Us health policy

History



US Health Policy US Health Policy Features The US, unlike most of the other developed nations, does not offer universal healthcare insurance program. However, 17% of the country's GDP is spent on healthcare, which is by far the highest anywhere in the world (CBO, 2010a). There are two major sources of public insurance coverage: Medicare and Medicaid. The former caters for the elderly while the latter provides coverage for many of the America's poor. However, a large number of working Americans are usually left out due to their age and income. These are the working poor. They have to depend on their employers to provide insurance for them. This is where I belong, as my employer pays for my insurance cover.

Limitations of the US Political System

The US political system has several limitations, especially concerning its healthcare policies. The major limitation of this political system is that it locks out many Americans from health insurance (Fuchs, 2007). Before the coming of Obamacare, there was only Medicare and Medicaid. The working poor are largely ineligible for any of these programs due to their age and income. Most are at the mercy of their employers to insure them. Their only hope is in the non-group insurance market. However, the non-group insurance market is usually limited and its prices are way beyond the reach of the working poor (Gruber, 2011). Furthermore, it does not actually provide real insurance against illnesses due to its policy of pre-existing conditions exclusions.

Opportunity/ Responsibility

The responsibility of a health care administrator in a hospital is to ensure that reform is instituted in the healthcare sector (Betts, 1994). There is an opportunity for nurses to enact reform on healthcare in hospitals. This is https://assignbuster.com/us-health-policy/

because the provisions of the new laws effectively broaden the roles of nurses in advancing access to primary care and other health services (American Academy of Nursing, 2010). For example, Section 2951 authorizes Maternal, Infant, and Early Childhood Home Visiting Programs, creating opportunities for nurses to expand and enhance the Nurse-Family Partnership.

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