Week 2 Assignment

[Name of the Writer]

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**Summary**

Healthcare reform has been developed to give social insurance to all Americans everywhere as well as to reduce the expenses of these services so that every citizen could avail the healthcare facility. As healthcare expenses are awfully high in the US, and a large number of individuals are uninsured in the US. So it appears that the government give insurance to all, and lower the medical prices. For this purpose, the Affordable Care Act (ACA) has been developed to provide healthcare services on reasonable prices to all Americans. The ACA affected the therapeutic services framework in the US, along with the Safety Net hospitals that are used to provide healthcare for some low-pay and uninsured individuals, enrollees of Medicaid, and other helpless people. Safety Net hospitals has been assigned the vital job in their networks, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the Department of Health and Human Services (HHS) contracted with scholars from Mathematics Policy Research and Virginia Commonwealth University to note about the ACA early impacts on ten Safety Net Clinics, both in states that eligibility of extended pay for Medicaid under the ACA and other which did not (Chokshi, 2019).

The Affordable Care Act essentially developed to change healthcare treatments, taking us closer to the objective of high-quality and reasonable insurance of medical services for all Americans. It includes:

* Expansion of Medicaid to significantly Americans with low salaries,
* Generating helpful business-centers for health insurance where clients can purchase first-class, reasonable private offers.
* Protecting customers through abolishing treatment rejections for individuals with past conditions, demanding the health facility providers to consume an extensive part of premium dollars on health department and contributing for free protection facilities and much more.

It has always been the confusing topic of debate that whether the illegal immigrants should be added to the group of health reform or they should be provided facilities of immigration reform. The discussion incorporating the issue has been exponentially expanded through the growing effects of joining two contemptuous talks. Some scholars said that the US has a moral pledge to give facilities for health treatment to every single one of those inside its edges who want such support. Whereas, other scholars debated with proportionate power that those people who are improperly present in this country are not fit for availing public healthcare facilities. The purpose of this health care reform for immigrants provides a layout to a middle course between these limits based on the real-world phases of the issue while downgrading misrepresentation and average moral cases.

This article attempts to clear two ambiguities. The first one on account of spreading the facility of health treatment to unlawful migrants is requested by Constitutional law. Secondly, paying little heed to whether there are persuading technique clarifications behind widening such incorporation, paying little heed to the case of growing consideration isn't really instructed. The completion of this article shows that the facility for health treatment for outsiders isn't required under certain measures, the growing facility would serve the country’s interests. As a subject of budgetary and common health, widening consideration would be profitable which implies the preferences to growing incorporation would accomplish all U.S. occupants and all of those successfully settled in the U.S restorative healthcare systems (Glen, 2012).

**Assessment of the Public Option versus the Market**

In the United States, the debate over healthcare reform has raged in the past few decades. There is an immense debate over the benefits and drawbacks of healthcare. Supporters of healthcare reforms emphasize on the beneficial effects that may increase the overall competition in the healthcare insurance market. On the other hand, there are many opponents who emphasize that a public plan may collapse the overall advantage of insurers from a specified market. It is notable to mention that the opposition is obsessed by the stereotypes of probable recipients regardless of certain arguments that are being leveled in contradiction of the healthcare reforms plans. Public option opponents make it hard for authorities to bring up the healthcare reforms. It is essential to understand that the stereotypes implying program beneﬁciaries disrupt precious standards like hard work as it is one of the most prevailing conjecturers of opposition. The primary source of opposition is the perceptions of value violations which can affect multiple types of healthcare reforms. The hypothesis such as the belief a public option are not only a strong response to the hypothesized relationships as they may truly be linked with the hidden stereotypes of value defilements. There is a possibility of opposition towards healthcare reforms by bigger government, but it seems like the above mentioned stereotypes are most reliable. Due to the fear faced by bigger governments, these healthcare reforms are not being applicable to their full extent. If the governments cooperate with the health care authorities regarding the health insurances, they will soon find a better way to implement a public option in order to help people (Wetherell, Reyna & Sadler, 2013). People should go to private doctors if they can afford the medical expense they should go to private doctors, but ordinary people must be given free medication.

Primary issue regarding this is that a “public option” can never be justifiable and maintainable as it cannot serve as both as “public” and as an “option.” There are two principles on which a public plan would have to operate. The problem with these principles is that each one eliminates either the capability or the sustainability to remain an ‘option.’ These principles are: The program must endure continuing for all consumers who want to get the medical benefits at reasonable prices, and the program must be paid for out of premiums received which means that it should be self-supporting in terms of administration and health care costs.

The purpose of this report is to gain an insight into the opinion of the public regarding the benefit linked with the healthcare reforms. It is estimated through recent data that the private insurance has been dropped in favor of the public as it is shifted to private insurers. There is no proper empirical indication that may suggest that the reimbursement rates would place high prices on the private insurers. It is due to the fact that the public choice may not contest with the secluded guarantors. The report does not even emphasize that in favor of the public option, employers may stop covering the insurance of their workers. There is a simple option in order to fix this issue. That option is to offer a public option for those people who do not have any insurance. For this purpose, government sources must pay the community clinics which work for poor people. The government needs to make it clear that each American can buy health insurance or they can pay for their health expenditures out of pocket. If it’s not possible, then they can even go to a free clinic. It is an explicit right of the American people to get access to certain medical centers that entertained them with free medication. Poor people can go to a free clinic will the rich, and the middle class can get medications from private doctors by availing their insurance.

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