

Healthcare system in united states article review samples

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In the near future, the healthcare problems in the U. S will worsen while new challenges arise. Even though various forms of new technology are on the verge of increasing efficiency, the overall costs for new treatments add outweigh the savings (Niles. 2011). The physicians will get better in treating problems while at the same time lengthening patients' lives. This increases the levels of people in need of care. Similar to the automobile insurance policies, the healthcare coverage will be necessary (Matcha, 2003). Members of a family will use different plans through changing plans yearly. The uninsured citizens in the past will receive higher levels of income-related payments to cover the enrollment costs for basic plans.

The Plan on Health Benefits for Federal Employees will have regional agencies using quality and cost data in producing catalogs for approved plans. The private physicians belonging to multiple plans will deliver care while the private health plans compete on grounds of quality and cost (Jonas, 2003). The employers having more than 10 workers will have to provide coverage or else, pay regional agency for every employee. The employers will then be entirely out of the healthcare business. This allows them concentrates on the core business while their regional agencies pay the premiums.

With respect to the 2010 health plan, more patients will gain guaranteed coverage improved, choice, and access to healthcare. Those having potential heart disease are particularly standing to benefit from elements of universal coverage. This is because they will embrace access to various forms of preventive care. The businesses will concentrate on core business and not benefits (Garson, 2000). For those with contribution towards coverage of

employees for the first time will benefit from the healthier employees. The insurers benefit through the reception of payments because of the severity of conditions among the patients.

References

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