

# HEALTHCARE POLICY



**Briefing Materials**

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## Health Care

The United States has a distinctive health care system compared to other advanced industrial democracies. Most Americans not of retirement age receive their care through employer-sponsored health insurance plans, while retired people are eligible for government-sponsored Medicare and many lower-income Americans have access to Medicaid. When the Affordable Care Act (ACA, or “Obamacare”) was passed in 2010, nearly 47 million Americans were without health insurance. That number declined to about 27 million by the end of 2017.<sup>1</sup>

Now, the COVID-19 pandemic exposed vulnerabilities in the U.S. national health system. Although the U.S. has more hospital-based employees than most similarly large and wealthy countries, the country ranks among the developed countries with the fewest practicing physicians per capita. The U.S. has lower hospital density and fewer hospital beds per capita than most comparable countries, a scarcity which caused health facilities to quickly be overwhelmed with patients as the COVID-19 pandemic progressed. Patients in the U.S. are also more likely to face higher out-of-pocket costs and to have inadequate access to insurance than comparable countries. About 8.5% of Americans were uninsured throughout 2018, an increase of 6 percent from 2017.

The challenges faced by the American healthcare system during the pandemic have intensified debate over permanent health care reform including the repealing of ACA, funding of Medicare, COVID related issues, and creating equity in healthcare.

### Access to Medical Care

#### The Affordable Care Act

##### **The Affordable Care Act should be replaced**

Key ACA issues include the scope of coverage (including through Medicaid expansion), the establishment of exchanges, premium subsidies, preexisting conditions, and the individual mandate.

Following the ACA’s passage in 2010, the number of uninsured – people not covered through employer-based health insurance, Medicare, or Medicaid – declined by 20 million.<sup>2</sup> Some say the goal should be to continue to build on the existing system, which is based largely on private insurance, and then fill in the remaining gaps in order to achieve universal coverage. Others say that the ACA is too expensive for this country and gives the federal government too much authority. They prefer that additional private-sector options be offered to bring down the cost of health care and expand access to coverage.

Still others believe the ACA did not go far enough to expand coverage and should be replaced with a single-payer, government-run health care system. The ACA was also intended to require Medicaid expansion to all individuals with incomes under 138 percent of the federal poverty line (about \$16,000 per year for an individual and \$34,000 per year for a family of four.) The Supreme Court decided to expand Medicaid as a state option,<sup>3</sup> and 36 states have decided to do so.<sup>4</sup>

The ACA created health insurance exchanges or marketplaces (such as healthcare.gov) so people without access to employer-sponsored insurance could purchase private insurance. This insurance had to meet several qualifications, including a requirement to cover essential health benefits such as prescription drugs, maternity care, and treatment for mental health and substance use disorders – the latter is important now because of the opioid epidemic).

People with incomes between 138 and 400 percent of the federal poverty line receive government subsidies to help them buy these private plans. The ACA also allowed young adults to remain on their parents' health care plan until age 26, made prescription drug coverage for seniors on Medicare more generous, eliminated annual and lifetime limits on insurance coverage, told insurers they could no longer charge women higher rates than men, and prohibited insurance companies from discriminating against people with preexisting conditions.

## Pre-existing Conditions

### **People should have reasonable access to health without discrimination against pre-existing conditions**

Protection against discrimination for preexisting conditions means that insurance companies cannot deny these people coverage and that they are also prohibited from charging them more for an insurance plan.

An additional ACA protection for those with preexisting conditions is the Essential Health Benefits requirement. Because the ACA requires all insurance plans to offer comprehensive coverage, a plan cannot try to exclude people with certain conditions. For example, a plan cannot steer people with a history of cancer away from enrolling by excluding chemotherapy coverage.<sup>5</sup>

On the other hand, some critics say that the Essential Health Benefits Requirement forces people to buy coverage they don't need. As a result, it raises insurance costs for younger and healthier individuals in order to better subsidize the coverage for older and sicker individuals (although the ACA does allow prices to vary by age). The ACA also increases coverage for preventive care – it requires all insurance plans to fully cover a yearly check-up and provide full contraception coverage.

