

MUNEA'26



Study Guide US SENATE

Agenda Item: Healthcare Reform

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1. Letters

1.1. Letter from the Secretary-General

Esteemed Participants;

My name is Mustafa Gürmeriç and I am serving as the Secretary General of MUNEA'26. It is a great honour to welcome you all to the 2nd edition of Ankara Erman Ilıcak Science High School's Model United Nations Conference, MUNEA'26.

This conference means a lot to me, not just because I helped organize it, but because I began my MUN career in 9th grade with MUNER'24, our school's mock MUN. Since then, I've continued to participate in conferences, and I've finally come back to where I started but this time not as a delegate, but as someone organizing it. This entire process has not only taught me a great deal but has also been a significant experience that has shaped who I am today.

As the MUNEA'26 community, we have dedicated ourselves fully to this process and worked tirelessly to bring you one of the best conferences possible. And I cannot conclude without thanking the entire academic community and the organizing team, especially my colleagues on the executive team for their contributions to this process.

And finally, dear delegates, I would like to thank you for joining us on this journey; it would not be complete without you. I hope you come to your committees well prepared and enjoy three days that are as academic and fun as possible. I look forward to seeing you all at our school from May 22–24. Debate. Collaborate. Make a Change.

Sincerely,

Mustafa Gürmeriç

Secretary General of MUNEA'26

1.2. Letter from the Under Secretary-General

Esteemed participant of MUNEA'26,

My name is Nilda Yiğit, I am an 11th grade student in Ankara Education Institutions Doktorlar College. It is my utmost privilege to be serving as your under secretary-general for the committee of the US Senate. I would like to start off my letter by thanking the entirety of the Executive team: Mustafa, Hamza, Elif, Yiğit, and Esila. It is with their efforts that we are able to do such an entertaining committee. I would like to especially thank Mustafa for his patience with us and Koçak for being a great friend to me. MUNEA holds a special place in my heart because it was the conference that healed me last year after a major disappointment I had in another. Moving on, I would like to deeply thank my brother, Yağmur. I remember the time you first talked about making a senate committee in MUNEA, and I was quite prejudging about it, funny enough, here I am. You have been my senate companion, I don't even remember how many committees we have done, but it is time to say goodbye to these committees and conferences. Words cannot express how thankful I am so I will be thanking you better in my closing speech (even though you will not be there). MUNEA will be my second-to-last conference as I am leaving this field in DRMUN'26. It is really sad seeing these good memories fade away. I would like to lastly thank my DRMUN family whom I had been with for years and love dearly. I especially thank Defne, Melis, Deva, and Arşa; my fellow executive team members for DRMUN. I will conclude my letter by inviting all of you to DRMUN'26. I hope to see you in both of these conferences!

For any inquiries you may contact me via yigitnilda47@gmail.com

Sincerely,

Nilda Yiğit

1.3. Letter From the Under Secretary-General

Dear Senators,

I am Yağmur Akman, a 10th grade student in Ankara Atatürk High School. And I will be serving as your Under Secretary-General for this conference. It is my utmost privilege to welcome you all to this great committee once again. Firstly I would like to thank Deputy Director General Esila Kara and Director General Yiğit Efe Koçak, I am sure that both of them worked tirelessly to make this conference happen so I am grateful to them. I also would like to thank the Deputy Secretaries General Elif and Hamza, both of them managed our academic issues well and worked hard to make the best committee possible. I would also like to thank the one and only, the Secretary General, Mustafa Gürmeriç for just being great.

I have done many U.S. Senate committees in my life, but this one has a special meaning for me. The person who met me with senate committees, the person who invited me to experience my first ever secretariat, my first ever leader in the U.S. Senate, the person who handed me my first best delegate award in the senate. We made a lot of committees together that I had lost count. She became my chairboard, we became delegates together, and done committees together. It is really hard for me to see her leaving this community, and it is such a huge burden that I have that I am sharing that last conference with her. Nilda, you are like my sister and I am really sorrowful since you will not be here anymore. Thank you for everything that you shared with me, thank you for bringing me to where I am today in this community. I will unfortunately won't be able to attend the conference since I will be abroad attending another conference. I have no doubt that Nilda will manage this committee single handedly. If you have any inquiries don't hesitate to contact me or Nilda.

Yağmur Akman

Under Secretary-General of the U.S. Senate

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2. Introduction

2.1. Introduction to the US Senate

2.1.1. United States Senate

The United States Senate is the upper house of the United States Congress, the legislative branch of the United States Government; the lower house being the House of Representatives. The Senate includes 100 Senators, with two Senators representing each state. The terms of Senators are limited to six years, having no limit to their re-election. The Senate hosts two political parties, the Democratic party, having 45 members, and the Republican party, having 53 members, and two independent Senators, Bernie Sanders (Vermont) alongside Angus King (Maine).

