

Chapter 2 Healthcare Policy in the United States

1. Which of the following types of health care systems does the United States use?

- a) Mostly public
- b) Mostly private
- c) Socialized
- d) Hybrid

Ans.: b

2. Compared to Western industrialized nations

- a) Americans have the lowest infant mortality rates
- b) Life expectancy rates are much higher in the U.S. than countries in Europe
- c) U.S. has the highest rate of obesity compared to OECD countries
- d) U.S. ranks at the top compared to peer countries with respect child health outcomes.

Ans.: c

3. Compared to Western industrialized countries, which of the following statement is false with respect to the United States?

- a) U.S. spends the most money on healthcare compared to Western Industrialized
- b) American healthcare system is the least expensive
- c) U.S. spend more per capita on healthcare
- d) U.S. spends higher percentage of its GDP on healthcare

Ans.: b

4. What accounts for the fact that the United States spends more money of healthcare than any other countries in the world but underperforms on a variety of health system performance indicators like access, equity, and health outcomes?

- a) Lack of universal health care
- b) Fragmented healthcare system
- c) Consumer lifestyle choices
- d) All of the Above

Ans.: d

5. During the colonial times

- a) Diseases were seen as God's punishment to colonists for breaking their covenant with him
- b) There a strong link between medicine and theology
- c) purging, puking, sweating, and bleeding were commonly used medical treatments
- d) all of the above

Ans.: d

6. Which of the following was mostly responsible for the establishment of early general hospitals?

- a) Military
- b) State governments
- c) Churches
- d) Philanthropic foundations

Ans.: c

7. The Flexner Report resulted in which of the following?

- a) Proliferation of numerous medical schools
- b) Consolidation of medical education
- c) Adoption of the Italian model of medicine
- d) Establishment of the first general hospital

Ans.: b

8. What was a consequence of the rise of the third-party payment system?

- a) Increases in the number of visits to physicians
- b) Decreases in the incomes of hospitals
- c) Decreases in the number of insured people
- d) Financial insecurity for hospitals

Ans.: a

9. "Moral Hazard" refers to the idea that

- a) Third-party payers (health insurance) insulates healthcare consumers from the realities of healthcare costs leading to overconsumption
- b) Immoral lifestyle leads to health problems
- c) Profit driven insurance industry creates a moral hazard for the government
- d) Mixing of religion and politics is unhealthy

Ans.: a

10. Congress passed the Sheppard-Towner Act in 1921 under which the federal government

- a) Provided federal funds to states for construction of hospitals
- b) Established the National Institutes of Health
- c) For the first time attempted to establish universal health care
- d) Established the first federal grant-in-aid program for local child health clinics

Ans.: d

11. During the 1930s, three major developments played a major role in transformation of American medicine. Which of the following was not part of these developments?

- a) The start of a third-party payment system with the establishment of the Blue Cross and Blue Shield insurance plans
- b) Creation of the universal health insurance system through the Social Security Act
- c) Increased emphasis on biomedical research by the federal government
- d) Advances in medical technology and the discovery of antibiotics

Ans.: b

12. The Medicare/Medicaid programs were created as a result of compromise between different competing proposals. Which of the following is not an example of these proposals?

- a) Compulsory health insurance program for the elderly
- b) Mandatory dependent coverage for children up to age 26 for all individual and group insurance policies.
- c) Voluntary insurance program for physicians' services subsidized through general revenues
- d) Expanded means-tested program administered by the states

Ans.: b

13. What is the regulatory mechanism created in 1972 to encourage efficient and economical delivery of health care in the Medicare and Medicaid programs?

- Preferred Provider Organizations
- Social Health Maintenance Organizations
- Professional Standards Review Organizations
- Health Maintenance Organization

14. Why was the Medicare Catastrophic Coverage Act unpopular?

- a) The affluent elderly believed they would shoulder most of the burden
- b) It made too drastic of a change to long-term nursing home care
- c) Did not cover outpatient prescription drugs
- d) All of the above

Ans.: a

15. Which of the following was not a component of the Health Security Act?

- a) Universal coverage through employer mandate
- b) Subsidies for poor people and workers without coverage
- c) Prospective Payment System
- d) Minimum benefits package

Ans.: c

16. According to the authors, which of the following is a reason for the failure of the Health Security Act?

- a) Monica Lewinsky scandal
- b) Decline in the popularity of President Clinton
- c) Act did not extend Medicare coverage to long-term nursing home care
- d) All of the above

