

Surprise: The US Has Two “Socialized Medicine” Programs!

This document was born based on frequent comments and posts I see on social media. The common train of thought is that free health care is wonderful and it’s available in many countries other than the US. The countries I hear the most accolades about are Canada, England, and France, so I’ve gathered together some information on those countries, as well as China, to share with you.

Personal Observation

Besides my family issues with Canadian universal health care (*that resulted in the death of a family member*) I recently chatted with an elderly friend (74) who was born and raised in Canada. He was kind enough to share his personal experiences regarding the universal health care system in his former home country. The first point made is that many good doctors and most specialty doctors usually move to the US because the option to make more money is here. That action alone results in a shortage of good health care professionals in Canada. This not only results in longer waiting times for any care that might be out of the ordinary, the quality of doctors left behind, well, let’s just say you may be dealing with the newer, less experienced doctors or even the “C” students.

My friend shared that when his brother experienced extreme discomfort after being sent home after his gall bladder surgery, he immediately called to make an appointment to have it checked out. The brother was then told that the wait time for the next appointment was 6 months out: He died a week later. My friend moved to the US shortly after and is now a US citizen.

Now, I am not saying that health care in the US is perfect. Personally, I think between the cost of doctor’s visits, hospitals, medications, and other medical expenses in the US have gotten way out of hand and I agree that something has got to change.

But to make a blanket statement that all of these countries have free medical care for all, well, that’s just not true as you’ll learn if you chose to read my research below.

And to address the other blanket statement that “the US should (*wave a magic wand and*) implement free health care for all,” is, well, that’s just silly because it’s unrealistic to think we can convert our entire health care system for 331 million people over night. Not only that, I say that because while doing some research on the topic I found that the US does have a variety of health care programs of which all citizens can partake at no cost to them. (*Still not 100% free though because there are very few doctors and nurses that actually work for free.*) They are the VA and Medicaid programs. Both are truly “socialized medicine” in every sense of the word: The doctors and nurses are hired and paid by the government; all facilities, medicine, and equipment are also paid by the government. But remember, the government does get its money from taxes...so someone is still footing the bill.



As a matter of fact, what all these programs in all countries have in common is that **none of them are free**. They are all paid for by taxes that come out of a working person's paycheck. The only difference is how much that tax is. Something my Canadian cohort emphasized is that the more you make, the more you pay into the Canadian universal health care system. And if you chose to get personal insurance because the "free" health care system doesn't cover what you need, well, that's even a higher cost to you.

Either way, I hope that in the very near future our politicians – who's salaries we also pay – can actually come up with something more affordable for everyone. Honestly, it seems to me that France might be on to something.

I also hope you chose to peruse the collection of articles and adjust your way of addressing this issue.



Table of Contents

| | |
|--|----|
| Personal Observation | 1 |
| Comparison Table..... | 5 |
| Defining Universal Health Care..... | 8 |
| What is It? | 8 |
| Structure and Funding of Universal Health Care | 8 |
| Single Payer Health Insurance Systems | 8 |
| Universal Health Care vs Socialized Medicine | 8 |
| Socialized Systems in a Capitalist Society..... | 9 |
| How Socialized Medicine Works | 9 |
| Socialized Medicine | 9 |
| The VA as an Example of Socialized Medicine in the U.S..... | 10 |
| Future Reform and Socialized Medicine Rhetoric | 10 |
| Socialized Medicine Pros and Cons..... | 11 |
| What Are the Pros of Socialized Medicine? | 11 |
| What Are the Cons of Socialized Medicine? | 12 |
| Is Socialized Medicine the Solution the US Needs?..... | 13 |
| Canadian Health Care | 14 |
| What I learned as a Canadian reporting on healthcare in America — and what Americans can learn from Canada | 14 |
| Canadian Healthcare Isn't Free..... | 15 |
| Canadians have private insurance options..... | 16 |
| Canada's Biggest Healthcare Debate: Pharmacare | 16 |



| | |
|---|----|
| Universal Healthcare is Deeply Engrained in Canada's Ethos | 17 |
| How Socialized Medicine Hurts Canadians and Leaves Them Worse Off Financially | 17 |
| The French Health Care System | 18 |
| England’s Health Care | 21 |
| Primary and Secondary Health Insurance | 21 |
| Providers..... | 22 |
| How Does Universal Health Coverage Work in England? | 22 |
| China’s Healthcare..... | 24 |
| How Does the Healthcare System Work in China?..... | 24 |
| What is Health Insurance like in China? | 24 |
| Is Healthcare Free in China? | 24 |
| If you’re moving overseas..... | 25 |
| My Summary | 25 |



Comparison Table

This table compares data for four countries: The US, Canada, France, England, and China. Keep in mind that other demographics, such as number of citizens over a certain age, and the commonality of certain health issues, industries of each state and average incomes, would all play a huge role in how universal health care would be implemented. I'm really not up to doing that much more research on the subject, but you can feel free if you'd like.

