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Review Article

Status of US Health Coverage. Is there a Solution?

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ABSTRACT

The Affordable Care Act (ACA) was implemented to resolve health coverage in United States. The implementation of this law had a noble intention, but in 2023, has it achieved the desired results? Taking a deeper dive into the health care coverage around the world can allow us to compare and contrast our system and where we are today. This article will circle back to our health care coverage system and look at possible solutions and considerations.

Keywords: United States; Health care

INTRODUCTION

First and foremost, an important question has to be answered. Is healthcare a right or privilege around the world? Most people would agree that we have a basic moral obligation to help and save other human suffering and sickness. Article 25 of United Nations Universal Declaration of Human Rights includes medical care as a human right.[1] However, this idea has to be considered in realistic terms. Those who argue medical care is a privilege would quickly argue that this notion is an idealistic goal but there needs to be the financial recourses to cover healthcare for everyone. They argue that the cost is so burdensome that we as a country cannot afford to cover everyone. Others however consider healthcare coverage an ethical and moral obligation that we as humans should never compromise. With those arguments in mind, let's review the attempts around the world to provide health care.

Looking at global health care,[2] it is quickly apparent that there is no single payer system functioning in any country. Governments tend to manage their health care and its cost based on various metrics and attempt to control cost using those metrics. They may use gate keeper to decide what care are appropriate or increase wait times to care to decrease cost overtime but most countries aim to ensure that their citizens receive some basic level of care. We will start by looking at two major European countries. United Kingdom provides universal coverage through a centralized system in which government acts as primary payer.[3] It is strongly regulated by National Health Service (NHS). NHS controls and owns hospitals and clinics. The doctors are paid by NHS to keep their fees under control. Private doctors also are paid by NHS and all aspect of healthcare from hospital to

clinics to doctors are extensively and tightly controlled by this government agency. The system is funded by taxation. The estimates show that about 18% of citizen's income goes toward healthcare.[4] Studies[5] has shown that this is the closest model for healthcare which is centralized and provides for all its citizens. This system provides for all aspect of care with the understanding that elective cases are significantly delayed. This has been supplemented with private insurance providers acting as an intermediary which individuals can purchase to access private sector for more rapid care. About 10% of British population has this supplemental insurance.

France provides universal coverage through similar taxation provided by employers and employees contributing to "sickness fund".[6] On average a 5 to 8% tax is deducted to provide a more decentralized care. The "gate Keepers" are the general practitioners acting to reduce cost by limiting unnecessary care and expenses including visits to specialists and services provided. Every aspect of care has to have authorization by general practitioners (GP) or the reimbursements of care by government will be reduced. Studies[7] has shown that French citizens are generally satisfied with their care however, there is signs of need for more taxation due to increase cost. The government still struggling to match expenses with level of resources that are generated with taxation.

Eastern European countries i.e., Czechia, Estonia, Latvia and other have been significantly affected by fall of communism.[8] After the fall, the health care has been in disarray. The centralized mechanism of health care has given way to private sector with significant reduction to access healthcare without private pay. This has significantly affected access for people with minimal means and governments in most these countries are attempting to secure financial resources to provide a minimum universal coverage but with covid crisis in past years, there has been a setback in universal coverage in eastern Europe.

Chinas healthcare system is based on two kind of health insurance namely "employee hospitalization insurance" and "resident insurance".[9] In this system, companies contribute about 9.8 percent of employees salaries into employee hospitalization program. This amount is pooled by the central government and subsequently provided to employees incase of absolute necessary care such as hospitalizations and some out patient care. There is also about 30 percent of that collected pool forwarded to employee personal health account for out patient care. It is important to mention that 75 percent of China's 1.4 billion population does not benefit from such plan. They are part of rural or urban residents insurance. This insurance covers even less for healthcare than the privileged few. Overall, however, both types of insurances only provide minimal coverage with employee insurance paying only 544 dollars per person per year and resident insurance paying 116 dollars per person per year. Again, this is a failure of universal coverage and citizens have to fend for themselves.

Our review will also need to look at healthcare system in Taiwan.[10] National health insurance system in Taiwan was brought into floriation in 1995. This country of 23 million has undergone a rapid change from an agricultural to industrial based country. The healthcare system was revised to include a National Health Insurance (NHI) system. NHI consolidated all the different insurances available into one national insurance. The insurance revenue is provided by employee, employer and government. The insured are categorized based on level of income and subsidies are adjusted accordingly. Most health services have a set co payments however some preventative

services are covered by NHI. Citizens are allowed to see the doctor of their choice and are free to see specialist directly without referral from GPs. This system overall provided good accessibility, comprehensive coverage, short waiting times, overall lower cost and high coverage rates with 99% of citizens covered. However, there are deficiencies in quality of outpatient visits with GP seeing up to 100 patients a day reducing time available per doctor visit. It is worth mentioning that even with this system is not financially afloat and will need government financial contribution to continue running.

