

***American Health Care Insurance Systems and
Reforms from George Walker Bush
to Barack Husein Obama***

التأمين الصحي الأمريكي من الناحية النظامية والإصلاحية
من جورج ولكر بوش إلى براك حسين أوباما

✍ Dr. Khinèche Soumèya - خينش سومية

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English Teacher (Maitre de Conférence B)- Department of English- University
of Mostaganem Ibn Badis- Algeria
Mail: malikelmoulk@hotmail.com

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Abstract: The present article will discuss and debate the issue of health care insurance in the United States of America during the two decades: the 1990's and the onset of the 21st century. We will start with stating the main health care infrastructures, and the U.S. private health care insurance programs and plans. Then, we will be discussing the issue of the ones who benefited from the system and the ones who did not. Moreover, the national reforms and legislations that the United States' Presidents aimed at achieving will also be tackled along with the contribution of the federal Constitution's role in legislating proper laws making the nation responsible for its citizens. At last, the point of media coverage on health care insurance and reform will be reviewed as having largely impacted on the American public view that did not stop attempting to aim for a national health care insurance system and reform.

Key words: public health care insurance; public programs; private health care insurance; private programs, the beneficiaries, the non-beneficiaries; government health care reforms; Obamacare; the American Constitution; the impact of media coverage; national health care insurance; national systems- reforms.

الملخص: هذا المقال سيناقش مسألة التأمين الصحي في الولايات المتحدة الأمريكية خلال عقدين من الزمن (1990-2010)، سنبدأ بعرض أهم الهياكل الأساسية في القطاع الصحي مع إعلان أهم المخططات والإصلاحات التي تمت في إطار خصخصة الرعاية الصحية. ثم سنتطرق إلى موضوع المستفيدين من الأنظمة والذين لم يستفيدوا بها، كما سنتناول بالدراسة الإصلاحات الوطنية وتشريعات رؤساء الولايات المتحدة الأمريكية التي حاولوا تحقيقها كما سنعالج من خلال هذا المقال مساهمة الدستور الفدرالي ودوره في تشريع

القوانين المناسبة التي جعلت الدولة الأمريكية مسؤولة على شعب بأكمله، وفي الأخير سنتعرض إلى موضوع التغطية الإعلامية في إطار التأمين والإصلاحات في قطاع الصحة الذي أثر إلى حد كبير على الرأي العام الأمريكي، هذا الأخير الذي حاول مرارا تحقيق إصلاحات في القطاع الصحي على الصعيد الوطني لكن بدون جدوى.

الكلمات المفتاحية: تأمين الرعاية الصحية؛ البرامج العامة؛ تأمين الرعاية الصحية الخاصة؛ البرامج الخاصة؛ المستفيدين؛ غير المستفيدين؛ إصلاحات الرعاية الصحية، "أوباماكار"، الدستور الأمريكي؛ أثر التغطية الإعلامية؛ النظام والإصلاحات الوطنية؛ نظام التأمين الصحي الوطني.

Introduction: Medically speaking, medical treatments and financial provisions have ideologically been the ground of the American citizen and the federal state, only. The U.S. federal government was and is still in no way the centre of the American states' economic and social concerns. And the intrusion of the federal authorities in such cases has forever been a current violation of the citizens' unalienable Human Rights, which foremost one is life whereby we mean health. Actually, this study gave me the opportunity to explore and extend the issue of the U.S. health care insurance, systems, and reforms mainly from 1990 to 2010, and why almost forty million of their citizens were still uninsured? The majority of the western scholars pledged a central system of financing that could bring affordable prices, comprehensive system of coverage, and high quality of medical treatment delivery. This system was the only one that could remunerate a whole nation, not scattered health care insurance institutions. Additionally, quantitative, qualitative, as well as, well-structured comparative studies are essentially and critically required for such a topical paper. The foremost indicators of a socio-economic deficiency are statistics, which entailed a great deal of public suspicions and critics seeing that figures are here to prove that the number of uninsured was still on the increase from 1990 to 2010.

1- Public Health Care Insurance System and Programs from 1990 to 2010: Admittedly, this nation is well-known for its dual socio-political stream that divided the country into two major poles: one national, and the other private. However, both needed and still need healthcare infrastructures as hospitals, physicians, pharmaceuticals, as well as, health care expenditures and coverage. Hospitals, for instance in the United States were supposed to provide patients with primary medical services, and health care insurance systems and programs grew primarily from hospitals. It was supposed to cover all Americans from different

social classes and genders with high medical technological quality; it was the only accredited institution before clinics and rehabilitation centers, according to AHA.

There used to be many types of hospitals in America.

- First, there was the community hospital, which is a non-profit public one providing medical services and facilities to all the population.¹
- The second one is the federal hospital that takes in charge all medical procedures.²
- The third type is the for-profit-hospital that is a non-charitable corporation that looks for monetary profits.³
- The fourth one includes the general hospital that is supposed to supply patients with diagnostics, treatments, and medical services.⁴
- The fifth one is religious benevolent,⁵
- The sixth is an AHA registered hospital.⁶
- Seven, there is the specialty hospital that delivered medical care according to specialty as chronic diseases, maternity, alcoholic and narcotic dependency, etc.⁷
- And the last one is meant for people who live in remote places and need dire emergencies.⁸

Physicians' mission in Europe and in the U.S.A has been quite different. In Europe, specialists were allowed only to treat inpatients; however, in the U.S, physicians were subject to an open-staff modal where they could deliver health care services to inpatients, as well as, out-patients in any hospital during the two decades (1990-2010).⁹ So, hospitals' financing modals were supposed to insure both patients and physicians, whether under private or public networks. They could even get drug coverage via Medicare, Medicaid, Medigap, HMO, or PPO, etc. The multiplicity of health care coverage systems let the Americans less

1- National Center for Health Statistics. "Health, United States, 2010: With Special Feature on Death and Dying." Hyattsville, MD.U.S, Government Printing Office, Washington, DC20402, 2011, p. 501.

2- Ibid., p. 2.

3- Ibid.

4- Ibid.

5- Ibid.

6- Ibid.

7- Ibid.

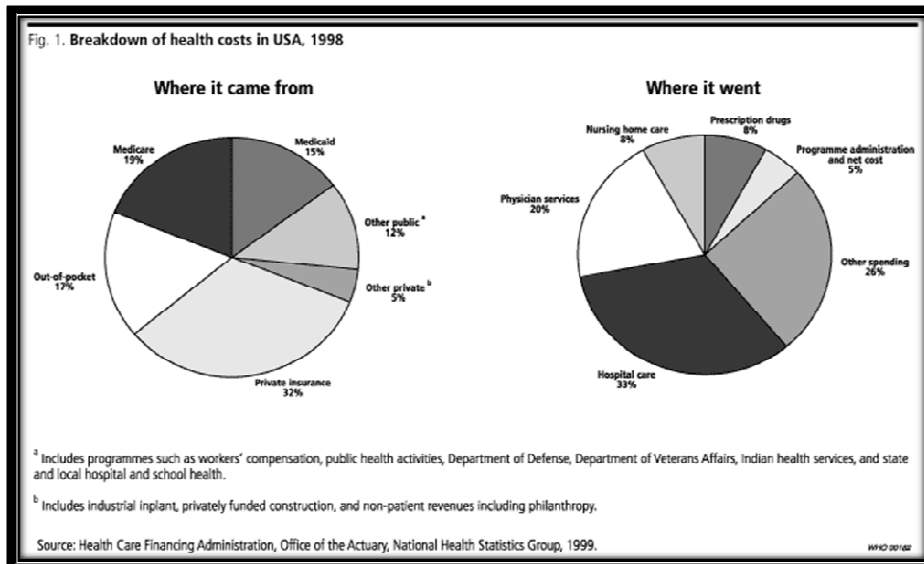
8- Ibid.