Either way all those things would have to factor in when designing the perfect "one size fits all" health care system. From what I've read, no one has done that yet.

Then, after you review the data below, you have to ask yourself, can you afford an increase in your taxes to pay for universal health care?

| Country | Landmass | Population 2020 | Costs & Who Pays |
|----------------------|---------------------|---|---|
| United States | 3.797 million sq mi | <p>The U.S. population today, at the start of 2020, numbers just over 331 million people.</p> <p>The U.S. is the third largest country in the world, outnumbered only by the two demographic billionaires, China and India, at just over 1.4 billion and just under 1.4 billion, respectively.</p> | <p>Medicare:For employers and employees, the Medicare payroll tax rate is a matching 1.45 percent on all earnings (self-employed workers pay the full 2.9 percent). Available to all retirees over the age of 65.</p> <p>VA: Free via military service.</p> <p>Medicaid: Medicaid is run jointly by the federal government and the states. The federal government pays part of the cost of Medicaid and requires that every state cover several "mandatory populations," such as poor children and pregnant women and most disabled and elderly people eligible for Supplemental Security Income, the federal cash assistance program for the poor disabled, blind, or aged.</p> <p>Individual pay health care: Zero to \$2,000 per month depending on income, geographical location, type of coverage requested.</p> |
| Canada | 3.855 million sq mi | 37,742,154 people | In 2017 found that on average a Canadian spends \$6,604 in taxes for healthcare coverage. It's important to note that number changes <i>depending on income. People with higher</i> |



| Country | Landmass | Population 2020 | Costs & Who Pays |
|----------------|-----------------------------------|-------------------|--|
| | | | <i>incomes pay higher taxes, which ends up covering families who earn less.</i> |
| France | 248,573 sq mi | 65,273,511 people | It is in many ways <i>analogous to how Medicare is funded and managed in the United States.</i> Currently, employers pay 12.8 % of salary to cover their employees. Households earning less than \$9,600 per year do not pay any contribution. College students pay a flat amount (about \$200 per year.) |
| England | Landmass of England: 50,346 sq mi | 67,886,011 people | NHS England: national health care system. Financed by mostly general tax revenue: 20% from national insurance, which is a payroll tax shared between employers and employees. Secondary Health Insurance 11% buy supplementary coverage for more rapid access to care, choice of specialists, and better amenities, especially for elective hospital procedures. |
| China | 3746887 sq mi | 1,439,323,776 | In China, urban employee basic medical insurance is obligatory insurance and the healthcare costs are paid by the employer and employee. Although the contributions to it vary they are usually 6% of the salary cost for the employer and 2% of the salary for the employee. No matter where you live and how much you are covered, the way healthcare in China works will require you to pay for the services upfront and out of your own pocket. |



Again, can you afford an increase in your taxes to pay for universal health care?



Defining Universal Health Care

Source

<https://www.healthpaconline.net/universal-health-care.htm>

What is It?

Universal health care is the belief that all citizens should have access to affordable, high-quality medical care.

Structure and Funding of Universal Health Care

Universal health care is a broad concept that can be structured and funded in various ways. The common factor for all universal health care programs is that they require some form of government involvement, whether it is through legislation, mandates, or regulation. The laws determine what type of care must be provided, to whom the care must be provided, and the basis for determining coverage.

In some universal health care programs the government may also manage the health care system, but in many instances the health care system uses both public and private health care providers.

Funding for universal health care is provided by the population, whether through compulsory health insurance, taxation, or a combination of both. Some health care costs may be paid by the patient and some health care costs may be covered by the universal health insurance program.

Single Payer Health Insurance Systems

Many people who support universal health care prefer a system known as “single payer health insurance.” Single payer health insurance is one in which the government finances health care but is not involved in delivering the care, much like Medicare and Medicaid. This idea fits the broader definition of socialized medicine, but it is a distinctly different system from the more literal meaning of socialized medicine in which the government also employs the health care professionals and is involved in health care delivery.

Universal Health Care vs Socialized Medicine

Although some people refer to universal health care as socialized medicine, the concepts are not completely synonymous. The term “socialized medicine” is primarily used only in the United States by those who do not support the idea of universal health care. Outside the US, the terms most used are universal health care or public health care. The actual definition of socialized medicine is somewhat varied and inconsistent in usage, though it generally describes any system of health care that is publicly financed, government administered, or both.

For some, socialized medicine is specific to systems in which the government both operates the health care facilities AND employs the health care professionals. In the United States, examples of this type of care are the United States Veterans Health Administration, and the medical departments of the US Army, Navy, and Air Force.



Others consider socialized medicine in broader terms as any system that is partially or totally funded by government although health care is provided by private business. Examples of this type of health care system in the United States is Medicare, Medicaid, and the US Military's TRICARE.

