

# Hca final paper assignment



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BUSTER**

Many people tend to be blind when it comes down to the issues at hand. I fall into the statistic when it comes to being uninsured or not having enough coverage, it discourages people to seek the treatment that they need because they are scared of what is going to happen or if they are going to receive proper care like every other individual or treated differently because they don't have insurance or money to pay it can be as simple as not being able to afford the treatment itself.

I chose this particular topic to write my final assignment because I can honestly say that I can relate to this issue and it is a serious problem that has been facing Americans for a while now. In this essay I plan on talking about everything there is to know about this issue that has been facing the US today.

We all know that people being uninsured or even underserved has been a serious issue for many years now, we will discuss the major problems that are related to this issue, I will give a full detailed history of this issue we will start from the beginning I believe that it is important that people know where the issue started and see how far we have come, I will discuss this problem and I will also talk about this issue in another country other than the US, we need to find out if the problem is worse in the US or outside of the US.

We will discuss the stakeholders that are involved and what they have done to address the issue so far. I will be talking about the Patient Protection and Affordable Care Act of 2010 because I feel that it is an important topic with the subject that I have chosen. I will also provide my own personal

recommendations on what I feel should be done in the future as well as what the stakeholders should do to make these recommendations successful. I know that this is very Important and is a subject that I can relate to because I myself have been uninsured for a long time.

I would Like to share my own personal experience on the Issue at hand, I think that It Is Important to have a view from both sides. According too trans-union healthcare survey “ 97 percent of healthcare administrators, from 22 different hospitals in 15 different states stated that they have in an increase of bad debt and has caused straining on charity programs. It has become apparent that hospitals are working to ensure that they can balance a fine line between providing quality care while also being fiscally responsible”. Rod Bazaar, Cot 20, 2008 P: 2836) “ We are finding that more and more hospitals are cooking to healthcare revenue cycles and financial products to decrease bad debt and match more uninsured patients with financial assistance” (Rod Bazaar, Cot 20, 2008 P: 2836) I believe that this is not right because people can’t afford health care but still need treatment so with the system they are being put further into debt than they were initially. We know that the history when it comes to people being uninsured and undesired has been around for decades I want to show you the history behind trying to get healthcare passed. It was in the earlier 20th century during the regressive era President Theodore Roosevelt was the very first American president to stand up against the cause of health insurance his proposal was that every American would have health insurance this was opposed and defeated by the American Medical Association (AMA), It was then during the Great Depression and after world war II when President Franklin Roosevelt and

Harry Truman again took on the task of universal health insurance, it was defeated again by the AMA a result of this was tax favored private insurance.

In the civil rights era of the sass's President Lyndon Johnson secured passage of Medicare and Medicaid which would offer coverage to all senior citizens as well as some poor over the opposition of the AMA, the Federal government would administer Medicare for seniors and states would administer Medicaid for some of the poor. During the sass's, the national debates focused on the different visions to cover all Americans, offered by President Richard Nixon and Senator Ted Kennedy.

President Onion's efforts were built on the model of competitive private insurance relying on mandates on employers and individuals. It was supported by insurers and the AMA. His efforts were supported by organized labor. No compromise emerged, and both efforts failed. In the ass's, President Bill Clinton developed a proposal to cover all Americans built on the managed competition approach, building coverage through a mandate on private employers and requirements that health insurers offer to all Americans regardless of their pre- existing conditions. These efforts failed.

Again in 2006, Democrats in the Massachusetts legislature and then Governor Mitt Romney agreed on a bi-partisan compromise combining employer, employee, government and individual responsibility. This was the blueprint for the Affordable Care Act that Congress considered, debated and ultimately approved. Lastly it was in March of 2010, President Barack Obama signed the Affordable Care Act. It offers coverage for every American through employers, through the Exchanges and through Medicaid. It was

supported by many unions, employers, insurers, doctors, hospitals, and drug manufacturers.