The current administration has introduced number of regulations to steer the ACA in a more private-sector, market-oriented direction. These include expanding access to association health plans and short-term health plans, which allow small businesses to team up together to offer cheaper insurance, and limited-duration health plans, which offer basic coverage at lower monthly premiums.<sup>6</sup> The ACA also included an individual mandate that required all individuals (aside from those who qualified for hardship exemptions) to have health insurance – but the penalty for not complying was repealed as part of the 2017 tax bill.<sup>7</sup> The ACA led to the percentage of uninsured people dropping from 17 percent in 2010 to 10 percent in 2016,<sup>8</sup> but in the past couple years the number of uninsured has increased.<sup>9</sup>

Today, about 30 million Americans – who are disproportionately from communities of color – do not have health insurance. (The uninsured rate for Hispanics is 19 percent compared to 7 percent for whites).<sup>10</sup> Some say that the recent increase in the uninsured rate is due to the current administration's actions to roll back the ACA following Congress's

failure to repeal the law. Others maintain that without the individual mandate – which the Administration opposes – many people are choosing not to buy health insurance if they don't want or need it.

## Reduce Medicaid Funding

### **The federal government should reduce funding for Medicaid, the federal-state program that provide insurance to low-income Americans**

Nearly 23 percent of Americans receive insurance through Medicaid, a government insurance program jointly run by the federal government and the states, which provides insurance for low-income Americans (individual eligibility varies by state.)<sup>11</sup> Medicaid spending has been increased each year as seen from a growth from \$370.6 billion, in 2016, to 592.2 billion, in 2017. Medicaid typically covers low-income pregnant women, children, seniors and people with disabilities – the program has expanded in recent decades in some states to incorporate a wider range of low-income people. Many people needing long-term care, for disabilities or nursing home care, for example, use Medicaid for coverage.

Proponents of reducing funding for Medicaid look to save money and increase efficiency of the program. Recent changes to Medicaid invited states to seek demonstration projects that will cap federal funding. The new changes would, for example, discontinue coverage for those that do not pay premiums or do not report enough hours of work each month.<sup>12</sup> These changes would encourage people to find and pursue jobs in order to be able to self-sustain and ensure that resources are being allocated efficiently to those who really need it.

Opponents of reducing funding for Medicaid cite the effectiveness of Medicaid in providing insurance coverage to the most vulnerable Americans. Especially, after ACA's expansion in 2014, Medicaid reduced the number of uninsured from 45 million to 29 million.<sup>13</sup> Since then, this program has played a huge role in improving access to healthcare, financial stability among families, and reduced medical debt.<sup>14</sup> If Medicaid funding is reduced, this would severely limit the crucial services Medicaid provides such as managed care plans, acute care (prescription drugs or dental work), long-term care for the elderly and disabled, support for hospitals with many low-income patients, and individuals who cannot pay Medicare premiums.<sup>15</sup>

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## COVID Related Issues

### Treatment for Everyone

#### **The federal government should pay for COVID-19 treatment for everyone**

COVID-19 testing has been made available to public health departments in every U.S. state, although within states there is considerable variation in the rate of testing.<sup>16</sup> Currently, testing is at the discretion of state and local health departments and clinicians. However, at-home COVID-19 testing was recently approved by the FDA and is expected to be available to consumers in every state in the short term.<sup>17</sup>

When testing was first issued in February 2020, the costs for an individual screening could amount to more than \$3,000, with insured patients facing over \$1,000 in out-of-pocket expenses.<sup>18</sup> In March 2020, the federal government responded to growing concerns by introducing the Families First Coronavirus Response Act (FFCRA) which covers the costs of testing for most patients. The FFCRA requires private insurers to eliminate cost sharing for COVID-19 tests and for health care visits in which the tests are ordered, and offers states the option of covering costs for uninsured patients affected by the virus.<sup>19</sup> Several states including California and New York have since enforced the federal government's suggestion.<sup>20</sup>