Socialized Systems in a Capitalist Society

Many Americans believe in a free market society, and thus their beliefs may extend to health care as well. While a capitalist structure, supply and demand, and a free market system help regulate business models, should health care be run as a profit-driven industry? This is a basic issue at the core of the universal health care debate. Currently, many socialized programs provide a wide variety of beneficial services to Americans, including police departments, fire departments, public libraries, public schools, Medicare, Medicaid, and the US Military and Veterans health programs. Socialized programs can play an important role in capitalist societies – the challenge is in finding the right balance and determining how the United States can best provide health care for all its citizens.

How Socialized Medicine Works

Source

<https://www.verywellhealth.com/what-is-socialized-medicine-2615267#:~:text=In%20many%20countries%20across%20the%20world%20including%20Canada%2C,one%20or%20two%20of%20the%20aspects%20listed%20above.>

By [Trisha Torrey](#)

Fact checked by [Dale Brauner](#) on February 29, 2020

During discussions of [healthcare reform](#) in the United States, some people use the term "socialized medicine" to scare away those who think part of the reform solution is to turn to the government. They cite too much government involvement in the process and try to compare it to communism, capitalizing on the disdain for socialism and communism in American culture. What does socialized medicine mean?

Socialized Medicine

The concept of completely socialized medicine means that the government provides all aspects of healthcare:

- It pays for all care.
- It employs the providers.
- It runs the facilities.

In many countries across the world including [Canada, Great Britain, Finland, and Spain](#), socialized medicine is the main form of healthcare access for many of its citizens.

Extended definitions of socialized medicine remove one or two of the aspects listed above. For example, the government's role might be to pay for care, but not employ the providers or run the facilities.



The VA as an Example of Socialized Medicine in the U.S.

The truth is, the United States already employs several forms of socialized medicine. The Veteran's Administration healthcare system is one example, and in many ways, it is an example of fully socialized medicine. Veterans can take advantage of the health care offered by the system. The veteran is likely to incur little or no cost for getting care at VA facilities, although this depends on eligibility and income (subject to change). The VA employs the providers. Physicians work for the VA as either federal employees or on fee basis or contract. The VA runs the facilities, including hospitals, clinics, and long-term care facilities.

The VA health care system is run by the government under the U.S. Department of Veterans Affairs and the Secretary of Veterans Affairs, a cabinet position appointed by the President and approved by Congress. The budget for the VA is part of the federal budget. Priorities for how it is spent and what services are provided by the VA are set nationally and subject to political influence. While scandals arise from how the VA provides care, it is a measure of how the VA is accountable to the public, while private health care organizations do not have to be transparent.

Future Reform and Socialized Medicine Rhetoric

The debate over health care reform continues after the implementation of the Affordable Care Act of 2010, and it is unlikely to ever end. As you study the options for healthcare reform, understanding exactly what socialized medicine is and knowing the differences between socialized medicine, a single-payer (only) system² and universal healthcare will help you understand things more clearly.



Socialized Medicine Pros and Cons

Source

<https://apecsec.org/socialized-medicine-pros-and-cons/#:~:text=Socialized%20medicine%20would%20improve%20economic%20productivity.%20People%20who,year%20than%20people%20who%20have%20comprehensive%20health%20insurance.>

There is a group of 34 nations that calls themselves the Organization for Economic Cooperation and Development. These nations are some of the most developed in the world. They each have many things in common, but for the United States and Mexico, there is something that is very different. These are the only 2 nations in that group of 34 that does not offer health care as an entitlement.

The free market system is especially important in the United States, but before the issuance of the Patient Protection and Affordable Care Act, known popularly as Obamacare, over 15% of Americans didn't have any health insurance at all. Those who support socialized medicine say that everyone should be able to live the longest, most fulfilling life that is possible. Opponents say that health care is a personal responsibility and not a government responsibility.

In looking at the subject of socialized medicine, there are other pros and cons that must be considered as well if the US and Mexico are to join the world standard in providing universal health care coverage.

What Are the Pros of Socialized Medicine?

It lowers health care costs because prices aren't driven by supply and demand.

For the United States, socialized medicine could save the economy nearly \$2 billion in economic spending over the first 10 years it is implemented. That's money that would normally have gone to hospital and doctor bills, but could be spent on something else.

It reduces the risks of premature death in the population.

It is believed that a lack of health insurance translates into a 40% higher risk of a premature death, according to research that was conducted by Harvard. Those that are in the higher age demographics see the highest spikes in premature death that are directly related to a lack of comprehensive health care.

It is the world standard.

In 1948, the United States signed a UN declaration that declared everyone should have a standard of living that is adequate for their health needs, including health care. In 2005, the US signed a WHO resolution that declared access to health care should not cause a financial hardship. Truman, a Democrat, was President for the first signing. George W. Bush, a Republican, was present for the second signing.

It could save family finances.

