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2010 Healthcare Reforms

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2010 Healthcare Reforms

The 2010 healthcare reform is known as the Affordable Care Act or Obama Care. Its purpose was to introduce tax credits lowering medical costs, especially for low-income families. The bill impacts the individuals where accessing medical services was made easy. It is the case as the bill expanded health insurance to millions of residents as they would access insurance coverage. That means the number of uninsured individuals reduced while timely seeking of medical services was improved. The healthcare reform would also affect people having insurance covers but encounter challenges while paying. The federal budget would reduce the costs of such people, thus increasing the accessibility of services. Businesses would also be impacted as those having problems paying the insurance premiums would be assisted in reducing the cost. Public programs such as Medicaid are also affected by the reforms. The expenditure costs will increase as the number of people covered improves. For instance, every person receiving the insurance cover would result in more \$1 600 expenses, a 70% increase (Alcalá et al., 2017).

The projected cost of Obama care was \$940 billion during the first ten years (Lahm, 2016). The information was provided by President Obama while signing the bill, but according to the CBO, which assessed deeper, it was said the bill would cost \$938 billion. The leading areas where the money would be spent are developing Medicaid and CHIP, tax benefits towards the small business, developing the medical insurance exchanges, and the tax credit to the fewer income populations. Notably, these sections would not earn government revenue, but the bill would lower the public debt in general. Two years after the bill was enacted, the CBO provided another analysis claiming the bill would cost \$1.76 trillion (Lahm, 2016).

The people supporting the bill used the idea the reform would lower healthcare costs. Between 2012 and 2017, the costs increased by 1.3 % per year, and more increases were

projected in the next ten years (Larkin, 2018). They, therefore, wanted the government to counter the trend as it would affect the sector. Thus, the idea was to help people afford medical costs and other parties like small organizations on yearly premiums. On the other hand, those rejecting the idea claimed that taxes would increase. Also, over five million people would no longer access employment-based insurance, as businesses would prefer the workers to get insured separately. In their view, the bill would mean more money for the people insured, especially those with the ability to pay and increasing the general public's taxes.

The Christian ethic that would support Obama care is based on justice, where believers should implement the actions that are fair to everyone, especially those in need (Brown, 2015). The bill considers the low-income citizens by ensuring they access medical assistance the same as the rich, thus bringing justice. This is very crucial as it mandates all people irrespective of social status to access basic medical services. However, the ethic of freedom rejects the idea. The bill claims the people not seeking insurance covers would be fined, which means the people lack the chance to choose.

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