In the Senate, all states are represented equally. Unlike the House of Representatives, each state has two Senators, disregarding the States landmass or the population. Before the ratification of the 17th amendment of the Constitution in 1913, Senators were selected by each state's legislature.

2.1.2. Historical Background of the United States Senate

The history of the United States Senate dates back to 1774 with the First Continental Congress, the gathering of representatives from 12 of the 13 colonies. The second one of these Continental Congresses was the meeting where the Declaration of Independence was adopted, on the 4th of July 1776. The Congress of the Confederation was established under the Articles of Confederation in 1781, creating a unicameral system in which each state would have equal representation in. This included the right of veto for each and every state, causing the body unable to come to

proper resolutions. This issue sparked the government to become powerless over time and led to the Convention of 1787.

In 1787, the Senate's powers and formation was established under Article 1 under the constitution. The idea of a bicameral system was discussed, and it was said that one branch would be in the words of George Mason from Virginia "*grand depository of the democratic principle of government.*" In order to prevent this view from spreading in the national government, James Madison suggested another house that would be smaller, contemplative, and self-reliant. This idea later became the Senate.

Later on, a compromise plan called the Connecticut Compromise was put in motion allowing both larger and smaller states to benefit from different sides of the chamber. The larger states would benefit from the idea of having representatives chosen by the citizens; and the smaller states would benefit from the Senators being chosen by each respective state's governor.

The separation of power in the United States creates the three branches of the U.S. government being: executive, legislative, and judicial. In order to avoid any abuse of power these branches were given tasks and were to only act upon their own assignments. The branches could check other branches according to the principle of separation of power.

2.1.3. Authority and Responsibilities of the United States Senate

The Senate shares its legislative power with the House of Representatives. Additionally, the Senate has the power to accept, or reject presidential nominations to the executive and judicial branches; and to support or deny its “*advice and consent*” to laws discussed among the executive. Furthermore, while the power of impeachment is solely the House of Representatives's, the Senate has the power to try any and all impeachments.

The Senate is conducted by the constitution, the standing rules. The standing rules of the Senate, as it is said in the name, are standing. These rules can not be changed, unlike the adopted Rules of the House of Representatives. The Rules of HoR are adopted every 2 years (the term limit for representatives). The Standing Rules determine how the legislations and resolutions are written, read, and voted; the arrangement of Senate sub-committees, the rules for debate, and how the legislation shall be voted upon.

The Constitution gives the right to approve any treaty written by the executive branch in the Senate by $\frac{2}{3}$ majority vote while also having the power to amend it. The Senate acts upon laws, amendments, motions, resolutions, and nominations by voting. Senators are able to cast their vote in a number of ways including roll-call voting, voice voting, and unanimous consent.

2.1.4. Legislation of Bills and Constitutional Amendments

The United States Senate is the upper house of the bicameral legislative system of the United States government and the Senate chamber is the main space

where laws are discussed. Senators are to introduce and discuss legislation, which is called a bill. The bills in the Senate, in order, are written, read, and voted upon.

As it is a bicameral system, any bill that passes from the Senate shall be referred to the House of Representatives, and any bill that passes from the House shall be referred to the Senate. Senate (or House) referral is the procedure done when one of the houses passes a bill, and refers it to the other in order for it to become a law. In cases where the bill sent from the House could not have reached a compromise in the Senate, the bill would automatically die. If bills are passed both from the Senate and the House they become laws. The procedure for constitutional amendments is very similar to the procedure of bills; meaning it is also written, read, and voted (including the referrals). The Senate has the power to draft, revise, debate, approve, or dismiss legislative initiatives, exercising its authority through majority decisions.

2.1.5. Impeachment

The act of impeachment is used when there are speculations that a government officer might have done wrongful acts and may face a sentence, especially used in the US. The constitution provides the power of impeachment to the House of Representatives, and the power to try all impeachments to the Senate. All civil officers of the United States, including the president and the vice president, are all subject to impeachment with no exceptions.

In the proceeding of an impeachment, the House charges a government official by accepting the articles of impeachment, by simple majority. After the approved articles of impeachment are sent by the House of Representatives to the Senate, the Senate initially becomes a High Court of Impeachment to analyze evidence, host

hearings, and vote to discharge or sentence the official which was impeached. In specific occasions, the Senate disallows the then impeached government official to hold a place in public offices in the future. In the United States, there have only been three cases of formal presidential impeachments, which are Andrew Johnson, Bill Clinton, and Donald J. Trump (twice in 2019 and 2021).

2.1.6. Treaties

Treaties are documents that are legally binding concessions between states or international organizations. Under the United States Constitution, the president has the authority to make treaties (*“the president shall have Power, by and with the Advice and Consent of the Senate, to make Treaties, provided two-thirds of the Senators present concur”* [Article II, Section 2]). The treaties which the USA is a party to shall also become federal laws also called, by the constitution, *“the Supreme Law of the Land”*.