Consumer Reports showed that the top financial problem for the average American family is to pay for their health care. In the last 10 years, just the cost of health insurance premiums has risen by 80%. 3 out of 5 Americans delay getting the checkups or care options they feel they need because they don't have the money to pay for care. If publicly financed health care was available, even when considering the increased tax burden it would cause, 95% of Americans would save money.



Socialized medicine would improve economic productivity.

People who have less access to health care are people that are sick more often, miss work more often, and die earlier. People without health insurance miss an average of 5 days of work more per year than people who have comprehensive health insurance. The end result is that billions of dollars are lost every year because people are sick at home, making this one of the largest preventable costs available today.

It could create higher levels of health accountability.

People don't like being told by their doctor that they are in poor health. The simple fact that the general population could use socialized medicine for regular checkups could create higher levels of health accountability, which may have a direct impact on the overall obesity rates that the US in particular is experiencing.

It would create the foundation of a society that could actually say it was “just.”

Being fair doesn't necessarily mean that everyone gets the same things, but it does mean that everyone gets the same starting point. In a free market system, health care is still rationed, as proponents fear socialized medicine would be, but it is rationed to those who can afford it. Two people, one wealthy and the other in poverty, go to the doctor. The wealthy person can go on their own time and have confidence that tests will be ordered. The person in poverty must go to the emergency room, prove their economic status, and hope that the right tests will be ordered to catch a health problem.

What Are the Cons of Socialized Medicine?

It would create a massive doctor shortage.

The United States is already tens of thousands of doctors short of meeting the basic minimums that are required for proper care. Obamacare has exposed this shortage as some communities have wait times for basic checkups that are 6 months or more. In the UK, where socialized medicine is in place, there are fewer than 3 doctors for every 1,000 people. That creates environments where doctors are overworked and that means an important diagnosis could be missed.

It could lead to the rationing of health care services.

In many nations that have socialized medicine already, health care budgets are rationed through the use of controlled distribution. If drugs can provide a good quality of life for a dictated price, then they'll be approved for distribution. If they are unable to provide a reasonable cost, then they will be denied even though they could potentially save a life. The end result is that people would still need to seek out private health care services.

It will raise taxes.

In European countries where socialized medicine is the standard of care, payroll taxes hover around the 40% mark. In the United States, the average amount of payroll taxes that are taken out of a paycheck is about 15%. In effect, instituting socialized medicine in the United States for everyone would cause everyone's taxes to double.

It would make it more difficult to see specialists.

In the United States right now, the average wait time for a patient who needs to see a specialist for some reason is right around 18 days. In Canada, the average wait time is around 60 days. It is not uncommon



for people to need to wait at least two months for care in most countries that have some form of a universal health care program in place.

Government deficits will get worse over the next 20 years.

As the Baby Boomers all reach retirement age in the 65+ age demographic over the next two decades, their health care needs are going to increase. Because they are one of the largest population demographics in the US with over 70 million people, this means costs are going to go up as well. This will have a detrimental effect on government budgets for more than a generation.

It would likely lower the earnings of doctors.

Doctors in the US are not supportive of universal health care because it would change their standard of living. When US specialists are compared to UK specialists, the UK doctors earn half of what the US doctors make. Even current government insurance shows that payments to doctors from Medicare are about 20% lower than private insurance payments. The result could be fewer students entering the field of medicine, which would result in even greater doctor shortages.

Health care would be overused for quite some time.

When people do not perceive that they are responsible for the costs of their actions, then they are more likely to use and potentially abuse the systems that are in place. For health care, this would mean more visits to the doctor that would typically be considered unnecessary.

Socialized medicine is seen as a step away from democracy.

A majority of Americans favor keeping the health care system as it is today, partially because they see socialism in socialized medicine. Many believe socializing medicine would create a slippery slope where other government services would then be created to interfere with the natural order of a person's life.

Is Socialized Medicine the Solution the US Needs?

The advantages of socialized medicine must be weighed against the disadvantages of it to determine if it is the right course of action to take. On one hand, democracy and freedom of choice are valued components of the American society that many don't want to give up. On the other hand, a hospital charging a couple \$200,000 because of a due date that was inaccurately predicted seems unreasonable. Socialized medicine would protect a couple from that charge. Free market medicine would demand payment.

Federal law requires emergency treatment whether a person can pay for it or not. That is not in question. The quality of that care is what is at stake. Would a person with no money for health services have better care at the mandated emergency room or through the practice of socialized medicine? For all but 2 countries, the answer has been the latter instead of the former.

By weighing these pros and cons, you can choose which site of the debate that you feel is appropriate as well.



Canadian Health Care

Population: 37,742,154 people

Landmass: 3.855 million mi

Source

<https://www.businessinsider.com/american-misconceptions-about-canadian-healthcare-2019-11>

What I learned as a Canadian reporting on healthcare in America — and what Americans can learn from Canada



Clarrie Feinstein, Business Insider's healthcare fellow, Nov 22, 2019, 6:44 AM



Democratic presidential candidate, U.S. Sen. Bernie Sanders (D-VT) talks about the cost of insulin in the USA versus Canada as he joins a group of people with diabetes on a trip to Canada for affordable Insulin on July 28, 2019 in Windsor, Canada Scott Eisen/Getty Images



I began reporting on healthcare at Business Insider six months go.

