

A Human Rights Assessment of Single Payer Plans

Health care reform efforts are making headlines, yet our elected representatives are no closer to treating health care as a right rather than a commodity. Despite a growing movement for protecting health care as a human right, the proposals that come closest to achieving this goal among the current options, the widely popular single payer plans, are being undemocratically excluded.

Our representatives have an obligation to protect our human rights, including the right to health care. Therefore, the National Economic and Social Rights Initiative carried out a series of assessments of single payer health reform proposals. These show that single payer plans are superior to market-based proposals because they go further towards creating a system that is universal, equitable and accountable to the people.

What is the human right to health care?

All people have a right to the health care they need. This is recognized in the Universal Declaration of Human Rights.

- ▶ **Universality:** Everyone must have access to equal high-quality and comprehensive health care.
- ▶ **Equity:** Costs and resources must be shared equitably, with everyone getting what they need and contributing what they can.
- ▶ **Accountability:** The people oversee whether public and private sector protect our health and deliver care as a public good.

Single payer bills

- ▶ Rep. Conyers' HR 676 'Expanded & Improved Medicare for All' would establish a national health insurance program administered by the government and delivered by non-profit private and public providers.
- ▶ Sen. Sanders' S 703 would establish a health insurance program funded by federal taxes but administered by the states and provide extra support to community health centers.
- ▶ Sen. Sanders' S 898 would allow five selected states to pilot a universal health care program, which could facilitate replication of successful examples at the national level.

Meeting human rights standards: a comparison of the bills

A human rights approach can be used as an analytical tool to analyze and shape different aspects of health policy. Based on the international human rights framework, NESRI has developed human rights standards and guidelines for assessing key aspects of health care reform proposals. These enable an in-depth analysis of how the health care system would work under different proposals and what strategies would be used to finance the system.

Human rights principles for health care systems		HR 676	S 703
Universal access to care	Universality	●	◐
	Affordability	●	●
	Equity	●	◐
	Comprehensiveness	◐	●
Availability of health care infrastructure and services		●	●
Quality of health care		●	●
Accountability		◐	●

Human rights financing strategies	HR 676	S 703
Focused on health, with comprehensive services	◐	◐
Universal and unified	●	◐
Public	●	●
Free at the point of access	●	◐
Equitable	●	◐
Centered on care	●	●
Responsive to needs	●	●
Rewarding quality	●	●
Cost-effective	●	●
Accountable	◐	●

● Fully meets human rights standards ◐ Partially meets human rights standards
○ Fails to meet human rights standards

Room for improvement

- ▶ S 703 would be fully universal if it included undocumented residents.
- ▶ S 703 could ensure that providers are solely focused on health by requiring all hospitals and clinics to operate as non-profits.
- ▶ HR 676 could guarantee comprehensiveness by explicitly including reproductive health services, thereby following the exemplary provisions in HR 3000, a rights-based bill for a national health service introduced by Rep. Barbara Lee in previous congressional sessions.
- ▶ HR 676 could further specify accountability mechanisms to ensure that its centralized system is fully held in check through oversight from the people.

Comparing the bills: strengths and weaknesses

Human rights principles		Conyers HR 676	Sanders S 703
Universal access to health goods, facilities and services	Universality	<ul style="list-style-type: none"> • Confers an entitlement to health care • Includes everyone in the United States 	<ul style="list-style-type: none"> • Confers an entitlement to health care in one's state of residence • Does not cover undocumented residents
	Equity	<ul style="list-style-type: none"> • Funded through a progressive tax rate • Equalizes access for all on basis of need • Seeks to reduce health disparities and provide culturally appropriate care to all 	<ul style="list-style-type: none"> • Funded through a flat tax rate • Removes access tiers but allows some state variations • Seeks to reduce health disparities and requires reporting on differences in health status
	Affordability	<ul style="list-style-type: none"> • Eliminates profit motive from health care • Free at point of use 	<ul style="list-style-type: none"> • Retains some for-profit provision by hospitals • Prohibits provider charges for covered services; unclear about other forms of cost sharing
	Comprehensiveness	<ul style="list-style-type: none"> • Covers all medically necessary services • Does not explicitly include reproductive health services 	<ul style="list-style-type: none"> • Covers all medically necessary or appropriate services • Includes reproductive health services
Availability of health care infrastructure / services		<ul style="list-style-type: none"> • Requires states to assess health needs annually and to assure adequate access • Gives patients free choice of providers 	<ul style="list-style-type: none"> • Incentivizes development of regional planning mechanisms and take-up of primary care • Provides extra funds for community-health centers
Quality		<ul style="list-style-type: none"> • Requires providers to meet quality standard • Requires states to establish a quality assurance mechanism 	<ul style="list-style-type: none"> • Requires providers to meet performance standards and pass quality reviews • Uses health outcomes as a key measure of quality
Accountability		<ul style="list-style-type: none"> • Administered by the federal government using Medicare infrastructure • Advised by a national board that includes patient advocates 	<ul style="list-style-type: none"> • Governed by national board that includes "consumer" representatives • Places non-complying states under federal jurisdiction • Requires states to set up independent ombudsman offices

The struggle for universal health care: a human rights movement

If health care reformers believe that we have a right to health care, then they must give careful consideration to single payer proposals, which meet most human rights principles. The best proposal is fully guided by the goal of health protection for the whole society and entitles everyone to equal high-quality care.

To realize the human right to health care, reformers must treat health care as a public good to which people contribute according to their ability and which they use according to their needs. Single payer plans demonstrate how this can be achieved through collective, tax-based financing, guided by the principle of solidarity rather than competition. This ensures equal access for all individuals and communities and enables much greater responsiveness to health needs.

Human rights principles enable advocates to shift the reform debate from market-driven cost considerations to a vision of health as a social goal, realized collectively and guaranteed by government. Single payer plans offer feasible options for implementing that vision. Therefore, advocates will continue to demand the inclusion of single payer proposals in the democratic process, as part of the ongoing and growing struggle for our human right to health care.

For further information

Visit www.nesri.org, where you can find the following resources:

- ▶ Human Rights Assessment of Single Payer Plans
- ▶ Human Rights Assessment of Democratic and Republican Health Care Plans
- ▶ Human Rights Principles for Financing Health Care
- ▶ Basic information on the human right to health care

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