

Legislation Analysis on the Affordable Care Act of 2010

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Overview

The American healthcare system is the background to the wellness of the entire population. Since its inception, the Affordable Care Act (ACA) has had beneficial changes to the health insurance industry at the federal level. Before the inception of the ACA, over ten million Americans had remained uncovered with the universal health insurance coverage and hence challenging the quality of healthcare service provision. There were many incidences of sexism in health care since services were offered to patients on gender basis leading to healthcare imbalance. The US health care cost had gone higher for low-income households.

Moreover, the US healthcare system was featured with increased government spending and poor health outcomes, more so to the aged and patients from low-income households (Badger & Badger, 2017). Prior to ACA, there was a lack of emphasis on the healthcare system in both treatment and prevention approaches. More importantly, healthcare disparities were worsening leading to reduced access to healthcare services. For that reason, the Affordable Care Act was needed for improvement.

These health-related issues were found to be ideal threats to the US healthcare system and the population at large. They violated the effectiveness of the United States healthcare system in conjunction with the wellness of the entire population. The Affordable Care Act of 2010 intended to address these issues by lowering the cost of healthcare services, making health insurance coverage highly available to all populations, and expansion of the Medicaid program to fit all adults who are living below the federal poverty level. The ACA's main objective was phased to come in effect between 2010 and 2018. It aimed at ensuring that all Americans have health coverage featured with some specific minimums and essential benefits. Since its inception, the health insurance coverage has offered employment-based coverage and other

healthcare services through Medicaid or Medicare coverage where applicable (Badger & Badger, 2017). Although the ACA policy has been effective in improving healthcare services at the federal level, the policymakers are required to make specifically targeted revisions to the ACA in an effort to ensure that the nation's health insurance agents can keep on providing as well as strengthening the quality of the healthcare services they offer.

The Affordable Care Act of 2010 was facilitated by many stakeholders who had positive interests in the health welfare of the American populations. They included President Obama who signed the Affordable Care Act of 2010 (branded as Obamacare) to meet the healthcare needs of all Americans through access to affordable healthcare insurance coverage. Kathleen Sebelius, former secretary of the Human Health Services (HHS), oversaw the implementation of the ACA. The initiative was highly supported by the CIO for Medicare and Medicaid Services with an aim to launch a federally facilitated marketplace to go online. The Affordable Care Act of 2010 was fully supported by different American research institutes such as the Families USA, Deloitte Health Care, and Kaiser Family Foundation which actively participated by analyzing and monitoring the health status in addition to the impact of the initiative to the public health. Media such as the NY Times and Washington Post strongly supported the enactment of ACA. Other key stakeholders included politicians and individual Americans who are the actual consumers.

The Affordable Care Act of 2010 was majorly focused on ensuring affordable health insurance is available to all Americans. Herein, the law aimed at serving the healthcare consumers with healthcare subsidies such as reduced costs for households living below the federal poverty level. The policy was also aimed at expanding the Medicaid program to ensure equitable coverage to American populations with income below 138% of the federal poverty level. Finally, the policy aimed at providing support for innovative medical care approaches. The

Affordable Care Act of 2010 has been a perfect breakthrough for improved quality of health by reducing the cost of health to low-income households and increasing access to healthcare.

Historic Analysis

What necessitated the establishment of The Affordable Care Act of 2010? Since statehood in the USA, healthcare inequality has been an ideal threat to the wellness of the federal population (Uberoi, Finegold, & Gee, 2016). In 2010, about 20 million Americans were living below the poverty line of the federal level. The Affordable Care Act of 2010 was signed as an ideal healthcare law by President Obama in March 2010. However, its core provision came into effect on January 2014. Before then, the ACA was featured with significant changes, and additional changes were highly anticipated in the forthcoming years (Antwi, Moriya, & Simon, 2015). The Affordable Care Act of 2010 was believed to be effective in addressing this nightmare of poor access to healthcare amid the low-income earners in relation to the federal poverty level through universal health coverage.

