**A.  Compare public healthcare policies at the federal and state level that affect the provision of patient care and healthcare delivery by doing the following:**

**1.  Describe one federal and one state public healthcare policy that affect the provision of patient care and healthcare delivery.**

Obamacare, commonly referred to as the Affordable Care Act, is a national public healthcare program that was enacted into law in 2010 (Willison and Singer, 2017). The Affordable Care Act (ACA) intends to increase all Americans' access to affordable healthcare through extending Medicaid, establishing health insurance exchanges, and strengthening consumer protections. Additionally, the ACA has provisions that aim to lower healthcare expenditures and raise healthcare quality (Willison and Singer, 2017). The expansion of Medicaid is one of the most important ways that the Affordable Care Act influences patient care and healthcare delivery.

In 2018, California Senate Bill 1152, a state law governing public healthcare, was approved (Taira et al, 2022). The law requires facilities to set up procedures for releasing patients who are homeless, including giving them the proper aftercare and making recommendations to social agencies. Patients who are homeless frequently have complicated medical needs, such as mental health problems and chronic illnesses, which are made worse by the fact that they lack secure shelter (Taira et al, 2022). Patients who are homeless are more likely to experience poor health outcomes, readmission, and inadequate follow-up care without appropriate referrals to social assistance.

2**.  Explain how each policy works (e.g., Is it mandatory? Will enforcement be necessary? Who is responsible for administering the policy?).**

The majority of people must get health insurance or face a penalty under the ACA's mandate. According to the ACA, states must extend Medicaid eligibility to people making up to the bare minimum of the federal poverty line. States that do not adhere to these criteria run the risk of having their Medicaid programs cut off from federal funds (Fox et al, 2020). The Affordable Care Act (ACA) created health insurance markets so that people and small companies could shop around and compare policies. In order to make insurance more accessible, insurance markets provide subsidies to people with incomes in excess of four times the federal poverty line.

The ACA provides a number of consumer protections, including a requirement that health insurers cover essential health services, a ban on insurers denying coverage based on pre-existing medical conditions, and a provision that allows young individuals to remain on their parents' insurance until the age of about 25 years (Fox et al, 2020). Additionally, the ACA has rules that promote the use of care models based on value, which seek to raise care quality while lowering costs. New payment and service delivery models must be tested and implemented by the Center for Medicare and Medicaid Innovation.

According to the California Senate Bill 1152 policy, hospitals are required to have a written discharge policy that outlines procedures for locating patients who are homeless and setting up the proper follow-up treatment and services following discharge (Polsinelli, 2018). This entails supplying a directory of nearby shelters, food pantries, and other social resources to homeless patients as well as, if required, organizing transportation to those facilities. The California Department of Public Health must receive an annual report from hospitals detailing their efforts to plan discharges for patients who are homeless under the terms of the law.

3.  **Discuss each policy’s impact on the population(s) by answering the following questions:**

•  What populations will benefit?

The ACA's expansion of access to health insurance was one of its main objectives. The law established a number of mechanisms to accomplish this, including the creation of health insurance exchanges where people and small businesses could compare insurance plans, subsidies to make coverage more affordable, and the expansion of Medicaid to include more low-income people (Mechanic and Olfson, 2016). As a result, millions of formerly uninsured Americans now have access to reasonably priced health insurance.

Patients with mental health disorders and run the danger of damage if released from the hospital without the right support, the California Senate Bill 1152 has proved crucial. The policy mandates that hospitals create procedures for informing family members or other specified parties when a patient with a mental health issue is transferred, discharged, or admitted to the hospital (Polsinelli, 2018). By doing this, patients can be sure they have the assistance they require to manage their condition and avoid relapse.

•  How will they benefit?

The Affordable Care Act and California Senate Bill 1152 require health insurance policies to offer essential health benefits and increase coverage alternatives for people, especially those with pre-existing diseases. By doing this, you may make sure everyone will have access to the prescription drugs, preventive services, and medical care they require. There are provisions in the ACA and SB 1152 that are intended to lower the cost of healthcare for people and families. For instance, the ACA provides subsidies to help low-income families pay for health insurance whereas SB 1152 mandates that hospitals give patients a written estimate of their out-of-pocket expenses prior to providing them with non-emergency medical care (Polsinelli, 2018).

