

Affordable care act

Law



The patient protection and Affordable Care Act of 2010 (ACA) is expected to have a major impact on the financing of healthcare, principally by expanding insurance coverage to approximately 32 million of the current 50.7 million uninsured by 2014. If the goal is reached, 95% of all Americans will have health insurance (Kovner & Knickman, 2011). The Affordable Care Act will expand coverage in two key ways: expanding Medicaid eligibility and through a blend of subsidies and mandates that encourage the working class to purchase affordable insurance coverage in the private market.

Medicaid eligibility rates will be expanded so that most people who earn less than 133% of the federal poverty level will be covered. Furthermore, the Affordable Care Act is one of the biggest changes to our Health care system since the introduction of Medicaid and Medicare. However, there still will be 29 million Americans who will still lack healthcare insurance even after the Affordable Care Act is fully instituted (Andrews, Darnell, McBride & Gerlert, 2013). Fundamental goals of the ACA are to decrease the cost of healthcare, increase quality of healthcare, services, and make healthcare assessable to all Americans, particularly the uninsured.

One of the largest changes to healthcare through ACA is that everyone must have insurance this is the largest positive factor of the ACA (Hayes, 2011). The ACA is meant to target insurance policies that have limitations based on preexisting conditions the goal is to eliminate this kind of policy and improve access to quality health care (Hayes, 2011). The fundamental goal of the ACA is that by making insurance available to millions more Americans that this will hopefully decrease healthcare cost by allowing more people to receive preventative care.

In the long run, it is generally cheaper to prevent healthcare problems than it is to treat active diseases (Cleary, Brenda, and Peggy Wilmoth, 2011). Beginning in 2014, most individuals will be required to maintain minimum essential coverage or will be required to pay a penalty of 95 dollars the first year 350 dollars in 2015 and 750 dollars in 2016 , and indexed thereafter for those under 18 years of age the penalty will be one half the amount for adults(Robeznieks& Andis, 2011).

For individuals who make over 10, 0000 dollars a year the cost of health care cannot exceed 8% of your yearly income (Hayes, 2011). The drafters of the ACA believed that increasing insurance coverage would not only improve quality of life, but also help reduce medical bankruptcies currently the leading cause of bankruptcy in America. Additionally, ACA will establish state based health insurance exchanges. The exchanges are regulated online market places administered by either the federal or state governments, where individuals and small business can purchase private insurance plans.

Individuals with incomes between 100% and 400% of the federal poverty level who purchase insurance plans via the exchange will be eligible to receive federal subsidies to help m pay premium costs (Robeznieks& Andis, 2011). The ACA is a step forward in decreasing health disparities in our country by decreasing the influx of chronic diseases on patients and thereby decreasing the amount of preventable diseases that occur in this country. However, opponents of the law want to argue that the individual mandate is unconstitutional.

Ethically for individuals and organizations this is the right thing to do by providing the less fortunate with insurance coverage (Hayes, 2011) . The

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ACA is a golden opportunity for our country to decrease a lot of preventable diseases from occurring by decreasing preventable diseases hopefully it will bring down the cost of healthcare for every American. Conclusion In conclusion, the ACA is not a cure for all that ails our health care system it is going to take several years to realize the full implications of the law, but is a step forward in improving Healthcare in our country.

Moreover, there will remain some injustices and health disparities for example, there will 29 million Americans will still be without insurance even after the ACA is instituted among those who will lack insurance coverage are: Illegal immigrants an estimated 23 million will be ineligible for insurance subsidies and Medicaid, citizens not enrolled in Medicaid despite being eligible Citizens who whose insurance would cost more than the 8% house hold income are exempt from paying , and Citizens not otherwise covered and opting to pay the annual penalty instead of purchasing insurance.

Under the ACA more North Carolinas' will be eligible for Health care prior to the ACA only children, the elderly and disabled qualified for Medicaid. In January of 2014, all North Carolinas' whose income is below 133% of the Federal poverty level will be eligible for Medicaid this will drastically improve access for North Carolinas' working class single parent homes and those previously uninsured.