

Healthcare

Student's name
Institution



Healthcare

Healthcare in the US is offered by various organizations. The majority of the healthcare facilities are privately owned, with 62% being non-profit, 18% being for profits, and 20% being government owned. The healthcare system falls into two categories: the public health insurance and the private health insurance. Under the public health insurance, the following systems exist: Medicare, Medicaid, and other public systems. Medicare is a federal program, which only covers the elderly people aged 65 and older and some disabled citizens. Medicaid is a health care program designed for the disabled and low-income citizens. Other public systems include S-CHIP and VA. S-CHIP is an insurance program to cover children who come from families that neither qualify for Medicaid nor earn enough funds to afford the private insurance. VA is a federal program designed for the veterans of the army (Chua, 2006). There are also community health programs that are non-profit, but provide quality health care. These programs cover the uninsured and the medically underserved citizens.

The private health insurance includes the employer-sponsored insurance, under which employers offer their staff health insurance as a benefit package, and the private non-group insurance, which self-employed or retired members buy for themselves and their families. It also covers the employers that do not have an employer-sponsored insurance.

In Houston and Texas, the elderly access healthcare through Medicare. This program is financed from the income taxes, usually referred to as payroll tax, jointly shared by the employees, employers, and premiums for the enrollee. The Medicare, however, does not pay for the healthcare costs incurred by the enrollee. The enrollee has to bear some out of pocket costs including deductibles, premiums, and co-payments.

According to Irvine, Clarke, and Bidgood, (2002), most working people in Texas and Huston receive medical care as a part of the benefits they receive from their employers. Under this arrangement, some employers bear all the medical costs for their employees while other employers require their employees to cater for the half or larger part of the bills. The part payment may be deducted from their salaries or employees can pay in cash when receiving medical care. Children from poor backgrounds in these states receive medical care under the same arrangements as the elderly do. The program receives funding from the taxes paid jointly by employers and employees. The children from working families get medical care under their parents' employer insurance. Additionally, medical bills of children from the self-employed families are paid by their parents through private insurance.

The non-working citizens receive medical care through Medicaid. This program is jointly funded by the federal government and the states. It means that a non-working community member does not pay for medical care (Chua, 2006). For every dollar that the state spends on medical care for its citizens, the federal government compensates 100% or more depending on the state poverty. The mentally and physically disabled citizens receive medical care either under Medicare or under Medicaid, but they do not pay for the services on their own.

The analysis of the highest medical spenders reveals that the elderly, majorly the people who are above 65 years, top the list. It is because their health conditions are usually bad, and they are prone to different diseases. Their immune system at this point is weak, and any minor problem requires serious medical attention. Additionally, most of them have chronic illnesses such as diabetes, hypertension, and cancer, which make their medical expenditure go up. Others also suffer from functional limitation. It comes as a surprise taking into consideration the fact that this group of people comprises only 13% of the population. Individuals under 35, on the other hand, are the least spenders due to the fact that their health is usually strong, and they are not prone to chronic illnesses.

Texas remains one of the states that have the highest number of uninsured people in the US. One out of every four Texans has no medical insurance with a large portion of the uninsured being children. Several groups of people experience challenges in accessing healthcare in Texas. These challenges include a shortage of employer insurance, limited access to medical care coverage, high prevalence of chronic illnesses, and a high costs for treating such illnesses. Despite these facts, all citizens of Texas have access to medical care including those who are not insured. However, these people do not receive good medical attention as compared to individuals who can afford paying for their insurance or are covered by the employer insurance.

In some cities, the public hospitals use idle emergency rooms to admit patients under the general medical care. Under the federal law, doctors must treat patients in their emergency rooms regardless of whether they have money to pay for the services or not. Therefore, such attitude keeps these rooms for actually emergent cases. Additionally, several hospitals in Texas provide free or low-cost community clinics for chronic disease like diabetes and heart diseases (Aaronson, 2013). This step allows people to access medical care easily and at a lower costs. Moreover, there are non-profit hospitals that also provide medical services to people in their localities, where the prices are cheaper than in common hospital.

In some programs like the Medicare, people share the medical costs; consequently, it is easier for the elderly to access healthcare. Without such cost sharing measures, it would have been difficult for people under the program to access medical services. The programs mentioned above ensure that all citizens in Texas have access to medical care though the quality of the services they receive is not taken into consideration.

References

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