•  What populations will be negatively impacted?

According to the ACA, everyone must have health insurance or pay a fine. This might have a detrimental effect on young, healthy people who might not see the point in getting insurance, particularly if they have few medical needs (Fox et al, 2020). To help pay for its subsidies for low-income individuals and families, the Affordable Care Act contains a tax on high-income taxpayers. High-income individuals may be negatively impacted by this tax. The employer mandate under the ACA mandates that certain firms provide health insurance to their staff members or pay a fine.

•  How will they be impacted?

The Affordable Care Act (ACA) offers subsidies to assist low-income people and families in purchasing health insurance. For this demographic, healthcare may become more affordable and available (Sommers et al, 2017). People with pre-existing diseases could be denied coverage or faced higher premiums prior to the ACA. Healthcare for this group is now more accessible because to the ACA, which forbids insurers from rejecting coverage or raising premiums based on pre-existing diseases. According to the ACA, young adults can continue to use their parents' insurance up until the age of around 25 (Sommers et al, 2017). For young folks who might not yet have established employment or sources of money, this can help make healthcare more available and more inexpensive.

•  Does the policy impact health disparities and health equity?

Yes, both the Affordable Care Act (ACA) and California Senate Bill 1152 aim to address health disparities and promote health equity. The Affordable Care Act (ACA) contains provisions aimed at reducing health disparities and advancing health equity, such as extending Medicaid coverage to low-income people and families, restricting insurers from denying coverage or raising premiums based on existing medical conditions, and offering subsidies to help low-income people and families buy health insurance. For communities that have historically encountered obstacles to getting healthcare, these provisions can help make healthcare more inexpensive and accessible (Aridomi et al, 2022).

4.  **Discuss the evidence that informs each policy, including two scholarly evidence sources published within the last five years to support your discussion.**

The study by Eakin et al (2023) compared patient records from a sizable emergency room in California before and after the law was put into effect, over the course of a year. The rates of screening for homelessness, offering discharge planning, and readmissions were compared between the two time periods. In accordance with the study's findings, there was an approximately 11% rise in the proportion of patients who were screened for homelessness after the law went into effect (Eakin et al, 2023). A nearly 8% increase in the percentage of patients who received proper discharge planning was also seen in the provision of discharge planning (Eakin et al, 2023).

A thorough analysis of the Affordable Care Act (ACA) and its effects on low-income groups' access to insurance and healthcare is given in the study by Kominski et al. (2017). The ACA has significantly increased insurance coverage among people with low incomes, especially through the enlargement of Medicaid eligibility, according to one of the article's key results. The authors also point out that the ACA's insurance market changes, such as the ban on exclusions for prior medical conditions, have made it simpler for those with low incomes to obtain and keep their health coverage (Kominski et al, 2017).

1. **Discuss whether the evidence identified in part A4 supports the chosen policies, including any modifications that should be made to each policy based on the identified evidence.**

The evidence in part A4 supports each respective policy. However, one proposal is to enhance funding for safety-net organizations that treat a lot of low-income patients, like community health centers and free clinics (Kominski et al, 2017). An increase in financing could assist guarantee that patients have access to the appropriate care because these providers frequently encounter financial difficulties and may find it difficult to meet demand for their services. According to the research, the SB1152 policy has improved homeless patients' care while lowering readmission-related medical expenses (Eakin et al, 2023).

**B.**  Explain the role of the nurse in policy development and how the nurse could impact the administration of, or the revision of, a policy at both federal and state levels.

1.  Reflect on barriers to the nurse’s engagement in each of the following healthcare policy areas:

•  development

Nurses are frequently overworked due to their time-consuming patient care duties. Since it takes time and effort, participating in policy formulation can be difficult for nurses with demanding schedules (Hajizadeh et al, 2021). The creation of healthcare policy necessitates a detailed knowledge of the legislative and political process. It may be challenging for nurses to participate in policy formulation because they lack the requisite knowledge or skills.

