Business Administration

Student’s Name

Institutional Affiliation

Date

**Economists and Policymakers Critics on Patient Protection**

**-and the Affordable Care Act (ACA)**

 The Affordable Care Act is a federal health insurance plan enacted and implemented by the president Obama regime to create affordability and increase the accessibility of healthcare services to American citizens. Despite the act's efforts to reduce the cost of care and enable individual health insurance plans for millions of Americans, the act has faced serious criticism by those who believe that the ACA ignores market standards of an economy. The opponents believe that market-based reforms are the key to an improved healthcare system. This paper presents the arguments presented by economists and policymakers against the ACA impacts on the market economies in the United States.

 In a managed market system, consumers trust the low costs of products and services because they believe the quality of services is up to the standards. Critics and proponents of market-based healthcare reforms want the government to control costs without harming the quality of care the patients receive. The ACA has been criticized for compromising the quality of care received by the patient under the health insurance plans. Since the implementation of the health reforms, there have been complaints of substandard treatment for patients visiting using federal health insurance plans (Sage & Westmoreland, 2020). Quality of care implies a functioning market and a functioning market implies better results. As such, the ACA is being blamed for creating an incompetent healthcare market where the low costs have resulted in a poor quality of healthcare services to the people.

 Insurance companies in the U.S are providing a broader benefit of coverage for people with pre-existing conditions, and the impact of this action is the rising premiums. When premiums rise, the taxes also rise. On the implementation of the ACA, several new taxes were introduced to steer the ACA to achieve its agenda. The taxes on medical devices and pharmaceutical were increased to raise finances that would cater for the health insurance. High-income earners were also taxed for, and this affected their earning and overall impacts on the economy (Sage & Westmoreland, 2020). When employees are taxed high, they fail to meet their comprehensive needs. Circulation of money in the economy also becomes minimal, and the economy leans towards managing the healthcare system while other sectors remain redundant. Taxing the wealthy higher rates as compared to the poor for the purposed of insurance coverage is an unfair action to the economy because the equity is compromised as the rich work for the poor (Rosenbaum, 2017).

 The imbalanced nature of ACA with regards to health insurance coverage is being opposed by Republican policymakers for excluding people with pre-existing conditions. This exclusion of coverage is based on economic perspectives, where people paying low premiums are being excluded from unlimited healthcare services. The impact of the ACA on the job market is also being experienced where employers are cutting hours of their employees to evade covering their workers. The impact of reducing employees working hours is an underperforming economy (Rosenbaum, 2017). By so doing, employers are attempting to reduce the output and power of human resources in the economy and the impact of the action is a limited economy that would otherwise perform if employers do not impose such restrictions to avoid paying higher premiums for their employees. The ACA has a great impact on the market economy, which requires revision to balance all the sectors of the economy.

References

Rosenbaum, S. (2017). The Patient Protection and Affordable Care Act: implications for public

 health policy and practice. *Public health reports*, *126*(1), 130-135.

Sage, W. M., & Westmoreland, T. M. (2020). Following the Money: The ACA’s Fiscal-Political

 Economy and Lessons for Future Health Care Reform. *The Journal of Law, Medicine &*

 *Ethics*, *48*(3), 434-442.