However, some groups and individuals have expressed concerns that patients affected by COVID-19 may still face significant financial burdens. Patients experiencing symptoms of the virus may have to cover costs of health care visits if the clinician who examines them does not order COVID-19 testing, even if that choice is driven by the health care facility's limited access to testing.<sup>21</sup> The costs of follow-up visits and treatment may also fall on the patient.<sup>22</sup>

People experiencing mild-to-serious symptoms often require hospitalization and supportive care,<sup>23</sup> which can amount to tens of thousands of dollars in out-of-pocket expenses even for individuals on insurance plans. Experts estimate that commercially insured individuals who require treatment for COVID-19 may need to cover out-of-pocket expenses ranging from around \$12,000 for non-Intensive Care Unit (ICU) treatment to around \$40,000 for ICU treatment. For individuals on Medicare and Medicaid, COVID-19 out-of-pocket expenses are estimated to range from around \$8,000 for non-ICU treatment to around \$15,000 for ICU treatment.<sup>24</sup>

To avoid further burdening individuals with the costs of COVID-19 testing and treatment, some Americans are advocating for legislation that universally removes financial liability for these services. They argue that the federal government has an ethical obligation towards citizens to ensure that they receive adequate care. Under human rights law, the U.S. government also has an obligation to take measures to prevent a human rights crisis caused by widespread lack of adequate medical treatment.<sup>25</sup> Further, proponents believe that eliminating COVID-19-related out-of-pocket costs for Americans will help contain the spread of the disease. They express concerns that tying testing and treatment to financial obligations may deter individuals from seeking care and put others at risk of contagion.<sup>26</sup>

However, opponents of this proposal argue that by implementing the FFCRA the government has already fulfilled its obligations towards citizens. Further, they are concerned that covering COVID-19 treatment for the entire American population would financially strain the U.S. government. Hospital reimbursement for the treatment of uninsured COVID-19 patients may already cost the federal government over \$40 billion of the \$100 billion designated for hospitals in the COVID-19 relief package enacted in April 2020. Covering treatment for all COVID-19 patients could cost the government more than \$1 trillion.<sup>27</sup>

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## Optional Vaccines

### COVID-19 vaccines should be optional

The U.S. is racing to produce a vaccine for COVID-19 which would help develop herd immunity to the virus. The vaccine is expected to allow the U.S. to lift social distancing measures and upstart the economy. Currently there is no vaccine proven against the COVID-19 infection. Federal efforts to develop a vaccine began in January 2020 with the deployment of the Coronavirus Treatment Acceleration Program (CTAP). As of April 19, 2020, CTAP had enacted 72 vaccine trials and supported the development of 211 programs in the planning stages.<sup>28</sup> The U.S. Food and Drug Administration, in collaboration with Kaiser Permanente Washington Health Research Institute, launched the first federally sponsored human trial of a COVID-19 vaccine on March 16, 2020. The makers of this trial vaccine assured the public that it does not contain the actual coronavirus and cannot cause infection.<sup>29</sup>

In reaction to public health crises, official medical and government agencies often release statements and advisories recommending vaccinations. Some vaccinations are mandatory for school children in all 50 states, while 15 states allow religious and philosophical exemptions to people who object to immunization.<sup>30</sup> In light of recent developments of the COVID-19 pandemic, many have expressed relief or concern that the government may enact legislation to make the COVID-19 vaccine mandatory when it is released to the public.