9- Herdman Roger C. U.S. Congress, Office of Technology Assessment, Hospital Financing in Seven Countries, OTA-BP-H-148 (Washington, DC: U.S. Government Printing Office, May, 1995), p. 136.

trustful in their government and asked for a national health care insurance system. The employer-based system had been the current mode within the American citizens, since 60% of the global American society still gets its health care insurance via its employers. Yet, the preventive care, according to the majority; would have avoided high medical costs in case of severe sudden illnesses, in addition to the fact that the patient would have been free to choose both medical treatment and insurance policy, since the USA has been a nation known for its heterogeneity of its financial system within hospitals. Moreover, American hospitals were and are being reimbursed according to each patient-based payment, and the private health care insurance sector has been the salient one that subsidized hospital costs.

Actually, the American federal government has been the foremost to take in charge its population in matter of health care and health care insurance. Regarded as a public sector, it succeeded to cover half of its citizens via national / public programs as; Medicare and Medicaid, and later on; the Program of All-Inclusive Care for the Elderly named PACE, the Indian Health Service, the Military Health System, and State Children's Care Insurance Program named SCHIP. All those federal programs aimed at raising the citizens' medical and financial affordability insuring their lives. Yet, in 1998, health costs collapsed both within the program providers and the ones incurring healthcare services and insurance, according to the upcoming figure:¹

1 Sekhri and Neelam K. "Managed care: The US Experience." Bulletin of the World Health Organization. Vol.78, No.6, June 2000, p. 832. **Figure 1.**



Still within the national programs, Medicare, under the Social Security Act of 1965,¹ has been laid out to cover those over 65 years old or young disabled individuals. In 2010, Medicare covered around 46 million Americans² including four major parts. Concerning Part A it is called Hospital Insurance, which is meant to cover inpatients' stays with deductible and coinsurance. Part B is called Medical Insurance, which is meant to cover outpatients who are also required to pay monthly premiums and deductibles. And Part C is called Medicare Advantage Plans where patients can get medical advantages from a private insurance as HMO, PPO, etc. Under this plan American citizens can be covered for dental, hearing, and vision on the condition that they do not go out of the plan's network including the doctor, except if one pays out o-of-pocket.³ The last part, Part D, called Prescription Drug Benefit is supposed to be covered by private companies under MMA (Medicare Prescription Drug Improvement and Modernization Act of 2003). The plan brings benevolent prescription drug benefits and coverage to those not being

1- Segal Elizabeth. A and Brzuzy Stephanie. *Social Welfare Policy, Programs, and Practice*. Arizona State University, USA, 1998, p. 108.

2- Ibid., p, 111.

3- Daniel Shiney. "Comparison of Medicare Advantage Plan & Original Medicare for Home Health Service in Dallas County in Terms of Prior Authorization Requirements, Network Requirements, and Copay/ Coinsurance." Fort Worth, Tx: University of North Texas Health Science Center; 2008, pp. 3-4.

able to get insurance from Part A and B.¹ Statistics proved that the number of the enrollees was climbing from 24 million in 2006 to 38 million of the same year.²

The second American federal health care insurance program is Medicaid, a federal program always under the Social Security Act of 1965. It is entitled to supply American states with health care coverage insuring the costs of medical care and services to poor and low-income individuals. Medicaid coverage incorporates physician care, inpatient hospitalization, diagnostic tests, outpatient services, nursing home care including long-term care, home health services, and early and periodic screening and diagnostic treatment for those under 21 years.³ Even chronic illnesses as HIV⁴ and AIDS⁵ are to be eligible for Medicaid under the Deficit Reduction Act of 2005, the Social Security Disability Insurance (SSDI), and the Supplemental Security Income (SSI).⁶ Patients can be treated at home instead of hospitals via home-nursing. Still, even though the two giant health care insurance federal programs insured a significant number of American citizens, the antagonists to the national system fervently opposed the principle and they remained in 1995,

1- Drotleff, Enrich Andreas. "The Medicare Part D Prescription Drug Benefit: Who Wins and Who Loses?" Marquette Elder's Advisor, 2006, Vol. 8: Issue. 1, Article 7, p. 127.

2- Lichtenberg Frank R. and Sun Shawn X. "The Impact Of Medicare Part D On Prescription Drug Use By The Elderly." Health Affairs 26, no.6, November-December 2007, 1735-1744, p. 1736.

3- Segal Elizabeth. A and Brzuzy Stephanie, op. cit., p. 112.

4- **HIV** is an abbreviation for human immunodeficiency virus which is a disease caused by infection with a retrovirus, which in turn leads to destruction of parts of the immune system. National Center for Health Statistics, op. cit., p. 502.

5- **AIDS** is a severe immunological disorder caused by the retrovirus HIV, resulting in a defect in cell-mediated immune response that is manifested by increased susceptibility to opportunistic infections and to certain rare cancers.

From another source, it is an acronym for *acquired immune deficiency syndrome* a condition, caused by a virus, in which certain white blood cells are destroyed, resulting in loss of the body's ability to protect itself against disease. **AIDS** is transmitted by sexual intercourse, through infected blood and blood products, and through the placenta.

- American Heritage® Dictionary of the English Language, Fifth Edition, By Houghton Mifflin Harcourt Publishing Company, Published by Houghton Mifflin Harcourt Publishing Company, 2011. Collins English Dictionary- Complete and Unabridged, 12th Edition, 2014© Harper Collins Publishers 1991,1994,1998,2000,2003,2006,2007, 2009, 2011, 2014.

6- Public Law 109-171-Feb. "Deficit Reduction Act of 2005" 8,2006, p.1.

around 40 million Americans without health care insurance among them 10 million children.¹

Other federal healthcare insurance programs came to support Medicare and Medicaid. Among those programs was the Indian Health Service that covered American Indians, as well as, Alaska Natives. To be eligible for a health care and health care insurance policy for both Indian citizens and doctors, the American federal government enacted several acts among them, the Indian Health Care Improvement Act of 1976.² This latter, made the United States as a nation responsible for all its population, and highlighted to what extent both Indian tribes and urban ought to have access to national health care insurance programs as, Medicare, Medicaid, and Children's Health Insurance plan. The Department of Health and Human Services (HHS) Secretary Kathleen Sebelius stated that the American budget also involves a significant increase in funds for the Indian Health Service. And the aim of such federal steps was to eliminate health disparities within the American society across all communities. More than that, she wanted to establish an American health care system, regardless of race, ethnicity, gender or geography, every American deserves high-quality and affordable care.³ And latter on, Obamacare mandated health care insurance for all American citizens, including Indians providing them with tax credits to purchase coverage.

