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[Economics](#), [Budget](#)



The Patient Protection and Affordable Care Act was made to improve the quality and the efficiency of the United States health care system and its services.

It will also make substantial investments better the quality and the delivery of care and also to support research to inform people of the outcomes of other patients that did not take drastic measures as they did. Title III.

Improving the Quality and Efficiency of Health Care Only new optional Medicaid benefits will be provided to people that live within the states that offer community based attendant services and also support Medicaid benefits to people with disabilities that will require nursing, hospital care, and intermediate care facilities. •Community First Choice People will now be able to apply and enroll in Medicaid, Children's Health Insurance Program, and Exchange as well.

They will also provide coordinate enrollment procedures to provide an easy enrollment in all these three programs. Also, hospitals will be able to provide Medicaid services to people within that plan. •Simplifying Enrollment During the fiscal years 2014 through 2019 the states will receive a 23 percent increase in the Children's Health Insurance Programs that will subject to 100 percent cap.

•Children's Health Insurance •The States will have the option of expanding Medicaid eligibility, and they will start doing that in as early as January 1, 2011, and starting January 1, 2014 all children, their parents, and childless adults that are at the time not entitled to Medicare, and have incomes of 113 percent in the Federal Poverty Line will now be eligible for Medicaid. State

that offer more assistance between the years of 2014-2016 by paying for the cost of covering newly eligible people. Will then receive more assistance than other states. Medicaid Expansion • The Affordable Health Care Act will expand eligibility for Medicaid for low income families and will also and will also make it federal responsibility for them to pay for most of this expansion. They will also provide improved federal support for children through Children's Health Insurance, as well they will provide new options for long term services and supports.

Title II. The Role of Public Programs Beginning in 2014 most be people that have no minimal essential coverage will have to pay a penalty of 95 dollars in the year of 2014, 350 in 2015, 750 in 2016 etc. For people under 18 years of age the penalty will only be half of the amount for adults. The exceptions for this requirement will be only for a religious objector, those who not pay for minimal coverage, taxpayers that have incomes less than one hundred percent in the federal poverty line, Indian tribe members, individuals that are not lawfully present, people in jail, and those who are not covered for less than three months. A member that already has coverage and would like to stay with that coverage is able to do that under the grandfather provision the only thing is that their current plan is deemed to meet the requirements of the health care bill. Also, employers with more than two hundred employees must enroll in new full time employees in their coverage. Also, if the employer has more than 50 full time working employees he will make a payment of 750 dollars per full time employee. • Shared Responsibility New and refundable tax credits will also be available for American citizens with incomes between one hundred and four hundred percent of the poverty line.

If an employer's offer coverage passes 9.8 percent of a working family's income, or if he pays less than 60 percent of his premium they worker may qualify to enroll in the Exchange and receive credits.

- Making Coverage Affordable

By 2014 every state is mandated to establish an Exchange to help individuals and small employers get a hold of some kind of coverage. Plans that participate in the Exchanges will be accredited for quality. Individuals that qualify to obtain tax credits for exchange coverage will not be eligible for affordable health care coverage for example employer sponsored health insurance or any type of public health insurance coverage. Federal help will also be available for new nonprofit members that run insurance cooperatives.- American Health Benefit Exchanges

New rules will be implemented on small group health insurance markets in all states across America, and they're going to be rules that will end medical underwriting and pre-existing condition exclusions. All small company insurers will be prohibited from denying health coverage or setting any kinds of rates based on the age, health status, claims experience, evidence of domestic violence, medical condition, or other health related factors.

- Health Insurance Market Reform

They would also have to create a temporary re-insurance program in order to support health coverage for early retirees so Cap will place on insurance company that are non-medical, and administrative expenditures so Another thing is they would have to extend the coverage and raise it to 260 They would also have to provide assistance for the ones who are not insured based on their pre-existing condition so Also they would have to prohibit recessions of the health insurance policies so Eliminating lifetime annual limits as well as unreasonable annual

limits on benefits. In order for the health insurance reform to succeed it will take some time, and the Affordable Care Act will have to change by:

- Immediate Improvements

The Patient Protection and Affordable Care Act was made to accomplish a quality and affordable health insurance in the United States through shared responsibility. Systemic insurance market reform will do away with discriminatory practices like pre-existing condition exclusions. In order to achieve these reforms without having to increase health insurance premiums is by them having to get all Americans to take part in the system and by them also having to purchase some kind of coverage. The Federal Government will assure that all individuals and families have affordable insurance by their tax credits.

Title I: Quality, Affordable Health Care for All Americans

The Patient protection and Affordable Care Act contains ten main titles to it that each address an essential component of reform.

The Ten Titles

What the act was made to do was help all the low income Americans by providing them with better health care security, and they tried doing that by placing health care insurance reforms that would; expand coverage, hold insurance companies accountable, lower health care cost, guarantee more choices, and enhance the quality of care for all Americans. One of the main points was The Individual Mandate of buying insurance that meant that no one should go without having some kind of health insurance if they did they would be taxed for it, but there were some exceptions to it for example if your insurance would cost around 8% of your household income you would be excepted from the tax, or also citizens who are not are enrolled in Medicaid. Another major point of the bill was the Health Insurance

Exchanges that ensure that in all Fifty States people would be able to purchase health care insurance that complied with the Patient Protection and Affordable Care Act for people, and small businesses. Description of the BillThe Affordable Health Care Act also known as Obamacare is a reform law that was enacted in March of 2010 by the 111th United States Congress that had begun the last two weeks of George W. Bush's presidency. And what they did was had a legislative branch meeting in 2010 to discuss The Patient Protection and Affordable Care Act that was eventually nicknamed Obamacare, that also included the Health Care and Reconciliation Act of 2010.

This was an act that would ensure that all Americans have access to good quality affordable health care, and they would create all the transformation and keep it in the margins of the health care system. The Congressional Budget Office had determined at the time that the bill was made that the Patient Protection and Affordable Care Act when it would be fully paid for it would then provide coverage to more than 94% of all Americans while staying under the budget of 900 billion dollars to the Federal Government. This Budget limit was established by President Obama he also mentioned that the act would bend the health care cost curve, and reduce the deficit over the next ten years and beyond. This bill was a bill that caused a lot of controversy between the Democrats and Republicans mainly because of the reason that the Republicans thought that the bill had too many flaws that were mainly directed to them for example the law imposed too many costs on big businesses that led to them saying that it was a "job killer" so not only did they get taxed, but it also decreased jobs for people, and also

because of the taxes that were imposed on people that had an income over 250, 000. The bill had first started off as the Affordable Health Care for America Act that was constructed by The House of Representatives on October 29, 2009, but it was never turned into a law, not until the Obama administration did the 111th Congress bring it back into discussion and made it their top priority to fix it and ultimately enact it, eventually in 2009 the Senate passed a health care bill named, The Patient Protection and Affordable Care Act. The act was created to make health care insurance more affordable for people with little to no insurance coverage. Obama Care had many interest groups that supported Obama Care for example many labor unions that had contracts with the federal government that now run the Medicare, Medicaid, and Veteran Health Clinics that they expanded their franchises and also gained a lot of political power. Law Identification