Literature Review

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The intersection of medicine and politics has been a frequent topic of concern that became increasingly more popular in 2003 when the world was first introduced to the lab-made coronavirus SARS (Kim, Goh, & Kang, 2022). After years of politicians swinging the public's opinion regarding single-payer health insurance versus employment-based health insurance, insurance companies, and their lobbyists have effectively kept regulation from tempering their ability to incentivize overestimating costs (Dubois & Lasio, 2018; Gottschalk, 2011). Beginning in the early 2000s, President George W. Bush ushered in a Public-Private Partnership, PPP, model to assist Medicare beneficiaries with the cost of prescription drugs (Padula, Ballreich, & Anderson, 2018). As the United States progressed into the age of the Patient Protection and Affordable Care Act, ACA, around the world, PPPs were implemented for various medical phenomena, such as HIV/AIDS, SARS, and COVID-19 (Strasser, Stauber, Shrivastava, Riley, & O'Quin, 2021). There are few studies detailing the outcomes of these implementations, which leaves it to be determined whether or not PPPs provide better health outcomes at more economically efficient rates than traditionally provided government or private healthcare services (Baxter & Casade, 2020). A review of studies involving PPPs in Africa and Singapore compared to the economic impacts of Medicare Part D here in the United States shows that there remains a significant need for more research to form conclusions about the effectiveness of these programs (Habib, 2020; Scott, Kaiser, Jack, Nkabane-Nkholongo, Juntunen, Nash, Alade, & Vian, 2022).

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