The Military Health System now, considered as a branch of the Department of Defence, is another national federal program that covers those who exercise in military fields, for retired military staff and their families. They were provided with TRICARE -private providers- named after the three plans; HMO, PPO, and fee-for-service.

Another major federal program came into being named: Program for all-Inclusive Care for the Elderly (PACE). This one targeted the elderly American population aging 55 and more.⁴ It is a national community-based care modal for frail, chronically ill older adults who both physically and mentally were unable to move out, and thus needed an

1- Segal Elizabeth. A and Brzuzy Stephanie, op. cit., p.109.

2- Trahant Mark. "The Indian Health Paradox: Honoring a Treaty Right or Raising Real Dollard? Department of Public Administration, University of Alaska Anchorage MPA Comprehensive Exam –January 11, 2013, p. 2.

3- Ibid., p. 6.

4- Peyton Leigh A, Boggs Wendy, Miller Bill and Allan Nancy. "PACE: Program of All-inclusive Care of the Elderly." *Age in Action*, 2000, 15(2), p. 1.

illegible nursing home.¹ Moreover, the program aimed at delivering preventive care at lower costs. *Funding for PACE was based on capitated payments from Medicare and Medicaid.*²

Always with the national federal health care programs, the State Children Health Care Insurance Program is supposed to shelter all American children not being able to be ensured by themselves as, the adults or the elderly. It is a federal program delivered by the United States Department of health and Human Services, designed to insure uninsured children within families that cannot afford Medicaid coverage.³ During Barak Obama's administration, in particular, in 2009, the President signed the Children's Health Insurance Reauthorization Act of 2009, enlarging the healthcare program to an additional 4 million children and pregnant women.⁴ Actually, during the Clinton Administration, Hillary Clinton was the only candidate who called for a national health care insurance and under Medicaid and Medicare, mainly for children. However, because of the stern opposition of associations like AMA and employer-based organisations,⁵ CHIP could not expand fully till the end of the first twenty first century decade, where children could be eligible for Medicaid and CHIP.

The following **figure 1** depicts ten states expanded children's eligibility for Medicaid and CHIP coverage 2010.⁶

1- Hirth Victor, Baskins Judith, and Dever Bumba Maureen. "Program of All-inclusive Care (PACE): Past, Present, and Future." American Medical Directors Association, JAMDA - March 2009, p. 155.

2- Ibid., p. 157.

3- National Center for Health Statistics, op. cit., p. 483.

4- Harrington Mary et al. *Children's Health Insurance Program: An Evaluation (1997 - 2010)*. Interim Report to Congress, Mathematica Policy Research, December 21, 2011, p.13.

5- Kelly Ann. "Medicaid and CHIP Eligibility." The Council of State Governments. Kaiser Commission on Medicaid and the Uninsured. "Holding Steady, Looking Ahead: Annual Findings of a 50-State Survey of Eligibility Rules, Enrollment and Renewal Procedures, and Cost Sharing Practices in Medicaid and CHIP, 2010- 2011." January 2011, p. 1.

6- Ibid., p. 2. **Figure 1.**

Figure 1: State Eligibility Rules for Medicaid or CHIP Coverage based on Family Income as a Percent of Federal Poverty Level (FPL) Coverage for Children	
2010 Family Income Limits	Number of States
From 160 to 185% FPL	4 states – Alaska, Idaho, North Dakota, Oklahoma
From 200 to 241% FPL	22 states
From 250 to 300% FPL	22 states and the District of Columbia
From 350 to 400% FPL	2 states – New Jersey, New York

Even low-income parents were eligible for coverage in 2010. Moreover, private health care insurance companies like HMO contracted with state Medicaid departments, which enlarged the numbers of entitled enrolees who could largely benefit from the program.

Apparently, even both programs rallied could not come to cover all the poor children along with their parents, so a new program came into being reducing the costs of health care provision and improving this latter quality. Named managed care¹, it was intended for all the Americans giving them the freedom to choose their doctors and programs (HMO-PPO). The principle of managed care has been that health care providers could charge the private or public payer to be reimbursed on a fee-for-service basis. It also came to limit deductibles, co-insurance and co-payments.² It controls health care costs and directs to prepaid health plans. And even though the organization got several obstacles from AMA and AHA, it nevertheless; succeeded to grow rapidly. Statistically, in 1991, 2.7 million beneficiaries were enrolled in some form of managed care. By 2004, that number had grown to 27 million, an increase of 90 percent. Of the total Medicaid enrolment in the United States in 2009,

1- **Managed care** is a term used to describe a system in which a person's medical care is controlled by the insurer. The role of this program is to minimize unnecessary and questionable health care services and maximize procedures. Managed care is usually provided through group plans and administered by for-profit organizations, typically, Health Maintenance Organization (HMOs) and Preferred Provider Organizations (PPOs). Segal Elizabeth A and Brzuzy Stephanie. *Social Welfare, Policy, programs, and Practice*. Itasca, III: F.E. Peacock Publishers, Illinois, United States of America, 1998, p. 118.

2- Sekhri Neelam K. "Managed Care: the US Experience." Bulletin of the World Health Organization, 2000, 78 (6), World Health Organization, p. 831.

almost 72 percent were receiving Medicaid benefits through managed care.¹

2- Private Health Care Insurance Programs and Plans: The coming points of this article will discuss the national reforms and legislations that the United States' Presidents aimed at achieving, and will be tackled along with the federal Constitution's role in legislating proper laws making the nation responsible of its citizens. At last, the point of media coverage on health care insurance and reform will tackle the impact on the American public view that did not stop attempting to aim for a national health care insurance system.

Concerning private health care insurance programs, managed care was not the only plan that expended within the American population. It was meant to offer them cost containment, high quality of care, and the best medical services with affordable drug costs; other plans came to reinforce the principle and sustainability of the private sector.

One of the plans has been *fee-for-service (FFS)*. The principle of the program is that a private health care insurance sector refunds all health care providers under a fee for service procedure, and a fee is given to each doctor and nurse providing health care treatments.² So, the importance is given to the quantity rather than the quality.

The other programs that are part of managed care are *Health Maintenance Organization (HMO)* and *Preferred Provider Organization (PPO)*. This latter has been intended to bring the patients a total freedom to select the doctor and the hospital, as well as, treatments and drugs of their choices.³ Indeed, they are not bound to a special network. Yet, the first one treats exclusively with health care providers of their network, mainly, primary care physicians. In other words, the hospitals, doctors, and nurses of the network are the only health care providers, but if the enrolees intend to be treated out of the network, they will be paying out-of-pocket charges. The plan encompasses four models: the first one was the *Staff Model* or the *Close Panel*, where the patients of the network are financially and medically dependent on their health care providers, no more.⁴ The second one named the *Group Model*, can deliver health care services to non- HMO patients.⁵ The third one named the *Individual*

1- Cauchi Richard. "Managed Care, Market Reports and the States". National Conference of State Legislatures, Health Program, Denver, May 2011, p. 2.