As a Canadian reporting on US healthcare, I've gained insight into the complicated and often misunderstood debate in the US over single-payer healthcare, and I think I have some of my own insights to offer.

Since my arrival to the US, I have encountered certain misconceptions about the Canadian healthcare system that I would like to dispel.

There is private insurance in Canada and Canadian healthcare isn't free, but, everyone is covered no matter their income.

Growing up in Canada I never thought much about the healthcare system. When I moved to the US for graduate school, I knew it was strange to not have universal healthcare, but I had a comprehensive health insurance plan from school, so healthcare wasn't an ever-present issue on my mind.

That changed six months ago, when I started writing about healthcare as a fellow for Business Insider and needed to choose a plan for the first time.

It's true that in Canada, every person has healthcare coverage. But not all costs are covered by the government — private or employer-based insurance pays for dental visits, eye care and prescription drugs.

Yes, Canada has private insurance.

As [Medicare for All takes center stage](#) in the 2020 Democratic presidential debates, Canada is often used as an example for what the US could be with a single-payer system. Prescription medications at a fraction of the price. No surprise billings. An ambulance ride that won't cost you thousands of dollars. Access to providers at all times. It sounds utopian.

But even Canada's healthcare system is not as socialized as some other systems. In the UK, the government finances healthcare and has the National Health Service (NHS) providing health services that are essentially free to citizens. The British system is even more socialized than Canada's.

Since my arrival to the US, I have encountered certain misconceptions about the Canadian healthcare system that I would like to dispel.

Canadian Healthcare Isn't Free

In general, Canadians pay higher taxes for the country's social safety net, which includes healthcare. In the US, a significant misconception is that people think Canadian healthcare is free.

But it's paid largely by Canadian tax dollars. While there isn't a designated "healthcare tax," the latest data from the [Canadian Institute for Health Information \(CIHI\)](#) in 2017 found that on average a Canadian spends \$6,604 in taxes for healthcare coverage. It's important to note that number changes depending on income. People with higher incomes pay higher taxes, which ends up covering families who earn less.



This is considered to be on the higher end for what other advanced economies pay, like the UK or Australia. Americans, though, [spend more than \\$10,000 per person](#) on healthcare in total, on average.

Even though Canadians pay higher taxes, it ensures that [the majority of health services](#) are covered. This includes hospital stays, surgical and maternity services (childbirth, prenatal, postnatal and newborn care), and prescription drugs while in the hospital.

There are also no bills attached to seeing a physician or healthcare provider for primary care or clinic visits. And because health insurance is public, there are also no deductibles — the amount a person pays before insurance kicks in.

Canadians have private insurance options

In Canada certain medical expenses are not covered, like dental care, vision care, prescription medication, podiatry and chiropractics.

Often, employers offer supplemental private health insurance to their employees to cover some of the expenses that are not covered under the public healthcare plan.

An area of contention in Canadian healthcare is [prescription drug costs](#) — surprising considering the constant coverage in the US, which often favorably compares Canadian drug costs to American.

Earlier this year, 2020 Democratic presidential candidate [Bernie Sanders went to Canada](#) to show the inflated cost of insulin for diabetes patients, who can pay up to [\\$300 for a vial](#) of insulin in the US, compared to \$30 in Canada.

Soaring drug prices in the US have become a major point to address in the national healthcare debate. In the US, pharmaceutical companies face little regulation over their prices, compared to Canada, contributing to high drug costs.

Canada's Biggest Healthcare Debate: Pharmacare

Prescription drugs are cheaper in Canada because the government plays a big role in setting their prices.

But a similar battle over drug costs is taking place in Canada. A major issue in the 2019 Canadian federal election was pharmacare, a system which allows the government to help pay for Canadians' prescription drugs.

Pharmacare is still an undefined concept. It could mean that people who do not have private insurance options through work for prescription drug costs would then have costs covered by the government. Or the government could heavily subsidize the cost for all Canadians, [Global News reported](#).

Recently, the Canadian government announced regulation to reduce patented drug prices which reportedly would save Canadians C\$13.2 billion (US\$10 billion) over a decade. The move was done with significant opposition from pharmaceutical companies, but is an example of regulating drug costs of drugmakers in Canada, [the Guardian reported](#).



Universal Healthcare is Deeply Engrained in Canada's Ethos

The idea of universal healthcare—that every citizen has access to healthcare—is a Canadian ethos that is deeply ingrained in the sociopolitical landscape of the country.

The private healthcare sector in the US allows for more medical innovation, but the high costs and uneven access to care contribute to the country's socioeconomic divides.

