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Rough draft on Health Care Policies

In the recent past, United States has marked an increasing concern of its population health care needs. This is seen in the increasing health care debates such as that of the Obama care which is set to be change by the president Trump regime. Additionally, there is increasing concern associated with the interpretation of the Affordable care act in the various courts proceeding including conflict between the employees and the employers. In this regard, the country health system is at risk and needs to handle with proper care. This calls for effective policies, financial sustainable policies and accountability, patient centered care, effective nursing to patient relationship (Foss 481), developing a relevant education system that addresses not only the health needs but that which is aimed at understanding the social and behavioral needs of the patient's (Cuff et al. 230).

The United States as a developed country, faces enormous challenges in the health care system that is associated with inadequate health care policies, poor apportioned finances and lack of measure of the quality of health care services offered. Therefore, addressing these issues calls for a reform in the country’s the Health Insurance Probability and Accountability Act of 1996 that trickles down to every aspect of the health sector.

The paper commences with a literature review of the journals presented in the annotated bibliography to evaluate the various challenges encountered in the U.S healthcare system. In this case, most challenges are conflicting and unclear health policies. The reason behind the unmeasured quality of health care, inadequate health care finances and violation of patient privacy is discussed under health insurance probability and accountability act of 1996 (Hurtado, Swift and Corrigan 53). Thus, the paper argument is developed from the earlier and current interpretation and interaction of this policy with the recent enacted ones that either agrees or contradicts.

The health insurance probability and accountability act of 1996 was signed by President Clinton. The bill was meant to ensure the probabilities of health benefits in case workers change or lose their jobs and to guarantee their protection from discrimination from the health places based on the health status (Roter 42). The bill was sponsored by two men Kennedy and Kassebaum and it was also known as Kennedy-Kassebaum Act. The bill articulated for two goals of making the delivery health care system efficient and to escalate the number of American in the securing health insurance coverage. The bill also emphasized on the importance of enhancing privacy on the patient health details.

The bill was enacted by the United States congress and signed into law by President Bill Clinton. The law was passed with minimal opposition since the majority of the congress supported it. According to speech by President Clinton, he thanked the congress both democrats and congress for putting their interest aside for the country’s interest. Actually, the passing event of the bill is regarded as a bipartisan event where political differences were set aside. Every member of the congress was focused on having the bill passed an event that helped to eliminate chances of inessential policies, and slow groundswell support.

The bill has marked a noteworthy development that has significantly impacted the lives of the Americans. When the bill was signed, the congress had not included detailed privacy requirements and thus the secretary of the HHS was requested to submit a detailed recommendation to the congress in the August of 1997 (Wolfe 233). As well the privacy requirements will help to protect people’s rights relate to their health information. In 1997, HHS submitted recommendation required for protecting the personal identifiable health information to the congress in September (Wolfe 233). In the year 2002, the President Bush regime proposed modification to the privacy aimed at enhancing large scale population to access medical health care. The bill is guided by the probability provision, the tax provision, and the administrative simplification provisions. The policy emphasizes on the importance of privacy for health records. Additionally, the state government has offered an option for the federal government to enforce HIPAA regulation which interferes with the quality of health care services delivered; the federal government had adopted their own measures that have interfered with the earlier ment approach (World Health Organization 21). This has marked a conflicting interest and the latter Affordable Care Act's have specifications that interfere with the earlier policy.

To sum up, the enactment of the health insurance probability and accountability act of 1996 was a well formulated policy that will help American employees to access health care services through insurance policies. Additionally, the policy would help to ensure there is privacy for personal health information records. Nevertheless, this has not been case due to changing economic levels, health education system and later health policies. In fact, this has served to lower the quality of health services offered and is exposed to more challenges than before. Thus, there is need to put in place a policy system that will mitigate ineffective health care policies, poor allocation of finances and lack of measure of the quality of health care services offered. This calls for a proper address and reform in the country’s Affordable care act of 2010 to avoid contradiction with the latter bill of 1996 that trickles down to every aspect of the health sector.

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