

IS THE UNITED STATES READY FOR UNIVERSAL HEALTHCARE?

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ABSTRACT

The debate over universal healthcare in the United States remains a deeply polarizing issue, with advocates and critics presenting compelling arguments. This article explores the readiness of the U.S. for universal healthcare by examining its current healthcare system—an intricate mix of private and public insurance—alongside the challenges of high costs, inequitable access, and administrative inefficiencies. Drawing comparisons with healthcare models in countries like Australia, the UK, Canada, and Sweden, the article highlights global best practices, including universal coverage, equity-focused policies, and cost control mechanisms.

While the U.S. excels in medical innovation, advanced technology, and patient choice, it struggles with fragmented care and systemic inefficiencies, leaving room for significant improvement. The article presents actionable steps, such as expanding affordable access, simplifying administrative processes, addressing health disparities, and prioritizing preventive care. It also explores the feasibility of hybrid models that blend universal coverage with private-sector innovation.

Ultimately, the path to universal healthcare in the U.S. depends on balancing equity, cost, and choice while addressing the unique cultural and systemic challenges of a diverse nation. This article serves as a call to action for meaningful reforms to create a healthcare system that is fair, accessible, and sustainable for all Americans.

KEYWORDS

universal healthcare, U.S. healthcare system, health disparities, affordable care, preventive care, global healthcare models, healthcare reform

INTRODUCTION - US HEALTHCARE SYSTEM

The United States healthcare system is a complex combination of private and public insurance options. Private insurance, predominantly employer-sponsored, covers the majority of Americans, while government programs like Medicare and Medicaid address specific populations. Medicare provides healthcare for individuals aged 65 and older, as well as certain individuals with disabilities. Medicaid, on the other hand, offers coverage to low-income individuals and families.

In 2024, approximately 92.1% of the U.S. population had health insurance, with Medicare covering 14.3% and Medicaid accounting for 19.6% [1]. The healthcare sector also represents a significant economic force. Healthcare profit pools are projected to grow at a compound annual growth rate (CAGR) of 7%, increasing from \$583 billion in 2022 to \$819 billion by 2027 [2].

Is the United States ready for Universal Healthcare?

Asia Pacific Journal of Health Management 2025; 20(2):4221. doi: 10.24083/apjhm.v20i2.4221

The Affordable Care Act (ACA), commonly known as Obamacare, has played a pivotal role in expanding access to insurance by broadening Medicaid eligibility and establishing online marketplaces for private coverage. Prior to the ACA's implementation in 2010, the uninsured rate among nonelderly Americans was approximately 16%. Following the rollout of major ACA provisions in 2014, this rate declined significantly, reaching a historic low of 8.6% in 2022 [18]. This substantial decrease underscores the ACA's impact on reducing the number of uninsured individuals in the United States.

Despite this progress, challenges persist, including high administrative costs, disparities in care, and fragmented access to services. Private insurance remains the predominant form of coverage, with 54.8% of the population enrolled in employer-sponsored group plans. Another 13.9% of individuals purchase insurance directly, often through health insurance marketplaces [3]. While direct-purchase plans allow customization to suit individual needs, they are typically more expensive without employer contributions. These figures highlight the ongoing complexities within the U.S. healthcare system, where significant advancements in coverage coexist with persistent issues related to cost and access.

Regulation of the healthcare system involves multiple layers of oversight. At the federal level, the Centers for Medicare & Medicaid Services (CMS) oversees compliance with the ACA, enforces coverage standards, and ensures consumer protections [4]. The Health Insurance Portability and Accountability Act (HIPAA) is another key regulatory framework, focusing on the privacy and security of health information and setting standards for electronic health records.

State governments also play a critical role in regulating health insurance, managing Medicaid programs, overseeing insurance marketplaces, and implementing local consumer protection laws. States often develop additional regulations to address regional challenges. For dispute resolution and compliance, each state's Office of the Insurance Commissioner addresses consumer complaints. Nationally, the National Association of Insurance Commissioners (NAIC) provides model laws and guidelines to help maintain consistent standards across states.