In reflection, the Affordable Care Act of 2010 was an ideal path to the transformation of the America healthcare system by meeting the health needs of the population. It was anticipated to extend healthcare insurance to more than 30 million uncovered Americans. The ACA established a basis for providing equitable care for the undocumented population in the federal nation. The ACA policy is integral to the Medicaid and Medicare Acts. Before enactment, the ACA was faced with a lot of critics. However, it survived all the attached political wrangling through a 2012 Supreme Court challenge. In November 2014, about 8-11 million adults had acquired increasingly reliable health insurance, with about 7 million of them getting services through online exchanges. The Affordable Care Act of 2010 brought about significant transitions

to the American healthcare system in that it reduced the cost of healthcare services, increasing access to healthcare services, and hence it paved the way for healthcare equality.

Social Analysis

The Affordable Care Act of 2010 was viewed as a basis for improved healthcare services. Before initiation of the health policy, the American healthcare system was featured with many disparities which included sexism in the context of healthcare provision. As such, the majority of healthcare services were provided on a gender basis. Healthcare officials were also found to practice some sorts of prejudiced healthcare services. There was massive and thriving segregating where the undocumented Americans such as immigrants were highly underserved, and they lacked access quality health care services (Antwi et al., 2015). Racial and gender-based segregation brought about increased social costs to the US populations. However, the Affordable Care Act of 2010 came out as an ideal solution to these threatening social effects.

The Affordable Care Act of 2010 policy aimed at ensuring that affordable health insurance is available to more people. The law was effectively designed to provide Americans with affordable health insurance. Therefore, the effective implementation of the ACA initiatives paved the way for increased access to healthcare services by varied American populations. Social studies have affirmed that gaining insurance coverage via the expansions greatly reduced the probabilities for not receiving medical services. Through these objectives, the ACA reduced the number of uninsured Americans and formed a basis for improved healthcare services for the current and future generations. More importantly, the provision of universal coverage increased populations' access to healthcare services for those who gained the coverage.

The Affordable Care Act of 2010 was set out to expand of Medicaid program in conjunction with the Children's Health Insurance Program (CHIP) in an effort to ensure maximum coverage to the uninsured populations and more so people from the low-income American families. As evident, the primary objective of the ACA was to expand healthcare coverage for individuals under the age of 65 who live below the Federal Poverty Level, a goal which was deemed integral to the state-sponsored Medicaid Program. In my conviction, enactment of the ACA healthcare programs enhanced the growth of equity and increased the quality of care in the context of the United States.

The ACA offered adequate support to innovative medical care delivery approaches. The policy was complemented with a holistic view of communities and the entire populations based on the common causes of healthcare disparities. Herein, the policy launched the pace for studies on medical care approaches which would facilitate essential health benefits to the entire populations. The ACA health provisions supported clinical studies such as screening and preventive treatments that reduced the risks of chronic illnesses such as cancer and other illnesses which were found so prevalent in the American health care system.

Before the inception of the ACA, the American healthcare system was perceived to be biased, and hence healthcare services were offered on gender basis. This policy, therefore, intended at reducing incidences of sexism in healthcare. Its application was based on the assertion that "policyholders cannot be denied coverage due to pre-existing situations such as gender differences, chronic illnesses, or incidences of permanent disability (Lanford & Quadagno, 2016). From another point of view, the policy intended to emphasize primary and highly preventive care attached to the community prevention services. It is with no doubt that the

Affordable Care Act of 2010 was a breakthrough towards accessing quality and culturally competent health care for all American demographics.

Economic Analysis

The Affordable Care Act of 2010 demand for significantly reduced cost of healthcare services while supporting highly valuable and effective care. In this setting, the policy has called for acute government funding to support different phases of implementation. As evident, effective implementation of the ACA demanded for thorough facilitation and hence government funding has been very critical. Government funding necessitated for timely acquisition of health information technology, healthcare personnel, and other economically viable facilities. The ACA policy demanded for subsidization of healthcare services (Lanford & Quadagno, 2016). The healthcare insurance supported by the ACA was perceived to make people, as well as households, suffer an added cost beyond their expectations and means as well. Therefore, the federal government was required to incur an extra cost by subsidizing people's health coverage to the population whose annual income falls below a certain level. Only healthcare consumers who earn less than 400% of the Federal Poverty Level were deemed qualified for the subsidy.