While there are some misconceptions in the US on what Canadian healthcare is and what it covers, there is the basic idea that if one is unemployed or does not make a certain income they will have healthcare coverage. That notion is now at the forefront in America with the Medicare for All debate.

How Socialized Medicine Hurts Canadians and Leaves Them Worse Off Financially

Source

<https://www.heritage.org/health-care-reform/report/how-socialized-medicine-hurts-canadians-and-leaves-them-worse-financially>

SUMMARY

Canadians pay out-of-pocket health costs close to what Americans pay, yet Canada's tax burden is 36 percent to 51 percent higher than America's. These extra taxes are largely driven by government health care costs. Despite this tax burden, government rationing via "global budgets" leaves Canadians to face long waiting lists, shortages of equipment, outdated drugs, and endemic staff shortages. Meanwhile, Canada's public system covers only marginally more than what the public system in the U.S. covers: One-third of health care spending in Canada is private; in the U.S., it is half. Because Democrats' proposed benefits are far more extensive than Canada's single-payer system, they would likely therefore be far more expensive, and even more distortionary to quality of care.

KEY TAKEAWAYS

Every American should have access to low-cost, high-quality health care. The Canadian experience demonstrates that government-run health care is not the answer.

Canadians pay up to 51 percent more in taxes, yet out-of-pocket health costs are close to Americans', even though Canada covers only marginally more than the U.S.

Government rationing has left Canadians with months-long waiting lists for urgent care, endemic staff shortages, substandard equipment, and outdated drugs.



The French Health Care System

Landmass of France: 248,573 mi

Population of France: 65,273,511 people

Source

http://www.pnhp.org/news/2008/april/the_french_health_ca.php#:~:text=France%20does%20not%20have%20socialized,because%20it%20is%20not%20necessary.

by Jean-Francois Briere

The French health care system was rated the best in the world by the World Health Organization in 2001. The American health care system ranked 37th. In 2004, France spent 10.5% of its gross domestic product on health while the U.S. spent 15.4%. Again, in 2004, the last year for which figures are available, the per capita total expenditure on health in U.S. dollars was \$3,464 in France but \$6,096 in the U.S. Analyzing the French system might provide some ideas for a solution to the current health care crisis in America. We need to start with an understanding of how the French system works.

France does not have socialized medicine. Socialized medicine is a system where all physicians and medical personnel are employed by the government and medical care is free. In such a system, health insurance does not exist because it is not necessary. Communist countries have socialized medicine and in the United States such a system exists on a limited scale for the military and for veterans.

The main difference between the French and the American health care systems is not in the way medical care is delivered. Both systems are actually fairly similar in this regard. Most physicians in France are independent providers who have a private practice like here. You can find both public and for-profit private clinics/hospitals in France like here. Pharmacies in France are private businesses like here.

The main difference lies in the way the financing of the system is structured. France has a non-profit national health insurance system (administered by the Social Security administration) with mandatory coverage for anyone who resides for more than 3 months in the country. Health care insurance is not directly managed by the government but by an autonomous authority made up of representatives of employers, unions and the government. It is in many ways analogous to how Medicare is funded and managed in the United States.

The system is financed mainly by mandatory contributions by employers and employees, or on taxable income for non-salaried persons. Contributions are a percentage of income, not a flat amount. This makes universal coverage feasible because nobody is in a position where they cannot afford health insurance. Currently, employers pay 12.8 % of salary to cover their employees. Employees pay a Social Security tax of 7.5% of salary, but this tax (called CSG) covers not only health care insurance but also includes other benefits like disability insurance.



Households earning less than \$9,600 per year do not pay any contribution. College students pay a flat amount (about \$200 per year.) If you go to France, you cannot obtain a residence permit without first showing that you have registered for national health insurance.

The Social Security administration negotiates all medical fees with national unions and organizations of medical providers. The vast majority of physicians agree to follow the Social Security fee scale: they are called “medecins conventionnes” (physicians under contract). If these physicians under contract charge in excess of the established fee schedule, they must return the excess income to Social Security. A small number of physicians do not accept the Social Security fee scale and set their own fees. They see a small clientele of (wealthy) patients.

Health care fees for similar services offered by similar categories of physicians in the same area of France are the same. Competition does exist among physicians and among hospitals, but it is about the quality of medical care, not its price.

Unlike people stuck in a mandated provider network in the U.S., French patients can see any physician in the country. In this way, France is like a gigantic preferred provider network under contract with a single insurer.

Physicians’ incomes in France are comfortable, but not as high as they are in certain specialties, or in certain geographical areas, in the US.

Medical schools in France are public institutions and are almost tuition-free. As a result, physicians do not have to pay back huge student loans.

The French health care system does not usually cover 100% of medical fees, but rather a specific percentage depending on the kind of service, or the kind of medication. Commonly prescribed, cheap medications may be reimbursed at 50% of cost. Expensive life-saving ones, for cancer for instance, would be reimbursed at 100%. In 2008, the cost of a visit to a physician is 23 euros (about \$34.50 given current exchange rates). It is covered at 70% (\$24.15). Patients have to pay 30% (\$10.35) from their own pocket.