The U.S. healthcare system remains a multi-faceted framework of public and private entities, supported by federal and state regulations. While it has achieved substantial coverage and economic growth, ongoing challenges raise questions about whether a universal system could address these gaps. At its core, the healthcare debate is both ethical and policy-driven: Is healthcare a right or a privilege? Some view it as a fundamental right essential for equity and public health, while others argue it is a market-driven service. This divide shapes healthcare access, affordability, and reform efforts in the U.S.

DEFINING UNIVERSAL HEALTHCARE AND UNIVERSAL COVERAGE

The terms "universal healthcare" and "universal coverage" are often used interchangeably but can have distinct meanings. Universal healthcare broadly refers to a system where all individuals have access to healthcare services, but the financing model varies—ranging from single-payer (government-funded), multi-payer (public and private mix), or hybrid systems (regulated private insurers). Universal coverage, on the other hand, means that healthcare is available to all residents, but the extent of services covered, cost-sharing mechanisms, and access to specialized care differ by country. Understanding these distinctions is crucial to assessing healthcare models globally in the next section.

EXPLORING HEALTHCARE MODELS AROUND THE WORLD

Building on the complexities of the U.S. healthcare system, it's worth exploring how other nations approach healthcare. Each has its unique model, tailored to its population and priorities, but there are some common threads—universal coverage and a focus on equity. Let's take a closer look:

AUSTRALIA

Australia balances public and private healthcare. The government-funded Medicare program ensures universal coverage, with medications subsidized through the Pharmaceutical Benefits Scheme (PBS) [5]. Healthcare is primarily

financed through general taxation and a 2% Medicare levy, which directly funds public healthcare services. In 2022–23, government health spending accounted for 24.3% of total taxation revenue [19, 20]. Private health insurance is incentivized through tax benefits, providing access to additional services. This structure ensures accessible, high-quality healthcare without compromising efficiency [5, 6].

UNITED KINGDOM

The UK's National Health Service (NHS) is a cornerstone of public healthcare, offering comprehensive services—from general practitioner visits to emergency care—free at the point of use. Funded primarily through taxation, the Department of Health and Social Care allocated £181.7 billion to NHS services in England for the fiscal year 2022-23, with over 94% spent on day-to-day operations such as staff salaries and medicines [21]. Despite its extensive reach, the NHS faces challenges, including a hospital treatment waiting list. In January 2025, over 61,000 patients experienced waits exceeding 12 hours for emergency admissions [22].

NORWAY

Norway's healthcare system provides universal coverage, funded by general taxes (74%) and insurance contributions (11%), with out-of-pocket payments covering 15% of total healthcare revenue [23]. The system caps out-of-pocket expenses, reducing financial burdens for patients. Municipalities manage primary care, while the national government oversees specialized care. The average tax rate for a single worker is 28.1%, above the OECD average of 24.9% [24]. Private insurance plays a minor role, mainly for faster access, reflecting Norway's strong commitment to equity and preventive care [8].

CANADA

Canada's single-payer Medicare system follows the principles of the Canada Health Act: accessibility, universality, portability, comprehensiveness, and public administration. Provinces manage healthcare, with public funding covering 70% of total health expenditures (\$331 billion in 2022, \$8,563 per capita) [25]. The remaining 30% comes from private sources, mainly for prescription drugs, dental, and vision care [26]. This system ensures universal coverage while relying on private insurance for non-covered services to reduce financial strain [9].

NETHERLANDS

The Netherlands operates a dual-level healthcare system with mandatory health insurance under strict government regulation. Funding comes from payroll taxes (46%), general taxation (22%), insurance premiums (21%), and copayments (11%) [10]. Employers and employees contribute through income-based payroll taxes, while individuals pay premiums to private insurers. While competition enhances efficiency, the system faces high premiums, deductibles, and out-of-pocket costs, impacting middle-income earners. To support low-income individuals, the government provides subsidies to ensure universal access [10].

