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## Impacts of regulation in the health care industry

Regulation plays a chief role in the health care industry and health care insurance coverage. The assorted regulatory bodies guard the public from a number of health risks and provide several programs for public health and welfare. Together, these regulatory agencies protect and regulate public health at all levels. Health care regulations are formed and implemented not only by all echelons of government (federal, state and local) but by private organizations as well. Health care regulations and guidelines are essential to ensure compliance and to deliver safe health care to every individual who accesses the system. The health care regulatory agencies in turn oversee practitioners and facilities, deliver information about industry changes, promote safety and ensure legal compliance and quality services.

Federal, state and local regulatory agencies frequently create rules and regulations for the health care industry, and their oversight is obligatory. Some other agencies, such as those for accreditation, involve voluntary participation but are still significant because they provide rankings or certification of quality and serve as additional oversight, safeguarding that health care organizations promote and provide quality care.

In the article "The Impact of Federal Regulations on Health Care Operations" the author discusses how EMTALA and HIPAA were implemented to create a better process and protect the patient. Both statutes did not deliver exactly as predicted. The Emergency Medical Treatment and Active Labor Act (EMTALA) was passed by the US Congress in 1986 as part of the Consolidated Omnibus Reconciliation Act (COBRA), much of which dealt with Medicare issues. The law's initial intent was to ensure patient access to emergency medical care and to prevent the practice of patient dumping, in which uninsured patients were transferred, solely for financial reasons, from private to public hospitals without consideration of their medical condition or stability for the transfer. (Zibulewsky, 2001)

Regulatory structure is not often uniform nor consistent. A wide range of regulatory bodies and programs are applicable in a variety of ways to numerous apply in different ways to various aspects of the industry. Health care regulations are developed and enforced by all levels of government—federal, state, and local—and also by a large assortment of private organizations. At times, they operate without coordination.

This has caused many health care organizations to decode EMTALA statutes in an cautious manner in order to avoid liability. The statute calls for a "medical screening" to be performed by a "qualified medical person". (Gasper, 2010) This leaves the burden of the every health organization to determine what is a "qualified medical person" and what is the definition of a

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“medical screening”. The 'request' in the statutory language is for examination or treatment of a medical condition; the law does not state for an emergency medical condition—an important characteristic, which is commonly misinterpreted by hospitals, physicians, attorneys, and reviewers. (Robert A. Bitterman, 2006) The point of the medical screening exam is to establish if the patient's presenting condition is an emergency medical condition (EMC), as defined by law. (Robert A. Bitterman, 2006)

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