Ans.: b

17. What was the Contract with America?

- a) Republican ten-point platform
- b) Republican plan for governance
- c) Republican electoral strategy in the 1994 election campaign
- d) All of the above

Ans.: d

18. What was one of the first health issues confronting the George W. Bush administration?

- a) Abortion Policy
- b) Cost of Prescription Drugs
- c) Stem Cell Policy
- d) State Children's Health Insurance Program

Ans.: c

19. Which of the following is a provision of the Health Insurance Portability and Accountability Act (HIPAA) of 1996?

- a) Placed limits on insurance companies' authority to deny coverage
- b) Created a new system for classifying illnesses into one of 468 diagnosis-related groups
- c) Established certificate-of-need laws
- d) All of the above

Ans.: a

20. The 1970s and 1980s were characterized by the federal government's efforts to

- a) Contain rising healthcare costs
- b) Expand healthcare facilities
- c) Increase healthcare access
- d) All of the above

Ans.: a

21. The Nixon administration's efforts to contain rising healthcare costs included all of the following except one. Which is the exception?

- a) Establishment of Professional Standards Review Organizations (PSROs)
- b) Development of Health Maintenance Organizations (HMOs)
- c) Establishment of Diagnostic Related Groupings (DRG's)
- d) Requiring states to adopt Certificate-of-Need (CON) laws

Ans.: c

22. Major initiative undertaken by the Reagan administration to contain healthcare costs included all of the following except one. Which is the exception?

- a) Medicare Catastrophic Coverage Act
- b) Wage and price freeze
- c) Creation of Diagnostic Related Groupings (DRGs) for Medicare reimbursement
- d) Use of Medicaid waivers to give states more freedom to experiment with Medicaid program

Ans.: b

23. The States Children's Health Insurance Program (S-CHIP) was created during the

- a) George W. Bush administration
- b) Obama administration
- c) Clinton administration
- d) Trump administration

Ans.: c

24. The political ground was fertile for health care reform after Obama was elected to office because

- a) Obama won the popular and electoral vote.
- b) of successful mobilization of a new electorate increasing their participation in the voting process.
- c) the Democrats had supermajorities in the House and Senate.
- d) all of the above.

Ans.: d

25. Despite the passing of the Sheppard-Towner Act, the first federal grant-in-aid program for local child health clinics, what was the main reason why many local health departments refused to accept these grants?

- a) Opposed by the AMA and local medical societies
- b) Increased government regulation
- c) Made local public health agencies responsible for the clinics
- d) Forced health departments to draft certificates-of-need before clinic construction could begin

Ans.: a

26. What was the primary role of state and local governments during the nineteenth century?

- a) Oversight of medical clinics run by public health officials
- b) Preventing the spread of communicable diseases
- c) Maintaining general hospitals
- d) All of the above

Ans.: b

27. The Trump administration, upon assuming office reinstated the Mexico City Policy. This policy

- a) Makes it illegal to import prescription drugs from Mexico
- b) Imposes death penalty for those caught smuggling illegal drugs from Mexico into U.S.
- c) Prohibits international non-governmental organizations (NGOs) from receiving U.S. funding if they perform or promote abortions
- d) All of the above

Ans.: c

28. Following the Civil War which of the following helped develop the field of public health?

- a) Sanitation revolution
- b) Establishment of the Public Health Association leading to professionalization of public health
- c) the discovery of the germ theory of disease by Louis Pasteur established an empirical causal link between germs and diseases
- d) all of the above

Ans.: d

29. Which of the following is false about public health?

- a) It focuses its attention on health of the community as a whole
- b) It focuses on prevention and spread of diseases in the community as a whole
- c) It relies on biologically grounded disciplines and focuses diagnose and treat various illnesses and diseases at individual level
- d) Public health is largely a responsibility of the state and local governments

Ans.: c

30. The primary mission of the Centers for Disease Control and Prevention (CDC) is to

- a) Implement Medicaid and Medicare programs
- b) protect public health by providing leadership and direction in prevention and control of diseases and responding to public health emergencies
- c) ensure the safety of nation's food, animal and human drugs, biological products, and medical devices
implement the Children's Health Insurance Program (CHIP)
- d) keep immigrants from entering the United States who might have communicable diseases

Ans.: b