SWEDEN

Sweden maintains a publicly funded healthcare system with universal coverage for all residents. Healthcare services are decentralized, managed at national, regional, and municipal levels. In 2022, health expenditure accounted for 10.7% of Sweden's GDP, with 86% of this spending publicly financed [11]. Funding primarily comes from regional and municipal taxes, supplemented by national government grants. Private insurance plays a minor role, as the public system emphasizes accessibility, equity, and quality. Preventive care and healthy lifestyles are central to Sweden's approach, ensuring long-term benefits for its population [11].

These systems show that universal healthcare isn't a one-size-fits-all solution. Each country adapts to its specific needs, but a common theme emerges: equitable access and efforts to minimize financial barriers. At the same time, they face key challenges such as long wait times for specialist care and elective procedures and increasing reliance on private healthcare options to bypass delays, highlighting the ongoing struggle to balance accessibility, affordability, and efficiency in universal healthcare systems. As we continue evaluating the U.S. readiness for universal healthcare, these global examples provide valuable insights.

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IS THE US HEALTHCARE SYSTEM REALLY THAT WORRISOME?

Not necessarily. While the U.S. healthcare system has its problems, it also has a lot of good things going for it. Sure, people often complain about the high costs and complicated processes, but let's not forget the strengths. Considering how large and diverse the U.S. population is—one of the most diverse in the world—it's not surprising that our system faces unique challenges. So, what are the good and bad sides of U.S. healthcare? Let's take a closer look [12][13].

PROS

- **Advanced Medical Technology:** The U.S. leads the way in medical innovation, with cutting-edge technology and world-class research facilities driving breakthroughs in treatment and care.
- **High-Quality Care:** Some of the best hospitals and medical centers in the world are right here, offering specialized care that's second to none.
- **Choice and Flexibility:** Patients often enjoy a wide array of options when it comes to choosing providers and treatment plans. This level of flexibility is rare in many other countries.
- **Minimal Waiting Times:** The U.S. often has shorter wait times for elective procedures due to abundant resources and advanced infrastructure. However, waits vary based on insurance, provider networks, and specialist availability, with cost barriers sometimes delaying care for uninsured or underinsured patients, particularly in high-demand specialties or rural areas.

CONS

- **High Costs:** It's no secret that healthcare in the U.S. is expensive. From insurance premiums to medical procedures or even a simple visit to doctor's office, the financial burden can be overwhelming for many.
- **Inequitable Access:** High costs disproportionately affect low-income individuals, racial minorities, and those with lower education levels. Social determinants of health—like income and location—worsen disparities, leading to delayed care, higher chronic disease rates, and preventable hospitalizations.
- **Complex Insurance System:** Navigating the insurance system can feel like running a marathon. Varying coverage options and unpredictable out-of-pocket expenses add to the confusion.
- **Administrative Burden:** Paperwork, red tape, and bureaucracy are significant drawbacks, often consuming time and driving up costs for both providers and patients.

While there are clear advantages, the drawbacks are just as noticeable. This is why the idea of a universal healthcare system sparks so much debate. It's not just about adopting a new model—it's about understanding the unique needs of our population and finding solutions that work for everyone.

WHERE THE US STANDS AMONG THE WORLD'S BEST HEALTHCARE SYSTEMS?

With a glimpse of healthcare systems worldwide, it's time to see how the U.S. stacks up. According to the *Mirror, Mirror 2024* report by the Commonwealth Fund, the United States ranks 10th among the top 10 healthcare systems [14]. While the U.S. excels in care delivery processes, it struggles in other critical areas, especially when considering its immense healthcare spending.

(Notably, Norway, which we discussed earlier as a model for universal care and ranked first in the 2021 report, is absent from the 2024 edition as it chose to exit the Commonwealth Fund's international surveys.)