Those in support of this proposal to have the vaccine be optional argue that a mandatory COVID-19 vaccine would infringe upon their personal, philosophical or religious convictions. Some are concerned about the side effects of vaccines causing developmental disabilities in children, although these concerns have been dismissed by the vast majority of the medical community and by the U.S. Centers for Disease Control and Prevention.<sup>31</sup> Others argue that they have a legal right to choose freely whether or not to vaccinate themselves or their children, and that the COVID-19 vaccine does not qualify as an exception to these laws. They also contend that herd immunity does not require the entirety of the population to be vaccinated.<sup>32</sup>

Those that support having a mandatory COVID-19 vaccine argue that compulsory immunization could have beneficial public health, economic and social effects by ensuring that the virus is contained and that personal and business affairs resume. They emphasize that there is a near consensus surrounding the safety and effectiveness of vaccines. Some also express fears that, if the vaccine is not rendered mandatory, those who choose to opt out may face discrimination. These concerns arose in April 2020 following a statement by the World Health Organization warning against the implementation of COVID-19 “immunity passports” or “risk-free certificates”, which would enable individuals with different levels of COVID-19 antibodies to travel and return to work sooner than others.<sup>33</sup>

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## Optional Stay-At-Home Orders

### **Compliance with stay-at-home orders should be optional.**

As of mid-April, stay-at-home (also referred to as shelter-in-place) orders had been enacted in 42 U.S. states, as well as in the District of Columbia and in the U.S. territory of Puerto Rico.<sup>34</sup> These orders limit the circumstances in which individuals can leave their homes to essential reasons, such as to access medical care, to purchase groceries, and to exercise<sup>35</sup>--all while respecting six-foot social distancing guidelines. Although the orders may differ in regards to the specifics, as they are issued on a state-by-state, or county-by-county basis, they share a common purpose: to mitigate the spread of COVID-19, to protect critical infrastructure and critical populations<sup>36</sup>--such as healthcare systems and healthcare workers--and to protect vulnerable populations. The effect of these mass mitigation efforts has, however, been a virtual halt of the economy, and at time of writing, more than 15 million Americans have lost their jobs<sup>37</sup> and entire U.S. industries have ground to a halt.<sup>38</sup>

Yet in addition to the economic impact being felt around the country, some Americans have been impacted even further by the stay-at-home orders: they've been cited, fined, or even jailed for refusing to abide by them.<sup>39</sup> In fact, in Maryland, the consequences for violating the stay-at-home order, specifically in regards to the ban on public gatherings of ten or more people, have resulted in the citation of at least two people. The punishment for violating the rule on such public gatherings is a year in jail, a \$5,000 fine, or both.<sup>40</sup> And such enforcements are not unique to Maryland; Texas punishes the refusal to self-quarantine if a person is suspected or confirmed of being infected with COVID-19 with 180 days in jail and a \$1,000 fine.<sup>41</sup> And perhaps most notably, a Florida pastor who refused to honor the stay-at-home order and instead held services was arrested--after first being warned, and then, essentially begged by local law enforcement, not to hold the services.<sup>42</sup> Such instances have thus raised many questions about the necessity of such strict enforcement and oftentimes harsh penalties for the violation of stay-at-home measures.

Many argue that stay-at-home orders should be optional as forcing people to stay-at-home is infringing upon their ability to earning a living and be productive in society. Furthermore, the US economy is suffering greatly from stay-at-home orders, those in favor of having optional compliance argue that staying at home is not sustainable.

On the other hand, others support the criminal prosecution of stay-at-home violators, some argue that it is a necessary punishment, as individuals evidently don't respect such orders, even with the threat of prosecution. They claim that if in some instances, individuals violate the orders at the risk of such hefty fines and even jail time, one could only imagine what would occur if there were no threat of punishment. They argue that such enforcement is particularly necessary to dissuade certain inclinations towards public gatherings, such as in the case of religious congregations and of spring-breakers in Miami.<sup>43</sup>

Yet others in support of these stringent enforcements call forth the argument that the stay-at-home orders provide a subsistent and tolerable level of personal freedom; the exceptions to these orders include the ability to exercise outdoors, visit grocery stores, and receive service from emergency businesses. They claim that there is relative amount of freedom allowed, there is no excuse for breaking the order, and criminal punishment for doing so is fair.