The Senate, however, does not directly ratify treaties, but follows a procedure of receiving consideration from the Committee on Foreign Relations, and then passing and rejecting a resolution for the ratification of the treaty. If the said resolution is passed, the ratification just takes place when the connection and necessities between the United States and foreign party/parties are met.

Over the years, the Senate has debated and voted upon many treaties, yet, the treaties which were seen as insufficient and/or were not re-submitted at the start of every other Congress would either not get voted upon resulting in the president to withdraw the treaty, or were not to be discussed for a long period. In the past few

decades, the presidents approved treaties without the advice or the consent of the Senate, this still made the treaties legally and federally binding to the United States.

2.1.7. Filibuster

A filibuster is a political tactic mainly used in the United States Senate, used to delay or block another Senator's speech or a voting procedure causing the debate to last for a long time until there are compromises made. This is mainly caused by the loopholes in the lacking restrictions for Senatorial Debate procedure; according to the Standing Rules, if the floor is not entertained by another speaker, anyone who seeks recognition is able to give their free speech, for as long as they wish. The voting will only be able to cast if the debate ends naturally, or by giving closure.

Rule 22 of the Standing Rules allows the Senate to close the debate by motioning for the "closure of the debate" which is passed by a $\frac{2}{3}$ majority by the Senate, and if there is more than one vacant votes the majority to pass the voting is 60, making both of the parties to not be able to either pass or reject the motion, resulting in it being rejected.

In conclusion, the power to filibuster is an advantage for the minority party enabling them to have a better chance at flipping tables to their side and blocking the voting until their conditions are met.

2.1.8. Voting

The Senate is to vote upon legislation, motions, amendments, and nominations by practicing different methods.

A roll call vote is done by the request of $\frac{1}{5}$ of senators present, and it may be used for: expelling a senator; imprisoning an impeached official; consenting the ratification of a treaty; overriding a presidential veto. The roll call vote is done by the Clerk of the senate calling out senator's name one by one, and senators responding with either "yea" or "nay". The record of the voting is held by the clerk to a tally sheet. Under most circumstances, a simple majority ($\%50+1$) is required for a roll call vote to pass. In the case of a tie, the president of the senate uses their tie-breaking vote.

Vocal voting is also conducted in the senate. In this context, the assigned officer, mostly the president pro tempore, states the question, then the senators approving state "yea", and the senators opposing say "nay". The president pro tempore announces the results according to his/her best judgement.

The least used way of voting is a standing vote. If senators are speculating that the results of the vocal vote might be wrong, a standing vote may be requested, the assigned officer requests the senators in favor to stand on one side of the room and the ones against to stand on the other. The numbers of senators on both sides of the room are counted, then, the results are announced by the president pro tempore.

2.2. Senate Leadership Roles

2.2.1. Vice President

The Vice President of the United States (VPOTUS) is the second highest ranking office in the United States' executive branch, being the first in the presidential

line of succession. The Vice President is also the President of the United States Senate. The VPOTUS is empowered to supervise the Senate, but is not allowed to vote unless there is the need for a tie-breaker. The current President of the Senate is James David Vance (JD Vance).

2.2.2. President Pro Tempore

By the guidance of the Constitution, the Senate shall choose a president pro tempore to chair the Senate in the absence of the president of the Senate. The term “*pro tempore*” means “*for the time being*” in Latin. This illustrates that the president pro tempore position was actually intended to be temporary. The framers of the Constitution had always assumed that the Vice President would be administering the Senate at all times, having the president pro tempore position put as a temporary replacement when the Vice President could not attend.

In the Constitution it is not specified who can serve as the president pro tempore. Typically, the Senate would vote upon the position of president pro tempore amongst its members. Ever since the mid-20th century, it has become a tradition that the longest-serving member of the majority party would serve as the president pro tempore.

The president pro tempore is to conduct all oaths, which are required by the Constitution, is able to sign legislation, and is able to chair the House and the Senate when both houses are in joint session. However, the president pro tempore is not allowed to cast the tie-breaking vote during the absence of the vice-president.

2.2.3. Majority and Minority Leaders

With the start of each Congress, the Democratic Caucus and the Republican Conference should elect one of their respective members as their leader. Depending on the party which is in power, one party leader serves as the minority leader, and the other serves as the majority leader. The party leaders, also known as the floor leaders, are the designated spokesperson for their party's stances on the issues and regulate their legislative strategies, while occupying the front-row desks of the chamber.

The majority leader is undoubtedly the strongest Senator in the Senate chamber, having the floor's priority over any other Senator, including the opposing party leader. They are also seen as the chief representative of their party in the entirety of the Congress, only if the House of Representatives is controlled by the opposing party. The Senate's executive and legislative issues are also controlled and scheduled by the majority leader.

