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## Errata

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# ERRATA

## *Helping the Uninsured: Health Insurance in Ohio and in the Nation*

Randall R. Bovbjerg

4 JOURNAL OF LAW AND HEALTH 123-148 (1989-1990)

The *Journal of Law and Health* regrets that several errors appear in Volume 4, Issue 2. First, the issue as printed omitted the text for page 126 that begins the discussion of Table 1. The omitted text appears below. For ease of reference, Table 1 is reproduced as well.

Second, the issue gave the estimated price tag of the Pepper Commission's reform proposals as \$6.6 billion, on page 146, before note 117. The correct figure is \$66 billion, as in note 113 on page 145.

Please permanently attach this errata sheet to Volume 4, Issue 2. The editors and staff of the *Journal* apologize for any inconvenience this has caused.

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Table 1: Competing Views of Rights in Health Care

Right to health	Right to health care	Right to equal floor of medical access	Right of equal opportunity to buy access
Broadest view of all: equal outcomes for all, large public role	Massachusetts view: equal access to care for all, including very high-tech care	President's Commission view: public guarantees adequate access of care for all, subsidizing needy as necessary	People "earn" health coverage, like other goods, little public role

At the far left is the "right to health," as exemplified by the World Health Organization.<sup>20</sup> This view holds that everyone by virtue of being human has a right to health. By "health" is meant the fullest well-being achievable -- physical, mental, and social. This end of the spectrum emphasizes *equality of outcome*, full health for all. The state has a corresponding responsibility to fund the requisite medical care. To my knowledge, however, no society has implemented such a broad standard except perhaps as an ideal to be strived for.

At the far right of the Table lies a much narrower right -- *equality of opportunity* to work for health benefits, with little or no public reallocation of resources. Real rather than rhetorical American policy lies almost at this extreme. Under this view, health coverage depends on work status: Workers and their dependants are expected to get workplace coverage designed by their employers and unions, but with public tax subsidy.

<sup>20</sup> Add to note 20 on page 127: Cf. also Finer, *Introduction to Keynote Speaker*, 4 J. LAW AND HEALTH 121 (1989-1990) (Declaration of Human Rights to similar effect).

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