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Why was the affordable care act important

The Affordable Care Act (ACA), also known as the Patient Protection and Affordable Care Act, became law on March 23, 2010. President Barack Obama signed in the ACA. It is informally known as Obamacare. The ACA aimed to ensure that more people had more health insurance coverage in the United States. It also aimed to improve the quality of healthcare and health insurance, regulate the health insurance industry, reduce healthcare-related spending in the U.S. However, the change of administration in 2016 brought some changes to the ACA, and more may be on the horizon. Read on to learn more about where the ACA currently stands. Share on Pinterest Image credit: Courtney Hale/Getty Images This new law aimed to improve access to healthcare in the U.S. by widening health coverage to more people and protecting existing health insurance policyholders. Several parts of the bill had important implications for many people. These relate especially to coverage for preexisting conditions (including pregnancy), children on parental plans, and help for small businesses to have their employees insured. The following sections will look at these factors in more detail. Coverage for preexisting conditions Since 2014, insurance companies have not been allowed to raise the premiums for infants or children due to a preexisting health condition or disability. Adults who previously could not get coverage due to a preexisting condition and those who had had no insurance for 6 months or longer would now get insurance. The Pre-existing Condition Insurance Plan was aimed at adults who could not get coverage because of a preexisting condition, such as diabetes or cancer. From 2014, the ACA made access available to them. Currently, health insurers cannot deny or cancel coverage for someone with a preexisting health condition. The insurance must also cover that condition, and insurers cannot charge someone more for having that condition. Insurers still consider pregnancy to be a preexisting condition, so insurance now covers all prenatal care and the birth from the first day of coverage. In 2018, President Trump's administration announced that they would no longer support this provision in the ACA. The Supreme Court has been considering whether or not to uphold this. A decision is expected in 2021. Children remain on parental plans The ACA means that young adults can stay on their parents' health plans until they are 26 years old. This includes those who do not live with their parents, are out of school, are not financially dependent on their parents, are married, or a child who has health insurance under their parents' plan will lose coverage on their 26th birthday. This is considered a special enrollment period. It means that they can sign up for a new plan without having to wait for open enrollment at the end of the year. However, insurance does not cover spouses and offspring of adult children. Tax credits for small businesses The ACA also aims to help small businesses get health insurance for their workers. Small businesses can receive help in funding the cost of providing health insurance. New tax credits make it more affordable for them to buy health insurance for their employees. Under the Small Business Health Options Program, employers may benefit from tax credit if they provide healthcare for their employees who have fewer than 25 full-time workers, pay an average yearly salary of under \$50,000, and provide greater insurance coverage and security for all. Since 2014, more people in the U.S. have had health coverage — including those with a low income and those with preexisting health conditions. In the past, individuals enrolled in Medicare Part D often fell into a coverage gap, or “donut hole.” Once they had spent a predetermined amount of money, they had to pay any further expenses out of pocket. Following the introduction of the ACA, people with Medicare Part D could receive a 50% discount on brand-name prescription drugs and a 7% discount on generic ones. People with Medicare also became eligible for mammograms, colonoscopies, and some other preventive services. All new health policies have to offer these types of screening and preventive services free of charge. Learn more about the costs of Medicare Part D here. The Trump administration has introduced a number of changes to the law. The sections below will look at these in more detail. Fees for not having coverage When the law first came into effect, people who could afford to pay for health insurance but chose not to purchase a plan could face a tax penalty on their yearly income taxes. However, this stopped in 2019. Individuals who do not have coverage will now not have to pay a fee. Enrollment period The open enrollment period to sign up for a new plan is significantly shorter now. At first, the enrollment period lasted into January or February of the following year. Now, it runs only from November 1 to December 15. Without a special circumstance — such as changing jobs, getting married, having a baby, or adopting a child — a person cannot purchase insurance outside of these dates. Work requirements for Medicaid In 2018, the Centers for Medicare and Medicaid Services provided new guidelines that would allow states to implement work requirements for people enrolled in Medicaid. This means that some people will have to find work if they want to retain their Medicaid benefits. Exemptions As of 2019, companies can ask for an exemption that will allow them not to offer or pay for coverage for contraceptives due to a religious or moral objection. When the ACA came into effect, many people disagreed with it. There seemed to be overall agreement on many points, but the idea of making health insurance compulsory for everyone was not popular. The introduction of the ACA caused the number of people with health insurance coverage to rise. It still continues to be higher than before, but the numbers appear to be declining. Contributing factors to this likely include the rising cost of insurance and removing the fee for people who do not have insurance. People are still monitoring the status of the ACA and its provisions closely. Of particular concern is the protection for people with preexisting health conditions. A 2018 poll by the Kaiser Family Foundation found that almost 64% of people did not want the Supreme Court to overturn these protections. Meanwhile, 52% did not want the Supreme Court to overturn the ACA overall. The ACA aimed to increase people's access to healthcare provision in the U.S. However, recent changes to the ACA may already be eroding its benefits, and there are concerns about future changes. Recent factors that make future decisions on healthcare provision more crucial than ever include: tensions surrounding the 2020 elections, the impact of COVID-19, an existing lack of health equity, especially for populations of color. The HealthCare.gov website is available for anyone to find out whether or not they qualify for help, to apply for coverage, or to change their status. Does Medicare cover COVID-19 testing? Learn more here. The first part of the comprehensive health care reform law enacted on March 23, 2010. The law was amended by the Health Care and Education Reconciliation Act on March 30, 2010. The name “Affordable Care Act” is usually used to refer to the final, amended version of the law. (It's sometimes known as “PPACA,” “ACA,” or “Obamacare.”) The law provides numerous rights and protections that make health coverage more fair and easy to understand, along with subsidies (through “premium tax credits” and “cost-sharing reductions”) to make it more affordable. The law also expands the Medicaid program to cover more people with low incomes. Related content Read the Affordable Care Act Rights & protections Medicaid expansion Photo Courtesy: hobo_018/Getty Images When people have a serious illness or a long-term health condition, getting a type of healthcare called palliative care can help improve their daily lives. These types of conditions might not be curable. Or, they may make it difficult for people to live comfortably or take care of daily tasks while they're having treatment for the condition. Palliative care helps people with long-term or severe health conditions manage their symptoms better. It's a newer type of medical care that takes people's individual needs into account and aims to meet their medical, physical, spiritual and emotional needs. If you're considering palliative care for yourself or a family member, it's important to understand what it is, how it works and how to talk to your doctor about it. How Does Palliative Care Work? Photo Courtesy: Fotostorm/Getty Images “Palliative” means care that relieves pain and other symptoms without treating the condition that causes them. The main goal of palliative care is to help relieve uncomfortable symptoms you experience because of your illness. It also aims to relieve stress you feel because of your condition. You can get palliative care at any stage of your illness or while living with any serious health condition. Palliative care can make you more comfortable, both mentally and physically. But it's a supplement to other treatments you might be getting for your condition. It's meant to provide support and improve your quality of life. It isn't a replacement for other medical treatments like medications or surgeries. You receive palliative care from a special team of different professionals. Each of them is experienced in helping with a different aspect of your life. Your team might include the following people: A nurse or doctor is at the center of a palliative care team. They're trained to provide support and medical treatment for your condition. They might also coordinate your overall care plan. A social worker can help you manage financial aspects of your care and connect you with programs that give you access to resources in your community. Therapists and psychologists can teach you coping strategies to help you deal with stress and improve your mental health. Some palliative care teams also include clergy members or other religious leaders who can help you bring more spirituality into your life. When you opt for palliative care, you can work with others to define your needs, and your providers help you meet them. Your team members also work together to make sure they address all your needs. Another important part of palliative care is that it doesn't focus on just one aspect of your life. It incorporates multiple aspects of who you are and aims to improve all of them. It also pairs you with a wide variety of resources that can help you thrive. Who Can Benefit From Palliative Care? Photo Courtesy: Ergin Yalcin/Getty Images As mentioned, palliative care is meant for people who have long-term or severe illnesses. It's not only meant for people who have a terminal condition the way hospice usually is — palliative care isn't only end-of-life care. It's true that some elements of palliative care can work for people who are reaching the end of their lives. But it can also help you if you frequently stay in the hospital because of a health condition or if you visit the emergency room often due to your illness. If you have a health condition that you feel is negatively impacting your day-to-day living and want to see improvements in multiple areas of your life, palliative care may be for you. Palliative care is an option for people with a wide variety of chronic illnesses. People who experience strokes, kidney failure, cancer or congestive heart failure often receive palliative care. Palliative care is also a common choice for people who have AIDS, Huntington's disease, Parkinson's disease, Alzheimer's and other conditions that don't have cures yet. It can be especially effective if you're getting treatments, such as chemotherapy for cancer, that cause their own uncomfortable symptoms. You can also choose to end palliative care and re-enter it if your symptoms improve and then start to decline again. If your doctor tells you later on that your condition has become terminal, you can continue getting palliative care. Your team can continue to provide support while you consider entering hospice later on. What Does Palliative Care Usually Include? Photo Courtesy: Xesai/Getty Images Palliative care programs are designed to meet individual needs. So, they look different from person to person. The type of care you get ultimately depends on what you and your team decide works best. However, there are some common ways people receive this type of care. Depending on your needs, you might receive care in your doctor's office once in a while and have home visits from other members of your team. Or, you might stay in the hospital while getting palliative care. In that case, all your team members will work with you in the hospital. Some doctors also offer in-home palliative care. That way, you can continue living at home where it's more comfortable while getting treatment. Palliative care clinics are another option. They specialize in providing certain palliative treatments. Sometimes, nursing homes also offer this type of care. The focus of your care will also depend on your personal experiences and treatment goals. For example, imagine you're experiencing a lot of physical pain due to your condition. Your care team might focus on reducing your pain and demonstrating lifestyle changes to make that keep you as comfortable as possible. On the other hand, imagine you're experiencing a lot of anxiety after your diagnosis. In that case, you might focus more on working with a therapist. They'll teach you coping skills to boost your mental health and ease your stress. Where Can You Find Palliative Care? Photo Courtesy: Maskot/Getty Images The Center to Advance Palliative Care is a nonprofit organization that regularly updates a national palliative care provider directory. In it, you can find palliative care providers and teams near your home. You can access the directory here. The National Hospice and Palliative Care Organization is another agency that can help you find a palliative care doctor. This nonprofit is a member organization that doctors and other providers join. Its goal is to increase access to palliative care and hospice care to help improve people's quality of life. Using your location information, you can find a doctor near you with the NHPCCO's online directory. Your current doctor can also help you find providers who specialize in providing palliative care. This way, your doctor and palliative care specialist can communicate with each other to figure out the right course of action for your treatment. Your primary doctor can give recommendations based on all the details they know about your health. If you need to see a new doctor to get palliative care, your current doctor can explain the most important aspects of your condition and health to them. Having this information is important for making sure your care plan fully meets your needs. Resource Links: “Palliative care” via Mayo Clinic “What is Palliative Care?” via the Center to Advance Palliative Care MORE FROM SYMPTOMFIND.COM

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