The current majority leader of the Senate is John Thune of South Dakota from the Republican Party; and the minority leader is Charles E. Schumer (Chuck Schumer) of New York from the Democratic Party.

2.2.4. Party Whips

The term "whip" comes from an expression, which is used in fox hunting, "to whipper-in", as the party whips are responsible to keep the members of their party in line. The party whips are usually serving as the assistant leaders,

counting up heads and rounding up party members for votes and quorum calls, and in the absence of their leaders in the chamber, they step up as the leaders.

Currently, the majority whip is John Barrasso of Wyoming from the Republican party; and the minority whip is Richard Durbin (Dick Durbin) of Illinois from the Democratic party.

3. Introduction to the Agenda Item

3.1. Background of the Healthcare System in the United States

Healthcare in the United States is mainly provided by private sector healthcare facilities and is paid by several factors (public programs, private insurance, out-of-pocket payments etc.). Being the only developed country without a universal healthcare system, the country is the first in the world to spend the most amount of money on healthcare. Spending a lot of money in its healthcare system does not necessarily mean a “good healthcare system”. Even though the system is known for its expense, it also has a coverage system for the elderly, disabled, and low-income citizens via the healthcare programs Medicaid and Medicare.

The system of healthcare in the US has been a topic for significant debate in the fields of affordability, coverage, and quality. Many legislation (for example Affordable Care Act [Obamacare]) have addressed some of these issues, however, this act is still up to severe debate and risk of abolishment. It is without a doubt that the accessibility to healthcare is parallel to the factors of income, race, and geography; as the private sector is predominant in the US, many individuals suffer from the

greediness of the system. People would often argue that walking to the hospital with a broken leg is better than calling an ambulance.

The United States is a leader in healthcare and medicine innovation. The Foundation for Research on Equal Opportunity has decided that the United States leads technology and science, this trait was obvious during the Covid-19 Pandemic which the US Government delivered vaccines faster than any other nations could.

3.1.1. Opinions of the Democratic Party

Democrats are known for advocating for the right to access medical assistance regardless of one's gender, race, social status, and/or sexuality. With their most popular legislation, the Affordable Care Act (also known as Obamacare) they have built the setting stones for the American people's health.

While even in 2008, 38% of the Democrats would suggest that their biggest priority is the healthcare system, only 26% of Republicans would say so. The only thing bringing them together as a top priority at the time was the war in Iraq.

Dennis Kucinich, an Ohio Democrat, was one of the firsts in his term to propose a single-source healthcare system, where there would only be one establishment responsible for the payments regarding healthcare. Not to mention the fact that there was a significant gap between Democrats and Republicans who were supporting the idea of making health insurance

mandatory. Clinton and Edwards are the Democrats who were the main advocates, demanding all citizens to hold an insurance (while providing government subsidies for those who could not afford), opposing the two; Obama would generally shy out of the idea of giving out health insurance and would rather want it for children exclusively.

3.1.2. Opinions of the Republican Party

Republicans often say that the Democrats are making the healthcare system way worse than it already is. Despite this fact, many would argue otherwise, stating that the core reason why the healthcare system is declining is the Republicans themselves because of their ignorance to the people and their cries for help.

The Republicans are yet to forcefully talk about their quite unpopular agenda, healthcare reform. Their ideas are often seen as absurd. President Trump has offered to withdraw the Obamacare tax credits which millions of Americans are benefitting off of. This approach would not only lead to bankruptcy but also the death of many citizens in the “richest country on earth”.

3.1.3. Major Healthcare Programs

3.1.3.1. Medicaid

Medicaid is a governmental program in the United States, originating back to 1965, which provides insurance for adults and children with low income and limited resources. The program is funded, though not fully, by the

state's government (usually determines eligibility for Medicaid) and the federal government creates the base for the program. Medicaid is the most used program in the United States for insurance coverage, contributing to America's health by helping 85 million people out.

This program was first established with the 1965 Social Security Amendments and was later massively expanded by the Affordable Care Act (ACA). The Supreme Court has decided in 2012 that the pre-ACA eligibility could be used up to the state's decision, which ultimately resulted in most states not covering the Medicaid expansion. The One Big Beautiful Bill Act of 2025 (The Big Beautiful Bill) has set requirements for most able-bodied Medicaid employees to work or volunteer for at least 80 hours per month; these amendments will become effective in 2027.

3.1.3.2. Medicare

The Medicare program generally addresses the needs of people over the age of 65, and younger people with disabilities. Its origins also date back to the Social Security Amendments 1965 and is now conducted by the Centers for Medicare and Medicaid Services.

Medicare was divided into four (A, B, C, and D). A: covers hospital, advanced nursing, and hospice services. B: covers outpatient services. C: grants individuals to select private plans (often the same as A and B with extra benefits). D: self-administered prescription drugs.

