious notion that Medicare represents "socialized" medicine is no longer true and might make a public option more politically feasible, particularly in the event of a divided legislative branch. However, whether either of these 2 initiatives will ultimately be adopted by Congress is unclear.

In addition to ensuring access to health care coverage for all individuals in the US, other critical aspects of the US health care system, such as reducing cost growth, achieving sustainability of public programs, and improving quality and outcomes, all while responding to the devastating coronavirus disease 2019 (COVID-19) pandemic, will emerge as pressing national issues. Accordingly, *JAMA* is launching a health policy series (and will launch a new journal—*JAMA Health Forum*—later this year)[6] to provide scholarly, evidence-based information on these and other important topics.

For example, Medicare and Medicaid are in need of reform, there is broad agreement that it is necessary to move reimbursement for health services even more aggressively from volume to value, administrative complexity must be reduced, and the US must find a path forward to make drugs more affordable. Whatever changes are coming, health care costs cannot continue to increase at rates above inflation for individuals, businesses, or states and the federal government. Although overall health care costs have remained at approximately 18% of the gross domestic product for the past 4 to 5 years, several important factors, including new drugs and devices, an aging population that will require more health care, increasing the number of individuals with insurance, and the massive expenditures associated with the COVID-19 pandemic, will exert unprecedented pressure on health care costs and systems. With the US economy struggling, and state revenues declining, any increase in health care costs will only further compromise other services, such as education, public transportation, and infrastructure.

Many groups recognize the need for change. However, any change that adversely affects the financial status for the major constituencies in health care, such as hospitals, drug and device manufacturers, health insurers, physicians and other clinicians, retail drug outlets, nursing homes, pharmacy benefit managers, and others, will be challenging. The way forward will be difficult and will be compounded by ideological differences of opinion and intensified concerns involving equity and disparities.

The Viewpoints by Levitt[7] and Westmoreland et al[8] in this issue of *JAMA* begin the 2021 Health Policy series. The Viewpoint by Levitt[7] summarizes the current major health insurers in the US, including Medicare, Medicaid, and private insurance, and serves as a primer regarding the language and terminology of health care reform, such as Medicare for All, the public option, and other proposed initiatives. The Viewpoint by Westmoreland et al[8] describes the various administrative actions that the Biden administration could take without Congressional approval to improve access to health insurance. These Viewpoints will be followed by other

articles on more specific topics affecting the US health care system, such as Medicaid reform, the Medicare Trust Fund, price regulation, and cancer care, among other topics.

The year 2021 will be pivotal in US health care as the nation addresses the dual challenges of responding to the COVID-19 pandemic and undertaking major health system reform while ensuring health care as a right for all. The 2021 Health Policy series will provide useful information to explore and promote understanding of many of the critical issues that lie ahead in addressing these important challenges.

ARTICLE INFORMATION

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