3-Country Side-by-Side of Single-Payer Health Care Systems

	Canada	Germany	Taiwan
Enabling Legislation	Canada Health Act: puts in place conditions by which individual provinces and territories in Canada may receive funding for health care services. Enacted in 1984.	Health Care Structural Reform Act, 1993.	National Health Insurance (NHI) Act was passed by the Legislative Yuan on July 19, 1994, and implemented in 1995; expanded job-related health insurance to univerally covered insurance program, which includes family members.
Coverage	Covers basic services such as primary care physicians and access to hospitals, as well as dental surgery and additional medical services.	Both state-regulated and private insurance cover physician fees, hospital fees, chronic care, and part of dental care.	NHI offers comprehensive benefits package: ambulatory care, hospitaliation, ancillary services, dental care, home health care, px drugs, traditional Chinese medicine, and some preventative heatlh services.
Supplemental coverage	Private health insurance plans, primarily through employers, cover dental and vision care, and prescription medications. Private insurance also allows access to private clinics for specialized services, and covers 80% of costs.	Private health insurance for certain groups of people	
Insurance structure	Handled by individual provinces and territories. Health card allows coverage in that particular province or territory. Certain provinces require health care premiums, but cannot deny health services due to financial inability. Provinces can provide additional services, but are not obligated to.	Most everyone is obligated to use state-regulated plans, though certain groups, with certain income levels and the self-employed can opt out and take out private insurance. Public sector employees are reimbursed by the state for part, but have to be privately insured to cover the rest.	Insurance premiums are shared by individuals, employers, and the government. Medical expenses are paid by a single-payer (BNHI).

Accessing Care	Requires obtaining a provincial health card. A waiting period not to exceed three months for new immigrants. Health card contains an ID number, which is used to access a person's medical information. There are typically no forms to fill out or individual service fees. Availability of doctors depends on demand, and there are 1 primary care doctor for every 1000 Canadians.	Although some hospitals have certain wards only for private patients, both private and state-regulated patients use the same hospitals, and receive the same standard of care.	All citizens are obligated by law to join the NHI program. Insurance vouchers, medical and special, are used in the NHI plan. It is a paper card, used to record six doctor visits, then traded in for a new one.
Providers	Primary care doctors, specialists, hospitals and dental surgery are all covered by provincial insurance policies. There are about 30,000 primary care doctors and 28,000 specialists. Ambulatory services are provided for those unable to transport themselves in an emergency.	State-regulated patients may consult any general practitioner or specialist officially contracted by their insurance provider. Apart from relatively minor delays for non-emergency surgery, waiting time are virtually non-existent.	15,872 medical institutions have been contracted by NHI, of these, 3.32% are public and 96.68% are private.
Financing	Funded at both provincial and federal levels via taxation both from personal and corporation income taxes. At federal level, funds are allocated to provinces and territories via the Canadian Health and Social Transfer. Funding to provinces and territories topped $35 billion in 2002-2003. Publicly financed, but privately run.	People pay into health insurance plans until retirement (14% of employee's gross income, and shared equally by employee and employer), covering 68% of overall healthcare costs. Taxes, funds from those with private health insurance, and co-payments, cover the rest. State covers contributions for the unemployed and low-income. Administered by national and regional self-governing associations of payers and providers.	Financed by payroll-related premium contributed by the employer (33%), the employee (40%), and the government (27%). Administered by government, single-payer, and compulsory. There is also a copayment system. Remainder paid by insurance.
Total Insured	95% to 98% are insured. In addition to taxes, two provinces charge residents a premium to help fund their health plans. Those who do not pay the premium are uninsured.	92% through statutory health insurance, 7.7% through private for-profit insurance, and 0.3% have no health insurance	99% as of July 2005.