3.1.3.3. Obamacare

The Affordable Care Act, popularly known as Obamacare, is a healthcare program in the US signed by President Barack Obama. It was seen as a landmark in US History as it is seen as an expansion to the previous bigger insurance coverage programs Medicaid and Medicare. Most of the Act is still intact up to today, however, it has received many amendments to it, shifting its reality in a way. While the public seems to benefit largely from Obamacare there is a slight polarization of opinions between the Democratic and the Republican Party. While the Democratic Party believes that the Act is overly significant, Republicans believe that the Act is nonsense and shall be overturned.

3.1.4. Current Issues in the Healthcare System

3.1.4.1. Affordability

Healthcare affordability is a top concern for Americans in 2026, with over half of adults delaying or skipping care due to costs, and roughly 40% carrying medical debt. Driven by high insurance deductibles, soaring prescription drug prices, and rising premiums, even insured individuals face significant financial pressure, with roughly one-third struggling to pay for care. Despite having insurance, many people still face high deductibles, copayments, and coinsurance. Per-person out-of-pocket spending reached \$1,514 in 2023. Also about 41% of adults report having debt due to medical or dental bills. This includes debts to credit cards or lenders, often leading to reduced credit scores and skipped care. Roughly four in ten (43%) adults have not taken medication as prescribed in the past year due to costs, with 19% skipping doses or cutting pills in half. With Affordable Care Act (ACA) plans seeing

increases of up to 21% for some, premiums have risen, making coverage difficult to afford. Over 50% of adults reported skipping or delaying care due to expense.

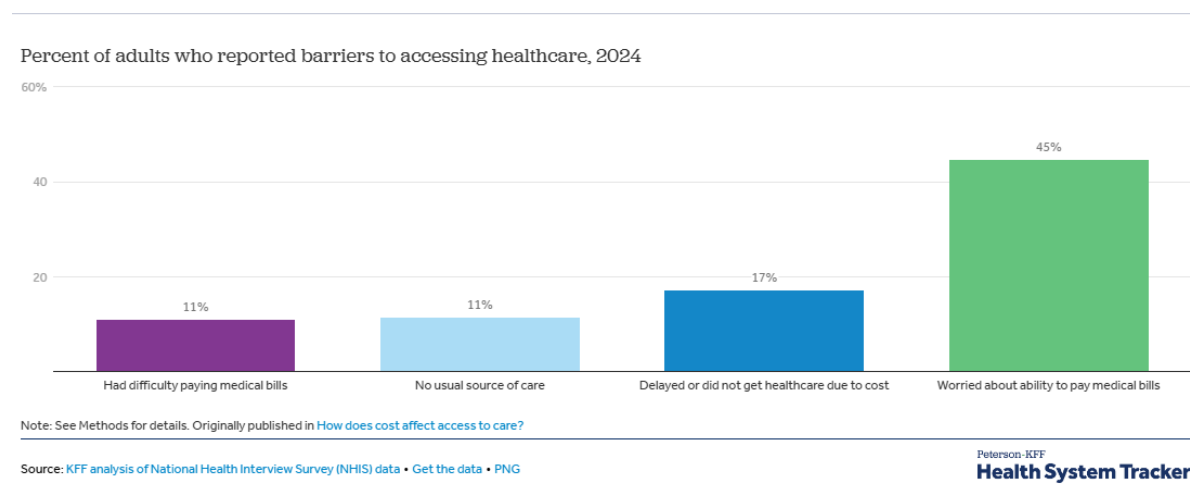
The U.S. has higher prices for services, drugs and medical devices compared to other nations. Reduced competition among hospitals and insurers leads to higher prices. Complex billing and insurance bureaucracy add significant, unnecessary costs. A high prevalence of chronic diseases requires expensive, consistent care.

Affordability issues disproportionately affect lower-income households, uninsured individuals, women and Black and Hispanic adults. However, middle-income earners are also feeling the strain, with many cutting back on spending to cover medical expenses.

High healthcare costs can pose a barrier to accessing care for some Americans. Most adults (91%) have health insurance and the majority of adults (85%) report their health status as at least “good.” Half of the population has little or no out-of-pocket medical spending outside premiums. However, having sick, uninsured, or underinsured family members may lead to medical bills that put a strain on household budgets.

This chart collection explores trends in how the cost of healthcare affects access to care in the U.S. using National Health Interview Survey (NHIS) data through 2024. In addition to the financial barriers to healthcare reported here, another analysis examines several non-financial barriers to accessing healthcare.

In this analysis, the share of adults who reported delaying or going without healthcare due to cost is based on NHIS questions asking about delayed or missed medical care and mental health care, as well as delayed, missed, or rationed prescription medications due to cost. While some people reported going without multiple types of care, others said they delayed or did not get only one type of care.



In 2024, about 1 in 6 adults (17%) reported delaying or not getting healthcare due to cost, including those who delayed or did not get medical or mental health care and those who rationed prescription drugs due to cost.

