

Other universal health care systems around the world

1. In a single-payer national health insurance system, such as in Canada, Denmark, Norway, and Sweden, health insurance is publicly administered and most physicians are in private practice. Regional governments, such as the 12 Provinces in Canada, administer the health insurance program for everyone in that region. In single payer insurance systems, government is involved in the financing of health care.
2. Great Britain and Spain are among the Organization for Economic Cooperation and Development (OECD) countries with national health services, in which salaried physicians predominate and hospitals are publicly owned and operated. A national health service is also sometimes called "socialized medicine" because the government is responsible for managing the financing and delivery of health care. Cuba (not in the OECD) has "socialized medicine" and not only receives very high ratings for providing care on a limited budget (much higher than Jamaica, Haiti, Central America, etc.) but also sends physicians to work in Honduras, El Salvador, and other countries that face physician shortages.
3. A third model of universal health care is a highly regulated, universal, multi-payer health insurance system. This model is in place in countries like Germany, France, and Japan, which have universal health insurance via non-profit "sickness funds" (Germany) or "mutuales" (France). The sickness funds pay physicians and hospitals uniform rates that are negotiated annually (also known as an all-payer system).

Note - Although often suggested as a "more politically feasible" model for the U.S., the non-profit, charitable sickness funds/mutuales are completely different from our for-profit, investor-owned insurance companies. There is no resemblance between an Aetna or Humana and a sickness fund or mutuale. Mutuales do not perform risk rating (i.e. setting rates based on the age, sex, or health status of the person or group) and "cherry-picking," (i.e. excluding people who have pre-existing conditions or are aged,) they do not seek to make profits for investors, they are not traded on the stock market, they do not individually contract with doctors and hospitals, and they share funds at the end of the year if one of the funds has lost money. Recent reforms in Germany to make the sickness funds "compete" has mostly resulted in a wave of mergers and higher administrative costs (Germany's system has the highest administrative costs in all of Europe).

International evidence is so strongly in favor of the first model, single payer national health insurance, that the most recent four countries to adopt new programs have adopted single payer. These are Germany and Japan's new **long-term care programs** (adopted in the 1990's), and **acute care programs** in Taiwan (1996) and Thailand.