Most people have private insurance coverage for these non-covered balances, usually through unions or non-profit insurance companies where the insurance premiums are highly regulated. Since 2006, patients have been required to see a primary care physician before going to see a specialist, and there is a mandatory co-pay of 1 euro (\$1.50) per visit which by law cannot be covered by Social Security or by private insurance.

However, the total co-pay amount per year is capped at 50 euros per person (\$75). It works much the same way if one is hospitalized: health care charges are covered at 100%, but patients must pay a 16 euro (\$24) “hospitality” charge per day, which is usually covered by private insurance.

In theory, you are supposed to pay physicians’ charges or medication costs out of pocket and seek reimbursement later.

In practice, however, everyone has personal Social Security cards (called “cartes vitales”) containing an electronic chip with personal information which can link directly to the central Social Security computers and automatically credit the reimbursement to the physician’s or the pharmacy’s account.



Many French physicians' offices have only one secretary and sometimes none, because the administrative requirements are so minimal and can be so easily and efficiently handled.

Prescription drug prices are controlled by the Social Security administration. The same medication often costs 30% to 50% less in France than in the U.S. French law bans all health care advertising to the general public. Drug companies may promote new products only to physicians, not patients.

Surveys show that the French are generally satisfied with their health care system. It combines universal access to care with a high degree of freedom for patients. While it is not perfect, it provides a model worth emulating.

Jean-Francois Briere is a member of the Steering Committee of the Capital District Alliance for Universal Healthcare and Assistant Professor of French Studies at the University at Albany/SUNY. CDAUH thanks him for taking the time to write this article especially for this newsletter.



England's Health Care

Landmass of England 50,346 mi

Population: 67,886,011 people

Source

<https://www.commonwealthfund.org/international-health-policy-center/countries/england>

Roosa Tikkanen, Robin Osborn, Elias Mossialos, Ana Djordjevic, George A. Wharton

June 5, 2020

Primary and Secondary Health Insurance

TYPE OF SYSTEM

NHS England: national health care system.

FINANCING

Mostly general tax revenue; 20% from national insurance, a payroll tax shared between employers and employees.

SECONDARY HEALTH INSURANCE

11% buy supplementary coverage for more rapid access to care, choice of specialists, and better amenities, especially for elective hospital procedures.

Patient Cost-Sharing

PHYSICIAN VISITS

None

HOSPITAL INPATIENT CARE

None

PRESCRIPTION DRUGS

GBP 8.80 (USD 12.5) per prescription.

CAPS ON COST-SHARING

No general cap. Those needing large number of prescription drugs can buy prepaid certificates for unlimited use costing GBP 29.10 (USD 41.4) per quarter or GBP 104 (USD 148) per year.



SAFETY NETS

Drug cost-sharing exemptions: low-income people, elderly, children, pregnant women, new mothers, and some with disability or chronic illness.

No dental care copays: children/youth, students, pregnant women, recent mothers, prisoners, people with low income.

No copays for vision tests: children/youth, older adults, people with low income.

Providers

PRIMARY CARE

Mainly private, paid through mix of capitation, FFS, PFP; (~22%) are salaried stand-in GPs employed at private group practices. Gatekeeping role. Patient registration required.

HOSPITALS

Mainly public. Paid mostly through case-based payments, with some local bundled-payment pilots.

Medical Schools

OWNERSHIP

Virtually all public.

TUITION FEES

Public: Up to £9,250 per year for UK nationals; usually between £25,000 and £40,000 per year for international students

Primary Care Physicians' Use of Electronic Medical Records, 2019

By Ruth Thorlby, Assistant Director, Policy, The Health Foundation

All English residents are automatically entitled to free public health care through the National Health Service, including hospital, physician, and mental health care. The National Health Service budget is funded primarily through general taxation. A government agency, NHS England, oversees and allocates funds to 191 Clinical Commissioning Groups, which govern and pay for care delivery at the local level. Approximately 10.5 percent of the United Kingdom's population carries voluntary supplemental insurance to gain more rapid access to elective care.¹

How Does Universal Health Coverage Work in England?