## Equity in Healthcare

### Electronic Benefit Transfer

#### **The federal government should allow the Electronic Benefit Transfer (EBT or food stamps) to be used anywhere food is sold**

Those that qualify for governmental assistance can often use Electronic Benefit Transfer (EBT) to use and access their benefits. However, supporters of this proposals argue that using EBT is often not as easy as it would appear. They argue that individuals and families from rural areas may not live near qualified stores that support EBT and would thus prevent them from using their benefits and purchasing the necessary groceries. As rural areas continue to increase the number of Americans with food stamps, small, local grocery stores can be easily overwhelmed. By allowing EBT to be used anywhere food is sold, stores from various areas that usually would not qualify can earn much-needed revenue and potentially benefit the area it resides in economically.<sup>44</sup> And, especially with COVID- 19, expanding EBT benefits to online food purchases will greatly benefit individuals and families by minimizing their chance of contact with any carrier and allow them to have access to a variety of stores that can provide fresh groceries and produce. This will also be beneficial to seniors or those with disabilities who are more vulnerable to COVID- 19.<sup>45</sup>

Opponents of this proposals argue that there are specific requirements set by USDA Food and Nutrition Service that stores must have provide Staple Foods (basic foods that makeup a significant portion of a person's diet), but do not included pre-packaged and microwavable foods. Thus, restricting EBT's use will encourage people to shop where there is a large selection of grocery-type food items that are nutritious. For example, seafood market will not qualify and should not qualify because it only sells seafood and does not allow people to have other types of stable foods that are important to their daily diet.<sup>46</sup> The program is designed to encourage healthier lifestyles, therefore this proposal would likely reverse the efforts of the program.

### Implicit Bias Training

#### **Trainings to reduce implicit bias should be required for medical professionals prior to receiving their degrees**

Implicit bias is, as the term suggests, implicit, which means most people are likely not aware of these attitudes, stereotypes, or bias. When people are aware of their biases, these would be explicit biases. Implicit bias often influences how people think, act, and may not be able to completely control. In medicine, supporters of this proposal argue that implicit bias significantly affect the level of care patients receive. For example, physicians are less likely to prescribe opioids to African Americans<sup>47</sup> and also less likely to get advanced cardiovascular referrals than White patients<sup>48</sup>. Many argue that racism in medicine exists regardless of fame or fortune. For example, Serena Williams, one of the top tennis players in the world, suffered pregnancy-related complications because hospital staff did not respond to her repeated requests for treatment.<sup>49</sup> African-American women are three to four times more likely to die of pregnancy-related causes than White women.

The pervasiveness of implicit bias in medicine calls for trainings to reduce implicit bias among medical professionals. In fact, such trainings should be a requirement for medical professionals prior to the completion of their degrees.

Those who oppose this proposal argue that implicit bias trainings do not work, they do not do much to alter behavior or reduce bias.<sup>50</sup> One argument is these are short term trainings; in such short interventions, people cannot be expected to shift behavior overnight. Moreover, some argue that sometimes these trainings can be counterproductive, as if you ask people to not do something, they may end up doing it more. Furthermore, others argue that some people do not react favorably to trainings that try to control how they act, feel, or behave. Often times, people resist this type of training, which works against the purpose of the trainings. Since these trainings are often times mandatory and obligatory, people may feel forced into thinking they need to behave a certain way.<sup>51</sup>

## **Mental Health Professionals for Minorities**

### **Governments should increase funding for culturally and linguistically competent mental health professionals**

The use of mental health services has been rising and COVID-19 has increased demand for these services. However, there is a lack of mental health professionals that serve minority populations. There is a shortage overall in availability for mental health professionals that can competently understand cultural norms and have linguistic capability to offer such professional services. Aside from lack of availability, supporters of this proposal argue that there is often also racism and bias discrimination in treatment settings. Having discrimination within mental health care settings creates more barriers for people who are seeking such services. Furthermore, minority populations often have lack of adequate health coverage that would cover mental health services.