One of the key issues is the high cost of care, coupled with significant barriers to accessing affordable services. Administrative overhead, fragmented care systems, and glaring disparities in access are major contributors to these challenges. The report makes it clear: systemic reforms are urgently needed to improve both the efficiency of healthcare delivery and equitable access for all.

Is the United States ready for Universal Healthcare?

Asia Pacific Journal of Health Management 2025; 20(2):4221. doi: 10.24083/apjhm.v20i2.4221

FIGURE 1: HEALTHCARE SYSTEMS PERFORMANCE RANKING

	AUS	CAN	FRA	GER	NETH	NZ	SWE	SWIZ	UK	US
OVERALL RANKING	1	7	5	9	2	4	6	8	3	10
Access to Care	9	7	6	3	1	5	4	8	2	10
Care Process	5	4	7	9	3	1	10	6	8	2
Administrative Efficiency	2	5	4	8	6	3	7	10	1	9
Equity	1	7	6	2	3	8	—	4	5	9
Health Outcomes	1	4	5	9	7	3	6	2	8	10

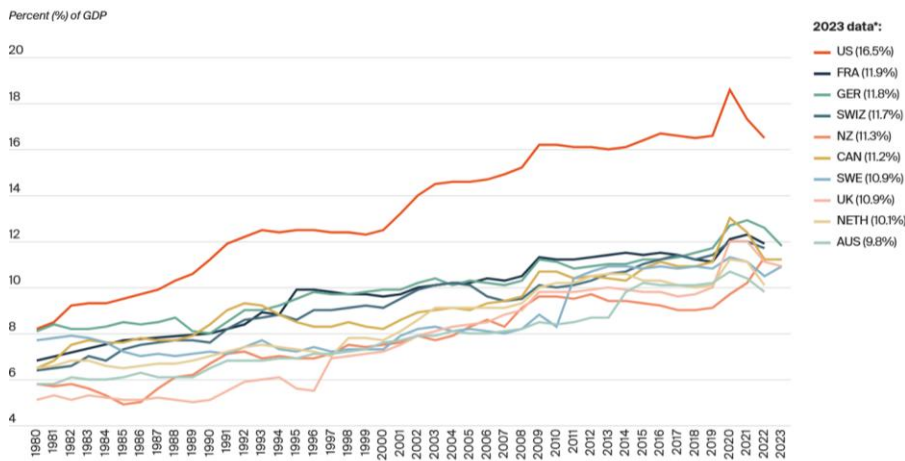
Note: SWE overall ranking calculation does not include Equity domain. See "How We Conducted This Study" for more detail.

Data: Commonwealth Fund analysis.

Source [14]: David Blumenthal et al., *Mirror, Mirror 2024: A Portrait of the Failing U.S. Health System — Comparing Performance in 10 Nations* (Commonwealth Fund, Sept. 2024). <https://doi.org/10.26099/ta0g-zp66>

Despite having some of the highest healthcare spending as a percentage of GDP, the U.S. consistently falls short in overall performance compared to nations like Australia, the Netherlands, and the United Kingdom. For instance, between 1980 and 2023, the U.S. healthcare system showed significant gaps in outcomes despite consistently high investments. This performance gap isn't just a statistic—it's a call to action. If the U.S. is to improve its ranking and, more importantly, deliver better healthcare for its people, addressing inefficiencies and prioritizing equitable, affordable access must be at the heart of future reforms.

FIGURE 2: HEALTHCARE SPENDING AS A PERCENTAGE OF GDP, 1908-2023



Notes: GDP = gross domestic product. Current expenditures on health. Based on System of Health Accounts methodology, with some differences between country methodologies. * Data for CAN, GER, SWE, and the UK from 2023; data for AUS, FRA, NETH, NZ, SWIZ, and the US from 2022.

Data: OECD Health Data, July 2024.