2- National Center for Health Statistics, op. cit., p. 494.

3- Ibid., p.520.

4- Ibid., p. 498.

5- Ibid., p. 497-8.

Practice Association (IPA) made up of free physicians; this model allows them to bring medical services to HMO and non-HMO plan's participants.¹ The last one called the *Network Model HMO* contracts with a group of physicians to whom all medical and financial services are granted.²

3- The Beneficiaries and the Non-Beneficiaries from the System:

There used to be two categories of people; those who could benefit from the system and those who could not. Retirees above 65 years were among the ones who automatically took advantage of the system. So, savings for retirement depended on three major dimensions: retirement that depended on the employer-based-program, private, or national companies. Yet, the most prevailing health care insurance program was Medicare, which encompasses doctors' visits and drug prescription. Even the Social Security Administration helped retirees reduce their benefits as they age, like it is illustrated in this **table 1**:³

Early Social Security can cost you	
If your full retirement age is 67, your Social Security benefit is reduced by:	
	About 30 percent if you start collecting at 62.
	About 25 percent if you start collecting at 63.
	About 20 percent if you start collecting at 64.
	About 13.3 percent if you start collecting at 65.
	About 6.7 percent if you start collecting at 66.

So, the elderly were more fortunate to get a health care insurance at a low price, according the National Retirement Risk Index (NRRRI) developed by the Centre for Retirement Research at Boston College. Its principle was that the American individual has the duty to carry on working, save, and accumulate pension and Social Security benefits till age 65, which is the age of retirement.⁴

1- Ibid., p. 498.

2- Ibid.

3- Bankrate, Inc. "Best Age for Social Security Retirement Benefits: When to Take Social Security." Chapter Five: Retirement Moves, Table one, Canada January, 1, 2008, p.3. **Table 1.**

4- Munnell Alicia H., Webb Anthony and Golub-Sass Francesca, "The National Retirement Risk Index: After the Crash," Figure 4, Center for Retirement Research, Number 9-22, October 2009, p. 4.

Along with the elderly, other segments of the American population joined the system and could be considered as beneficiaries, as had been discussed so far. Among them were, children, disabled, poor, Indians, and military they were all covered either by private or public health care insurance companies. Yet, the employees are the luckiest to get insured, besides; those who live in higher spending areas can get 60% more care. So, paying or enrolling for living healthy was crucial for a segment of the population that denied any national health care coverage because of external antagonists' pressures. Employees also faced a serial of troubles, which let the demand for a health care insurance policy very low. Among those troubles was the shifting employer-based program. In other words, if the employees change the workplace, they will be obliged to change the insurance policy because it is not the policy attributed to the previous employer. It is actually a new one that they will be accustomed to. If it is HMO, the subscribers or enrolees will be obliged to change the policy, because they cannot go out of the network, but if it is PPO, they can get other medical services and pharmaceutical ones of their choices.

Now, let us come to the less advantageous, those who could not benefit from the system. During the 1990's and the onset of the 21st C, around 45 million Americans went without health care insurance, and most of them were jobless. Indeed, technological advances along with the increasing population number and the high demand for prescription drugs led to the slowing down of the health care insurance process. So, high expenditures required high insurance coverage. And for the workers, their employers asked for a massive financial contribution from them, which made the employees covered less medical services with more deductibles and co-payments. For instance, citizens with incomes inferior to \$ 25,000 had no insurance at all.¹

The following table states the type of health insurance and coverage status of the year 1997:²

1- Kuttner Robert. "The American Health Care System: Health Insurance Coverage." Health Policy Report, Volume 340, Number 2, Massachusetts Medical Society, January 14, 1999, p. 164.

2- Ibid., **Table 2**.

**TABLE 1. TYPE OF HEALTH INSURANCE
 AND COVERAGE STATUS, 1997.***

STATUS AND TYPE OF COVERAGE	THOUSANDS OF PERSONS (%)
All persons	
Total	269,094 (100.0)
Covered	225,646 (83.9)
Private	188,533 (70.1)
Employment-based	165,092 (61.4)
Government	66,685 (24.8)
Medicare	35,590 (13.2)
Medicaid	28,956 (10.8)
Military	8,527 (3.2)
Not covered	43,448 (16.1)
Poor persons	
Total	35,574 (100.0)
Covered	24,336 (68.4)
Private	8,264 (23.2)
Employment-based	5,521 (15.5)
Government	18,585 (52.2)
Medicare	4,637 (13.0)
Medicaid	15,386 (43.3)
Not covered	11,238 (31.6)

*Data are from the U.S. Census Bureau.⁶ Percentages add up to more than 100 because some people had more than one type of coverage.

Among those who were short of coverage were children. Even Medicaid could not cover 16,5 million of poor children from 1995 to 1996, it was financially too weak.¹

In the following American jurisdictions, from 1995 through 1996, 37 percent of children used to be without health insurance: Texas (46 percent), New Mexico (43 percent), Louisiana (43 percent), Arkansas (42 percent), Mississippi (41 percent), the District of Colombia (39 percent), Alabama (38 percent), Arizona (38 percent), Nevada (37 percent), and California (37 percent).² The rate of the uninsured children fell during the next decade. For example, during the year 2007, the amount of uninsured American children was 8.1 million. And in 2009, 10.0 percent or 7.5 million children under the age of 18 were medically uninsured according

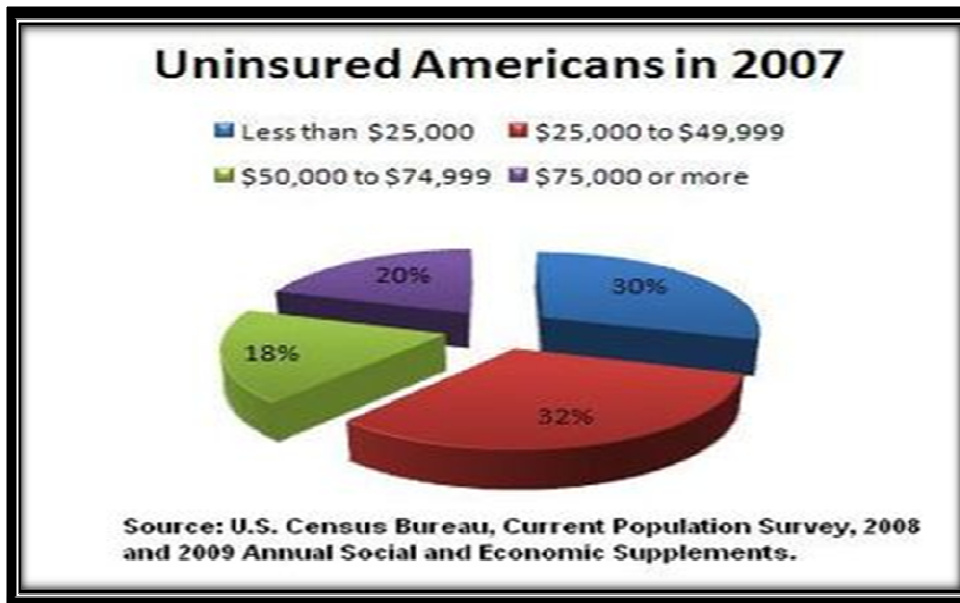
1- Ibid., Bureau of the Census Brief: children without health insurance. Washington D.C: Government Printing Office, 1998.

