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## Health Care Policies

Background and Context   
Two significant policies that have been addressed in two different administrations in the United States touch on health care. These are the Health Security Act, commonly known as the Clinton Health Care Plan or Hillarycare, and the Patient Protection and Affordable Care Act commonly referred to as Obama’s Health Care Reform of Obamacare. Like the names suggest, the former was put forward during the Clinton Administration while the latter was put forward under the Obama administration.   
The Health Security Act was a product of President Bill Clinton’s campaign. It was Clinton’s aim that during his first year in office, he would reform the health care system in the country. The argument during his campaign was that about 37 million American citizens did not have health care insurance despite the U. S. being a modernized democracy (Pfiffner, 1998). The country lacked universal health care coverage for its citizens. Also, during the time, many Americans risked losing their health insurance, and the country’s medical bills were increasing at a rate that almost twice the inflation rate. With the US spending more on health care than any other nation, there was a need for legislation and this led to the setting up of a task force on National Health Care Reform that drafted the Health Security Act. Unfortunately, the policy did not materialize.   
The Obama Health Care Reform (Patient Protection and Affordable Care Act) was enacted as a result of the many problems that faced the American health care system. According to Obama (2007), the number of people who did not have health insurance cover was huge and was increasing steadily. In the year 2000, about 38 million persons did not have health insurance. This translates to about 14 percent of the public. By the year 2007, this figure had increased to 46 million. At the same time, between the years 1999 and 2008, health insurance costs had increased 120% and were expected to increase even further (Obama, 2007). As a result, many people were anxious on whether they had the ability of affording health insurance. Due to these reasons, Obama’s health care legislation was intended to ensure affordable and universal health care for all Americans. The Act was signed in March 2010.

## Social, Economic, and Political Environments

The social and economic environments are quite tied together because the big question at both times was, why should the wealthiest country on earth fail to offer health care coverage to all its citizens? Both policies focused on health insurance, with a huge number of people being without health care insurance. The bottom line of the Health Security Act was to ensure universal coverage, since health care is a social amenity. In economic terms, this added coverage would be expensive. Therefore, the act was a combination of universal coverage and cost control. Aspects that characterized these two essential elements of the plan included mandatory participation in the cooperatives, premium caps, and mandates for employers to purchase coverage (Pfiffner, 1998). The U. S. had a mixed health care system, with most insurance companies and doctors in the private sector, and with the federal government financing Medicaid and Medicare. Therefore, these are the realities that Clinton’s health care policy had to come to terms with in achieving the goals of universal coverage and cost containment. As for Obama’s Health Care Reform, the social and economic environment was much similar since many people were uninsured despite the United States spending much of its income on health care. Socially, the Obama plan was intended to increase health insurance coverage, substantially increase access to adequate and affordable coverage, significantly increase the affordability of health care for low-income individuals (Khan, 2009). Economically, the plan was intended to reduce the growth in health spending.   
It is the political environment that had a great influence on the two policies. Both policies were announced during the presidential campaigns of the respective candidates. Both policies received a great reception from the public. On Clinton’s plan, Pfiffer (1998) observes that a majority of the public approved of the President’s plan in October 1993. However, it was getting the bill through congress that proved a task for both President Obama and Clinton. While President Obama managed to have the Affordable Care act pass through congress, President Clinton failed to get the bill through the Democratic Congress. Republicans labeled the health care plan as too large and too complex, and interest groups were mobilized in opposing the Health Security Act. Scholars argue that Obama’s health care plan passed because of his relationship with Congress (Santana, 2010).

## Effectiveness of Policy

While the effectiveness of President Clinton’s Health Security Act cannot be determined since it did not pass into law, a number of things can be attributed to its failure. They include a divided Democratic Congress, emboldened Republicans and high spending interest groups which were against reform. On the other hand, President Obama’s Patient Protection and Affordable Health Care Act promises to be quite effective, especially after the main parts of law take effect in 2014. The policy has enabled coverage to be extended to about 34 millions, it has addresses abuses in the insurance industry, it has bent the growth of the health care spending curve, it has created a partnership for patients, and has led to the improvement of health care through the use of health information technology. Therefore, Obama’s Health Care Reform has been rather effective in increasing the number of insured Americans while reducing spending on healthcare.

## References

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