**Economic 500**

Student's Name

Institution

Course

Instructor's Name

Date

By definition, demand is an economic concept that describes consumers' ability or desire to pay for a product or a service. If all factors were to be kept constant, an increase in the price of goods and services would lead to a decrease in demand; contrary, a decrease in the price of goods and services would lead to an increase in demand. Medicare demand is gradually increasing daily; in the years to come, many countries will spend a higher percentage of their revenues on health. There are two main contributors to the growth of healthcare demand, (1) increasing occurrences of preventable diseases and (2) suboptimal use of Medicare resources. Surprisingly, these factors are influenced by consumer decisions; for instance, obesity is preventable but one of the most prevalent diseases in the United States. People have the responsibility of living a healthy life. However, they choose to be ignorant of their health; whether one is sick or not, the demand for Medicare service is a natural phenomenon; hence, the government needs to cater to its citizens and make healthcare services more accessible at equal levels.

To promote Medicare service, the United States government signed the Affordable Care Act (ACA) into law in 2010, popularly known as Obamacare. The Act was designed to provide all Americans with adequate health care and protect patients from insurance company practices that could increase patient costs or restrict treatment choices (Abraham, 2014, p. 64). Millions of Americans have benefited from the Affordable Care Act (ACA) since its inception; many of these people were unemployed or had low-paying occupations and often could not afford health insurance. Additionally, others could not afford health insurance because they had pre-existing medical conditions, such as chronic illnesses. The ACA has been highly controversial; for many months, it has been the hotbed of political indifferences and a series of research. For instance, a recent study by Jean Marie Abraham determined how the ACA might influence the demand for medical care.

One of the findings that I find aligning with the medical demand is the flexibility of the ACA to provide new relationships between patients and care providers. ACA has, over the years, improved financial access to medical care; hence, it is expected that insured individuals would have direct contact with their healthcare providers. According to the findings of the research, after reforms in Massachusetts to adopt the ACA plan, many patients have reported having a personal doctor; additionally, the study also suggests that there are high probabilities of individuals making it a trend to regularly visit a doctor often in a year (Abraham, 2014, p. 78). I believe that this finding describes what meeting the demand for medical care is; before the ACA, financially unstable people could not afford hospital services, let alone having a personal doctor (Abraham, 2014, p. 78). The finding shows the government's commitment towards making healthcare services more accessible or achievable, regardless of someone's financial status.

On the other hand, I have a problem with the other research findings; the study generally asserts that newly insured people who live beyond the poverty line records lower rates of several medical conditions than those privately or publicly insured. One of the main aims of the ACA, to my knowledge, is to insure all Americans regardless of their financial status; however, this finding portrays a different scenario, where demand for healthcare is still based on financial class, and this suggests that the same trend of prioritizing patients by their economic status would continue. The ACA should be a relief, not a beacon of hope that is yet to be implemented.

**References**

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