2- Ibid., One out of three: kids without health insurance. Washington, D.C: Families USA, 1997:9.

to the Census Bureau.¹ And according to a study by the Kaiser Family Foundation published in June 2009 found that 45% of low-income adults under age 65 lacked health insurance with family incomes below 200% of the federal poverty level.²

The study, conducted at Harvard Medical School and Cambridge Health alliance, found that uninsured working-age Americans had a 40 percent higher risk of death than their privately insured counterparts. It was up from 25 percent excess death rate founded in 1993, and another estimated that one American died every 30 minutes from lack of health insurance. Even this grim figure was an underestimate, now one dies every 12 minutes.³

And always dealing with the uninsured but in terms of income, here is the following **chart 1** which determines uninsured Americans in 2007, by income status:⁴



4- Real Lack of Health Care Insurance Cases: Here are some real cases from Professor Jill Quadagno book entitled: *One Nation Uninsured: Why the U.S. Has No National Health Insurance*. Released in

1- Ibid.,

2- Ibid., *Low-Income Adults Under Age 65 — Many are Poor, Sick, and Uninsured*, Policy Brief, Kaiser Family Foundation, Publication #7914, June 2009.

3- Cacere David. *New Study finds 45.000 deaths annually linked to lack of health coverage*. Harvard Science, Cambridge Health Alliance, 2009, p. 2.

4- Kuttner Robert, op. cit., p. 1. **Chart 1**.

2005 her masterpiece raged the public opinion and the private institutions.

1. The case was around an upright lawyer who stood tightly on the side of a man whose insurance company deprived him to any access to health insurance and denied all help for his last stage cancer. The final action was the death of the patient, besides the big retribution the insurance company paid for.¹

2. The second case was around Aetna, an insurance company that declined to pay for David Goodrich's cancer treatment recommended by his doctor; he was only 41-year-old district attorney who died of stomach cancer. This American society specialized in insuring employees would not save the life of an American citizen because he had recourse to another doctor!!!²

3. The third case was the one of her sister Linda who had been victim of layoff. This latter had been enjoying a good job, but after being fired she had no other alternative but to move towards the cheapest health insurance policy, which could cover only her two children and not her husband.³

4. The fourth case involved the author's friend who although suffering the loss of her husband, she could not be covered by her insurance company. Unless her illness was minor, the two insurance companies denied any form of coverage if her illness would have turned into a cancer.⁴

5. The fifth case treated the unlucky situation of a Mexican American citizen who was unpredictably victim of a sudden falling from his ladder while he was painting; and on account of that, the doctor to whom he was referred refused to heal him because he was already uninsured.⁵

6. The last case referred to an uninsured woman who was terribly horrified of falling suddenly ill, and due to her lack of financial support could not afford paying her medical bills. She said: "Being uninsured means living with fear every day. I feel getting sick and not being able to work, I fear an injury that will leave me with bills I am unable to pay,

1- Quadagno Jill. S. *One Nation Uninsured; Why the U.S. Has No national Health Insurance?* Oxford University Press, Florida State University, USA, 2005, p. 1.

2- Ibid., p. 1.

3- Ibid.,

4- Ibid., p. 2.

5- Ibid., p. 4.

and I fear getting a regular check-up that results in finding something that needs further treatment.”¹

The attempt to a National Health Care Insurance Reform Fell Apart: Health Care Insurance Reforms

Now, we will discuss health care insurance reforms America knew during both decades (1900 and 2010).

Given the alarming situation of health care insurance, the federal authorities took over the issue and went enacting a set of legislative laws and reforms for the sake of the general welfare targeting a national health care insurance system.

As Steffie Woolhandler,² study co-author, professor of medicine at Harvard Medical School, and a primary care physician at Cambridge Health Alliance, stated that according to historical events, each worldwide industrial nation has come to realize a national health care system via a non-profit type of comprehensive health care insurance model. He added that the United States’ failure to achieve a universal health care system made the Americans pay elevated health care prices, and above all, 45.000 pay with their own lives.

Actually, according to Professor Robert Sade, *a comprehensive healthcare system depends on a central system of financing*,³ in the sense that the author wanted to unify and coordinate both markets via *the presidential campaign of 2008 including Obama and Mc Cain*.⁴ Indeed, the combination between the two plans seemed unwanted by both parts. The ideal was their union for the sake of spreading a tranquil and effective social order. The American communities saw in the free/open market an autonomy, a delivery, and a natural right that all must enjoy having, not like the federal government in which they saw obstructions, coercions, tyranny, and the supreme authority that ideologically sets its illegitimate comprehensive laws over people.

Another Professor named Oberlander Jonathan experienced in politics of health and health care reform, as well as, social medicine opposed that stream of conscience calling for rooted changes in the field of health care

1- Ibid., p. 5.

2- Study co-author, professor of medicine at Harvard Medical School, and a primary care physician at Cambridge Health Alliance.

3- Sade Robert M. “Foundational Ethics of the health Care System: The Moral and Practical Superiority of Free Market Reforms.” *Journal of medicine and Philosophy*, 33: 461-497. Medical University of South Carolina, Charleston, South Carolina, USA, 2008, p. 462.

4- Ibid.,

system and reform. He stated that the government tensions that have always existed in the American political arena rendered the federal government's reformists' mission quite burdensome. Again, the United States' federal policymakers have forever symbolized an obstacle to all kinds of legislative betterment in the field of health care insurance.

The problem has always been ideological, in the sense that both democrats and republicans spread a wind of revolution within their communities to the point where those latter asked for the decentralisation of their government. They thought that the mission of health care insurance was solely given to the medical sphere instead of the governmental one (socialised medicine),¹ health care insurance to all via public funds. In the same line of thought, voting for privatization would have been better off than for nationalisation. The syndrome of authority was hanging over their conscience; it was a violation of their autonomy. The U.S. values were based on individualism in comparison with the European countries, which values were based on solidarity and universal rights. Actually, AMA, AHA, and other private institutions sought the destruction of the public system.

Health Care Coverage Reforms and Presidential Efforts: Reasons for Reforms and Government Legislations: A set of federal legislations procedures concerning health care coverage had been adopted since 1798, starting from *the Act for the Relief of Sick and Disabled Semen* to *the Affordable Heal Care Act*. The first act was signed by President George H. W. Bush named the *Americans with Disabilities Act of 1990*. This latter prohibited any discrimination at the workplace on account of physical disabilities². Bill Clinton in 1993 dared to propose a *Health Security Plan* as a landmark for a universal health care insurance system after Medicare and Medicaid.³ Unfortunately the law was not adopted because of its expensiveness. Moreover, it was fervently opposed by the Health Insurance Association of America (HIAA) and the National Federation of Independent Businesses (NFIB).⁴ He was the first

1- Cicconi Lora and Strug Kerry. *Universal Health Care in the US*. Ethics of Development in a Global Environment (EDGE), Poverty & Prejudice, Social Security at the Crossroads, 1999, p. 3.

