

America the Only Developed Country Without Universal Healthcare

By Stephen Lendman

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& Social Inequality

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Nations providing universal coverage offer one of three forms for their people:

- 1. government provided single-payer;
- 2. two-tier providing basic care, along with secondary coverage offering more services based on the ability to pay; and
- 3. mandate insurance from an employer or individually purchased, supplementing national coverage.

Countries offering universal coverage by date established and type system are the following:

Norway, 1912, single payer

New Zealand, 1938, two tier

Japan, 1938, single payer

Germany, 1941, insurance mandate

Belgium, 1945, insurance mandate

Britain, 1948, single payer

Kuwait, 1950, single payer

Sweden, 1955, single payer

Bahrain, 1957, single payer

Brunei,1958, single payer

Cuba, 1959, single payer (constitutionally mandated)

Canada, 1966, single payer

The Netherlands, 1966, two-tier

Austria, 1967, insurance mandate

United Arab Emirates, 1971, single payer

Finland, 1972, single payer

Slovenia, 1972, single payer

Denmark, 1973, two-tier

Luxembourg, 1973, insurance mandate

France, 1974, two-tier

Australia, 1975, two tier

Ireland, 1977, two-tier

Italy, 1978, single payer

Portugal, 1979, single payer

Cyprus, 1980, single payer

Greece, 1983, insurance mandate

Spain, 1986, single payer

South Korea, 1988, insurance mandate

Iceland, 1990, single payer

Hong Kong, 1993, two-tier

Taiwan, single payer

Nicaragua, single payer

Singapore, 1993, two-tier

Switzerland, 1994, insurance mandate

Israel, 1995, two-tier

Venezuela, 1999, single payer (constitutionally mandated)

Other Latin American countries with some form of government provided healthcare include Argentina, Brazil, Chile, Colombia, Costa Rica, Guatemala, Jamaica, Mexico, and Peru.

Other countries with some type of universal coverage include Belarus, Bhutan, Bosnia and Herzegovina, Brunei, Bulgaria, China, Croatia, the Czech Republic, Egypt, Estonia, Georgia,

Ghana, Hungary, India, Iran, Kazakhstan, North Korea, Latvia, single payer in Libya under Gaddafi, Liechtenstein, Lithuania, Macau, Malaysia, Malta, Moldova, Monaco, Mongolia, Morocco, Pakistan, Panama, Poland, Qatar, Romania, Russia, San Marino, Saudi Arabia, Serbia, Seychelles, South Africa, Sri Lanka, Syria, Tajikistan, Thailand, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Ukraine and Uruguay.

The world's richest country, America, lacks universal healthcare, millions of its citizens without coverage, most others way underinsured.

Under Trumpcare if enacted in either House or Senate form, conditions for most Americans will go from bad to worse.

According to the Congressional Budget Office (CBO), an explosion of "junk insurance" will occur in states opting out of Obamacare protections – leaving millions with worthless coverage in cases of serious illnesses, diseases or injuries, especially when involving surgery and/or expensive drugs.

Low premium junk insurance will cover only certain health problems, supplemental plans needed for other expenses, while fixed-dollar indemnity plans will provide a designated amount per day toward medical expenses, not nearly enough when high-cost.

The CBO considers individuals with this type coverage uninsured "because they do not have financial protection from major medical risks."

Minimal coverage plans in America have been around a long time. They work OK for healthy people, not sick ones, especially with expensive illnesses.

The cost of medical care in America is double the annual per capita amount in other developed countries, why it's the leading cause of personal bankruptcies.

If healthy individuals buy cheap junk insurance, others with health issues needing comprehensive coverage will end up paying much more than now - because insurers know people buying more expensive plans believe they'll need them.



Commissioner Mike Kreidler (Source: <u>OIC</u> <u>Graffiti</u> / <u>Wikimedia</u> Commons)

Washington state insurance commissioner **Mike Kreidler** calls this arrangement "the worst scenario."

Premiums will rise for fuller-coverage plans. Insurers will exit markets because "the only people you're insuring are the" ones needing it to pay high medical expenses.

"Giving people more choices always looks popular," he explained. Below the surface, standards are lacking, so "you wind up (with) a race to the bottom."

Sick individuals end up needing high-cost plans they can't afford. Healthy ones either buy junk insurance without catastrophic coverage or none at all.

The solution not taken is obvious – government-provided universal coverage, everyone in, no one left out, the world's richest nation failing to uphold a fundamental human right.

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