Source [14]: David Blumenthal et al., *Mirror, Mirror 2024: A Portrait of the Failing U.S. Health System — Comparing Performance in 10 Nations* (Commonwealth Fund, Sept. 2024). <https://doi.org/10.26099/ta0g-zp66>

LIMITATIONS OF THE STUDY

The manuscript references data from the Commonwealth Fund's "Mirror, Mirror 2024" report and the 2024 Biennial Health Insurance Survey [14]. It's important to clarify that these reports, published in 2024, are based on data collected in prior years. The "Mirror, Mirror 2024" report utilizes data from surveys conducted between 2021 and 2023. Similarly, the 2024 Biennial Health Insurance Survey gathered information from March 18 through June 24, 2024. Therefore, the statistics presented are retrospective, reflecting the most recent data available up to the time of publication.

Is the United States ready for Universal Healthcare?

Asia Pacific Journal of Health Management 2025; 20(2):4221. doi: 10.24083/apjhm.v20i2.4221

BUILDING A BETTER US HEALTHCARE SYSTEM

Improving the U.S. healthcare system requires action in several critical areas. Here are some key steps that can make a real difference [15][16]:

1. Expand access to affordable care

Affordable healthcare must be within reach for everyone. Increasing funding for Medicaid and expanding eligibility can provide coverage to more low-income individuals and families. Policies to lower out-of-pocket costs for medical services and prescription drugs will also help make healthcare accessible to all, regardless of income.

2. Simplify administrative processes

The complexity of the current system adds unnecessary costs and confusion. Simplifying the insurance process, cutting down on paperwork, and streamlining operations can lower administrative expenses. Standardizing electronic health records (EHRs) can further reduce administrative burdens. EHRs enhance efficiency by decreasing paperwork, improving safety, and reducing test duplication. A McKinsey report highlighted that implementing 30 targeted interventions, such as automating repetitive tasks and standardizing processes, could potentially save up to \$265 billion each year [27].

3. Address health disparities

Bridging gaps in healthcare access and outcomes is crucial. This means increasing support for community health centers, funding preventive care initiatives, and ensuring underserved populations have access to high-quality services. Promoting health equity must be at the heart of any reform efforts.

4. Prioritize preventive care

Prevention is better than cure. Encouraging healthy habits and expanding access to preventive services can reduce the impact of chronic diseases and improve population health. Preventing illnesses before they become severe can also ease the strain on the healthcare system, saving both lives and resources.

5. Learn from global best practices

There's no need to reinvent the wheel. Countries like Australia, the Netherlands, and the UK offer valuable lessons in achieving universal coverage and efficient healthcare management. Borrowing elements like a single-payer system or improving primary care services can provide the U.S. with practical solutions to longstanding challenges.

By focusing on these actionable steps, the U.S. can build a healthcare system that is more efficient, equitable, and accessible. However, any major reform must navigate significant political and ideological hurdles. Public opinion remains divided on the role of government in healthcare, and past reform efforts—such as the Affordable Care Act—faced strong partisan resistance. Achieving meaningful change requires bipartisan cooperation, stakeholder engagement, and gradual policy shifts that balance economic, social, and political feasibility while ensuring long-term sustainability.

WILL THE UNITED STATES EVER HAVE UNIVERSAL HEALTHCARE?

The debate about universal healthcare in the U.S. has been going strong for years, and it's likely to continue. Supporters of a single-payer system believe it could simplify the way healthcare works, cut overall costs, and make sure everyone gets access to essential care. They argue that reducing out-of-pocket costs could ease the financial burden on families and improve health for the entire population [17].

But there's another side to the argument. Critics worry that a universal healthcare system might mean higher taxes and more government control over personal healthcare choices. They also point to challenges in other countries with universal systems, like long wait times for certain treatments or limited availability of resources, which might not sit well with Americans used to quicker access and broader options.

Is the United States ready for Universal Healthcare?

