

National Health Insurance in the United States

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1. Legislation and National Health Insurance in the United States

The legislation has overall supported the “National Health Insurance” in the United States. For instance, the “Affordable Care Act”, enacted in 2010, aimed to expand the coverage of health insurance through expansion of Medicaid, subsidies, and the establishment of other healthcare insurance exchanges. In addition, the proposed legislation of the Medicare for All Act although has not been passed into U.S. law yet garnered significant support from all stakeholders. This legislation seeks to establish a “universal single-payer” healthcare system, expanding Medicare to reduce the number of uninsured Americans and cover all Americans’ health expenditures.

a. Impact of Medicare and Medicaid

“Medicare” and “Medicaid” are both government-funded care programs that allow for flexibility in diagnosis and treatment procedures, leading to variability in healthcare coverage and benefits across states. The aim of Medicare is to provide health insurance to people aged 65 and older and young people with “disabilities” in order to significantly reduce the number of uninsured individuals. The implementation of quality measures and various payment models by Medicare is to improve the quality of care provided to the unhealthy aged population. Similarly, Medicaid offers insurance to individuals from low-income strata in the United States as well as their families including parents, children, and pregnant women.

b. Feasibility of Expanding Medicare and Medicaid

The expansion of Medicaid and Medicare creates a National Health Insurance system which is theoretically feasible. However, the process also faces considerable political and financial challenges and concerns. To indiscriminately provide health insurance to all

Americans, the expansion of Medicaid and Medicare could reduce the number of uninsured Americans. Moreover, a single-payer system could negotiate lower prices for services provided to the patients which can help reduce administrative costs. On the other hand, significant opposition from various stakeholders such as private insurers might hinder the implementation of such a system.

2. Implications of National Health Insurance

In the U.S., “National Health Insurance” is a complex issue with significant implications across various domains discussed as follows:

a. Access

The NHI ensures “universal coverage” and access to healthcare with the aim of reducing uninsured Americans in the country. It ensures that all citizens have equal access to healthcare so that disparities posed to low-income individuals in the system can be addressed (Feldstein, 2012). However, the increased demand for health insurance might strain the existing workforce which can result in employee shortages in the healthcare system. Additionally, underserved areas might also face challenges due to lack of infrastructure which can lead to serious problems for people living in rural areas in accessing care services.

b. Utilization

Universal coverage can potentially reduce emergency visits as more people would be able to access primary care. So, there would likely be an increase in the utilization of preventive services. However, there is a risk of overutilization of healthcare services because of the increased resource allocation and costs.

c. Technological Advancements

The National Health Insurance system could potentially streamline support for technological advancements and lead to more “standardized” adoption of health technologies and medical research across the United States (Feldstein & Feldstein, 1988). The funding constraints might hinder the support for cutting-edge technologies.

d. Cost

The system could reduce administrative costs while the government negotiate better prices with pharmaceutical companies. However, the implementation of the National Health Insurance system would require significant upfront costs for the investment.

e. Growth

The healthcare sector could see increased demand for healthcare services which possibly boost job and economic growth. However, more recruitment of healthcare providers can put a significant strain on the national budget, leading to economic challenges for the NHI as well as the healthcare system.

Feasibility

The feasibility of the NHI system in the U.S. depends on its potential for improved access to healthcare and cost savings but also presents challenges related to funding and implementation logistics. Successful implementation of the National Health Insurance system provides a framework for U.S. healthcare to follow as there is growing support for some form of universal healthcare. However, political opposition and private insurers can pose serious challenges to the careful planning and implementation of the NHI system.

3. Necessary Reimbursement Changes

Some of the necessary reimbursement changes that would require significant changes to the current reimbursement methods are as follows:

a. Capitation for Primary Care

- **Current System:** In the current U.S. healthcare system, primary care providers are often reimbursed per visit to the care facility.
- **National Health Insurance:** In this system, capitation promotes chronic disease management and preventive care.

b. Unified Payment System

- **Current System:** The U.S. healthcare system uses a mix of public and private insurance. For instance, the government operates Medicare and Medicaid healthcare services to provide care to the aged population and those with low income. Each insurance system has its own reimbursement methods.
- **National Health Insurance:** The single-payer system under the NHI would streamline payments through one entity. The payments rendered for each service provided reduce administrative costs.

Feasibility in the Healthcare System of the United States

These reimbursement methods would significantly cut administrative costs and resist changes that might happen due to potential income reductions. Transitioning to such a system would require support from the public as well as political sections which can be difficult to achieve due to the current polarized environment in the country. It is a highly transformative process which requires broad support and careful planning while implementation.

4. Necessary Operational Changes

The feasible transition to the National Health Insurance system would require necessary operational changes across numerous stakeholders in the U.S. healthcare system. These stakeholders include physicians, hospitals, insurers, patients, and the government and their operational changes and feasibility are as follows:

a. Physicians

- Physicians need to adapt to standardized reimbursement rates and focus more on patient care rather than administrative tasks.
- The change is feasible which physicians might initially resist but after extensive training, they could benefit from reduced administrative burdens.

b. Hospitals

- Hospitals would need to streamline their billing systems so that care facilities can possibly adjust to new funding mechanisms and physicians can focus on cost-effective care delivery.
- This transition is feasible with proper planning and investment and hospitals can benefit from more predictable funding.

c. Insurers

- Primary insurers would integrate into the national system or adjust their business models to focus on administrative services.
- This transition is complex and might face resistance from the insurance industry.

d. Patients

- Patients would no longer have to face out-of-pocket expenses. In addition, they would have more consistent access to care.

- This change is highly feasible and highly welcomed by an unhealthy population.

e. Government

- The government would need to establish and manage healthcare resources set reimbursement methods, manage funds and ensure compliance.
- This change is feasible but requires significant investment in order to ensure transparency and accountability.

References

- Feldstein, P. J. (2012). National health insurance: An approach to the redistribution of medical care. *Health Care Economics*. New York: Cengage Learning, 461–511.
- Feldstein, P. J., & Feldstein, P. J. (1988). *Health care economics*. Wiley New York.