

Government's Regulation on Healthcare and its Effects on the System

Introduction

Healthcare regulation in America encompasses a wide variety of aspects and areas of regulation that relate to healthcare. Healthcare regulations include regulation of physicians and other healthcare practitioners, healthcare financiers, drug and healthcare products, healthcare institutions and hospitals as well as regulation of healthcare research and public health. The healthcare industry is one of the most regulated within America, and as such; every aspect of the healthcare system has to be subjected to heavy government scrutiny, be it at the federal or state level.

The measures have good intentions of fostering a healthy nation and population. However, at times they have been thought of as working contrary to their goals and objectives. Legislation both at the federal and state level, have been able to enhance quality and cheapen medical care expenses. At times the regulatory measures have compromised the efficient provision of healthcare to the general public due to implementation of regulations that are over restrictive. In some instances the regulations have created bottlenecks that have hindered efficient delivery of medical care.

Role of governmental regulatory agencies

At the federal level the U.S Department of Health and Human Services serves as an executive department which oversees all legislation relating to healthcare. It also oversees national licensures that moderate the industry to ensure the quality of services provided across the nation is standardized across the board. The department's main objectives are to enhance availability of healthcare services, enhancing affordability as well as better quality of healthcare. The public healthcare service has various agencies charged with the regulation of various

aspects of healthcare.

The Health Administration Agency regulates provision of healthcare to people that have no healthcare. The Food and Drug administration agency regulates safety of drugs and medical products used as well as food, Healthcare Research Agency controls aspects of research within the system. The Agency of Disease Registry and Toxic Substances regulates issues relating to release of toxic and hazardous material into the environment. Finally, we have the Centers for Disease Prevention Agency; this agency is responsible for prevention of high mortality rates, disabilities and diseases. State authorities also have their own locally tailored means of control either extending from the federal government as branches or locally set up. However, states do not regulate issues of healthcare that may relate to large national employers due to preemption. A lot of healthcare organizations and hospitals also submit to JCAHO certification and inspection on a voluntary basis (Field, 2007).

Examples of regulations and their impact on healthcare delivery

Government regulatory measures greatly influence the healthcare system as a whole. Spheres of influence include availability of healthcare services, institutions and practitioners as well as the cost of healthcare services and the quality of medical services offered. As stated earlier the influences have been mostly positive, but they have also had negative effects related to other aspects of the healthcare system. This is exemplified by the HIPAA Privacy Rules (Privacy Rights, 2010).

These new legislations stipulate that higher levels of confidentiality have to be maintained when dealing with or handling patient information. This regulatory measure is actually legislated with good intentions-those of protecting the client's privacy and constitutional rights. However, the regulatory measure brings about higher operation expenses for institutions that have to incur additional spending in the initiation of secure information systems meant to safeguard information and offer controllable access to patient information.

For example, large healthcare organizations have to employ full-time officials to carry out training and worker communications projects. Failure to comply may be expensive because of the illegalities that may arise. Looking at it in another way, there may arise occasional cases of legal confrontations that may cost the organization some legal expenses. Regulations on interstate physician licensure and on medical practitioners' education through the American Medical Association (AMA) affect availability of doctors and other health practitioners for healthcare organizations. AMA has always lobbied for control of the number of doctors supplied by training institutions to the extent of greatly limiting the number of available doctors. In turn, this has made the fees paid to doctors to rise significantly due to the interplay of supply and demand factors to the disadvantage of the common citizens. Similarly, AMA is known to have championed the banning of midwifery as well as some practices performed by medical practitioners that are not fully qualified doctors (Field, 2007).

This eliminated affordable sources of healthcare for people with lower incomes. As a result, this made medical procedures such as delivery and expensive service to procure from doctors. Though legislated in good faith, the measure makes healthcare expensive and inaccessible to some people, especially the poor. The few practitioners that already exist and medical facilities find that they have to deal with a large number of cases such as deliveries which would have been easily undertaken by midwives. If for example the midwives are allowed to practice, there would be a lesser backlog for the doctors, and in turn; this would allow them to reserve their time for more serious cases of health conditions. It would be sufficient to allow midwives to practice under stipulations that they should promptly refer complicated cases to doctors in an urgent manner.

Despite the seemingly negative regulatory measures, there are other measures that appear more positive and advantageous to the promotion of quality, availability and cheaper medical services. These legislative measures may be exemplified by the EMTALA Act (Emergency Medical Treatment and Active Labor Act). The provisions within the act guarantee availability of healthcare for every person, including those that may be unable to pay for their treatment under cases of emergency. Practically EMTALA is applicable virtually to all medical organizations and hospitals except the Veterans Affairs hospital, Indian health service and as well as the Children's Shiners hospitals.

This act was passed in order to regulate 'patient dumping' or the denial of medical care on grounds of inability to pay or the discharge of patients under emergency care because of anticipated high costs of treatment and diagnosis. The legislation is effective once a patient reaches the department dealing with emergency medical care. The patients that reach this department are supposed to receive healthcare whether they are able to pay or not. Despite the fact that the patient may be unable to pay or has no insurance cover to foot the medical bills, s/he will still be under a legal obligation to effect the payments due for his/her treatment. This is provided for under the civil law, and as such any person that fails to pay, when s/he is in actual sense able to pay will be subjected to legal procedures (Furrow, 1987).

Patients that may have had advance intentions of receiving medical care with an intention not to pay may not be held liable criminally unless they present evidence proving otherwise willingly and in full knowledge so as to reveal their false allegations and intentions. This bill has loopholes that may create problems on health organizations and hospitals. These organizations may offer services for which they may be unable to recover their service fee, and thus operate at a loss if such cases happen to be rampant. However, it is a positive thing for patients and the general populace because they are sure to get medical attention in emergency cases even with disabilities to pay for the services. To a greater extent this portrays the effort the government has put in to ensuring that there is no discrimination in the provision of health services to all American people. Though advantageous to some people, the legislation is disadvantageous to those that are unable to pay (Pozgar, 2004). This is because the unpaid bills are passed on to those that are able to cater for their payments as high costs in their medical care services.

Conclusion

Conclusively, the regulation of the health sector and its players by the government is in good faith and for the good of the general populace. However, the regulations stipulated seem to have both positive and negative effects. The negative effects are mostly characterized by high resultant costs and lack of availability of medical care services. On the other hand, the positive side of these legislations is mostly characterized by high quality medical care services. The positive side of these regulatory measures and benefits outweigh the negatives or disadvantages, and thus the laws should be maintained as they are and extra measures set up to ensure that they are adhered to. However, they should also be reviewed in cases where they seemingly compromise the provision of affordable healthcare as well as its availability. Streamlining of these regulatory measures and laws can be done via legislative amendments.

References

Field, I. R. (2007). Health Care Regulation in America: Complexity, confrontation, and compromise. Oxford University Press US.

Furrow, R.B. (1987). Health law: Cases, materials, and problems, second edition, West Publishers.

Privacy Rights, (2010). Medical Privacy in the Electronic Age. Retrieved on 26th August, 2010 from <http://www.privacyrights.org/fs/fs8a-hipaa.htm>

Pozgar, D.G. (2004). Legal Aspects of Health Care Administration, ninth edition. Jones and Bartlett Learning Publishers.
