

***Policy and Politics for Nurses and Other Health
Professionals 3rd edition Nickitas Test Bank***

SKU: 9781284140392-TEST-BANK

CHAPTER 2

1. Why is the concept of public purpose paradoxical? Why is the concept of public purpose ambiguous?

<Answer: The concept of public purpose can be paradoxical because many of the same words can represent multiple meanings. Duality of meaning may, in some cases, lead to agreement at the highest possible expression of policy. However, it also can break down communication and agreement when more detail is required. Take, for example, the concept of social equity. Does the argument pertaining to social equity refer to the process by which goods or services are provided, or the resulting outcomes? In education, for example, access is no longer considered an adequate measure of success given the achievement gap among black, Hispanic, white, and Asian students. It is ambiguous because there is no certainty that our actions will result in predictable ends. Given the diversity of thought about how best to achieve a stated goal, there is often no telling whether the outcome will be the one that was intended.>

<Subject: Policy Defined, Chapter 2>

<Complexity: Medium>

<Bloom's: Understanding>

2. The very nature of federalism results in a fragmented system of governance. How does this affect the ability to create a national health insurance program?

<Answer: Fragmentation can prevent the creation of national health insurance programs, as evidenced by the problem of insurance regulation, a seemingly obscure problem. States have regulatory authority over health insurance, but the Employee Retirement Income Security Act of 1975 supersedes state laws relating to benefit plans. This means businesses that self-insure for employee health as part of their benefits program are exempt from state insurance regulations. The significance of this dual regulatory system is that neither the states nor the federal government can easily mandate employers to offer health benefits because neither governing body has regulatory authority over all businesses in a particular area (Mariner, 1996). Unable to create an employer mandate, the ACA mandated individuals to purchase health insurance instead. The Supreme Court upheld the constitutionality of the mandate in June 2012 as well as the penalty under the federal government's power to collect taxes (Jost, 2012).>

<Subject: Federalism, Chapter 2>

<Complexity: Medium>

<Bloom's: Understanding>

3. "Those who cannot afford their desired goods and services are not entitled to them." In what way does this statement relate to the current healthcare situation in America?

<Answer: The answer is varied and can be subjective depending on the respondent's background. A portion of the response should include the general idea of the following text material:

What if, however, the service is essential to an individual's welfare or the welfare of a society? In these cases, the market is an inadequate distributive mechanism because competition puts those with fewer resources at a disadvantage in terms of accessing services such as health care. Most Americans younger than age 65 rely on health insurance as the means by which they can afford and therefore access health services. However, 5 million persons lost their health insurance during the recession that began in 2007 (Holahan, 2011). The market is limited in its ability to assure distributive justice for those persons as the market assumes an exchange among equals. Such an exchange is not possible in a society with an unequal distribution of income (Arrow, 1963).>

<Subject: Markets versus Government, Chapter 2>

<Complexity: Hard>

<Bloom's: Analyzing>

4. Differentiate between the duality of right versus privilege with regard to the public provision of health care.

<Answer: This duality can be observed in the public provision of health care. Medicare covers practically all Americans older than age 65. Medicare is a universal entitlement, which means a defined population is eligible for care regardless of ability to pay. One argument underscoring the creation of Medicare was that the older population had worked for the benefit of society and should not risk poverty in old age due to high healthcare costs. For those older than age 65, health care was deemed a right. Such programs tend to be more expensive because of their all-inclusive nature, but they also tend to have broad political support because all persons can expect to receive the program's benefits (Brown & Sparer, 2003). Despite Medicare being understood as a right, the rising cost of Medicare has led to proposals that seek to balance the market and government as providers of this important benefit (Steuerle & Bovbjerg, 2008). Market-based alternatives that shift costs to the beneficiaries include means testing Medicare Part A, raising the age of eligibility, or making Medicare a premium support program. The ACA maintains the right to health care for persons over age 65 and seeks alternatives cost shifting, such as cutting physician payments and creating greater care coordination.>

<Subject: Policy Defined: A framework for Governmental Action, Chapter 2>

<Complexity: Hard>

<Bloom's: Analyzing>

5. In the 1930's scholars saw a radical shift from a system of dual federalism to _____ federalism brought on by the New Deal.

<Answer: cooperative.>

<Subject: Policy Defined: A framework for Governmental Action, Chapter 2>

<Complexity: Easy>

<Bloom's: Understanding>

6. The United States does have a form of socialized medicine. Explain who it is for.

<Answer: Public hospitals are locally financed institutions that were organized to serve persons who cannot afford care. The Veterans Health Administration is a comprehensive healthcare system provided by the federal government to men and women who have medical problems resulting from service-related injuries after discharge from the service. Both are socialized medicine in that the programs are managed and provided by government agencies.>

<Subject: Policy Defined: A framework for Governmental Action, Chapter 2>

<Complexity: Medium>

<Bloom's: Understanding>

7. Differentiate between foreign policy, economic policy, and social policy.

<Answer: Foreign policy is designed defend national sovereignty. The purpose of economic policy is to promote and regulate markets. While foreign and economic policies promote both the political and economic well-being of American society, the policies in these areas often do not equally impact all sectors of society. While some groups benefit, others may suffer undue consequences. The North American Free Trade Agreement provided an overall benefit to the economy, but many individuals who were employed in manufacturing jobs became unemployed when production moved to other countries as a means to lower production costs.. Social policy often becomes how the unintended consequences of policies, both foreign and economic, that seek to better the overall condition of American society are addressed.>

<Subject: Policy Defined: A Framework for Governmental Action, Chapter 2>

<Complexity: Medium>

<Bloom's: Analyzing>

8. Where does health policy live within the categories of foreign, economic, or social policy? Explain why.

<Answer: Health policy can be found in the larger realm of social policy. Generally, policy is often rooted in social values and ideologies. Discussions on health policy typically begin with recognition of the values and ideology that shape the healthcare system. Historically, American health policy has shifted beliefs about access to care. Sometimes we have stridently pursued health care as a right for all. Sometimes we have treated it as a privilege (Knowles, 1977). These competing values (i.e., a right versus a privilege) are simultaneously and continually at work.>

<Subject: Policy Defined: A Framework for Governmental Action, Chapter 2>

<Complexity: Medium>

<Bloom's: Understanding>

9. Why do programs like Medicaid tend to have less political support?

<Answer: Programs like Medicaid tend to have less political support for a few reasons. First, programs like Medicaid serve populations in need, who often have claims for services that can be questionable. Second, the service level provided is often greater, and less expensive than individuals who are right above the cut off line for Medicaid services.>

<Subject: Policy Defined: A Framework for Governmental Action, Chapter 2>

<Complexity: Medium>

<Bloom's: Understanding>

10. What does attributing causation refer to? What are the results of attributing causation?

<Answer: By attributing causation, which is a more positive way of saying assigning blame, it becomes possible to identify who should be responsible for fixing a problem, which may result in redistributing power and resources.>

<Subject: The Policy-Making Process, Chapter 2>

<Complexity: Easy>

<Bloom's: Remembering>