# Health Care Around The World

By Linda Napier, Health Care Committee Co-Chair, LWV of Northwest Maricopa County

<table>
<thead>
<tr>
<th>Bismark Model</th>
<th>Beveridge Model</th>
<th>National Health Insurance Model</th>
<th>Medicare for All (Single Payer)</th>
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<tbody>
<tr>
<td>How it Works</td>
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<td>Funded by premiums paid by employer and employee with small copay.</td>
<td>Funded by the government supported by taxes.</td>
<td>Combines some of Bismark and Beveridge System. Fees collected monthly by government or province</td>
<td>Funded by the residents - via taxes in amounts determined by the state - to cover healthcare costs.</td>
<td>Funded by premiums paid by individuals or employer and employees.</td>
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<td>Providers and Payers are private entities. Uses private insurance plans</td>
<td>Many or all hospitals and clinics are owned by the government. All personnel are paid by government</td>
<td>Providers are private, payer is Government Managed</td>
<td>The fund can be managed by the government directly or as a publicly owned and regulated agency</td>
<td>Providers are private entities. Uses private insurance plans.</td>
</tr>
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<td>All people are covered. The wealthy can opt out to pay for Insurance on their own.</td>
<td>All people are covered. Patients do not pay medical bills - it is a public service</td>
<td>Everyone pays into the fund Everyone is covered</td>
<td>Everyone is covered.</td>
<td>Those who can afford it are covered.</td>
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<tr>
<td>Not for profit</td>
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<td>Profit oriented</td>
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<td>Central government has control of medical services and fees</td>
<td>Government has power to negotiate costs * Can limit service</td>
<td>Generally lower cost</td>
<td></td>
<td>Premiums vary and controlled by insurance companies. Weak or no pricing controls on Insurance premiums, medical service fees, pharmaceuticals, or medical product manufacturers</td>
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<tr>
<td>No marketing of drugs directly to consumers</td>
<td>No marketing, no underwriting or profits</td>
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<td>Permits drug marketing to consumers</td>
</tr>
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<td>Countries: Germany France, Japan, Belgium, Switzerland, Netherlands</td>
<td>Countries: Great Britain, Italy, Cuba, Spain &amp; most of Scandinavia</td>
<td>Countries: Canada, South Korea, Taiwan</td>
<td>Countries: Canada and Taiwan Hybrid Single-Payer/Private Insurance: Australia, France, Spain and UK.</td>
<td>Countries: United States. #17 among the 17 wealthiest countries in the world.</td>
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<td>U.S. use of this model is for Retired Military Tricare, Federal Employees. It's modified to permit limited profits and marketing of drugs to consumers.</td>
<td>U.S. use of model (modified to permit limited profits &amp; marketing of drugs to consumers): Verteran's Administration, Medicaid, Indian Health Service, State Child Health Insurance Program (SCHIP), End-Stage renal Disease, Medicare Part D, U.S. Military</td>
<td>U.S. use of the model (modified to permit profits and marketing of drugs to consumers): Medicare</td>
<td>U.S. use of this model is for Medicare for persons over 65, people under 65 w specific disabilities and end stage renal disease.</td>
<td>U.S. use of the model: For Consumers covered under employer-based insurance plans, privately covered individual; Medicare Advantage</td>
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| Overview Germany (*2015)  
*Mandatory for all citizens  
*Provided by 124 competing non-governmental ins. funds  
*Everyone is covered  
*Government negotiates fees by region  
*Benefits very generous  
*Funds are funded by compulsory contributions  
*14.6% of gross wages up to $63,360 covering dependents, children & non-working spouses  
*9.2% buy private insurance that has risk related premiums with separate premiums for dependents  
*90% of physicians in private practice use electronic health records (EHRs)  
*All Dr’s are private  
*Medical education is free  
*Malpractice insurance costs approx. $6,000 a year. | Overview UK  
*Covers common cold to quad bypass plus  
*No premiums, no copay, no chg for approx. 85% of prescription drugs  
*Critically ill seen quickly  
*Wait for GP about the same as US  
*Might take weeks to see specialist  
*Some copays for dental care, eyeglasses  
*Lower child mortality rate than US, longer, healthier life span than US, better recovery rates for most procedures, medical school is less than US, malpractice is much less than US | Overview Canada  
Comprehensive; covers medically necessary services  
*No copays for Dr. hospital, shots, MRI, diagnostic, emergency  
*Patient pays for all drugs but cost 1/4 to 1/2 of US  
*Waiting lists are major issues, but acute illness, accidents and emergencies are treated quickly  
*70.7 percent of total health spending comes from public sources (Canadian Institute for Health Information, 2015a)  
*Private insurance, held by about 2/3rds of Canadians, covers services excluded such as vision and dental care, rehabilitation services, home care, and private rooms in hospitals.  
*2014). | Overview Taiwan:  
*A national health insurance system was introduced in Taiwan in 1995.  
*The Taiwanese healthcare system is characterised by good accessibility, comprehensive population coverage, short waiting times, low cost, and national data collection systems for planning and research.  
*Every Taiwanese citizen has a NHI IC card (integrated circuit card, a smart card), which is used to identify the person, store a brief medical history and to bill the national insurer.  
*They can see any doctor without a referral. Anything from dental care to parturition, from Western medicine to traditional Chinese medicine, and from preventive services to elderly home care.  
*Cheap and abundant care is the best description  
*GDP spent on health care in 2016 11% | Overview U.S.:  
*The U.S. uses a combination of all the systems. See the other four models.  
*Bismark: Retired Military Tricare, Federal Employees.  
*Beveridge: Veteran’s Administration, Medicaid, Indian Health Service, State Child Health Insurance Program (SCHIP), End-Stage renal Disease, Medicare Part D, U.S. Military  
*National Health Insurance: Medicare  
*Single Payer: Medicare  
*CDC /NCHS: Annual HC costs are the highest in the world  
*In 2013 33 Million people were not insured representing 10.4 % of the population (US Census Bureau) |
<p>| Per Capita Health Expenditures in 2015 $5,267 | Per Capita Health Expenditures in 2015 $4003 | Per Capita Health Expenditures in 2016 $6,299 | Per Capita Health Expenditures in 2014 $2,546 | Per Capita Health Expenditures in 2015 $9,451 |</p>
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Sources:
- Canadian Institute for Health Information 2015a
- TR REID trreid.net
- Organization for Economic Co-operation and Development, OECD, Chart Per Capita Health Expenditure in Selected OECD Countries in 2015
- OECD, Chart, Health Outcomes in Developed Countries.
- GDP Chart Top Countries for Health Care Spending Future Health Index Philips 2016
- Centers for Disease Control and Prevention, CDC/National Center for Health Services, NCHS
- Henry J Kaiser Foundation Family Foundation KFF.org