**Health Insurance Expansion**

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**The Rationale for Health Insurance Expansion under the Affordable Care Act**

The Affordable Care Act (ACA) is a regulation that guarantees individuals access to health insurance like Medicare and Medicaid. Even so, it varies across different states and regions and depends on specific factors like income levels, family status, household size, and an individual's physical abilities. This program safeguards the population from health risks by enhancing access to affordable quality intervention (Shi & Singh, 2019). Similarly, it enables the dependents to attain desired care without incurring undesirable financial burdens. The United States provides health coverage to all adults earning up to 138% of the Federal Poverty Level. Nonetheless, it introduced health insurance expansion policies to various states based on an enhanced federal matching rate (FMAP). This regulation considers income status as the only consideration for accessing health coverage. Similarly, it permits individuals below 133% of the federal poverty level to attain health insurance.

Health insurance expansion reduced the qualification requirements for accessing Medicaid programs. This policy is active in 40 states in the US, where each region adopts unique standards and regulations. The Kaiser Family Foundation (KFF) tracking and assessment of region expansion programs scrutinize the status of every state. Even so, some states like Arkansas and Montana execute the Section 1115 waivers that limit federal laws from influencing the implementation procedure for this policy. For instance, its permits Arkansas to adopt the Arkansas Health and Opportunity for Me (ARHOME) program to replace the present Medicaid expansion plan. Besides, Montana employs the Section 1115 waiver to introduce a work requirement condition for qualification for health insurance. This initiative aims to increase beneficiaries of Medicaid programs. Most regions in the United States have adopted and implemented the expansion policy apart from 11 states.

Medicaid expansion under the ACA has significant implications for health outcomes for the vulnerable population. First, states that adopt it crap off complex requirements that limit access to the coverage. The policy guarantees low-income households the right to health insurance, regardless of their size, family status, or physical disability (Shi & Singh, 2019). Findings reveal reduced uninsured rates and an increase in coverage among the vulnerable population. The number is higher in specific regions like Arkansas and Montana that incorporate waivers in the expansion policy. Secondly, Medicaid expansion has improved the affordability of care across the United States. It offers financial security to the low-income population by protecting them from expensive healthcare services. Thirdly, the policy increases the utilization of care services offered in institutions. Even so, health insurance expansion has little implication on appointment availability or efficiency in clinical care interventions.

**How Health Insurance Expansion Relates to the Problem of Adverse Selection**

The health insurance expansion raises concerns on issues of adverse selection. In this case, the insurer and the beneficiaries have private knowledge and understanding of the offered services. As a result, it hinders equal participation as one party benefits more than others. The health insurance expansion policy increases access to Medicaid programs by scrapping multiple restrictions. Even so, it triggers the problem of adverse selection, where the most vulnerable groups purchase the coverage as the healthy abstain or delay (Clemens, 2015). It creates an uneven distribution of health insurance across the population. Healthy individuals delay applying for this cover until they develop the need. This scenario increases the premium payment for insurance coverage. Adverse selection strains the national funding for health coverage to drive up its cost. This incident is evident in states and regions that adopt and implement the health insurance expansion policy.

**The Economic Implications of Health Insurance Expansion in the United States**

The council of economic Advisors (CEA) analyzes and provides reports on the economic implication of healthcare reforms in the United States. It also projects future situations regarding access and affordability of care, if the nation fails to implement desired changes. The CEA evaluates the inefficiencies in the current approach and highlights significant elements to incorporate into the reforms. These entail the annual growth rate of healthcare costs and households' capacity to afford and access desired care. Also, they indicate how minimizing the growth rate in healthcare costs protects vulnerable groups in society (Savedoff et al., 2012). It caters to the unemployed and households with low-income levels. Furthermore, the CEA report assesses the implication of the current healthcare system on the federal budget deficit. The increased costs of care services impact the nation's GDP. As a result, the CEA recommends health insurance expansion to ensure more people access healthcare coverage programs.

The CEA recognizes three integral economic implications of Medicaid expansion in the United States. First, this policy improves the economic status of the uninsured and low-income populations. It protects vulnerable groups from financial risks and increases their life expectancy by enhancing access to affordable care. Besides, the policy boosts individuals’ economic health by reducing the public and private costs of attaining health coverage (Savedoff et al., 2012). Secondly, the nation benefits from a healthy labor force after implementing the health insurance expansion policy. It enables the vulnerable population to access affordable clinical interventions to address disabilities and chronic illnesses. For this reason, it increases the labor supply across the United States to boost its GDP. It also addresses issues of debt deficit impacting the nation's economy. Thirdly, Medicaid expansion improves labor force efficiency by removing restrictions on accessing health coverage. This approach improves the economic status of different households and businesses.

Furthermore, the CEA considers that health insurance expansion slows the increase in healthcare costs. For that reason, this initiative has significant implications for the nation's economy. First, it boosts production efficiency attributes to the improved living standards in the country. The policy abolishes restrictions that hinder the vulnerable and low-income population from accessing Medicaid programs (Savedoff et al., 2012). Secondly, reducing the costs of healthcare services boosts national savings and safeguards it from catastrophic budgetary consequences. This is vital when the federal government caters to a large proportion of healthcare costs. Therefore, the nation lowers its budget deficit and increases its capital formation through Medicaid expansion. Thirdly, the CEA establishes that cost growth containment in health care reduces unemployment levels in the United States. An increased labor force and employment rate boosts the nation's economy.

**Economic Implications in Your State or Region**

Furthermore, the health insurance expansions had significant economic implications for healthcare institutions in Kentucky. This state records about 900,000 adult subscriptions to the Medicaid program. The initial expansion program in Kentucky incorporated the Kentucky Health Waiver, which had multiple restrictions. For instance, this policy included employment factors and 4% monthly income premiums as vital requirements for health cover. It also entailed coverage lockouts for situations of delayed renewal (Kaiser Family Foundation, 2019). Even so, Governor Andy Beshear revoked this waiver in 2019 to ensure the health coverage operates under federal regulations. The Medicaid expansion program in Kentucky enhanced its labor force and employment rate to boost its economy.

References

Clemens, J. (2015). Regulatory Redistribution in the Market for Health Insurance. *American Economic Journal: Applied Economics*, *7*(2), 109–134. <https://doi.org/10.1257/app.20130169>

Kaiser Family Foundation. (2019, August 2). *Status of State Medicaid Expansion Decisions: Interactive Map*. The Henry J. Kaiser Family Foundation. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

Savedoff, W. D., de Ferranti, D., Smith, A. L., & Fan, V. (2012). Political and economic aspects of the transition to universal health coverage. *The Lancet*, *380*(9845), 924–932. <https://doi.org/10.1016/s0140-6736(12)61083-6>

Shi, L., & Singh, D. A. (2019). *Essentials of the U.S. health care system* (5th ed.). Burlington, Ma Jones & Bartlett Learning.

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