

The problem of the Medical Insurance of America

Section 4

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Introduction

Do you know how much health care costs per family today? It costs about nineteen dollars per family. What do you think about the figure? It seems to be not so expensive, but nine years ago, it cost only nine dollars.

It is surprising fact. The cost of health care is increasing and it is more than double in nine years (Maxwell Strachan, 2011). To know more about medical insurance, we need to understand how the medical insurance works today and how people think about it.

On March 2010, Barack Obama, the president of the U.S.A signed the health insurance reform plan. Through this plan, American insurance systems will change a lot in the future. When this reform plan is enacted completely, American insurance may be closer to the public insurance like that of Japan or other countries. It is true that the new medical insurance is a notable development, but they aren't exerted efficiently because these laws are still on the way to complete enactment. Therefore, if we would like to know more about American medical insurance, it is important for us to understand the present situation of medical insurance, especially about private insurance. To find out more about medical insurances, we can understand the situation in America and how the American people think

about it.

Medical insurance in America has both public and private options. Public insurance is part of the welfare system, so people who are disabled or elderly can get benefits from this system. There are Medicaid and Medicare in it. "Medicaid provides health coverage for low-income children and adults, medical and long-term care coverage for people with disabilities, and assistance with health and long-term care expenses for low-income seniors. More than 58 million people rely on Medicaid services (Families U.S.A, Medicaid home)." On the other hand, "Medicare provides health coverage for American people aged 65 and older. Some additional groups also can utilize Medicare, including those on dialysis for permanent kidney failure, and people who are disabled and who are receiving Social Security benefits." (Families U.S.A, Medicare home) However, Most of the people have private insurance. We can sort out it two types. One is Fee for service, and the other is Managed care. The former provide many options to consult with specialists but it cost higher. The latter provide limited service and it costs lower. Private insurances are three main types of insurance, HMO (Health Maintenance Organization), PPO (Preferred Provider Organization), and

POS (point-of service plan). Each insurance fees are different. PPO is more expensive plan but people can get more benefits compared with other plans.

When I saw the movie, “SiCKO” in a class in high school, I was surprised to know that America has no medical insurance program for the whole nation. This movie was about medical insurance in America and it showed how difficult it is for American people utilize the medical institutions. Therefore I became interested in welfare systems in America, especially medical insurance from. That’s the reason why I chose this topic. This situation is very different from Japan, so I wonder how the people in America think of it and whether it is not necessary for everyone to have it or not.

I believe that I can discover how people think of the medical insurance and what they want it to do for them. Moreover, I’m sure that a gap between the situation of insurance in America and what American people really want is large. I also assume that people don’t always need to have such medical insurances because those who have insurance have to pay high fees even if they may not suffer from any sickness or injuries. To check my hypothesis, I conducted a survey about the medical insurance in America and asked

people about their real situation and their thoughts about it.

Through this investigation, I hope to be able to understand the American culture more.

Secondary Research

First of all, the current American public insurance systems are only for disabled people, older people or people with a very small income. Many of others have some private insurance on their own. So it is difficult to find the best insurance company for them. Focusing on California, we can find a bad situation. For example, according to healthinsurance.org/California(2011), this state struggles with a large percentage of uninsured, with 19.3 percent of the overall population lacking health insurance.” In other words, about one out of five people in California don't have health insurance. It also says that “in addition it has a high rate of infectious disease, with 20 cases recorded per 100,000 members of the overall population” (healthinsurance.org/California, 2009) Through these data, we can guess that the people who don't have any insurance are likely to suffer from illness even if they cannot pay for their medical fees. We can also say that private

insurance facilities are many and it's difficult to keep public insurance for everyone.

Does the exploitation of Medicare makes doctors difficulty getting program's pay and fewer patients were able to see doctors because of that situation? According to lead author Dr. Tara Bishop, an internist and assistant professor of public health at Weill Cornell Medical College in New York, some doctors are probably resisting the administrative bothers of private insurance(Scott Hensley, 2011). It is a big issue. Although Medicare is very reliable, it doesn't mean that it pay top dollar. The situation that Medicare continues to be the largest payer makes doctors accept those patients not easily.

Primary Research

My purpose of survey question is to know what kind of insurance the people have and whether the people find it necessary for them to have insurance. Moreover, I want to find the gap between the present situation and what they want seriously. In this survey, I collected the twenty five respondents who live in America. The survey was conducted mostly around

the Meyer library at the Stanford University and Stanford shopping center. Half of the people who are below twenty or twenties are Stanford students. According to my survey, among twenty five people, ten were male and fifteen were female. About fifty percent of the respondents are in their twenties. In question 3 “*Insurance fees cost a lot,*” twenty percent of the respondents chose “disagree.” In addition, about twenty percent of all disagree that it is necessary for everyone to have medical insurance. This surprised me because I expected that American medical insurance costs very high even compared with Japan, and people think it is too expensive. But not all the people think the same thing as me. For a few rich people, it might be cheap.

On the other hand, my survey showed that only twenty eight percent of all participants told that they weren’t satisfied with their insurance. In my prediction, I believed people might not content with their insurance and I find the gap between them and insurance companies. Although there were people who are not satisfied with present insurance, most of their reason is the fact insurance fees are expensive. They don’t mention about the contents of insurance. Considering the result of question 3 as I mentioned, I can guess some people think this because fees cost a lot, and they aren’t satisfied with

insurance. And other people think although fees cost a lot, they can be satisfied with insurance because they enjoy a good service with high cost. Therefore we can say that most of the people are satisfied with contents or service of insurance companies, but on the other hand, they find it expensive to continue to pay for insurance. Moreover, according to the question 7 “*What can be done to improve medical insurance in America?*”, eighty percent of the people hope that insurance fees become cheaper and some people think government should make a simple system which everyone can understand and everyone can get the equal service like what exists in other countries. Considering this answers of survey question, we can say that people hope to pay money cheaper for insurance and they want the government to solve this problem.

To conduct a survey was a little bit difficult for me because at Stanford Shopping Center, I had difficulty finding the people who lived in America and some questions are difficult to answer in a short time. In terms of the number of the respondents, I should have collected more numbers because if I conducted survey more, I could get different answers about complaining against the insurance. If I could do so, I could find a new

possibility that shows me more concrete gap between people's demand and the present situation of insurance.

Conclusion

In conclusion, there were various thoughts about medical insurance in America. Some people think it's necessary for everyone to have medical insurance but others don't think so. This result was similar to my prediction. Although I predicted that people aren't satisfied with the present contents or service of insurance, most of the people complain against only the fact insurance fees cost very much. This costly fees is due to the fact medical insurance most of the people have is private insurance. Insurance company's aim is to make benefits so they don't have to offer cheaper plans to the people who can't afford to pay so much but want to contract. On the other hand, according to my survey, medical insurance the people have are different from each other, so it means that each company have to compete with each other and have to offer better plans and fees for costumers. Therefore the people in America also can have the possibility that insurance fees cost down because of company's competition. But considering the present situation, it is difficult to hope that. That's why most people want the government to make a new

systems providing better service and offering cheaper fees for everyone who want to have insurance. The people who are above seventy answered that they have Medicare or Medicaid, and they also said they were satisfied with their insurance systems and they seems not to complain about it. The private insurance also should be like Medicare or Medicaid to reduce the discontents of the customers.

Through this project I found the gap between what people hope to and what the present situation is. And the more I found out the reason which might generate the gap or understand Medical Insurance, the more strongly I realized the complicated system of it and American culture. Moreover, I find it difficult to compensate this gap but at the same time, I want to learn more about American society including American insurance system.

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