



LEAGUE OF WOMEN VOTERS®  
OF ARIZONA

## Health Care Around The World

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<b>Bismark Model</b>	<b>Beveridge Model</b>	<b>National Health Insurance Model</b>	<b>Medicare for All (Single Payer)</b>	<b>For Profit Insurance Model</b>
How it Works	How It Works	How It Works	How It Works	How It Works
Funded by premiums paid by employer and employee with small copay.	Funded by the government supported by taxes.	Combines some of Bismark and Beveridge System. Fees collected monthly by government or province	Funded by the residents - via taxes in amounts determined by the state - to cover healthcare costs.	Funded by premiums paid by individuals or employer and employees.
Providers and Payers are private entities. Uses private insurance plans	Many or all hospitals and clinics are owned by the government. All personnel are paid by government	Providers are private, payer is Government Managed	The fund can be managed by the government directly or as a publicly owned and regulated agency	Providers are private entities. Uses private insurance plans.
All people are covered. The wealthy can opt out to pay for Insurance on their own.	All people are covered. Patients do not pay medical bills - it is a public service	Everyone pays into the fund Everyone is covered	Everyone is covered.	Those who can afford it are covered.
			Health insurance as opposed to health care	Great variation in coverage & Services
Not for profit	Not for profit	Not for profit	Not for profit	Profit oriented

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Central government has control of medical services and fees	Government has power to negotiate costs * Can limit service	Generally lower cost		Premiums vary and controlled by insurance companies. Weak or no pricing controls on Insurance premiums, medical service fees, pharmaceuticals, or medical product manufacturers
No marketing of drugs directly to consumers	No marketing, no underwriting or profits	No marketing, underwriting or profits		Permits drug marketing to consumers
Countries: Germany France, Japan, Belgium, Switzerland, Netherlands	Countries: Great Britain, Italy, Cuba, Spain & most of Scandinavia	Countries: Canada, South Korea, Taiwan	Countries: Canada and Taiwan Hybrid Single-Payer/Private Insurance: Austrailia, France , Spain and UK.	Countries: United States. #17 among the 17 wealthiest countries in the world.
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.	U.S. use of model (modified to permit limited profits & 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	U.S. use of the model (modified to permit profits and marketing of drugs to consumers): Medicare	U.S. use of this model is for Medicare for persons over 65, people under 65 w specific disabilities and end stage renal disease.	U.S. use of the model: For Consumers covered under employer-based insurance plans, privately covered individual; Medicare Advantage

Bismark Model	Beveridge Model	National Health Insurance Model	Medicare for All (Single Payer)	For Profit Insurance Model
<p>Overview Germany (*2015)</p> <ul style="list-style-type: none"> <li>*Mandatory for all citizens</li> <li>*Provided by 124 competing non-governmental ins. funds</li> <li>*Everyone is covered</li> <li>*Government negotiates fees by region</li> <li>*Benefits very generous F</li> <li>*Funds are funded by compulsory contributions</li> <li>*14.6% of gross wages up to \$63,360 covering dependents, children &amp; non-working spouses</li> <li>*9.2% buy private insurance that has risk related premiums with separate premiums for dependents</li> <li>*90% of physicians in private practice use electronic health records(EHRs)</li> <li>*All Dr's are private</li> <li>*Medical education is free</li> <li>*Malpractice insurance costs approx. \$6,000 a year.</li> </ul>	<p>Overview UK</p> <ul style="list-style-type: none"> <li>*Covers common cold to quad bypass plus</li> <li>*No premiums, no copay, no chg for approx. 85% of prescription drugs</li> <li>*Critically ill seen quickly</li> <li>*Wait for GP about the same as US</li> <li>*May take weeks to see specialist</li> <li>*Some copays for dental care, eyeglasses</li> <li>*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</li> </ul>	<p>Overview Canada</p> <p>Comprehensive; covers medically necessary services</p> <ul style="list-style-type: none"> <li>*No copays for Dr. hospital, shots, MRI, diagnostic, emergency</li> <li>*Patient pays for all drugs but cost 1/4 to 1/2 of US</li> <li>*Waiting lists are major issues, but acute illness, accidents and emergencies are treated quickly</li> <li>*70.7 percent of total health spending comes from public sources (Canadian Institute for Health Information, 2015a)</li> <li>*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).</li> </ul>	<p>Overview Taiwan:</p> <ul style="list-style-type: none"> <li>*A national health insurance system was introduced in Taiwan in 1995.</li> <li>*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.</li> <li>*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.</li> <li>*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.</li> <li>*Cheap and abundant care is the best description</li> </ul>	<p>Overview U.S.:</p> <ul style="list-style-type: none"> <li>*The U.S. uses a combination of all the systems. See the other four models.</li> <li>*Bismark: Retired Military Tricare, Federal Employees.</li> <li>*Beveridge: Veteran's Administration, Medicaid, Indian Health Service, State Child Health Insurance Program (SCHIP), End-Stage renal Disease, Medicare Part D, U.S. Military</li> <li>*National Health Insurance: Medicare</li> <li>*Single Payer: Medicare</li> <li>CDC /NCHS: Annual HC costs are the highest in the world</li> <li>*In 2013 33 Million people were not insured representing 10.4 % of the population (US Census Bureau)</li> </ul>
<p>*GDP spent on health care in 2016 11%</p>	<p>*GDP spent on health care in 2016 8%</p>	<p>*GDP spent on health care in 2015 8%</p>	<p>*GDP spent on health care in 2013 6.6%</p>	<p>*GDP spent on health care in 2015 17.8%</p>
<p>Per Capita Health Expenditures in 2015 \$5,267</p>	<p>Per Capita Health Expenditures in 2015 \$4003</p>	<p>Per Capita Health Expenditures in 2016 \$6,299</p>	<p>Per Capita Health Expenditures in 2014 \$2,546</p>	<p>Per Capita Health Expenditures in 2015 \$9,451</p>

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