There are many reasons why an individual may choose to delay or forgo healthcare altogether. People without health insurance, for example, are over four times more likely to not have a usual source of care and this can lead to decreased access to healthcare. In 2024, while similar shares of adults reported that they or a family member had difficulty paying medical bills (11%) or that they did not have a usual source of medical care (11%), almost

half (45%) of adults reported that they worried about their ability to pay medical bills if they were to get sick or have an accident.

3.1.4.2. Healthcare Data Privacy

Healthcare data privacy in the US is facing a crisis driven by rapid digital transformation, high-profile cyberattacks and gaps in regulatory oversight.

HIPAA stands for the Health Insurance Portability and Accountability Act of 1996, a U.S. federal law designed to protect sensitive patient health information from being disclosed without consent. It mandates standards for safeguarding Protected Health Information (PHI) and applies to healthcare providers, insurers and data processors. It was enacted in 1996, it secures electronic health records, improves portability of insurance coverage and simplifies administrative processes. It covers medical records, names, Social Security numbers, addresses and lab results. It is often referred to by its full name or related to "patient privacy laws," "healthcare data protection," "PHI protection," or "covered entities compliance". While HIPAA (The Health Insurance Portability and Accountability Act) provides a foundation, it does not cover health data collected by many consumer apps and tech companies. Key issues include rampant ransomware attacks, data selling to third parties and the proliferation of insecure IoT medical devices.

Healthcare data breaches increased by 78% between 2020 and 2022, with ransomware acting as a major threat, impacting 67% of large healthcare security incidents. In 2022, an average of 1.94 breaches of 500 or more records occurred daily. The Health Insurance Portability and Accountability Act only applies to "covered entities" (providers, insurers) and their business associates. Health data collected by wearables, fitness trackers

and wellness apps often falls outside of these protections, leaving it vulnerable to sale or misuse by data brokers. Many apps and websites share user health information with advertisers and data brokers without explicit consent, leading to concerns about how this information could be used for profiling or discrimination. Also many institutions operate on outdated IT infrastructure with insufficient encryption and poor cybersecurity protocols, making them easy targets for attackers. Insider threats remain a concern, where employees or individuals with authorized access unintentionally or maliciously breach data.

To address some of these gaps, the HHS Office of Civil Rights (OCR) is working on modifications to the Privacy Rule, focusing on improving access to records and tightening protections against breaches. Unlike other nations, the U.S. lacks a comprehensive federal privacy law, leading to a patchwork of state-level regulations that struggle to keep pace with technology. Organizations are focusing on implementing stronger access controls, robust encryption and more rigorous risk assessments to protect patient data.

There are some common threat vectors like phishing, ransomware, data breaches and DDoS attacks. These vectors tricks staff into revealing credentials, encrypts systems for ransom, steals patient records and also disrupts services.

3.1.4.3. Accessibility to Medication

Accessibility to medication is a critical issue in the American healthcare system, with a substantial portion of the population facing challenges due to high costs, insurance barriers and systemic complexities. Despite having access to advanced treatments, roughly 1 in 6 U.S. adults (17%) reported delaying or skipping medication, medical care, or mental health services in 2024 due to costs.

As mentioned before, the primary barrier is cost, with 43% of U.S. adults reporting they did not fill a prescription or took less medication than prescribed over the past years due to cost. Even with insurance, 41 million Americans are underinsured, facing high deductibles or co-pays that make medication unaffordable.

There are also problems with drug shortage. Drug shortages in the U.S. are at their highest level in a decade, with roughly 270 active shortages reported in early 2026, impacting nearly 90% of primary care physicians and affecting patient care. Key shortages include generic medications, ADHD stimulants, GLP-1 agonists and antibiotics, often driven by manufacturing quality issues, raw material shortages and limited, low-profit manufacturing capacity for generic drugs. Shortages are causing treatment delays, forcing the use of alternative therapies and affecting nearly 1 in 10 cancer patients, with 45% of those experiencing delays. In fall 2023, approximately 38.8 million (18%) U.S. adults reported being affected by shortages of medical products.

There are also systemic inefficiencies in the American healthcare system. Systemic inefficiencies in American healthcare drive high costs (\$5.3 trillion in 2024), low-value care and significant inequities, stemming from administrative complexity, fragmented care delivery and misaligned incentives. Key issues include 11% of claims being denied, high administrative costs, provider shortages and a lack of focus on preventative care. The fragmented, multi-payer system creates substantial waste in billing, coding and insurance interactions. Approximately 11% of claims are denied, requiring costly, repetitive administrative work. Care is often disorganized, leading to unnecessary duplicated services

(e.g., repeating tests) and poor coordination between specialists, which causes inefficiencies and high rates of adverse events.

There are also some geographical and social factors. Limited transportation, lack of pharmacies in certain areas and social determinants of health create significant hurdles for marginalized communities are one of the key barriers.