2- Parry William D. "Stuttering As Disability Under the Americans With Disabilities Act of 1990", 2011, p. 1.

3- Hoffman Catherine. Henry J. the Kaiser Family Foundation. *A Brief History of Reform Efforts in the US*. National Health Insurance, Focus on Health Reform, CA, USA, 2009, p. 7.

4- Ibid.,

to introduce the principle of pre-existing conditions, which sought to shelter the patient having pre-existing illnesses as: heart troubles, diabetes, or cancer, or simply immunize the patient by means preventive medical procedures. Another act named *Comprehensive Childhood Immunization Act of 1993*, under the Clinton administration was entitled to vaccinate children for nothing.¹ Health Insurance Portability and Accountability Act of 1996 was meant to control any financial imposture, abuse, or extravagance in health care delivery.² In the following year, Clinton launched a plan named the State's Children Health Insurance Program to assure children who lived within low-income families.³ President George Walker Bush had also left his imprint by enacting Medicare Prescription Drug, Improvement, and Modernization Act of 2003. The principle of the law was to offer under the tutelage of Medicare prescription drug coverage.⁴

The forty-fourth American President named Barack Hussein Obama (a diplomatic icon and an unprecedented symbol of humanity) came at the end of the decade to reform the unintentional errors of his preceding chairmen. Thanks to his Patient Protection and Affordable Care Act of 2010, thirty million of Americans were now insured. He said on that issue what follows: *"After a century of striving, after a year of debate, after a historic vote, health care reform is no longer an unmet promise. It is the law of the land."*⁵ Thanks to his entrenched principle of consciousness, he came to sign into a law *Obamacare*, which is a health care reform legislation. This latter incorporated a set of health-related provisions that were supposed to be functioning over a period of 4 to 8 years, where the decrees were directed to citizens and affairs. The law also banned any act of refusing the insurance or protests which core

1- Jost Kenneth. "Childhood Immunizations: why haven't millions of youngsters gotten all their shots? CQ Researcher, Volume 3, Issue 23, June 18, 1993, p. 1.

2- Boyle Brian A. MD, JD, Bradley Tom, JD, Bradley Helene, JD. "Health Insurance Portability and Accountability Act of 1996/ New National Medical Privacy Standards, AIDS Read. 2003; 13(6), Cliggott Publishing, Division of CMP Healthcare Media, p. 1.

3- Timeline: US health care legislation since 1798, p. 3.

4- Brinkerhoff Jennifer, MD, and Colman Eric A, MD. "What you Need to Know About The Medicare Prescription Drug Act". Family Practice Management. American Academy of Family Physicians, 2005 Mar; 12(3):49-52, p. 1.

5- Laxmaiah Manchikanti, MD, David Caraway, MD, Allan T. Parr, MD, Bert Fellows, MA, and Joshua A. Hirsch, MD. "Patient Protection and Affordable Care Act of 2010: Reforming the Health Care Reform for the New Decade." Health Policy Review, Pain Physician: January/February 2011; 14:E35-E67, ISSN 2150-1149. 36.

elements were preexisting conditions, insurance regulations, expanding Medicaid eligibility, health insurance exchanges, support for medical research, regulations for the practice of medicine, and Medicare cuts.¹ Even those who used to be without insurance, they could get a health care insurance policy regardless to their income or health status. The act also reduced deductibles, coinsurance, copayments, and premiums. **Obamacare:** *Obamacare* was meant to deliver healthcare insurance for all Americans without any exception. The principle of the plan was clear cut, i.e. all American citizens must enjoy affordable coverage at low prices along with a high quality of care. Moreover, *Obama* even targeted the highest technological and scientific spheres at the expense of Uncle Sam². His administration came to yearly spend around \$2 trillion on health care. The funding went in particular to the preventive cases as: patients pertaining to pre-existing conditions, cancer screenings, as well as, awareness program like drug and alcohol addictions, and smoking as well. *Obama* used a financial web that coordinated both public and private markets on the basis of a national health insurance exchanging process. He succeeded to unify the private and the public insurance markets. He also aimed at state and federal contributions under a form of financial subvention or tax credits given to the patients in need via private and public sectors under fair premiums, co-payments, as well as, deductibles. Those latter used to ruin the American families because the budget of each American family was balanced.

The United States Constitution and Health Care Reforms: Concerning the American Constitution's role in the issue of health care insurance and reform, it has unfortunately never discussed any point concerning health care insurance reforms as Human Rights in its texts, though it has an inherent right. For the American Constitution, the right to health care, as well as, health care insurance has been the right to privacy and the good will of the health care providers. So, the citizen's

1- Ibid.,

2- Samuel Wilson alias Uncle Sam is a meat packer from Troy, [New York](#), who supplied barrels of beef to the United States Army during the [War of 1812](#). Wilson (1766-1854) stamped the barrels with "U.S." for United States, but soldiers began referring to the grub as "Uncle Sam's." The local newspaper picked up on the story and Uncle Sam eventually gained widespread acceptance as the nickname for-and personification of the U.S. federal government. In September 1961, the U.S. Congress recognized Samuel Wilson as "the progenitor of America's national symbol of Uncle Sam. And New York called itself "The Home of Uncle Sam". [History.com Editors](#). "United States nicknamed Uncle Sam". A&E Television Networks. November 24, 2009. p.1.

right to afford paying health care services or costs was notably the business of the government. Now, what seemed to block the process of legislating laws concerning health care insurance was certainly not the fact of adopting a dual system of ruling, but rather the everlasting ideological obstinacy of the two major political parties (democrats and republicans). Republicans have always used a negative pressure on the American population and the perpetual conflicts raging between the two parties have been an obstacle to a national health care insurance achievement. Moreover, the principle of autonomy let the medical officials refuse any federal intervention, and the same for the U.S. Constitution. The U.S. Constitution has always been faithful to its founding principles via the Fourteenth and fifteenth amendments. It addressed the civil parts telling them that their rights were inherent, fundamental and unalienable, as the right to life, or property thanks to the Due Process of the Fifth Amendment. As a result, both US Constitution and government regarded the issue of health care insurance as a financial concern and social interest.

