

# [States face the choice of supreme court decision](https://assignbuster.com/states-face-the-choice-of-supreme-court-decision/)

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Our State’s Prior Expansions   
The state of Vermont has always prioritized the health of its members. It extended Medicaid to parents who had a higher income than the standard eligible income limit, given that the standard limit was in many cases below half the poverty level. In addition, Vermont covered parents who did not have children, unlike other states. Additionally, the state enacted a single-payer health care legislation in 2011. It consequently established an insurance exchange to meet the requirements of the ACA act until it applies for a waiver on the implementation of the single-payer system.   
What We Can Expect Under ACA Expansion   
Changes in Uninsured   
Vermont records approximately 47, 000 uninsured people. This comprises a large number of the population, which needs to be covered, to improve their ability to access medical attention. Fortunately, for the state, following the adoption of the 2010 ACA act, this number shall reduce significantly, as the regulation encourages more people to enrol for Medicaid (Holahan, Buettgens, Caroll, & Dorn, 2012).   
Changes in Medicaid Costs/Uncompensated Care Costs   
Following the generous Medicaid program that the state of Vermont has always held, implementation of the ACA will benefit the state, as it shall spend less on Medicaid, compared to other states. The state shall adjust its current federal medical assistance percentage to match the enhanced FMAP (Manatt Health Solutions, Center for Health Care Strategies, & State Health Data Assistance Center, 2012). Such adjustments shall also offset the probable increase in administrative costs, thus making the Medicaid beneficial for Vermont. Consequently, the state shall benefit greatly from the ACA act, thus boosting the economic position of the state. More to this, adopting the expansion serves the state better, given that even states that do not expand their Medicaid still contribute Medicaid funds to the federal government.   
Other Considerations   
Health of State Residents   
Following the expansion of Medicaid in the state, the residents shall be in a better position to access health care. Medicaid serves to improve the financial security of the residents by 40% as they do not need to solicit funds when faced with health emergencies (Baicker & Finkelstein, 2011). Consequently, an improvement in the health conditions by an additional 25% can be anticipated.   
The number of depressed individuals shall also decline, given the ability of the individuals to the reduced financial burden of health care. In addition, Sommers, Baicker, and Epstein (2012) report that the mortality rates in the state shall decrease significantly. This follows the fact that new enrollees could be among those facing a high risk of death. Ability to access the new medical program ought to address the health risks facing such people, thus reducing the number of deaths in the state of Vermont.   
Political Considerations   
Providing residents with access to a vital requirement in their life promote their stability. They get to enjoy the services provided by the state and federal government, thus boosting political stability. This follows the public perception of responsiveness by political leaders to the needs of the residents, which endears the political leaders to the people, leading to their popularity (California Healthline, 2014).   
Final Recommendation   
The decision by Vermont State to support the ACA is commendable. The program yields multiple benefits for the residents of the state as it promotes the welfare of the American people. The number of insured people shall decline, and the expansion shall strengthen previous efforts taken by the state to improve health care (Sommers & Epstein, 2013). Additionally, the state of Vermont shall save the taxpayer’s money, and the residents shall enjoy improvements in their health. Consequent to this, the people of Vermont shall appreciate the work of the government, and, leading to greater political stability.   
References   
Bricker, K. & Finkelstein, A. (2011). The Effects of Medicaid Coverage – Learning from the Oregon Experiment. The New England Journal of Medicine.   
California Healthline. (2014). More GOP Governors Back Medicaid Expansion Alternatives: GOP Governors who Who Embraced Medicaid Expansion Better Positioned for 2014.   
California HealthCare Foundation. Web Holahan, J., Buettgens, M., Caroll, C. & Dorn, S. (2012). Kaiser Commission on Medicaid and the Uninsured: The Cost and Coverage of the ACA Medicaid Expansion: National and State-by-State Analysis. The Henry J. Kaiser Family Foundation.   
Manatt Health Solutions, Center for Health Care Strategies, & State Health Data Assistance Center. (2012). State Health Reform Assistance Network Charting the Road to Coverage: Medicaid Expansion: Framing and Planning a Financial Impact Analysis. Robert Wood Johnson Foundation.   
Sara, R. (2013). Should States Opt Out of the Health Law’s Medicaid Expansion? No: It Offers Cost-Efficient Coverage for the Neediest. The Wall Street Journal.   
Sommers, B. & Epstein, A. (2013). U. S. Governors and the Medicaid Expansion – No Quick Resolutions in Sight. The New England Journal of Medicine.   
Sommers, B., Baicker, K. & Epstein, A. (2012). Mortality and Access to Care Among Adults after State Medicaid Expansions. The New England Journal of Medicine.