State or Federal level active bill

Lower healthcare cost act

The Lower healthcare Cost Act passed out of the Senate in June 2019 with a vote of 20- 3. The act got the support of Senate leadership including the majority leader McConnell and minority leader Schumer. The lower healthcare cost act focuses on drug pricing and medical billing and it also includes provisions about public health officials, healthcare providers, and insurers.

# Major provisions of the bill

The bill aims at improving US public health by introducing innovations in prevention programs. For example, in title V of the bill, it highlights the improvement in the exchange of health information. The provisions under this title focused on tobacco, vaccines, and training in indicating the attempts for minimizing the number of health-related issues and health-related costs. Similarly, section 414 of the bill calls for increasing the minimum age for buying tobacco from 18 to 21 (Willink, Reed, & Lin, 2019). Along with this, section 401 of the bill instructs about giving awards to external organizations for conducting evidence-based campaigns at the national level. These campaigns should be based on targeting communities that have a low rate of vaccinations. The section 407 of the bill establishes the grant programs for facilitating the health care providers in training programs that should be focused on reducing and preventing discrimination in the provision of health care services (Willink et al., 2019).

# Legislation and background of the bill

The bill was first presented to the House by Lamar Alexander, R- Tenn, D- Wash, and Patty Murray. These senators have been working on healthcare for quite a reasonable time. The lower health care cost act had been debated in the lower house prior to debating in the upper house (Xu, Shooshtari, & Jung, 2019). The legislation was at first limited to improving transparency in health care and reducing the prescription of drug prices. However, the later amendments and drafts additions suggest that the lower health care cost act includes a list of issues that can be found in section by section summary.

# History of the bill

The lower healthcare cost act of 2019 is linked to the reforms in health care which started back in 2017. Since the passage of health care reforms back in 2010 by the 111th Congress, the debate has followed a bipartisan format (Zogg et al., 2019). The Lower healthcare cost act of 2019 draws from many conservatives’ ideas proposed by the Medicaid and the Heritage Foundation back in the 1980s and 1990s. The cost reduction in health care was first proposed by the Heritage Foundation, but the ideas that time were limited to raising the tax costs and by taxing the health insurance premiums (Zogg et al., 2019). The only issue with such a suggestion remained that they would have affected the employers who were at that time exempted from the income.

# Supporters and opponents of the bill

After the 20 -3 vote passed in July of 2019, the bill was combined with the fifty-four previous resolutions of healthcare. The voting trend suggests that there had been no considerable viewpoints against the surprising bill. The senators from the GOP had long remained suggestive of ending the surprise billing that comes for the customers as surprising. However, some Democrats have suggested that ending the surprise element from the medical billing might extend an oily branch to insurers, which must be avoided (Glickman, DiMagno, & Emanuel, 2019). Their other concerns were related to the financial difficulties that might erupt once the bill is enacted. The financial complexities they referred were mostly related to the company affairs and about companies that work with state-owned healthcare-related institutions.

# Position of the key stakeholders

The GOP senators who proposed the bill claims that since medical billing sometimes surprise the end-users, and the government is not a large beneficiary of the medical billing, therefore the surprise element must cut down to a limit. The bill in the early stages as proposed by the stakeholders directed the insurers and the supply companies to adopt a mechanism which remains transparent and accessible (Brixner et al., 2019). From the stakeholders’ point of view, the bill calls for more transparency and adoption of clear cut methodologies, when it comes to estimating the expense of healthcare and medicine.

# How it impacts the nurse's ability?

The nature of the bill is financial and it does not call for the individual attention by any person related to health care. The bill addresses the financial companies involved in medical billings, and by no means limits or becomes suggestive about the role of nurses. The article by article summary of the bill, however, suggest that the nurse practitioner and the advances of health care practitioners must have the acknowledgments about the health care expenses (Brixner et al., 2019). This nature of the bill, therefore, suggests that by no way the abilities of the nurses remain impacting by this bill.

# What actions nurses can take?

Each person involved in health care comes under a moral obligation to cut down the cost associated with any form of expense which could affect the end-user or the consumer. The nurses were associated with health care remains a stakeholder in deciding about the cost analysis of the expenditures. Since the bill calls for the surprise cut, it does not offer a role which suggests that what actions nurses can take in deciding about the cost analysis of medical billing. The article by article summary of the bill also does not provide explicit attention to the nurses’ role in this wake.

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