In his comprehensive volume, Charles Andrain compares health policies in Canada, the United States, Germany, the Netherlands, Japan, France, Sweden, and Britain. Part I of the book describes the health care systems of these nations by using three analytical models: the liberal entrepreneurial, the organic corporatist, and the social democratic. The liberal entrepreneurial model "stresses 'liberal' promarket values. Government functions to preserve and expand the health care market... entrepreneurialism upholds voluntarism, free choice, equal opportunity, and equality before the law. Of all three models, the entrepreneurial one gives the highest priority to competitive individualism" (p. 14). The health policies of the United States and, to a lesser extent Canada, can be described as entrepreneurial. The second model, the organic corporatist model "highlights classical 'conservative' principles. Government should maintain social order, harmony, and sacred values linked to the family and religious institutions... elites have the duty to care for their subordinates' health needs ... group obligations take precedence over the rights of individuals" (p. 15). Germany, the Netherlands, Japan, and France best fit the organic corporatist model. The social democratic model is used to describe Sweden and Britain. "Democratic socialists hold that government should enhance socioeconomic equality... public policies ought to increase the freedom and equality of women, low-income people, the marginalized, and those of low status" (p. 16). While each of the models has shortcomings in describing these countries' health policies, they nonetheless provide a framework for comparing these different nations.
When the insurance coverage ended, Markle struggled to pay for coverage through Cobra (a health insurance program for employees who lose their job or have a reduction in work hours), additional expenses, copays (an out-of-pocket, upfront fee for a medical service), and medical debt not covered by insurance. Markle decided to stop receiving medical treatment due to the rising costs and debt, and died in September 2018 at the age of 52. “My mom was constantly doing the math of treatment costs while she was on the decline,” Valderrama said. “I really miss my mom. She shouldn’t have had to make the decision to stop her treatment based on financial costs.” Families ‘should not have to make these choices’. Are you sure you want to remove PARTING AT THE CROSSROADS: THE DEVELOPMENT OF HEALTH INSURANCE IN CANADA AND THE UNITED STATES, 1940-1965 from your list? Parting at the crossroads: the development of health insurance in canada and the united states, 1940-1965. by A. MAIONI. There's no description for this book yet. The Medicare for All plan would leave intact the current infrastructure of doctors, hospitals and health providers, but nationalize the health insurance industry. Here are the most important elements. S. 1129 To establish a Medicare-for-all national health insurance program. IN THE SENATE OF THE UNITED STATES APRIL 10, 2019 Mr. SANDERS (for himself, Ms. BALDWIN, Mr. BLUMENTHAL, Mr. BOOKER, Mrs. GILLIBRAND, Ms. HARRIS, Mr. LEAHY, Mr. MARKEY, Mr. MERKLEY, Mr. SCHATZ, Mr. UDALL, Ms. WARREN, Mr. WHITEHOUSE, Ms. HIRONO, and Mr. HEINRICH) introduced the following bill; which was read twice and referred to the Committee on Finance.