This assignment is to reply to my classmate weekly post.

Please read this post and reply. Give your opinions of what you think concerning the (topic) content of this post; include at least 2 references in APA style as appropriate.

•     Replies to classmates should be at least 250 words.

•     Include properly cited references as appropriate.

[**Affordable Care Act**](https://edge.apus.edu/portal/tool/c69851df-5f44-4601-a449-7804e1fef9f6/discussionForum/message/dfViewThread)

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| One current hot button issue is the Affordable Care Act.  The Affordable care act was preceeded by several other president’s attempts to enact some legislation to assist the American people with the rising costs of Healthcare.  Harry Truman and Bill Clinton attempted to enact a national healthcare policy during their time, however they both failed to pass anything through congress.  Johnson introduced Medicare and Medicaid and even George W. Bush expanded part D drug coverage for senior citizens (Morris, 2013).  The Affordable Care Act (ACA) was enacted in 2010, however many of its provisions did not take effect until October of 2013.  In 2010 after the ACA was enacted many people were able to access free preventative care measures.  Several of the provisions that went into effect immediately had to do with patient protections.  In 2011 Medicare beneficiaries started receiving preventative care for free and receive medications at a 50 percent discount when in the “donut hole” (period of coverage under part D prescription plans in which patients must pay 100% out of pocket for medications).  In 2012 most of the regulations were geared towards doctors and healthcare providers working together to provide better care.  An example of this is the penalty fines for re hospitalizations within 30 days.  In October of 2013 the healthcare exchanges opened and allowed for subsidized health insurance for those who were previously uninsured.  In 2014 many people will receive tax credits for obtaining medical insurance and those who did not do so will face a tax penalty (US Department of Health and Human Services, 2015). Ho states that “Health care expenditures in the United States reached $2*.*6trillion in 2010, comprising 17.6 percent of gross domestic product [1]. Increases in health care expenditures are the driving force behind rising health insurance premiums, such that the average cost of insuring a family of four is now $13,770” (Ho, 2011).  She is not wrong in this assessment of the issue.  The driving force behind the ACA was the increase in medical expenses and the millions of people who had to go without insurance due to being unable to afford it.  The ACA addresses long standing issues with rising healthcare costs and the need for insurance.  It is also a protection for the hospitals, who must treat patients in the ER regardless of their ability to pay.  Now that they are required to have insurance this should curb the amount of unpaid medical bills that the hospitals need to absorb (Ho, 2011).  This incremental roll out doesn’t work for every type of legislation.  Rostron indicates that this type of sweeping reform cannot be done incrementally for gun control just as it did not succeed when trying to integrate schools in the south (Rostron, 2008).  It is important to understand the policy that is being implemented and try to anticipate the possible pitfalls.  Incrementally rolling out health care reform seems to be allowing people to address issues as they arise.  Every policy is different and must be addressed individually on the best way to roll it out.  The only theory that fits the descriptions of how the ACA came to fruition is the political systems theory.  According to Kraft this theory “the political system responds to demands and support in the process of policymaking and produces outputs (decisions, law, and policies) that over time may create real changes (called policy outcomes) in the situations that prompted the demands and support in the first place. Systems models incorporate yet another element—feedback from these kinds of outputs and outcomes—that can alter the environment and create new demands or support” (Kraft &Furlong P.83).  This idea of input from many different sources, including public outcry for a change is the only way that the healthcare industry was going to reform.  Unfortunately attempts in the past have failed due to the lobbyists who represent the health insurance and for profit hospitals and doctors.  Although many interest groups have expressed their opinions, the push for healthcare reform came due to the need to make healthcare affordable for everyone rather than from a special interest group or a group of wealthy individuals.  ReferencesMorris, PJ. (2013). Affordable Care Act: Introduction.  North Carolina Medical Journal.  Jul-Aug Vol.74 P 297. US Department of Health and Human Services (2015).  Key Features of the Affordable Care Act by Year.  Retrieved from: <http://www.hhs.gov/healthcare/facts/timeline/timeline-text.html>Ho, Vivian PhD. (2011).  The Affordable Care Act—A New Way Forward. AMA Journal of Ethics. Volume 13, Number 11: 817-821.  Retrieved from:  <http://journalofethics.ama-assn.org/2011/11/oped1-1111.html> Rostron, Allen (2008). Incrementalism, Comprehensive Rationality, and the Future of Gun Control. Retrieved from  <http://digitalcommons.law.umaryland.edu/cgi/viewcontent.cgi?article=3324&context=mlr>Kraft, M. E. & Furlong, S. R. (2015). *Public policy: Politics, analysis, and alternatives* (5th ed.). Washington, DC: Sage Press.  |