Financial barriers lead to reduced medication adherence in 85% of studies, resulting in poorer health outcomes for chronic diseases like diabetes and cardiovascular disease. Many patients cut pills in half or skip doses, which increases mortality and disease-related hospitalizations. The burden falls unevenly, with lower-income households, younger adults and racial/ethnic minorities facing the highest disparities in access to care.

There is growing support for increased transparency in drug pricing and active negotiation by policymakers to lower costs. Shifting towards value-based benefit designs could help ensure that spending is based on patient outcomes rather than volume. The AMA (American Medical Association) and other organizations urge policymakers to ensure that state-level regulations do not disrupt patient access to necessary treatments.

3.1.5. Pandemic Preparedness

Pandemic preparedness in the U.S. healthcare system focuses on strengthening, testing and sustaining readiness through collaborative planning, supply chain resilience and rapid, data-driven responses. Led by the Administration for Strategic Preparedness and Response (ASPR), efforts prioritize building surge capacity, vaccine and diagnostic

capabilities, though recent reports indicate only 20 states are highly prepared for health emergencies.

The United States' national strategy for pandemic preparedness focuses on building a resilient healthcare system through proactive surveillance, rapid vaccine/therapeutic development and robust supply chains. Key pillars include strengthening the healthcare workforce, addressing equity in care, expanding diagnostic testing and investing in global health security to detect threats early. The strategy emphasizes fostering domestic manufacturing of PPE(Personal Protective Equipment), medical devices and pharmaceuticals, aimed at mitigating shortages experienced in previous crises. The focus is on rapid development and equitable distribution of vaccines and treatments, using frameworks like the Vaccine and Therapeutic Task Force to keep up-to-date with emerging variants. Strategies prioritize boosting the healthcare workforce, including training community health workers, managing burnout and updating hospital protocols for surge capacity. The CDC(Centers for Disease Control and Prevention) uses the Pandemic Intervals Framework (PIF) and Influenza Risk Assessment Tool (IRAT) to detect and monitor pandemic threats. The U.S. works with global partners to strengthen worldwide surveillance and health systems, which protects the nation by stopping outbreaks abroad.

When you look at the pandemic preparedness on a state level, a May 2026 report found that only 20 states achieved a "high" preparedness score, with 13 states in the low tier, highlighting significant disparities in workforce mobility and emergency funding. Efforts are focused on strengthening the national stockpile, enhancing PPE availability and accelerating the development of vaccines and therapeutics. Hospitals are urged to maintain flexible,

day-to-day resilience that can scale rapidly. However, staffing shortages remain a critical challenge.

While 2019 saw funding increases, subsequent budget pressures have affected the Centers for Disease Control and Prevention (CDC)'s ability to maintain top-tier readiness, with recent reports calling for more robust, sustained funding. The United States is a leading contributor to international pandemic preparedness, pledging over \$1 billion to The Pandemic Fund as of 2026 to enhance global surveillance and lab systems. The fund, managed by the World Bank, has awarded \$1.4 billion to 128 countries to date. Domestically, funding priorities focus on rapid vaccine development and disease monitoring. Funding primarily targets strengthening primary care, expanding diagnostic laboratories, improving pathogen surveillance and training health workers. Analysis of historical data shows that while some areas like the Prevention and Public Health Fund saw increases, other core Public Health Preparedness and Emergency Response funding decreased between 2010 and 2020. Analysis of historical data shows that while some areas like the Prevention and Public Health Fund saw increases, other core Public Health Preparedness and Emergency Response funding decreased between 2010 and 2020. The NIH(National Institutes of Health), particularly via NIAID(National Institute of Allergy and Infectious Diseases), focuses funding on prototype pathogens, pandemic surveillance and the development of vaccines and diagnostics.

There are also some current challenges. There is a continued strain on the workforce, leading to burnout and challenges in maintaining high-quality care during emergencies. There are concerns regarding sustained funding for public health departments to maintain readiness, as seen with federal funding cuts to the CDC. There is a need for improving healthcare access and strengthening public health systems to protect vulnerable communities during crises.

Projections indicate a need for proactive investment in pandemic readiness to avoid the high economic costs of reactive responses

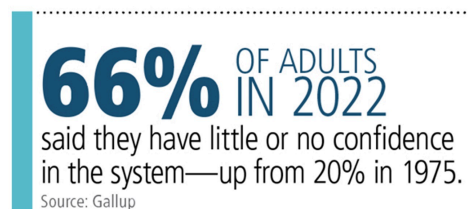
3.1.6. Media Influence and Public Opinion

Media influence on the U.S. healthcare system significantly shapes public opinion through polarized coverage of reform, sensationalized reporting on medical treatments and rising reliance on social media influencers. This coverage often drives public distrust and anxiety, with trust in the medical system declining.