In 2010, Affordable Care Act (ACA) was approved as a law of United States.[11] In its inception, it faced an upward struggle with significant technical difficulties to its implementation. The aim was to keep the cost of health care under control and provide universal coverage for our citizens. Its main goals also included coverage for low income or unemployed and patients with pre existing conditions whom were unable to obtain health insurance coverage. ACA provided more coverage for young adults and over 16 million obtained coverage in 5 years. One important emphasis was to remove the maximum limit of expenditure per patient by insurance companies. ACA also improved coverage for preventative service with lower copays or deductibles. Prescription drugs were also addressed minimally. ACA is constantly working to decrease the cost of the drugs and increase availability of generic drugs. All the expenses for coverage were planned to be provided by mandatory requirement of healthy and wealthy individuals premium increases. Before ACA, most young and healthy individuals would skip health insurance and have no contribution to overall pool of financial resources necessary to cover this extensive budget. Combination of more contribution from healthy individual and increased premiums from wealthiest individuals and government contributions from Medicare savings allows for reduction and coverage for ACA plans.

After more than a decade, have we achieved the desired result? During the last 13 years, ACA has been challenged on multiple frontiers. It has been attacked by both conservatives and liberal policies. The National Health Interview Survey[12] reveals that the number of uninsured between 18 to 64 has dropped from 22.3% to 13.3%. 20 million more people have insurance coverage. Insurance companies are now covering the pre existing conditions. Based on findings of Kaiser Family Foundation,[13] more Asian, Hispanics and African Americans have received malpractice insurance. However, with the financial burden created by Covid 19, significant stress has been placed on the system. The financial stress has become an issue which may start manifesting in increased premiums which was one of the main pillars of ACA. The emergency funding during covid pandemic has added significant burden to US debt and re injection of such cash will not be sustainable to our country in future.

DISCUSSION

Question will arise to whether we have any options to modify ACA to get universal coverage at a financially sustainable manner. Looking at the British and Taiwanese model solution may rest on a centralized control of healthcare coverage and cost. Maybe informed physicians such as GPs would have better understanding of appropriate allocation of the funds for healthcare and they act as gate keeper to keep cost down. The idea of one centralized insurance company supervised by government entity to insure cost containment may have to be considered. Both British and Taiwanese system which are closest to aim of ACA have a centralized mechanism controlling cost of pharmaceutical, doctors and hospital care. Second, it is an understanding that as a society are

we willing to set limits to level of care. Is it an option to provide cancer care to stage 4 uncurable pancreatic cancer at exuberant cost which most likely is fatal? or is it more beneficial to use those funds used for uncurable cancer for single individual on preventative care of many uninsured. We as a society in United States find it Morally unethical to deny services to anyone but it may be the only way to be able to make universal coverage fiscally affordable. Should we consider higher level of taxes as a nation to cover cost necessary to provide universal healthcare? There is no answer without some compromise. At certain level something has to be sacrificed at expense of other and we as a society have to decide what is appropriate or not.

REFERENCES

1. Binkley C. A right or a privilege? How to practically and ethically reconcile two opposing views of health care. 2020.
2. Sherer LG. Around the world in healthcare systems: Europe. 2021.
3. Light DW. Universal health care: Lessons from the British experience. Am J Public Health. 2003; 93(1):25-30.
4. Papanicolas I, Mossialos E, Gundersen A. Performance of UK national health service compared with other high-income countries: observational study. 2019;367:16326.
5. Watt T, Charlesworth A. Health and care spending and its value, past, present and future. Future Healthc J. 2019; 6(2):99-105.
6. Rodwin VG. The health care system under French national health insurance: Lessons for health reform in the United States. Am J Public Health. 2003;93(1):31-37.
7. Degos L, Romaneix F, Michel P. Can France keep its patients happy? BMJ. 2008;336(7638):254-257.
8. Tabor M, Klich J, Domagafa A. Financing healthcare in central and eastern European countries: How far are we from universal health coverage? Int J Environ Res Public Health. 2021;18(4):1382.
9. Bradsher K. How health Insurance works in China and how it's Changing. Ny Times. 2023.
10. WuTY, Majeed A, Kuo KN. An overview of the healthcare system in Taiwan. London J Prim Care. 2010; 3(2):115-119.
11. Goodnough A, Abelson R, Sanger-Katz M. Obamacare turns 10. Here is a look at what works and doesn't. Ny Times. 2020.
12. Reid TR. The healing of America: A global Quest for better, cheaper and fairer care. 2021.
13. Garfield R, Orgera K, Damico A. The Uninsured and the ACA: A primer. KFF. 2019;1-28.