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# Bridging the Gulf on Healthcare Policy Beyond the Affordable Care Act

Dorothy Kersha-Aerga, Elizabeth City State University, USA
Chyna N. Crawford, Elizabeth City State University, USA

## ABSTRACT

This article presents a brief overview of the Affordable Care Act (ACA) and changes ushered into the healthcare system by the act. The overview is followed by arguments for and against the ACA, integrating and situating the divergent arguments within the context of both democratic and conservative standpoints on healthcare policy. Furthermore, the article explores the possibility of identifying factors responsible for the seeming difficulty in transiting policy from agenda status to adoption in a democratic system of governance. The article concludes with suggestions on ways and strategies that can help in bridging the ostensible gap between divergent positions, with the hope of charting the course to the desired destination of an equitable and sustainable healthcare policy for the United States.

### KEYWORDS

Affordable Care Act, Healthcare Policy

## INTRODUCTION

Health care continues to be one of the most contentious policy issues in public and political discourse in the United States. Adopting a holistic and all-embracing policy to address the American health care system's generally acknowledged challenges has been somewhat challenging, if not impossible. Several factors ranging from ideological differences, partisan considerations to vested interests can account for the seeming inability to adopt comprehensive policies that can address the myriad of challenges in the nation's health care system. After the introduction of Medicare and Medicaid via amendments to the Social Security Act in 1965, it took more than fifty-five years to make any significant step in furtherance of health care reform. That step came in the form of the Patient Protection and Affordable Care Act (ACA), popularly called Obamacare, in the year 2010. Even then, taking that step required an arduous and strenuous struggle that left noticeable scars on the players who made the step possible. The laborious and tedious battle to birth the ACA transcended the two chambers of Capitol Hill to the serene chambers of the Supreme Court. It reverberated in several states, via implementation tensions and resistance. The passage of the ACA into law was only possible after a grueling bargaining process that entailed several concessions to the forces of resistance, a fact that infuriated many in the Democratic base. However, despite these apparent compromises, conservative agitations against Obamacare were loud and almost deafening during the 2016 presidential elections,

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with many conservative candidates vowing to 'repeal and replace' the ACA on their first day in office. With Republican control of the White House and both houses of Congress during the first half of President Trump's presidency, it perhaps dawned on many that repealing the ACA was not a piece of cake. All attempts to repeal the Act proved abortive, not to talk of cobbling together a replica of law in the conservative image that could stand the test of unanimous support even among conservative members of Congress.

This underscores the challenge of policy adoption in a democratic setting, especially in an extremely partisan like the United States. This article attempts a brief overview of the Affordable Care Act, and the Act's changes ushered into the health care system. These changes primarily addressed the increased access to health care services for vulnerable groups, improved quality of health care, and flattened the curve of health care costs. The changes included provisions such as individual mandates for health care coverage, the establishment of health insurance exchanges by state governments, and prohibitions against insurance policies with coverage restrictions. Also worthy of note was the fortification of the Health Information Technology for Economic and Clinical Health (HITECH) Act for the enhanced deployment of informatics to strengthen the health care system. The article unearths the case for and against the ACA, integrating and situating these divergent arguments within the context of democratic and conservative standpoints on health care policy. Furthermore, the factors responsible for the seeming difficulty in transiting policy from agenda to adoption status in our democratic system of governance are explored. We conclude with suggestions and recommendations that may help bridge the notable gap between these divergent positions, with the hope of charting a course to the desired destination of an equitable and sustainable health care policy for the United States.

## THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA): OBAMACARE

The Patient Protection and Affordable Care Act (ACA), popularly called Obamacare, was signed into law on the 1st day of March 2010. According to Gaffney and McCormick (2017), before the passage of Obamacare, one in every six Americans had no health care insurance coverage. Discrimination by insurance companies against more vulnerable groups like the old, women, and the grievously ill was pervasive, and racial injustices in insurance access and coverage persisted. Limited access to health care for many Americans resulted in tens of thousands of avoidable deaths annually, coupled with financial ruin and incapacitating agony for several more people. This perhaps summarizes the evident challenges that Obamacare sought to overcome via policy. The ACA was aimed at achieving several objectives, such as enabling un-insured and under-insured persons to secure insurance coverage through Medicaid expansion, expanding access to health care services, and increasing the opportunity for positive health outcomes for this category of persons. Other objectives included improvement in the quality of health care, reduction in the growth rate of healthcare expenditure, and accessibility to health care services to vulnerable groups such as pregnant women and children (Schader, 2015).

## CHANGES INTRODUCED BY THE ACA

Anderson (2015) summarized the main innovations of the ACA. These include the provision for individual mandates compelling all persons at a certain income threshold without insurance to get it or be liable to tax penalties and the provision of subsidies to enable lower-income individuals and groups to obtain health insurance coverage. Others include the provision for health insurance exchanges set up by state governments, penalties against specific categories of employers for failure to provide insurance to employees, and prohibitions against insurance policies with coverage restrictions against