

## **Cross-National Comparison of Taiwan, Japan, US, and UK's Health Insurance System**

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### **Abstract**

Health care system has been closely related the life quality of human beings. In Taiwan, National Health Insurance (NHI) set off in 1995, which has been in name of social insurance but conduct in the way of social welfare. NHI is compulsory policy and every citizen is required to join. NHI covers medical payment to the hospitals, and insurance revenue comes from employer, employees and government's payments.

In Japan, employees' health insurance began in 1922 and national insurance started in 1932. Citizens with specific jobs in private, public and non-profit sectors join the former, and the rest, including self-owners, farmers, fishers, or the ones in agricultural sectors have to join national insurance program. Japan's insurance payment includes medical and cash payment, which different from Taiwan system and benefit insurants while they are in medicine.

US and UK's health insurance systems are quite different. US health insurance has been market-oriented and commercial, except Medicare and Medicaid under the Social Security Act offering health care to the aging people and low-income family. Centers for Medicare and Medicaid Services (CMS), which is consist of the Center for Beneficiary Choices, the Center for Medicare Management and the Center for Medicaid and State Operation, is responsible for monitoring and delivering the service. Medical payments are general regulated by federal law, but every state government has its own detailed implementation by state law.

By contrast, UK's National Health Service (NHS) has been totally government funded and all medical service has been provided by the public sector. The Secretary of State for Health (SoS) and the Department of Health are policy-planning centers, while NHS Executive (NHSE), Strategic Health Authority (StHA) and Primary Care Trust (PCT) are responsible for health policy implementation.

This paper cross-nationally compares health insurance experience of Taiwan, Japan, US and UK's health insurance system. Dwight Waldo pointed out: Reciprocal learning, mutual adjustment, institutional invention may be speeded, and a world unified but not unitary, harmonious but not homogenized, may develop. It is expected that reciprocal learning and mutual adjustment of difference countries' experience can achieve better health for well-beings.

**Keywords:** Social Health Insurance, National Health Insurance, Medicare, Medicaid, National Health Service