Debate over healthcare reform (e.g., ACA, AHCA) has led to partisan divisions in public opinion, largely driven by how different media outlets cover the topic.

According to a 2023 Gallup report, confidence in the U.S. medical system dropped 10 percentage points from 2021 to 2023 (from 44% to 34%).

Kaiser Tracking Polls, Pew Research, Commonwealth Fund and Edelman Trust surveys show similar results: The majority of Americans, especially those in lower income, disabled and ethnic minority populations, have a negative view of the system. Though opinions about its accessibility, affordability and effectiveness vary widely, disaffection is widespread and increasingly problematic for physicians, hospitals and other health organizations.



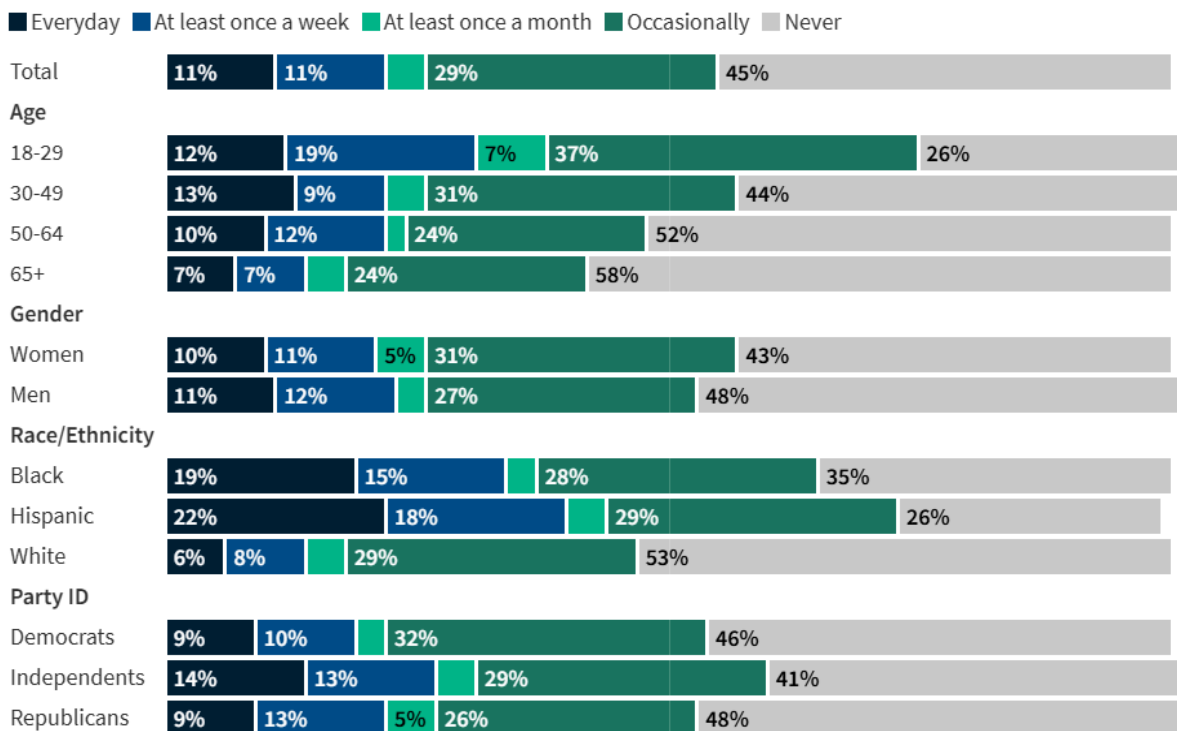
Roughly 15% of adults regularly get health information from social media influencers, a trend that is higher among young adults (18-29) and Black adults. TikTok and YouTube are major sources, but this also increases the spread of misinformation. Media

often focuses on unproven treatments, sensationalizing breakthroughs or creating panic, rather than focusing on evidence-based medicine.

There are some huge concerns for the American future when it comes to the ways of finding information.

About Three in Five Adults Say They Use Social Media To Find Health Information and Advice at Least Occasionally, Including Larger Shares of Younger Adults, and Black and Hispanic Adults

How often, if at all, do you use social media such as Facebook, X, Instagram, TikTok, YouTube, or similar sites or apps to find health information and advice?



While party identities and genders don't discriminate the people that uses social media to find health information, especially young (Gen Z) and black-hispanic people lean more towards using it.

When it comes to its impacts on public perception, while people are skeptical of broad medical, insurance and government communications, they trust their own doctors more.

Americans often report dissatisfaction with the national healthcare system while holding a

higher opinion of their own personal care. Media attention can drive policy discussions and increase awareness of health issues, but it can also mobilize opposition that causes reform efforts to fail.

Media plays a critical role in changing public perception on what is considered healthy, covering topics from lifestyle to new medical technologies. Misinformation from the media can hinder the patient-doctor relationship, creating unrealistic expectations for care.

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