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Conrad, P. (2005). *The sociology of health and illness*. Macmillan.

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since 1966 the government has been involved directly in financing medical care through Medicaid and Medicare. The availability of a large amount of federal money, with nearly no cost controls or regulation of medical practice, has been a major factor fueling our current medical “cost crises”. But the ascendancy of third-party payments has affected the expansion of medicine in another way: (277)

the rise of the medical profession during the 20th century was powerfully reinforced by government action. The state served a legitimating function for many professional activities, accorded selected groups a monopolistic position and privileged status, and served as a guarantor of their profits through programs like Medicaid and Medicare (295)

in the united states we are noticing a move from a pluralist to a New Right state. New sociology programs, such as Medicaid and Medicare, were formulated and implemented during a more liberal pluralist era—the nature of the state then made them possible.(299)

Through programs like Medicaid and Medicare (which reimbursed a physician’s full costs).

the state acted as both an underwriter and a guarantor of professional profits. (302)

by DEC 1987, there were 650 HMOs with about 29 million members. Both Medicare and Medicaid revised terms to favor these groups as a way to moderate costs, as did many revised benefit plans by cooperation.(329)

the intent of Medicaid and Medicare certainly worth, even if the results are limited. But these programs also created new problems. They put millions of dollars into the health system with no cost controls and by 1970s, both were clearly fueling escalating health costs. (402)

The Patient Protection and Affordable Care Act, signed into law by President Obama in 2010, attempted to encourage the free market while making coverage more accessible and affordable for individuals. Nicknamed “Obamacare,” it accomplished a major expansion in health insurance coverage, requiring insurance to cover young adults under their parents’ plans until the age of 26 preventing insurers from discriminating against people with preexisting conditions, requiring insurers to cover basic preventative care (vaccinations recommended by the Centers for Disease Control and Prevention) and expanding federal eligibility for Medicaid to all U.S. citizens and legal residents with income up to 133%of the federally defined poverty threshold. Critics of the ACA have stressed how the law limits individual freedoms by requiring that all residents have documented insurance coverage or pay a financial penalty, and intrudes on state prerogatives by regulating private health insurance markets (403)

The ACA’s key provisions borrow from the Clinton administration's attempted health insurance policy, particularly in its expansion of Medicaid and regulation of the insurance industry (404)

A less publicized achievement of the Clinton administration was the expansion of Medicaid beyond the very poor to near-poor and working-class families. this expansion was made

possible by section 1115 of the 1965 amendments to the Social Security Act, which allows states to apply for waivers to conduct research and demonstration projects within their Medicaid programs, thus bypassing strict federal rules and regulations. Most expansions targeted pregnant women and children, groups generally viewed as morally deserving (428)

The ACA expanded Medicaid by universalizing a process that had escalated in the states throughout the 1990's thus eliminating the need for waivers. Specially, the ACA extended Medicaid to all children, parents, and children adults with family income up to 133% of federal poverty level. The federal government would pay for 100 % of the expansion for three years and 90 % there after plus a 23% increase in the SCHIP federal match. (423)

Republican governors in several states refused to set up insurance exchanges and said that they would refuse to expand their Medicaid programs (423)

Abstract

The sociology community raises the question as to whether the general well-being approach intercessions result in prosocial practices. The Patient Protection and Affordable Care Act's Medicaid developments were in charge of the biggest gains in open protection inclusion since Medicaid's beginning in 1965. These additions were gathered in states that picked with an aim to expand Medicaid qualification, and they give a one of a kind chance to think about medicinal as well as social outcomes of expanded general wellbeing inclusion. The creators inspect the relationship among Medicaid and charitable effort. Volunteerism is embroiled in

people's wellbeing and prosperity, yet it is profoundly associated with an individual's current financial assets. Medicaid developments improved money related security and a feeling of wellbeing, two factors that anticipate humanitarian effort, for a financial gathering that has had low dimensions of volunteerism. Besides, expanded liberal effort related with Medicaid was more noteworthy among minority assemblies and limited existing ethnic contrasts in volunteerism in states that extended Medicaid qualification.

