Module 1: Discussion

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There numerous factors that contributed to the development of the U.S. heath care system. One of these factors can be attributed to the historical legacy of the creation one of the most more successful insurance systems: Blue Cross hospital insurance. Even though, Blue Cross was not the first insurance system created, its success is a milestone for the health care system. This model was later evolved into multihospital plans that increased affluence of patience and collaborations between different institutions. (Young & Kroth, 2018) Therefore, many insurance providers derived and replicated the success of the Blue Cross insurance system and, in the subsequent years, these insurance companies had become major influencers on the development of health care system in the U.S.

After World War II, the government, in an attempt to boost economy, provided exclusions of health care insurance from taxable income. The measure allowed employees to receive salary increases in form of insurance benefits. This can be accounted as the first milestone for federal contribution into the promotion of health insurance coverage. This measure translated into the prominent role taken by the government to expand health care coverage to special populations. (Young & Kroth, 2018) The role of the government during the promotion of coverage has been a determinant factor on the creation of programs such as Medicaid, Medicare, and, more recently, Affordable Care Act (ACA).

Another determinant factor during the development of the health care systems in the U.S. is the intentional and unintentional acts of discrimination. (Grogan, 2017) As it was stated by Wilkinson, & others (2017), it has been demonstrated that these acts of discrimination have a huge impact on health provision and, on the contrary, the investment on social equity measures improves health outcome. This factor has been proven extremely difficult to modify due to the fact that it requires the involvement of the population in general.

All these factors contributed and continue to contribute to the current status of the U.S. health care system paradox: great spending and low health care quality. As a result of this, on 2010, the Affordable Care Act was created in order to leverage some of the issues of the U.S. health care system. The main purpose of this provision was to provide uncovered populations with more accessible insurance coverage and reduce expenditures. On 2017, the ACA was repealed, although, it has yet to be determined how every state will leverage this issue. There are some foreseeable consequences to this repeal. (Palanker, Schwab, & Giovanelli, 2018) First, fewer people will have health insurance coverage, unless each state enforces mandatory coverage. Second, premiums and cost-sharing contributions may rise sharply. And, third, financing to pay all expenditures plan will be more aggressive due to the repeal on taxation on wealthy Americans. At the end, this will promote financial burden on lower income populations. (Grogan, 2017)

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