Asia Pacific Journal of Health Management 2025; 20(2):4221. doi: 10.24083/apjhm.v20i2.4221

While a fully single-payer model remains controversial, hybrid healthcare systems—blending universal coverage with private-market competition—have proven successful in countries like Germany, Switzerland, and the Netherlands. In Germany, statutory health insurance (SHI) covers approximately 89% of the population, while high-income individuals and civil servants can opt for private health insurance (PHI), which covers about 11% [28]. Switzerland mandates private health insurance for all residents, with government regulations ensuring affordability and income-based subsidies provided to approximately 27.3% of individuals [29]. The Netherlands operates a regulated private insurance system, offering universal coverage with government subsidies for lower-income citizens.

The U.S. has already made progress with programs like the Affordable Care Act, which expanded coverage and brought the uninsured rate down. But achieving truly universal healthcare is a different ballgame. Some experts suggest looking at hybrid models—blending elements of the current system with successful strategies from other countries, like universal coverage paired with private options to maintain choice and innovation.

HEALTHCARE: A RIGHT OR A PRIVILEGE?

A core debate shaping U.S. healthcare policy is whether healthcare is a fundamental right or a privilege. Advocates of healthcare as a right argue that access to medical care is essential for public well-being, economic stability, and social equity, warranting government intervention to ensure affordability and universal access. Conversely, proponents of healthcare as a privilege believe that access should be market-driven, emphasizing personal responsibility, competition, and limited government involvement. This divide influences policy choices—funding mechanisms, regulatory frameworks, and coverage mandates—ultimately determining the feasibility and structure of any universal healthcare model in the U.S.

CONCLUSION

Ultimately, the path forward depends on how the U.S. balances fair and affordable healthcare with concerns about cost, quality, and choice. While universal healthcare might not be imminent, policymakers, researchers, and healthcare institutions can take incremental steps to improve access and affordability. Expanding pilot programs, strengthening data collection on healthcare disparities, and incrementally broadening public coverage through Medicaid and ACA subsidies can provide practical pathways for reform. As the debate continues, a data-driven, collaborative approach will be key to shaping a more equitable and effective healthcare system that serves all Americans.

References

1. The State of Health Insurance Coverage in the U.S. Findings from the Commonwealth Fund 2024 Biennial Health Insurance Survey [Internet]. Commonwealth Fund. 2024. Available from: <https://www.commonwealthfund.org/publications/surveys/2024/nov/state-health-insurance-coverage-us-2024-biennial-survey>
2. Patel N, Singhal S. What to expect in US healthcare in 2024 and beyond [Internet]. McKinsey & Company. 2024. Available from: <https://www.mckinsey.com/industries/healthcare/our-insights/what-to-expect-in-us-healthcare-in-2024-and-beyond>
3. U.S. Health Care Coverage and Spending [Internet]. 2024 Dec. Available from: <https://crsreports.congress.gov/product/pdf/IF/IF10830>
4. International Health Care System Profiles United States [Internet]. The Commonwealth Fund. Available from: <https://www.commonwealthfund.org/international-health-policy-center/countries/united-states>
5. The Australian health system [Internet]. Australian Government Department of Health and Aged Care. Available from: <https://www.health.gov.au/about-us/the-australian-health-system>
6. Wikipedia contributors. Health care in Australia [Internet]. Wikipedia. 2024. Available from: https://en.wikipedia.org/wiki/Health_care_in_Australia