The Impact of Media Coverage on Health Care Insurance and Reform: Media coverage is known for its worldwide influence on the public opinion. It is supposed to be the industry that rules the world to the point where it has got the capacity to declare war or bring peace, for instance. Its means of communication are multiple, among them: TV channels, radios, newspapers, websites, etc. It has been the centre of several socio-economic and political debates. In the issue of health care insurance, the U.S. media played a crucial role in fostering its expansion to the point where the network preferred talking about specific diseases than about Clinton's health care reform debate of 1993-1994.¹ The Henry Kaiser Foundation and the Pew Research Center's Project for Excellence in Journalism from 2007 to 2008 had submitted a load of articles, *around 3,593 U.S. health-related stories from 2007 to 2008, including, 618 stories taken from newspapers, 706 stories from radio, 1,416 stories from network TV, 580 stories from cable, and 193 stories from online websites.*²

1- Walsh-Childers Kim, Chance Jean and Swain Kristie Alley. "Daily Newspaper Coverage of the Organization, Delivering and Financing of Health Care." Newspaper Research Journal, Vol.20, No.2, March 1, 1999. P.6.

2- The Henry Kaiser Family Foundation and the Pew Research Center's Project for Excellence in Journalism. "Health News Coverage in the U.S. Media from 2007-2008." December 2008, p. 9.

The Pew Research Center's Project for Excellence in Journalism (PEJ) also sustained and covered President Obama's Campaign calling for an affordable and national health care insurance policy and reform in 2009, together with the Henry Kaiser Foundation worked for eighteen months to cover the issue.¹ The most prevailing topics, as well as, key findings which the foundation dealt with were first: President tremendous steps on health care insurance since Medicare and Medicaid. Second, the policies and reforms he and his administration implemented. Third, the echo of such a crucial and debatable media issue on both governmental and public fields. And the fourth one dealt with the most expended disease that appeared in the front media pages named cancer. In reality, media proved via living statistics that *the U.S. health care system was badly fragmented on account of the uncoordinated the administrative and financial sectors, and so; 90% of the American population believed that the system needed a fundamental change and complete rebuilding*, according to the view of Professor Robert Sade.²

Americans still attempting to head for a national health care insurance: Media coverage, the American federal government and Constitution, private and public sectors, all of them could have a special role in trying to achieve a comprehensive health care insurance system. Historically speaking, the United States is the only nation that does not yield to the world's health care insurance policy norms. Even the WHO, or the Human Rights could not come to an agreement.

And among those key factors that made of the United States' world supremacy decline in the field of health care insurance have also been the two major political parties' steadfast dissention; Democrats and Republicans. Here is **table 5** that depicts the clear cut unequal voting rate of both parties in both Houses (House of Representatives and the Senate) in 2010:³

1- Pew Research Center: Journalism & Media Staff. "Health News Coverage in the U.S. Media, Early 2009." July, 29, 2009, p. 1.

2- Sade Robert M. "Foundational ethics of the health care system: the moral and practical superiority of free market reforms." Journal of Medicine and Philosophy, National Center for Biotechnology Information, 33: (5), October, 2008, p. 462.

3- Laxmaiah Manchikanti, et al, op. cit., P.E37.

- Adapted from: Aaron HJ. The midterm elections- high stakes for health policy, *New Engl J Med* 2010; 363:1685-1687 (13).

Bill	Total Vote For:Against	Republicans		Democrats	
		Yea	Nay	Yea	Nay
House of Representatives					
Social Security Act of 1935	372:23	77	18	288	13
Social Security Amendments of 1965 (Medicare and Medicaid)	307:116	70	58	237	48
Personal Responsibility and Work Opportunity Reconciliation Act of 1996	328:101	225	2	100	98
Medicare Modernization Act of 2003	220:215	204	25	16	189
Affordable Care Act of 2010	220:207	0	175	220	32
Senate					
Social Security Act of 1935	77:6	15	5	60	1
Social Security Amendments of 1965 (Medicare and Medicaid)	70:24	13	17	57	7
Personal Responsibility and Work Opportunity Reconciliation Act of 1996	78:21	45	0	23	18
Medicare Modernization Act of 2003	55:44	42	9	11	35
Affordable Care Act of 2010	56:43	0	40	54	3

The objective of the republicans was the founding of a private system of governance far from the federal public one. So, as long as an employment-based health insurance policy was on the move, the more the public institution would be obsolete. Obama's policy was to rally both sectors for the sake of rebuilding the social welfare. Some scholars as Chen Pauline, thought that Medicare for all meant health care for all.¹ In 1991, the New York's Insurance and Access Committee delivered a publicity campaign featuring a poster in which it was clearly written, *"Lack of Insurance Kills People with AIDS: Lack of insurance means lack of access to health care, and lack of health care means death."*²

The plan embodied some salient prerogatives which had been:

- 1- Establish a public insurance program granted to Americans who neither qualify for Medicaid or SCHIP, nor have access to insurance through their employers, and small businesses who wished to offer insurance to their employees.
- 2-Make available the National Health Insurance Exchange to help Americans and businesses purchase private health insurance directly.

1- Chen Pauline W. "Doctor and Patient: Health Care Reform and 'American Values'". The New York Times, September 10, 2009, p. 3.

2- Ibid.,

- 3- No American would be turned away because of illness, or pre-existing conditions.
- 4-The benefit would be similar to that offered by Federal Employees Health benefits Program that would cover all medical services.
- 5-Provide affordable premiums, co-pays, and deductibles.
- 6-The citizens who did not qualify for Medicaid or SCHIP could receive an income-related federal subsidy to purchase a public or private health care plans.
- 7-Make all accesses to health coverage easy.
- 8-The enrollees could be able to move from job to job without changing or jeopardizing their health care coverage.

For *Obama* the welfare state was a shared responsibility among all segments of the American society, be it: males or females, individuals and families, private and public sectors, and federal and state governments. The *United States* should not be *Disunited States*. And till now, the achievement of a national health care insurance system is still on the move.

Conclusion: to conclude, some solutions would be of a great importance to realize a national health care insurance system in the United States. First, those latter should to be provided with a universal access to health care and health care insurance for all Americans without any exception. Second, the insurance system ought to be comprehensive. Third, the system ought to be fair and just. Fourth, it ought to be of a high quality of services. And fifth, it ought to be responsive to the demand of the patient, in other words, the freedom of medical and financial choices for everyone regardless to their social classes. As William F. May¹ a Professor of Ethics at Southern Methodist University in Dallas said in one his articles about ethics and health care reforms that they came to ban forty million Americans from getting a comprehensive health care insurance policy. Indeed, all the American citizens must enjoy a comprehensive health care insurance system, at a low and affordable cost, a freedom of medical and health insurance policy choice, and with effective technological medical means whatever the citizens' payroll. So, from George Walker Bush Administration to Barack Husein Administration, the socio-political and economic revolution for a national health care insurance system was unfortunately still alive.

1- William F. May is a Professor of Ethics at Southern Methodist University in Dallas.