Opponents of this proposal argue that increasing funding in this area does not mean that people will suddenly start seeking these services. In many cultures, there is a belief that mental health treatment doesn't work and/or there is significant stigma within mental health treatment. Therefore, increase funding for such professionals perhaps would just mean that these professionals have no clients because people are not interested or comfortable going. Funding for mental health services should be put to other usages, perhaps for people who are interested in such services.

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Conflicting values exist in these choices. How should we weigh the freedom of some people to choose their own insurance level – or to go without any insurance if they feel they do not need it – versus the equality of having a system that tries to include everyone at levels that are affordable? Should the government protect everyone's right to buy affordable health insurance regardless of pre-existing medical conditions, even if that raises the costs of health care for everyone else? What about Americans' right to pursue life, liberty and happiness? Without health insurance, people's lives are at stake. On the other hand, achieving good health for as many people as possible will cost money, and the US medical care costs are already much higher than in the rest of the world.

Should people have the freedom of choice for their health plans? For example, should they be able to keep their current plans, if they like them? Or if we could create a more just and inclusive system, lowering the costs for everyone, by placing all Americans on the same plan, who should make these choices that bear so heavily on the health and life expectancy of Americans? Should the whole society decide for everyone, or should people make their own personal and family choices?

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## Policy Proposal Tables

The tables below discuss some proposals and presents some arguments for and against the proposals. These are only some of the many arguments for and against the proposals – they are meant to help start your deliberations.

ACCESS TO CARE		
PROPOSALS	Arguments for	Arguments against
THE AFFORDABLE CARE ACT SHOULD BE REPEALED.	<p>The ACA penalizes young, healthy people who would be better off buying cheaper plans that offer fewer benefits. People have the right to buy the insurance that fits their needs. They shouldn't be required to subsidize the health care costs of sicker or older Americans.</p> <p>The ACA has increased the role of the federal government in our health care system, added costly regulations, and increased health care spending, and failed to reduce the overall cost of health care.</p> <p>Given the large expansion of Medicaid under ACA, state budgets will be at risk if the federal government lowers its share of spending for the program.</p>	<p>The ACA ensures equal coverage for Americans with preexisting conditions.</p> <p>Young people benefit from the ACA by being able to stay on their parents' health plan until they turn 26.</p> <p>As a result of the ACA, more than 20 million additional Americans have health insurance today.</p> <p>Curtailing the ACA's expanded Medicaid funding would put coverage gains in jeopardy, harm state budgets and could force hospitals, especially in rural areas, to close.</p> <p>Health care spending as a share of GDP has grown much more slowly since the ACA was passed in 2010 than in the preceding years.</p>

<p>PEOPLE SHOULD HAVE REASONABLE ACCESS TO HEALTH INSURANCE WITHOUT DISCRIMINATION AGAINST PRE-EXISTING CONDITIONS.</p>	<p>All people should have equal access to health care regardless of their medical histories. About half of non-elderly Americans have a pre-existing condition. Prior to the ACA, people with pre-existing medical conditions could be denied health insurance or charged higher prices for individual market coverage.</p> <p>None of us knows when we or a family member will have an accident or be diagnosed with an illness that would fall under the pre-existing condition category.</p>	<p>The consumer protections for people with pre-existing conditions make health insurance more expensive for younger and healthier people.</p> <p>People should be able to buy health insurance commensurate with their own risk profile.</p>
<p>THE FEDERAL GOVERNMENT SHOULD REDUCE FUNDING FOR MEDICAID, THE FEDERAL-STATE PROGRAM THAT PROVIDES INSURANCE TO LOW-INCOME AMERICANS.</p>	<p>Reducing funding for Medicaid will help states look at their overall spending and look for ways to save money and efficiently allocate money and resources to those who truly need it.</p> <p>This program should not be an incentive to work less to qualify. With stricter requirements, people will be encouraged to find work and improve their financial situation.</p>	<p>Reducing funding for Medicaid would naturally take millions of Americans off the program and destroy benefits that help Americans become financially stable and reduce medical debt.</p> <p>Especially with COVID- 19, millions of Americans will become enrolled in Medicaid and reduced funding will stretch the amount of coverage and service Medicaid can provide.</p>

