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Patient Protection and Affordable Care Act

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Patient Protection and Affordable Care Act

Patient Protection and Affordable Care Act (PPACA) was signed by President Obama in 2010 which stated that “if one likes his healthcare plan, he can keep it.” Story does not end here; “he can keep it as long as it is completely compliant with the protections, rights and benefits offered by ACA. If a plan in which you are previously enrolled is non-compliant with the ACA, you would be asked to select a new program for 2014 and the older one would be cancelled automatically (OCF, 2016). In many instances, those who encounter plan cancellation find even more affordable healthcare option in the health insurance marketplace because of subsidies. The quality of health insurance would likely be favorable if one does not find any suitable plan. Approximately 17 million people switched their plans that were previously covered in previous individual healthcare plan (Cook, 2015).

Estimations indicate that roughly 35% people change their plans each year in individual market policies. Initially those who change their plan from “grandfather” plan no longer receive access to patient protection (such as improved emergency room access), protection against restricted limits per annum, and access to free preventive healthcare services. It must be noted that many people lost their plans unwillingly because their previous plan did not comply with the ACA. Many people thought that they could keep their previous plan because they liked it, but this was not the case; they had to change their plan due to non-compliance (OCF, 2016).

A research study published in Kaiser Family Foundation in 2019 attempted to investigate the effects of Medicaid expansion under ACA particularly with reference to the access to healthcare services (financial security, affordability, provider capacity, healthcare outcomes, quality of care and utilization), and other economic aspects. It was a meta analysis which encapsulated 324 survey studies that were published on the effectiveness of Medicaid expansion from 2014 to 2019. This study indicated that Medicaid expansion caused substantial gains in coverage, economic benefits for both providers and state, some health outcomes measures, financial security and improvised access to healthcare (Guth et. al., 2019).

References

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