Bibliography:

- 1- Aaron HJ. The midterm elections- high stakes for health policy, *New Engl J Med* 2010; 363:1685-1687 (13).
- 2- American Heritage® Dictionary of the English Language, Fifth Edition, By Houghton Mifflin Harcourt Publishing Company, Published by Houghton Mifflin Harcourt Publishing Company, 2011.
- 3- Bankrate, Inc. “Best Age for Social Security Retirement Benefits: When to Take Social Security.” Chapter Five: Retirement Moves, Table one, Canada January, 1, 2008. **Table 1.**
- 4- Boyle Brian A. MD, JD, Bradley Tom, JD, Bradley Helene, JD. “Health Insurance Portability and Accountability Act of 1996/ New National Medical Privacy Standards, AIDS Read. 2003; 13(6), Cliggott Publishing, Division of CMP Healthcare Media.
- 5- Brinkerhoff Jennifer, MD, and Colman Eric A, MD. “What you Need to Know About The Medicare Prescription Drug Act”. Family Practice Management. American Academy of Family Physicians, 2005 Mar; 12 (3): 49-52.
- 6- Bureau of the Census Brief: children without health insurance. Washington D.C: Government Printing Office, 1998.
- 7- Cacere David. *New Study finds 45.000 deaths annually linked to lack of health coverage.* Harvard Science, Cambridge Health Alliance, 2009.
- 8- Cauchi Richard. “Managed Care, Market Reports and the States”. National Conference of State Legislatures, Health Program, Denver, May 2011.
- 9- Chen Pauline W. “Doctor and Patient: Health Care Reform and ‘American Values’”. The New York Times, September 10, 2009.
- 10- Cicconi Lora and Strug Kerry. *Universal Health Care in the US.* Ethics of Development in a Global Environment (EDGE), Poverty & Prejudice, Social Security at the Crossroads, 1999.
- 11- Collins English Dictionary- Complete and Unabridged, 12th Edition, 2014© Harper Collins Publishers 1991, 1994, 1998, 2000, 2003, 2006, 2007, 2009, 2011, 2014.
- 12- Daniel Shiney. “Comparison of Medicare Advantage Plan & Original Medicare for Home Health Service in Dallas County in Terms of Prior Authorization Requirements, Network Requirements, and Copay/ Coinsurance.” Fort Worth, Tx: University of North Texas Health Science Center; 2008.
- 13- Drotleff, Enrich Andreas. “The Medicare Part D Prescription Drug Benefit: Who Wins and Who Loses?” Marquette Elder's Advisor, 2006, Vol. 8: Issue. 1, Article 7.
- 14- Harrington Mary et al. *Children's Health Insurance Program: An Evaluation (1997 - 2010).* Interim Report to Congress, Mathematica Policy Research, December 21, 2011.

- 15- Herdman Roger C.** U.S. Congress, Office of Technology Assessment, Hospital Financing in Seven Countries, OTA-BP-H-148 (Washington, DC: U.S. Government Printing Office, May, 1995).
- 16- Hirth Victor, Baskins Judith, and Dever Bumba Maureen.** “Program of All-inclusive Care (PACE): Past, Present, and Future.” American Medical Directors Association, JAMDA - March 2009.
- 17- History.com Editors.** “United States nicknamed Uncle Sam”. A&E Television Networks. November 24, 2009. p. 1.
- 18- Hoffman Catherine. Henry J. the Kaiser Family Foundation.** *A Brief History of Reform Efforts in the US.* National Health Insurance, Focus on Health Reform, CA, USA, 2009.
- 19- Jost Kenneth.** “Childhood Immunizations: why haven’t millions of youngsters gotten all their shots? CQ Researcher, Volume 3, Issue 23, June 18, 1993.
- 20- Kelly Ann.** “Medicaid and CHIP Eligibility.” The Council of State Governments. Kaiser Commission on Medicaid and the Uninsured. “Holding Steady, Looking Ahead: Annual Findings of a 50-State Survey of Eligibility Rules, Enrollment and Renewal Procedures, and Cost Sharing Practices in Medicaid and CHIP, 2010- 2011.” January 2011.
- 21- Kuttner Robert.** “The American Health Care System: Health Insurance Coverage.” Health Policy Report, Volume 340, Number 2, Massachusetts Medical Society, January 14, 1999.
- 22- Laxmaiah Manchikanti, MD, David Caraway, MD, Allan T. Parr, MD, Bert Fellows, MA, and Joshua A. Hirsch, MD.** “Patient Protection and Affordable Care Act of 2010: Reforming the Health Care Reform for the New Decade.” Health Policy Review, Pain Physician: January/February 2011; 14:E35-E67, ISSN 2150-1149.
- 23- Lichtenberg Frank R. and Sun Shawn X.** “The Impact Of Medicare Part D On Prescription Drug Use By The Elderly.” Health Affairs 26, no.6, November-December 2007, 1735-1744.
- 24- Low- Income Adults Under Age 65- Many are Poor, Sick, and Uninsured,** Policy Brief, Kaiser Family Foundation, Publication #7914, June 2009.
- 25- Munnell Alicia H., Webb Anthony and Golub-Sass Francesca,** “The National Retirement Risk Index: After the Crash,” Figure 4, Center for Retirement Research, Number 9-22, October 2009.
- 26- National Center for Health Statistics.** “Health, United States, 2010: With Special Feature on Death and Dying.” Hyattsville, MD.U.S, Government Printing Office, Washington, DC20402, 2011.
- 27- One out of three: kids without health insurance.** Washington, D.C: Families USA, 1997:9.
- 28- Parry William D.** “Stuttering As Disability Under the Americans With Disabilities Act of 1990”, 2011.
- 29- Pew Research Center: Journalism & Media Staff.** “Health News Coverage in the U.S. Media, Early 2009.” July, 29, 2009.

- 30-** Peyton Leigh A, Boggs Wendy, Miller Bill and Allan Nancy. “PACE: Program of All-inclusive Care of the Elderly.” *Age in Action*, 2000, 15(2).
- 31-** Public Law 109-171-Feb. “Deficit reduction act OF 2005” 8, 2006.
- 32-** Quadagno Jill. S. *One Nation Uninsured; Why the U.S. Has No national Health Insurance?* Oxford University Press, Florida State University, USA, 2005.
- 33-** Sade Robert M. “Foundational Ethics of the health Care System: The Moral and Practical Superiority of Free Market Reforms.” *Journal of medicine and Philosophy*, 33: 461-497. Medical University of South Carolina, Charleston, South Carolina, USA, 2008.
- 34-** Segal Elizabeth A and Brzuzy Stephanie. *Social Welfare, Policy, programs, and Practice*. Itasca, III: F.E. Peacock Publishers, Illinois, United States of America, 1998.
- 35-** Sekhri and Neelam K. “Managed care: The US Experience.” *Bulletin of the World Health Organization*. Vol.78, No.6, June 2000. **Figure 1.**
- 36-** The Henry Kaiser Family Foundation and the Pew Research Center’s Project for Excellence in Journalism. “Health News Coverage in the U.S. Media from 2007-2008.” December 2008.
- 37-** Timeline: US health care legislation since 1798.
- 38-** Trahan Mark. “The Indian Health Paradox: Honoring a Treaty Right or Raising Real Dollars? Department of Public Administration, University of Alaska Anchorage MPA Comprehensive Exam –January 11, 2013.
- 39-** Walsh-Childers Kim, Chance Jean and Swain Kristie Alley. “Daily Newspaper Coverage of the Organization, Delivering and Financing of Health Care.” *Newspaper Research Journal*, Vol.20, No.2, March 1, 1999.