

## Quick Facts

- Total Spending: **~\$4.5 trillion** (2022)
- Per Capita Cost: **~\$13,000 per person**
- Uninsured Americans: **~27 million (~8%)**



(iStock)

- Largest Health Insurer: **UnitedHealth Group** (\$324B revenue, 2023)

- Major Public Programs: **Medicare, Medicaid, VA Healthcare**

**spending** dépenses, budget / **trillion** mille milliards / **per capita** par habitant / **uninsured** sans assurance (médicale) / **Insurer** assureur, compagnie d'assurances / **revenue** recettes, chiffre d'affaires.

## Key names

(JLH-B&W/SUPERSTOCK/SIPA)



**Lyndon B. Johnson**  
Created **Medicare & Medicaid** in 1965.

(AP Photo/Erin Hooley)



**Barack Obama**  
Signed the **Affordable Care Act (Obamacare)** in 2010.

(ZUMA Press Wire/Shutterstock)



**Bernie Sanders**  
Leading advocate for **Medicare for All**.

(AP Photo/Jacquelyn Martin)



**Elizabeth Warren**  
Supports a **public option** to compete with private insurers.

**affordable** abordable (financièrement) / **act** loi, décret / **leading** principal, de premier plan / **advocate** défenseur, partisan / **to support** soutenir, défendre / **to compete with** concurrencer.

## Historical context

The U.S. employer-based health insurance system emerged in the 1920s and expanded during World War II when companies offered health benefits **to attract workers under wage controls**. By the 1950s, tax exemptions solidified this model, covering half of Americans. However, it left out many, leading to **Medicare and Medicaid (1965)** and later reforms like **CHIP (1990s)** and **the ACA (2010)**. Unlike other nations that built universal systems post-war, the U.S. relied on **patchwork reforms**, leaving millions uninsured or underinsured.

**employer-based** ici, financé par l'employeur / **to expand** se développer / **benefit** avantage (social) / **wage** salaire / **to solidify** consolider / **to leave, left, left out** exclure / **to lead, led, led to** conduire, aboutir à / **CHIP = Children's Health Insurance Program** programme d'assurance maladie conçu pour couvrir les enfants non assurés issus de familles aux revenus modestes mais trop élevés pour être admissibles à Medicaid / **ACA = Patient Protection and Affordable Care Act** / **unlike** contrairement à / **to rely on** se reposer sur (fig.) / **patchwork** méli-mélo, ensemble disparate.



## Public VS private

### Private Healthcare

The U.S. is the only developed country without a system of universal healthcare. Most Americans receive health insurance through private companies, often provided by employers. This means many lose insurance if they change or lose their jobs. Private insurers, such as Blue Cross Blue Shield, UnitedHealthcare, and Aetna, dominate the market.

to provide fournir / shield bouclier, protection.

### Public Healthcare (Government Programs):

- **Medicare:** Federal program for people 65+ and certain younger individuals with disabilities.
- **Medicaid:** Joint federal and state program providing coverage to low-income individuals.
- **CHIP (Children's Health Insurance Program):** Covers children in low-income families who don't qualify for Medicaid.
- **VA (Veterans Affairs) and TRICARE:** Covers military personnel, veterans, and their families.

disability handicap / joint conjoint / coverage couverture (de santé) / low-income à faible revenu / to qualify for remplir les conditions requises/satisfaire aux critères pour (avoir droit à).



## A complex system

The U.S. healthcare system is notoriously complex, with multiple payers, various insurance plans, and opaque pricing. Patients face high deductibles, copays, and prior authorisation requirements, making access to care difficult. The lack of price transparency and complicated billing further add to inefficiencies, making the system harder to navigate and more expensive.

notoriously réputé / pricing tarification / to face se heurter à / deductible franchise (contrat d'assurance) / copay ticket modérateur / prior authorization requirement demande d'autorisation préalable / to add further to accroître / to navigate ici, appréhender.

## Rising anger

100 million Americans owe \$220 billion in medical debt, fuelling frustration over high costs, denied care, and complex bureaucracy. Many believe insurers prioritise profits over patients, sparking debates on stronger regulations, government intervention, or a universal healthcare system.

rising croissant, grandissant / anger colère / to owe devoir / billion milliard / to fuel alimenter, attiser / to deny ici, priver de / to spark déclencher, provoquer / debate différends, désaccords.

## What are the results?

According to the Commonwealth Fund's health survey in 2023, the United States has "the lowest life expectancy at birth, the highest death rates for avoidable or treatable conditions, the highest maternal and infant mortality, and among the highest suicide rates."

survey étude, enquête / life expectancy espérance de vie / death rate taux de mortalité / avoidable évitable / treatable facile à traiter / condition maladie / infant enfant en bas âge, nourrisson.

## Obamacare



The Affordable Care Act (ACA), or Obamacare, was signed in 2010 to expand coverage, reduce costs, and improve care. It was the biggest healthcare reform since Medicare and Medicaid.

Many conservatives saw it as 'socialised medicine' and tried to repeal it multiple times.

to expand développer, élargir / to improve améliorer / care soin(s), (prise en) charge / conservative conservateur / socialised ici, créé par les socialistes, socialo / medicine remède / to repeal annuler, abroger.

## High costs

The high cost of U.S. healthcare is driven by administrative expenses, high drug prices, and a for-profit system. Around 25% of spending goes to billing, paperwork, and insurers, making it one of the most bureaucratic systems in the world. Prescription drugs cost 2-3 times more than in other countries due to limited price regulations. Additionally, unlike Canada or the UK, many hospitals and insurers operate for profit, prioritising revenue over affordability.

to be driven by ici, être dû à/provoqué par / expenses dépenses / drug médicament, produit pharmaceutique / for-profit à visée commerciale, à but lucratif / billing facturation / paperwork paperasse, formalités / prescription (délivré sur) ordonnance / regulation réglementation / to operate fonctionner, être géré / to prioritise accorder la priorité à / affordability accessibilité, caractère abordable/raisonnable.

## Glossary

**Out-of-Pocket Costs:** Expenses individuals pay themselves, including deductibles, copays, and coinsurance, before insurance covers the rest.

**Network (In-Network vs. Out-of-Network):** A group of doctors and hospitals that have agreed to lower rates with an insurance company.

**Prior Authorisation:** When an insurer requires approval before covering a procedure or medication, which often delays patient care.

**Public Option:** A government-run insurance plan that competes with private insurers but does not replace them.

**Medical Bankruptcy:** When individuals go into debt due to high medical bills, even if they have insurance.

out-of-pocket de sa poche, payé par ses propres moyens, supporté par les patients / to agree to accepter / rate tarif / to require demander / approval approbation / procedure ici, intervention (chirurgicale) / medication médicament(s) / to delay retarder, différer / government-run géré par l'Etat, d'Etat / to replace remplacer / bankruptcy ici, insolvabilité / to go, went, gone into debt s'endetter.