

A breakdown of the affordable care act

[Economics](#)



This source simply states facts about ACA (aka Obamacare). The source explains how the ACA works, what it does for the people, and how the insurance market will work for those utilizing the ACA.

Although the ACA is not a law for socialized medicine, it is the closest thing in the United States. This will be an important source to utilize for my paper because it is where I will derive my facts and information for the ACA. The ACA makes healthcare affordable for families, while it “ limits medical deductions.” This way, families can benefit from new tax credits, have lower co-pays, and have care more financially accessible. Although not all Americans will get their insurance directly through the ACA, the ACA still impacts some insurance policies. Because of the ACA insurance companies cannot deny people with pre-existing conditions. Overall, the ACA regulates the free market aspect of healthcare.

This source is from the government Office of Health Policy. This government source explains how mental health will be expanded and covered due to the ACA. According to the site, 20% of Americans have no coverage for mental health, and 1/3 have no coverage for substance use disorder services. The ACA being implemented will give 3.9 million people covered in the individual market access to mental health services and coverage. Around 1.2 million will receive mental health coverage directly under the ACA.

These facts promote the use of more socialized medicine. Although the ACA is by no means a law of socialized medicine, it is the most socialized healthcare law in this nation. This source also includes a table describing individuals that will gain mental health coverage, uninsured individuals, and

individuals directly protected with the ACA. I can easily derive evidence to support my claim for increasing socialized medicine in this nation from this table.

This magazine article explains what the ACA covers. It goes more into detail about what the ACA actually is and how it works. This is useful and important because I can derive what the ACA does through this source. This source explains the three tiers of coverage: Bronze, Silver, Gold, and Platinum.

This source promotes my claim that universal health coverage is beneficial. The ACA has essential health benefits of primary care, emergency services, and patient care. Although the ACA is by no means universal healthcare, it is a step towards that direction. The success of the ACA can cause the public to have positive thoughts about a more socialized healthcare system, which is ultimately what I am arguing.

This source once again echoes what other sources have been explaining. The data for this article's claim comes from 2007 from the Commonwealth Fund. The article discusses why health care in America is "so bad." We spend more than in any other country in the world. We spend twice as much as the second highest spending per capita, which is Canada.

The source does tackle the argument that we have lower wait times. Although this is true, we do have short waits for non-elective surgeries, it is because the number only accounts of "individuals who get the care they need." Many patients "skip care due to cost." This is a great source because low wait times are a major counter argument against socialized medicine. However, this source will allow me to tackle that argument effectively. The <https://assignbuster.com/a-breakdown-of-the-affordable-care-act/>

article states that 25% of people did not visit the doctor when they were sick because they could not afford the cost of care. I can effectively address major counter-arguments with this source.

This peer reviewed journal states that the United States spending more on health care per capita when compared to other OECD (Organization for Economic Co-Operation Development) countries. Not only does the U. S rank first in the OECD for health care spending but last for coverage. This source takes a deeper look into pharmaceutical and hospital service expenditures.

The journal article easily backs up my argument of socializing medicine.

Figure 4 displays the pharmaceutical expenditure per person. When compared to Canada, France, Germany, Netherlands and Switzerland the United States spends exponentially more money. There is also a slight increase in the trend line when compared to the other countries. The expenditure on hospital services grew more than other categories as well. The U. S does not have increased numbers of hospital stays, but they still pay more money.

This book goes over how much Americans spend in healthcare compared to other European countries. Not only that, but the book breaks that down into the intensity of doctor and hospital systems, and pricing of medical equipment, and the volume of use for healthcare in the U. S.

The book presents all of its data in graphs on charts, rather than long-winded explanations. This book will be extremely helpful when supporting my thesis because it demonstrates how much more Americans spend on healthcare when compared to other developed European countries. Specifically I would
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utilize data from “ Volume: Do Americans Use Health Care More Often?” and “ Price: Do Americans Pay More for Health Care Services?”

This journal article discusses the spending gap the United States has in comparison with other European countries for healthcare. Not only did this journal article state this as a problem, but also it delves into understanding why the United States is spending so much.

Not only does the United States spend more, but also has higher disease prevalence and rates of medication treatment. This can be used as a major piece of evidence when comparing the United States to other successful countries with socialized medicine. The United States however does have a higher prevalence of chronic conditions, like obesity. Taking care of obesity does cost more. However, the article also invokes that if our healthcare system were more socialized like the 10 European countries compared to in the study, perhaps obesity rates would decline as well (since access for health services could be increased). The article concludes that Americans “ are, in fact, sicker” which is one reason healthcare cost per capita is greater in the United States. Clearly our healthcare system is not superior because Americans are sicker. Saying that the U. S has a higher healthcare spending per capita because of superiority in care would then be false because Americans are not healthier.