

# Health policy issues and analysis

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National Healthcare (single payer) is better than the ObamaCare. The ObamaCare scheme requires every person in the United States of America to purchase partly subsidized insurance policies from private insurance companies,

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Nadeau, Richard, Langer, (2014). The partial subsidy will be directly remitted to private insurers. Insurance experts have warned that the system is likely to open channels of corruption. Anytime money moves from the government exchequer to private hands, corruption cartels establish methods of diverting a fraction of that money to their pockets. On the other hand, the single-payer health care scheme establishes a health insurance organization which is managed by a public agency. The public agency in charge of the single-payer system handles all financing and administration matters, but leaves the medical services provision to the private sector. The arrangement ensures that all citizens of the U. S. would be covered for all clinically necessary services such as hospital, doctor, preventive, mental health, long-term care, dental, reproductive health care and prescription drug costs. This article seeks to declare that the ObamaCare scheme is inferior to the single-payer system.

National Healthcare vs. ObamaCare

Single-payer (National health care) systems are administratively less complicated. They normally spend merely a portion of what pluralistic health indemnity systems expend on administrative costs, leaving more of national health care spending for health care proper. One explanation why these systems splurge less on paperwork is that they are the superlative stage for <https://assignbuster.com/health-policy-issues-and-analysis/>

a logical electronic information and communication infrastructure, with a universally joint organization. In the single-payer scheme, spending on health care and utilization trends can be traced electronically. In this case, electronically transmitted health care information sidelines intermediaries that increase the cost of claims by individuals. Unlike the ObamaCare system, the total cost of health care in single-payer scheme is comparatively low since a save in the administration cost will trickle down to the premium payable by the Americans.

The single-payer program will be funded through dollars redeemed from replacing the current inefficient and profit oriented multiple insurance players with a solitary streamlined nonprofit public scheme. In the scheme, individuals will make contributions regarding their ability to pay. In addition, the single payer scheme eliminates all forms of premiums leading to households saving their income. Unlike the ObamaCare system where individuals are not at liberty to pick their choice hospitals or doctors, single payer system gives patient free choice of hospitals and doctors.

Single-payer schemes are ideal for implementing an unrestricted social ethic, if that is what the community desires. The systems can be relevant the same infrastructures of health care delivery to all of its humanity, despite the patients social and economic status, including rationing styles and the payments for given treatments. Unlike the ObamaCare program that the government intends to run on behalf of the poor, the single-payer scheme will allow all citizens to access Medicare services at significantly lower fee than the commercially insured. In addition, the single hand system will eliminate habit developed by American physicians of refusing to give medical attention to poor patients. In the ObamaCare system, the quality of

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medical services that citizens will receive will depend on the value of insurance policy and therefore the system in non- universal medical cover. It is both discriminative and class oriented, Blackman, Josh (2008).

#### Bibliography

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