**COVID RELATED ISSUES**

<b>PROPOSALS</b>	<b>Arguments for</b>	<b>Arguments against</b>
<p>THE FEDERAL GOVERNMENT SHOULD PAY FOR COVID-19 TREATMENT FOR EVERYONE.</p>	<p>The federal government has an obligation under international human rights law to prevent the COVID-19 pandemic from escalating into a human rights crisis due to lack of adequate medical care.</p> <p>The funds provided by the federal government to cover COVID-19 treatment costs will reduce the financial burdens of American families.</p> <p>Out-of-pocket costs for COVID-19 treatment may deter many</p>	<p>The federal government met its obligations to ensure care to American citizens by approving the Relief Package Funds Coverage For Uninsured Coronavirus Patients, which covers COVID-19 testing and treatment for the uninsured.</p> <p>Some health insurance providers are already waiving out-of-pocket costs for COVID-19 treatment.</p> <p>Covering COVID-19 costs for insured patients would strain the</p>

	<p>Americans from seeking care. On a mass scale, this behavior will aggravate the COVID-19 global health crisis.</p>	<p>federal government financially, costing up to \$1 trillion.</p>
<p>CORONAVIRUS VACCINES SHOULD BE OPTIONAL.</p>	<p>Parents have the right to choose freely whether or not to vaccinate their children or get vaccinated themselves for personal, philosophical and religious reasons. This freedom is codified in law, but varies across states, and should apply to coronavirus vaccines just as it applies to other vaccines.</p> <p>Herd immunity does not require that 100% of the population be vaccinated and does not require mandatory vaccinations. Some European countries achieved 90% immunization against Measles, Mumps and Rubella through educational programming alone.<sup>52</sup></p>	<p>A compulsory COVID-19 vaccine would help develop herd immunity. It would create beneficial public health, producing economic and social effects by ensuring that the virus is contained and that personal and business affairs resume.</p> <p>Vaccines are safe and effective. Children have a right to be vaccinated regardless of their parents' beliefs and preferences.</p> <p>If the vaccine is not rendered mandatory, those who choose to opt out may face discrimination based on COVID-19 immunity.</p>
<p>COMPLIANCE WITH STAY-AT-HOME ORDERS SHOULD BE OPTIONAL.</p>	<p>Although public health is a priority, the general populace will and does comply voluntarily to emergency orders,<sup>53</sup> rendering criminal punishment unnecessary.</p> <p>Criminalization has a risk of spreading infection if people are imprisoned for stay-at-home violations, for then they are made to live in close quarters in jails which are already strained in capacity and highly susceptible to community spread.<sup>54</sup></p> <p>Increased public policing and imprisonment may have disproportionate effects on minority and poor communities, as they historically suffer disproportionately at the hands of policing and imprisonment.<sup>55</sup></p>	<p>Laws and subsequent enforcement may be necessary to entice people to avoid public gatherings, especially when certain groups have expressed inclinations to congregate, with disregard to stay-at-home orders or other governmental mandates.<sup>56</sup></p> <p>Even if stay-at-home orders appear strict, the multiple exceptions (such as the ability to exercise outdoors, visit grocery stores, and receive service from emergency businesses) allow for a sufficient level of freedom.</p> <p>There exists a moral duty to protect the lives of all people.</p>

