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Financial Management and Affordable Care Act

I disagree with the notion that the Affordable Care Act will make financial management more complicated. In a society, people have different levels of income. This translates that the low population will lack access to the proper health care systems when left without health insurance coverage. The implementation of ACA ensures that those with low incomes can be financially protected and at the same time access good health, consequently enabling them to be productive in the economy. Hu et al. (2016) highlight that statistically, ACA had provided low-income citizens with a scheme of financial protection by making them able to pay the medical expenses. In conjunction, they noted that low-income individuals had improved their savings, credit markets, and consumption of services and goods through ACA.

The ACA's implementation will ensure that hospitals increase profitability because most people can seek treatment irrespective of the financial situation. Hospitals can employ more people when the profits are realized in the hospitals, both medical and non-medical staffs, translating to improved living standards of those who directly or indirectly depend on the hospitals. The hospitals are also able to improve their medical equipment to provide more superior health care to people. Through their research, Wilson & Cutler (2014) argues that emergency department profits in hospitals were most likely to increase upon the implementation of ACA majorly because the uninsured make a significant number of those who visit the hospitals.

Conclusively, in my view, I believe that the implementation of the ACA will tap a large number of low-income citizens who are not insured and bring them to wellness. Consequently, they will be able to access adequate health and be productive in society. Their productivity

translates that there will be more money circulating in the economy. I, therefore, disagree that the implementation of ACA will make financial management complicated.

References

Hu, L., Kaestner, R., Mazumder, B., Miller, S., & Wong, A. (2016). *The Patient Protection and Affordable Care Act Medicaid expansions on financial wellbeing* (No. w22170). National Bureau of economic research.

Wilson, M., & Cutler, D. (2014). Emergency department profits are likely to continue as the Affordable Care Act expands coverage. *Health Affairs*, 33(5), 792-799.

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