Good term paper on health politics and policy

Economics, Insurance

Difference between entitlement program and block grants

An entitlement program is one of the government mechanisms in which public funds are given to people who meet specific requirement. Good example of an entitlement program in the united state of America is Medicare program. In the Medicare program on the part of it would qualify to be an entitlement program. In this program, the people who are unable to meet their medical care cost are given some funds. Other may confuse an entitlement program with social security program during their working day, but this is not a form of an entitlement program. The only time in which the Medicare and social security becomes an entitlement program is only when a person has a disability, and he is unable to work. Person in such a condition is given by government social security fund as well as a government medical insurance. On the other hand, a block grant is a large sum of money that a national government grants to regional or state government with a general provision on how to spend the money. The money that the national government grants to the state can be to solve a particular problem in that region. In health policies block can be the large amount of money that the national government grant to the state to purchase equipment, drugs or training of physician so as to deliver better medical care. Block grant help solve the problems in health centers that are associated with inadequate facilities in the health centre.

Classification of Medicaid, SCHIP, and Medicare as either entitlement program or block grants

Medicare is federal health insurance program for those individuals who are 65 years and above, or for young people who have disabilities and are

unable to work. It can also be for those individual that have suffered permanent kidney failure. It is an entitlement program in which individual who meets the above condition is given by the government social security fund and also a government health insurance. Hence the Medicare when they meet above condition becomes a form of government entitlement program.

Medicaid is federal-state health program that is offered to the improvised families, women who are pregnant, the elderly individual, those with disabilities. Those who apply and qualify in this program are provided by government optional healthcare facilities. It is a block grant in that it involves the national government providing funds to the regional government to solve the problem of health in these states. The stated government is directed by the government on how to use the Medicaid they are given, and the criteria know that one qualifies for Medicaid.

The SCHIP is a program that is given out by the United state government in the department of health and the human services and its function is provide Matching funds to region or state for health insurance for those families that have children. This program was set to cover for those children that are not insured in the families in which their income are modest but these incomes are very high for them to qualify to be Medicaid. SCHIP is block grant as it involves the national government granting funds to the regional government to cater for health insurance for those children whose families' incomes are very low.

Individuals that are covered by Medicaid

The Medicaid program is among the largest source in united state that offers health insurance, and it takes position Three. Medicaid covers the most vulnerable members of the society by providing medical and the other medically related services to the above named persons. This program covers several million of low income earners people and especially women, children from low income earning families, and those persons with disabilities. This program that is mainly for people with disabilities and low income earners enables them to access efficient health facilities. For an individual to qualify for this program, he must meet the condition of being a low income earner or has disabilities. The cost of accessing health care is very high such that people with disabilities or those that are low income earners cannot afford. The government gives block grant to states so as these individuals are not disadvantaged and can access better health care.

Difference between Medicare, SCHIP, and Medicaid funding

Medicare is a health insurance policy that the government gives for the elderly people of age 65 year and above or to those individual with disabilities and are unable to work, or for those individual with lifetime diseases. It differs from the SCHIP in funding in that for one to qualify for Medicare program should be unable to work due to age, infection with permanent kidney failure, or having disabilities that may limit one from working. The funding of SCHIP is for those children whose family has the modest income but they are too high for it to be Medicaid program. It enables children from these families to access better health services even

though their parents are unable to pay. The condition in which make these children qualify for funding is they are not insured, and their parent earn the modest income that do not allow these children access better health care. Medicaid funds are for those members of a state that are venerable. It provides insurance funding to the venerable members of society and most especially the pregnant women, children or the people who have disabilities. The condition for one who applies for this program is that one should be earning very low income and cannot afford the cost of healthcare. It differs with Medicare in funding for one to qualify for this program he must be elderly of age 65 years and above, or he is having disability and cannot work. Medicare also funds individual that have suffered an infection like permanent kidney failure and cannot are unable to work and earn. The two programs differ only in the condition that one needs to meet before he is funded.

Example of how being uninsured impact an individual health care

When an individual is uninsured his health may be impacted negatively and in the end the individual may end up losing his life since he or she is unable to access health facilities. For example, when a person has chronic infection that requires surgery he may not be able to meet the high cost of the surgery by his own. If this person is insured, he will be able to undergo this surgery since the insurance company for which he has taken cover with will meet all the expenses and cost of the surgery. An individual who is not insured will suffer a great impact in that he may not be able to access these services and, the result is his health will continue to deteriorate. If he does

not get assistance to access the medical care and undergo the surgery, he will finally succumb to the infection. It has impacted negatively on his health in that He might lose his life to the condition that may be have treated with surgery only if he or she had taken a medical cover.

The second example that an uninsured individual may suffer is in the cause where an individual has the minor infection as headache or back aches. If one is insured he does not need to have money in hand to consult a physician. The insurance cover pays for even consulting with a physician. There is some amount for the outpatient set aside. That individual that does not have cover always needs to have cash hence if these minor symptoms of disease manifest, maybe unable to consult specialist. The times they get money their health would have continued to worsen since the infection is at their advanced stages. Finally, the health status of these individual become worse and cannot be treated and may lose their life from diseases that can be treated at their early stages.

Reasons for US national health reforms becoming heated debates

Quality of healthcare

The quality of healthcare has continued to bring debates on the US national health reforms. The debates are attributed to the fact that the Physician for national health program Give claims that the solution of the free market in health care will result to poor quality of the health service, high mortality rates than those that are funded by public. There is criticism by some groups on the Quality health maintenance organization and the managed care. World health Organization report show that publicly funded systems of

health care spent less, and they enjoy superior healthcare to the population than the free market.