•  administration

A chain of command that restricts nurses' ability to administer policies is common in healthcare organizations. It's possible that nurses lack the power to make decisions or the authority to implement policies (Hajizadeh et al, 2021). The ability to communicate successfully with policy administrators is essential for the implementation of policies, yet nurses may not have access to or lack the requisite communication skills.

•  revision

It can be difficult for nurses who have been overworked to devote the time and effort necessary for policy reform. It's possible that nurses won't play a big part in changing policy, and that decision-makers won't appreciate or heed their advice.

2.  Reflect on ways that you will engage with healthcare policy in each of the following areas in your future nursing practice:

•  development

I will engage nurses in policy formulation and implementation processes to ensure that their voices are heard to prevent challenges such as work overload that can affect their productivity.

•  administration

I will communicate effectively with the nurses and engage them in forum discussion meetings to discuss how to enforce the policies formulated for the purposes of equality and fairness.

•  revision

I will ensure that nurses work equal number of hours to ensure they have a work-life balance and able to participate in revising the performance of the implement policies.

**References**

Aridomi, H., Cartier, Y., & Gottlieb, L. (2022). 89 A Qualitative Study of the Implementation of a California State Mandate on Discharge Processes for Patients Experiencing Homelessness. *Annals of Emergency Medicine*, *80*(4), S44-S45.

Eakin, M., Singleterry, V., Wang, E., Brown, I., Saynina, O., Walker, R., & Singleterry, V. J. (2023). Effects of California’s New Patient Homelessness Screening and Discharge Care Law in an Emergency Department. *Cureus*, *15*(2).

Fox, A. M., Feng, W., Zeitlin, J., & Howell, E. A. (2020). Trends In State Medicaid Eligibility, Enrollment Rules, And Benefits: Study examines state-level trends in Medicaid eligibility, benefits, and administrative burden, both before and after implementation of the Affordable Care Act. *Health Affairs*, *39*(11), 1909-1916.

Hajizadeh, A., Zamanzadeh, V., Kakemam, E., Bahreini, R., & Khodayari-Zarnaq, R. (2021). Factors influencing nurses participation in the health policy-making process: a systematic review. *BMC nursing*, *20*, 1-9.

Kominski, G. F., Nonzee, N. J., & Sorensen, A. (2017). The Affordable Care Act's impacts on access to insurance and health care for low-income populations. *Annual review of public health*, *38*, 489-505.

Mechanic, D., & Olfson, M. (2016). The relevance of the Affordable Care Act for improving mental health care. *Annual Review of Clinical Psychology*, *12*, 515-542.

Polsinelli. (2018, November 1). *Senate Bill 1152: California’s Hospital Discharge Policy for Homeless Patients and How It May Affect Substance Use Disorder Treatment Providers*. JD Supra. https://www.jdsupra.com/legalnews/senate-bill-1152-california-s-hospital-13538/

Sommers, B. D., Maylone, B., Blendon, R. J., Orav, E. J., & Epstein, A. M. (2017). Three-year impacts of the Affordable Care Act: improved medical care and health among low-income adults. *Health Affairs*, *36*(6), 1119-1128.

Taira, B. R., Kim, H., Prodigue, K. T., GUTIERREZ‐PALOMINOS, L. E. I. L. A. N. I., Aleman, A., Steinberg, L., ... & TUCKER‐SEELEY, R. E. G. I. N. A. L. D. (2022). A Mixed Methods Evaluation of Interventions to Meet the Requirements of California Senate Bill 1152 in the Emergency Departments of a Public Hospital System. *The Milbank Quarterly*, *100*(2), 464-491.

Willison, C. E., & Singer, P. M. (2017). Repealing the Affordable Care Act essential health benefits: threats and obstacles. *American journal of public health*, *107*(8), 1225.