It was opposed by some on the left because it was not single payer and did not contain the “ public option” (Medicare) in the Exchange. It was opposed by some on the right because it was considered “ socialized medicine”.

Lucien Willis, 2012) I would have to say that we can see with the text above that many different Presidents on many different occasions have tried to stand up for the cause of health insurance for every American and they failed it wasn't until just recently when the or the Obama Care was passed which allows people to get insurance not based on their pre-existing conditions. The P. P. A. C. A is considered to be a historic achievement given its history of trying to be passed on several different occasions by other presidents. ” (Cults, H. A. & Young, K. M. (2012) but in my own personal opinion I loud have to say that from where we started and where we have come is a long way I believe that the passing of the Patient Protection and Affordable care act of 2010 will prove to be successful and provide people with the insurance as well as the care that they need and deserve. I would like to now discuss how another country's health care system is compared to that of the U.

S we are going to talk about Canada, I have done a search and found that “ Canada's healthcare system is made up of groups of socialized health insurance plans that provides coverage to all Canadian citizens. Under the healthcare system citizens are provided preventive care, medical treatments from a primary care physician, as well as access to hospitals. All Canadian citizens qualify for health insurance coverage regardless of their prior

medical history, income, or even their way of living. With this amazing medical coverage it is shown that Canada has one of the highest life expectancies and one of the lowest infant death rates. Although everyone is covered through the Canadian system by no means does it mean that it is free we know that in this world nothing is free because the funds would have to come from somewhere because in order to be a successful business or a professional provider hospitals and doctors need to be paid from somewhere. We know that is funded by both the provincial and federal levels, the financing of healthcare is provided via taxation from both corporate and personal income taxes. (Canadian-healthcare. Org 2004-2007) Even though the U.

S healthcare system has come a long way I can say that it will never rank with the Canadian healthcare system because in Canada people are covered no matter what from birth until death it is said that under Obama care 31 Million Americans will still be uninsured, I believe that in my own personal opinion that the US healthcare system will not be fixed overnight this type of problem which is one of the biggest that America has ever seen has been around for decades and in order for these issues and problems to be solved the US will need time to go through everything and get people the help that they need, Some people say that the US will not provide people with insurance because they cannot afford it and I have to say that this is false because the government helps people out with Medicare and Medicaid for elderly people who no longer can work and people who are poor. Although they cannot help every poor person they are trying their best to make it better, I know a girl who got fired from her job and signed up for Obama care

she pays very little for coverage for her 3 person household I know that they are willing to help in any way that they can and they also help people find coverage without breaking their bank accounts.

We will talk about the major stakeholders that are involved in the healthcare industry although the list goes on and on we will talk about the more important ones in this essay. “ We know that first and foremost among the stakeholders are the patients we the patients are the backbone to the industry because we are the ones who consume the services, with that being said many patients are concerned by issues of costs and quality of the services being provided and the patients who are uninsured and influential role and are one of the Major stakeholders in the healthcare industry not only because they are paying for a high proportion of the costs but because they are taking on more proactive roles in determining what those costs should be.

The latter providers which could range from doctors, surgeons, to dentists are the core of the industry and have the most to do with the actual process and the outcomes with the service that they are providing the service that they provider are done at hospitals and other healthcare facilities. Federal and state governments are also considered to be major stakeholders in healthcare they have been dominant authorities the government not only serves as payers but they also serve as regulators and providers through public hospitals, local health departments, and other facilities. The final stakeholder that I will be discussing is the insurance companies as they have been a major stakeholder for a long time even though we see the traditional plans are rapidly being replaced by managed care plans they still have much

to do with the healthcare industry. ” Cults, H. A. & Young, K. M. 2012) While we are on the insurance discussion we have read about how before people were denied coverage because of their preexisting conditions and with the new Obama care in effect insurance companies are no longer allowed to deny a person coverage because of that reason and in my own personal opinion I feel that it should have always been that way, no person on the planet is perfect we all have issues and health problems at one point in each and every one of our lives we end up sitting in an emergency room so why should we all be treated different. There are so many other stakeholders involved that we didn't discuss and they include: Long term care, mental health, volunteer agencies and facilities, health professional education and training, health industry organizations, research facilities and alternative therapies. Cults, H. A. & Young, K. M. (2012) “ The Patient protection and affordable care act was signed by President Barack Obama in March, 2010 the law puts in place comprehensive health insurance reforms that rolled out over the past four years.