7. International Health Care System Profiles England [Internet]. The Commonwealth Fund. Available from: <https://www.commonwealthfund.org/international-health-policy-center/countries/england>
8. International Health care system Profiles Norway [Internet]. The Commonwealth Fund. Available from: <https://www.commonwealthfund.org/international-health-policy-center/countries/norway>
9. About Canada's health care system [Internet]. Government of Canada. 2023. Available from: <https://www.canada.ca/en/health-canada/services/canada-health-care-system.html>
10. International Health Care System Profiles Netherlands [Internet]. The Commonwealth Fund. Available from: <https://www.commonwealthfund.org/international-health-policy-center/countries/netherlands>
11. Sweden health system information [Internet]. Available from: <https://eurohealthobservatory.who.int/countries/sweden>
12. Admin. Pros and Cons of US healthcare - pros and cons [Internet]. Pros and Cons. 2021. Available from: <https://prosancons.com/medicine/pros-and-cons-of-us-healthcare/>
13. Shmerling RH MD. Is our healthcare system broken? [Internet]. Harvard Health. 2021. Available from: <https://www.health.harvard.edu/blog/is-our-healthcare-system-broken-202107132542>
14. David Blumenthal et al., Mirror, Mirror 2024: A Portrait of the Failing U.S. Health System — Comparing Performance in 10 Nations (Commonwealth Fund, Sept. 2024). <https://doi.org/10.26099/ta0g-zp66>
15. Health reform: How to improve U.S. health care in 2020 and beyond. American Medical Association [Internet]. Available from: <https://www.ama-assn.org/about/leadership/health-reform-how-improve-us-health-care-2020-and-beyond>
16. 5 ways to improve the U.S. health care system, according to Marc Harrison [Internet]. 2021. Available from: <https://www.advisory.com/daily-briefing/2021/12/17/health-care-priorities>
17. Countries with Universal Healthcare: 2024 Global Overview of Healthcare Systems [Internet]. Available from: <https://www.gloroots.com/blog/universal-healthcare-2024>
18. Topic: Obamacare. (2024, February 28). Statista. <https://www.statista.com/topics/3272/obamacare/>
19. Taxation Revenue, Australia, 2022-23 financial year. (2024, April 23). Australian Bureau of Statistics. <https://www.abs.gov.au/statistics/economy/government/taxation-revenue-australia/latest-release>
20. Health Expenditure Australia. (2019). Australian Government | Australian Institute of Health and Welfare. Retrieved February, 2025, from <https://www.aihw.gov.au/getmedia/a5cfb53c-a22f-407b-8c6f-3820544cb900/aihw-hwe-80.pdf>
21. The King's Fund. The NHS budget: A breakdown of funding in England [Internet]. The King's Fund; 2024. Available from: <https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/nhs-budget-nutshell>
22. British Medical Association (BMA). NHS backlog data analysis: Key trends and figures [Internet]. BMA; 2024. Available from: <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/nhs-backlog-data-analysis>
23. European Commission. Norway: Country Health Profile 2019 [Internet]. European Commission; 2019. Available from: https://health.ec.europa.eu/system/files/2019-11/2019_chp_no_english_0.pdf
24. Organisation for Economic Co-operation and Development (OECD). Taxing Wages – Norway 2023 [Internet]. OECD; 2023. Available from: <https://www.oecd.org/ctp/tax-policy/taxing-wages-norway.pdf>
25. Canadian Institute for Health Information (CIHI). National Health Expenditure Trends, 2022 – Snapshot [Internet]. CIHI; 2022. Available from: <https://www.cihi.ca/en/national-health-expenditure-trends-2022-snapshot>
26. Wikipedia contributors. Healthcare in Canada [Internet]. Wikipedia; 2024. Available from: https://en.wikipedia.org/wiki/Healthcare_in_Canada
27. Sahni, N. R., Mishra, P., Carrus, B., & Cutler, D. M. (2021, October 20). Administrative simplification: How to save a quarter-trillion dollars in US healthcare. McKinsey & Company. <https://www.mckinsey.com/industries/healthcare/our-insights/administrative-simplification-how-to-save-a-quarter-trillion-dollars-in-us-healthcare>
28. European Observatory on Health Systems and Policies. Germany: Country Health Profile 2024 [Internet]. WHO Regional Office for Europe; 2024. Available from: <https://eurohealthobservatory.who.int/countries/germany>
29. The Commonwealth Fund. International Health Care System Profiles: Switzerland [Internet]. The Commonwealth Fund; 2024. Available from: <https://www.commonwealthfund.org/international-health-policy-center/countries/switzerland>