Cost efficiency

The health reform of USA has continued to bring up debate as the free market health care has made this country spend a very large percentage of their GDP as compared to those countries that are publicly funded. The number of employers who give insurance to t5heir employee has declined. It has continued to raise debates in that more people have stopped taking insurance since the government is offering free medical care and, as a result in the amounts that the government spend on health care continues to increase. Debates are rising since these reforms are seen to be cost ineffective since government expenditure in health care has continued to increase since this health reforms started to be implemented.

No duty to treat principle and example of laws that narrow to the scope

No duty to treat principle is when there are no general duty that mandate one to offer assistance to others, Even if the situation are emergency. In other words, the bystander does not have a legal obligation, not unless he or she had participated to that situation that has led the other person to require the assistance. The other exemption to this no duty to treat is when the bystander has a special relationship with the individual that is in need. This principle has over the years been preserved in the American common law. The harsh implications of this law have always been avoided at times by both the legislature and the judiciary modifications.

One of the laws that narrow down to the scope of this principal is the

American with disability act. This act was made into law and the aim of establishing to ban discrimination to persons with disabilities. People with disabilities since this act was established have been receiving in the health care community. And it focused on the sections that affect the employment and access to health care facilities.

The other law that narrows down to these scopes is in case the patient is infected with HIV virus. The law demands that the physician takes care of these patients since HIV is a worldwide health problem.

The origin and key function of EMTALA

The EMTALA was passed in the year 1986 by the congress of Unite states, and much of it was to deal with medical care issues. It cannot be disputed that EMTALA came from the highly publicized incidents in which the emergency hospital rooms were for those patient that were financially stable. The patient who had no money were discriminated and not treated. Since this evil had continuously progressed in the hospitals, the congress saw the need to enact the EMATALA.

The key function of the EMATALA was to deal with patient dumping where the emergencies rooms of the hospital denied uninsured patient same treatment as the one that was given to the paying patient. The other function is to provide emergency treatment to those patients that are uninsured or indigent.

Key determination made by federal court appeal in the case or Canterbury v. spence

This appeal is from judgment that was entered in the district court on the verdicts that were directed for two appellees in the plaintiff-appellant case

Canterbury chief. IN his action he sought action for personal injuries, allegedly that was sustain from the operation that was negligently performed by appellee in Washington hospital centre. When it is looked closely one get evidence that the jury needs. The judgment on the case is needed to be reversed. The case should be remanded for the new trials.

The review at the records shows depressing tale. A young person suffering from back pain was taken through to operation without being informed on the risk of being paralysed. One day after the operation the young man failed from the hospital bed while he was left without any assistance. Since the fall the boy became paralyzed and had to undergo other operations. HE is a victim by trying to treat the back pain and years later he is still paralyzed.

US supreme court decision in planned parenthood. case altered the abortion regulation scheme articulated in roev. wade

Planned Parenthood v. casey was a case that the verdict was given in the year 1982 by United state supreme court. The constitutionality of the Pennsylvania states regulations that were considerate on abortion was challenged. The plurality opinion of the court supported the constitutional right to have an abortion, also went ahead to alter the standards that were used to analyze the restriction of that right, It invalidated one of the regulation und upheld the other four. The five provisions that were challenged to be unconstitutional under Roe v. wade, which in the foremost recognizes the constitutional right of having abortion in the liberty that is protected by the due process clause the fourteenth constitutional amendment.

The informed consent rule under the act the doctors are required to give the woman the implication of abortion on health

The spousal notice rule which requires the woman to give an early notice to their husband

Parental notification and consent that require minors to have permission from their parent before conducting the abortion

The fourth provision is to hold 24 hours before performing the abortion

Report mandate on institution that perform abortion were required in the fifth provision

The origin of professional standard care

IN the tort law, the standard care is the degree of prudence and caution that is needed for those individuals that have responsibility of care. The circumstances determine the requirement of this responsibility. Trier fact is used to determine the breached of standard care and always framed in the term that reasonable persons will understand. The standard of care was established in 1990. The standard care is used to determine if a doctor is liable for the various medical malpractices. The following medical standards are used in United State of America:

Standards quality: states the minimum level of performance, the constituent of perfect performances and the ranges between results.

Medical practice: guidelines which are developed in a systematic manner to assist medical practioners in the decision making in the most specific clinical setting.

Medical review criteria: The statements that are used to access how appropriate are the specific decision on health care.

Performance measures: they monitor the compliance with medical quality, medical reviews, the medical practice guidelines as used by the health care profession.

Evidence of standards

The standards that are developed from within in which medical specialist are the engines in the development of medical care standards. The development in medical standards of care took place in the year 1980 where the medical profession association became involved in the development of health standards'.

Standards from without where the medical professions are required to respond top pressure from third party players who focus on reducing the unnecessary health care services. The medical research is funded by the federal government and is done in academic institutions. The research is virtual in medical standards' evaluations. Changes that will bring US health care landscape from patient protection and affordable health care.

Health insurance coverage reforms

The act strengthens the existing forms of health insurance and apart from these it creates a new market for the purchasing of the health insurance. The affordable care act makes the insurance coverage to be a legal expectation in some parts of USA. The act builds anew insurance coverage that is affordable to individual and families that are not employed or are not able to

insure their health. It will provide Medicaid fort the families that have income less than 133% of the federal poverty levels.

Improving quality of health care

Apart from the insurance affordable care the act also realigns the health care system for the long term changes that will have effect on the health care quality, the designs and different organization of the system of health care practices. And finally transparency in the health care information. Broad changes in Medicare and Medicaid are introduced. There are new modes of payment and service delivery such as the medical homes that are clinically integrated.