As of 2014 all Americans have access to affordable health insurance people who are considered to middle or low income families will receive tax credits that cover a significant portion of their cost of coverage. The Affordable care Act will allow millions of Americans to gain coverage. The law implements strong reforms that prohibit insurance companies from refusing to sell coverage or renew policies based on an individual's pre-existing condition. The law also prohibits new plans and existing group plans from imposing annual dollar limits on the coverage they receive. Insurers will also be prohibited from dropping or limiting coverage if the individual participated in



clinical trials. Starting in 2014 Americans will be able to purchase their insurance through the marketplace.

Americans who earn less than 133% of the poverty level which individuals would be around 14, 000 and 29, 000 for a family of four will be eligible to enroll in Medicaid states will receive 100% federal funding for the first three years and 90 percent in the years that follow. (has. Gob, 2014) I know that we are all hoping for the best when it comes to the future of healthcare myself being a person who went uninsured for years and years because I feared that I couldn't afford coverage, and every Job I had lead me to a dead end, I feared going to hospitals or even dentists and ended up letting my health deteriorate. I am hoping long and happy life. I Just know that with the P. P. A. C. A it will bring a lot of people relief knowing that there is some light at the end of the tunnel because I know that I am not alone when it comes to denying myself healthcare because of the cost.

When I was 18 I was kicked off my mother's health insurance it made it hard for me because I needed to see a doctor, since being kicked off I have put my own medical issues to the side I have been diagnosed with a heart condition known as MAP or Material Valve Prolapsed I went to the ERE thinking I was having a heart attack I was only 23 years old, I was notified with what I had and have never had a follow up because I know I simply just cannot afford it. I know how to treat the pain myself but I know that I need to go see a professional. For being only 27 years old I have many health issues that I wouldn't have at my age but I know that whatever life throws at me I will be able to handle it.

I am very grateful for the new Obama Care act because I am finally able to get coverage that I need to get my health on the right track. I would have to say that with everything that I have learned over the last five weeks in this course my recommendations for patients would be to go and get coverage, there is coverage available and I wouldn't recommend waiting any longer it is not worth your health to sit around and do nothing because it might be too late. My recommendations to capitals would be to make your patients feel more welcomed even if they are uninsured and undesired they are people and deserve the same care and attention as any other person we all get sick we all need treatment.

To the providers I have to recommend that you provide the same treatment to each and every person who walks through the door just because they cannot necessarily afford it doesn't mean they don't deserve it. To the government I would recommend that you make sure you help the people who truly need it help people who are not able to help themselves, I know that the government is trying to get people the help that they need. In my own personal opinion I believe that something should have been done a long time ago. I hope that they don't stop here they need to keep going and never give up we need to have a strong support system and we need something to believe in. We have covered everything there is to know in this essay we have talked about the history of the problem with healthcare in the U.

S and how it dated back to the great depression era, We have discussed the issue surrounding the uninsured and undesired population, we have talked about how healthcare differs in Canada compared to the healthcare in the

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US, we have went over what stakeholders are involved as well as the roles each stakeholder plays in the healthcare system, we have discussed the Patient Protection and Affordable Care Act and what it entails, as well as providing my own personal recommendations. I know that healthcare is changing and believe that it is for the better good of everyone. I would like to say that I have enjoyed this course and have enjoyed getting to know about the Healthcare system.