Health coverage in England has been universal since the creation of the National Health Service (NHS) in 1948. The NHS was set up under the National Health Service Act of 1946, based on the recommendations of a report to Parliament by Sir William Beveridge in 1942. The Beveridge Report outlined free health care as one aspect of wider welfare reform designed to eliminate unemployment, poverty, and illness, and



to improve education. Under the 1946 Act, the Minister of Health had a duty to provide a comprehensive, free health service, replacing voluntary insurance and out-of-pocket payments.²

Currently, all those “ordinarily resident” in England are automatically entitled to NHS care, still largely free at the point of use, as are nonresidents with a European Health Insurance Card. *For other people, such as non-European visitors or undocumented immigrants, only treatment in an emergency department and for certain infectious diseases is free.*³ Rights for those eligible for NHS care are summarized in the NHS Constitution; they include the right to access care without discrimination and within certain time limits for certain categories, such as emergency and planned hospital care.⁴

Role of Government: Responsibility for health legislation and general policy in England rests with Parliament, the Secretary of State for Health, and the Department of Health. Day-to-day responsibility for the NHS lies with NHS England, an arm’s-length, government-funded body run separately from the Department of Health.⁵ Its responsibilities include:

The government owns the hospitals and providers of NHS care, including ambulance services, mental health services, district nursing, and other community services. These providers are called NHS trusts.

Other important public agencies involved in health care governance include:

- **Role of public health insurance:**

In 2016, the U.K. spent 9.8 percent of GDP on health care; public expenditures, mainly related to the NHS, accounted for 79.4 percent of this amount.⁷ The majority of NHS funding comes from general taxes, and a smaller proportion (20%) comes from national insurance, which is a payroll tax paid by employees and employers. The NHS also receives income from copayments and people using NHS services as private patients.

- **Role of private health insurance:**

In 2015, an estimated 10.5 percent of the U.K. population had private voluntary health insurance, with nearly 4 million policies held at the beginning of 2015.⁸ In 2016, voluntary private health insurance accounted for 3.3 percent of total health expenditures.⁹

Some private insurance is offered by employers, but individuals can also purchase policies. Private insurance offers more rapid access to care, choice of specialists, and better amenities, especially for elective hospital procedures; however, most policies exclude mental health, maternity services, emergency care, and general practice.¹⁰ According to a 2014 investigation, four insurers account for 87.5 percent of the private insurance market, with small companies making up the rest.¹¹



China's Healthcare

Population: 1,439,323,776

Landmass: 3746887 sq mi

Source

<https://www.internations.org/go/moving-to-china/healthcare#:~:text=China%20does%20have%20free%20public,most%20cases%2C%20expats%20as%20well.>

How Does the Healthcare System Work in China?

China does have free public healthcare which is under the country's social insurance plan. The healthcare system provides basic coverage for the majority of the native population and, in most cases, expats as well. However, it will depend on the region you reside in. As some areas don't require their foreign residents to support the local healthcare system by paying the appropriate taxes, those residents will not be covered by public healthcare.

What is Health Insurance like in China?

Medical insurance can be broken down into three subcategories: basic cover for urban enterprise employees, basic cover for other urban residents, and rural cooperative medical insurance for the farming population.

In China, urban employee basic medical insurance is obligatory insurance and the healthcare costs are paid by the employer and employee. Although the contributions to it vary from one municipality to another, they are usually 6% of the salary cost for the employer and 2% of the salary for the employee. The self-employed can also benefit from this insurance but must make all contributions.

For non-enterprise residents, health insurance is paid for by themselves and the state. For the unemployed or those on social assistance, insurance is subsidized by the state.

Is Healthcare Free in China?

No matter where you live and how much you are covered, the way healthcare in China works will require you to pay for the services upfront and out of your own pocket. Depending on the insurance scheme and treatment, you may be reimbursed for some of the costs or none at all.

As for what does the public healthcare covers, it is worth noting that there are some gaps in the public health system. For example, it doesn't usually cover the cost of emergency transportation, nor grant you access to private facilities. Also, even if you have access to public health insurance, your non-working family members may not be covered.



You should weigh the pros and cons of the health system and look into private insurance options to see what is more suitable for you and your family's needs.

If you're moving overseas

What is the advice for anyone considering a move to another country to live and work? Consider doing some detailed research on the health care system.

You will need to find out:

- Where are the best hospitals?
- What access do foreign nationals have to universal health care?
- What standard of facilities and personnel are available?

And what about insurance? In most cases, this will be compulsory but, in order to ensure your health and safety, what level of cover will you need? Consider whether you might need:

- Access to a General Practitioner
- Inpatient and outpatient care
- Specialist treatment for on-going care and emergency health care provision
- Evacuation or repatriation if the treatment you need isn't available locally

My Summary

Personally, I think France has a good start on what we could set as a goal here in the US. Beside that, I also believe the biggest issue in the United States is the cost of medications and lifesaving treatments. For example, none of the countries I researched for this post, pays as much as the US does in prescription costs. That's because all other countries have strong government regulations on such things. Hm, that might be another good starting place.

I hope this gathering of information helps you all to get a better understanding of the phrases politicians and newscasters throw around so loosely such as "socialized medicine," "free Medicare for all" or "free medical care for all." I feel that these people are doing no one any favors by muddying the waters with such inaccurate use of these terms and phrases as well as painting a hugely inaccurate picture of how these things really work: none of it is truly free unless you are living in poverty.

If you find information out there that I should be aware of, please, share it with me.

Sincerely,

Jan

