

**Background:** The US healthcare system is experiencing a multifaceted crisis that presents a significant challenge for access, affordability, and quality of care. The lack of price regulation leads to exorbitant healthcare costs that hinder access to care. The insufficient integration of the public health system has exacerbated health disparities and has led to suboptimal healthcare services and burdening patients with out-of-pocket payments. The shortage of healthcare professionals compounds these issues, providing compromised care quality and restricting access to care. Combating these problems requires a comprehensive approach that prioritizes quality healthcare for all Americans.

## **Solutions: Affordability with Effective, Accessible Care:**

**Implementing Price Regulation and Cost-Effective Care:** The US spends roughly [18 percent of GDP](#) on healthcare. We spend about two and a half times as much per person as our peer wealthy countries. Our peer countries have determined that price regulation is necessary to avoid health care costs bankrupting their countries. Since the implementation of the Affordable Care Act (ACA), [the healthcare cost curve has been bent slightly but not enough](#). Maryland is a prime example of an [“all-payer rate setting” system](#) which established a capped budget for every hospital in the state. The payment is based on the patient care for the year as a whole rather than a fee-for-service model. Germany also has an effective model for price regulation that the US should consider adopting. In combination with rate setting, the continued adoption of cost-effective care models through accountable care organizations (ACOs) is likely to [deliver the biggest gains in quality and cost savings long term](#).

**Insuring the Uninsured:** More than half of U.S. adults have reported going into debt due to [medical expenses](#) in the last five years. Citizens of peer countries like Norway, Germany, and the UK do not experience this debt burden due to the availability of universal healthcare. Germany offers over 100 [sickness funds](#) (non-profit insurers) and requires citizens to belong to one. The cost of these sickness funds is shared by workers and employers. If a person loses a job, they retain their coverage, and the government picks up the tab temporarily. This system, like many others, acknowledges the various stress-related [health conditions](#) that result from unemployment and thus provides continuity of coverage. The US should take two steps on the road to more universal insurance coverage: 1) The US should provide an emergency, basic health insurance plan to the unemployed; and 2) We should close the coverage gap between the ACA and Medicaid that affects 2.1 million Americans. In the short run, such programs will increase budget expenditures, but they have the potential to save health care costs by preventing illness in vulnerable populations.

**Addressing the Health Care Professional Shortage:** The projected shortage of physicians and healthcare workers is unsustainable. A recent study forecasts a major [shortage for all health care occupations](#). The study expects the home health aide shortage alone will be 446,000 workers, and it predicts that between [37,800 and 124,000 more physicians will be needed](#) within 12 years. To alleviate this precarious situation, we must encourage the US Congress to pass bipartisan H.R. [4122 “Resident Education Deferred Interest Act” \(2021, introduced\)](#). This would allow borrowers to qualify for interest-free deferments on student loans while serving in medical internships or residency programs. Passing this Act would save resident physicians \$12,000 per year and encourage more students to attend medical school. Another avenue that would funnel health care workers into a starved system is immigration through H-1B visas. The [US should expand the annual cap on H-1B visas to bring in more physicians](#) and other healthcare providers to address the growing shortage in the US.

**Integrating the Public Health System:** The poor performance of the US healthcare system was exacerbated by the COVID-19 pandemic. In particular, [health data](#) was determined to be insufficient to battle the pandemic. This failure may present an opportune moment to re-evaluate the efficiency of US health systems and invest in modernization. [Health data and information systems](#) must increase their interoperability to ensure increased communication among professionals at various levels of care. The quality and quantity of care at the county level should broaden and improve to address the growing number of [Health Professional Shortage Areas](#) in the country. These measures would better ensure accessible, consistent, high-quality care across the nation and help to reorient US health care toward a preventive, public health approach.