In addition, the Affordable Care Act of 2010 funding was a strong blow to the federal taxpayer. The legislation brought about several and essential changes to the tax code. It facilitated an increase in the Medicare taxes on higher income households with an aim to increase the health insurance coverage, minimize health care costs, and finance health care reforms (Lanford & Quadagno, 2016). According to the ACA tax reforms; there were refundable tax credits for families to purchase health insurance via state and federal marketplaces. The legislation called for a tax on employers who offer inadequate health insurance coverage so as to ensure equitable health insurance coverage. Moreover, the legislation called for the

implementation of excise taxes on medical device manufacturers, health insurance providers, and pharmaceutical manufacturers who were deemed efficient in facilitating the adequate provision of healthcare services to all populations regardless of their economic status.

Recommendations for Reform

It is worth to acknowledge the fact that the ACA has been a big move in the US healthcare system by ensuring and maintaining the wellness of the general public. However, with the current political climate, it is **laudable** to argue that the ACA provision needs to be complemented with acute administration commitments by ensuring the expansion of access to Health Coverage for Moderate Income Households. Herein, the ACA **needs to** reduce complexity in the tax credit programs. It is evident that some of these ACA tax provisions are burdensome to the moderate-income families and hence their effects should not be overlooked (Badger & Badger, 2017). Instead, the ACA should be complemented with **increased credits for moderate as** well as middle-income families to alleviate the attached burdens. These approaches are believed to drastically expand the coverage for families who currently get little to no assistance under the ACA.

It is also recommendable for the government to make healthcare highly affordable (Blumenthal, Abrams, & Nuzum, 2015). This initiative can be attained by reducing the cost-sharing as well as out-of-pocket limits while improving the minimum employer coverage requirements. By improving the minimum essential coverage and minimum value requirements, employees will be in a position to access the least level of protection from employee coverage. It is with no doubt that these reforms stand a chance to increase the affordability of coverage for a large American **population**.

Also, the Congress should make efforts for improving consumer marketplace experience. There should be an active guide to health consumers in the coverage section in an effort to help consumers to enroll in the plans which best meet their healthcare needs and resources (Lanford & Quadagno, 2016). More importantly, there should be an improved network of transparency to ensure access to improved and continuous care for consumers. In addition, there should be highly standardized insurance products which would facilitate as well as improve not only consumer's choice but also ensure competition for increased accuracy.

Conclusion

In summation, it is clear that The Affordable Care Act of 2010 is a perfect transformation to the US healthcare system. It is based on the Federal Level, and its impacts in concern to access to healthcare and improvement in quality care are phenomenal. As evident, the ACA programs have facilitated material improvement in the context of US healthcare system through improved health insurance coverage, reduced cost of healthcare services, and effective expansion of Medicare coverage (Lanford & Quadagno, 2016). Through its key objectives, the ACA has led to thorough advancement in the American healthcare system. However, the ACA needs to be reformed through improving the customer marketplace experience, making healthcare highly affordable, and acute expansion of access to health coverage for moderate-income Americans.

References

- Antwi, Y. A., Moriya, A. S., & Simon, K. I. (2015). Access to health insurance and the use of inpatient medical care: evidence from the Affordable Care Act young adult mandate. *Journal of health economics*, 39, 171-187.
- Badger, D., & Badger, D. (2017). Assessing the Coverage Effects of the Affordable Care Act: A Comparison of Estimates from Recent Studies. *MERCATUS RESEARCH*.
- Blumenthal, D., Abrams, M., & Nuzum, R. (2015). The affordable care act at 5 years.
- Lanford, D., & Quadagno, J. (2016). Implementing ObamaCare: The politics of medicaid expansion under the affordable care act of 2010. *Sociological Perspectives*, 59(3), 619-639.
- Uberoi, N., Finegold, K., & Gee, E. (2016). *Health insurance coverage and the Affordable Care Act, 2010-2016*. Washington (DC): Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.