Introduction to FLR:

In the field of Public Health, professionals are knowledgeable that the current system is failing, but have limited idea of how to change this. Our studies demonstrate extensive research on the subject of reform with various proposals, policy implementations, outreach plans, and facts about current situations and potential outcomes. Additionally, studies conducted in our research outline the often corrupt and broken system, call for different plans of action, and agree there is a problem. Tooker (2003) discusses reducing the amount of uninsured Americans, results in a decrease in unnecessary use of hospital emergency rooms, reductions in hospitalizations, reduction of costly treatment in later stages of disease, and most importantly a decrease in overall cost. However, this lack of adequate healthcare is amongst the largest contributors of health disparities amongst citizens. Berridge (2016) briefly mentions the inequalities facing Blacks in earlier decades but the truth is, many more are impacted by the system. Immigrants and people of low socioeconomic status are among millions of those negatively impacted by a system of high cost and low results. The United States Healthcare system is one of the most expensive systems in the developing world yet millions are uninsured. According to Akhter (2003), in addition to the lack of health insurance among nearly 15% of the population of the United States, there are major economic, racial, and ethnic disparities among those who are uninsured (p. 1). With this being said, what changes or adaptations can policymakers create to ensure quality, affordable health coverage for American citizens?