## EQUITY IN HEALTHCARE

PROPOSALS	Arguments for	Arguments against
<p>THE FEDERAL GOVERNMENT SHOULD ALLOW THE ELECTRONIC BENEFIT TRANSFER (EBT OR FOOD STAMPS) TO BE USED ANYWHERE FOOD IS SOLD.</p>	<p>Individuals and families from rural areas may not live near qualified stores that support EBT and would thus prevent them from using their benefits and purchasing the necessary groceries.</p> <p>Especially with COVID- 19, expanding EBT benefits to online food purchases will greatly benefit individuals and families by minimizing their chance of contact with any carrier and allow them to have access to a variety of stores that can provide fresh groceries and produce.</p>	<p>Specific requirements set by USDA Food and Nutrition Service that stores must have provide Staple Foods (basic foods that makeup a significant portion of a person’s diet) but do not included pre-packaged and microwavable foods.</p> <p>Having specific requirements ensures that people are accountable for their spending. Otherwise, people may be able to use their funds for items that are not approved and negate the point of have the government assistance programs.</p>
<p>TRAININGS TO REDUCE IMPLICIT BIAS SHOULD BE REQUIRED FOR MEDICAL PROFESSIONALS PRIOR TO RECEIVING THEIR DEGREES.</p>	<p>The medical complications Serena Williams faced is evident of the level of racism in the medicinal setting.</p> <p>Such implicit bias is significantly affecting the health certain populations and in some cases, the bias can mean life or death.</p>	<p>Implicit bias trainings do not work because people cannot expected to change their behavior in such a short amount of time.</p> <p>These trainings, often mandatory and obligatory, can often backfire by activating stereotypes. Furthermore, people often respond negatively to trainings that they are legally obligated to attend.</p>
<p>GOVERNMENTS SHOULD INCREASE FUNDING FOR CULTURALLY AND LINGUISTICALLY COMPETENT MENTAL HEALTH PROFESSIONALS.</p>	<p>There is a lack of availability of mental health professionals that can competently serve minority populations.</p> <p>Increasing mental health professionals that can cover a large population will decrease negative mental health treatment stigma.</p>	<p>Increasing funding for these services does not mean the funds are directed to people who need it most. Funding should be determined based on level of need, not just a broad increase for mental health professionals.</p>

## Glossary

**Medicare:** The federally-run government health insurance program for senior citizens (people become eligible when they turn 65). Medicare also covers some people with disabilities.

**Medicaid:** A government health insurance program jointly run by the federal government and the states, which provides insurance for low-income Americans. Eligibility varies by state.

**Affordable Care Act (ACA, or “Obamacare”):** Passed in 2010, ACA created health insurance exchanges or marketplaces (such as [healthcare.gov](http://healthcare.gov)) so people who did not have access to employer-sponsored insurance could purchase private insurance. Those plans had to meet several conditions and cover essential health benefits, including prescription drugs, maternity care, and treatment for mental health and substance use disorders (a benefit of increasing relevance in light of the opioid epidemic). People with incomes between 138 and 400 percent of the federal poverty line receive government subsidies to help them afford to purchase these private plans. The ACA also allowed young adults to remain on their parents’ health care plan until age 26, made prescription drug coverage for seniors on Medicare more generous, eliminated annual and lifetime limits on insurance coverage, told insurers they could no longer charge women higher rates than men, and prohibited insurance companies from discriminating against people with preexisting conditions.

**Families First Coronavirus Response Act (FFCRA):** An act passed in April 2020 that addressed areas of nutrition assistance, paid sick leave, free coronavirus testing, unemployment benefits, and increased federal Medicaid funding. This act directly eliminated cost sharing and allowed states the choice to cover costs for uninsured patients affected by the virus.

**Intensive Care Unit (ICU):** A special department of the hospital that provides immediate treatment for people in critical conditions or life-threatening situations. Having ICU treatment can easily cost families tens of thousands of dollars even for those on Medicare or Medicaid.

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<sup>1</sup> <https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>.

<sup>2</sup> <https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>.

<sup>3</sup> *NFIB v. Sebelius*, 567 U.S. 519 (2012).

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