
**REDUCING ECONOMIC INEQUALITIES AND DISPARITIES: AN
ASSESSMENT OF THE AFFORDABLE CARE ACT'S (ACA) IMPACT ON
HEALTHCARE ACCESS**

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ABSTRACT

The Affordable Care Act (ACA) is a healthcare reform law that has fundamentally changed the United States healthcare system. The law was enacted in 2010 to increase the accessibility and affordability of quality health insurance in the United States. This report will provide a policy brief on the ACA and discuss its achievements and shortcomings. While the ACA has expanded access to affordable care and reduced health inequities, there are significant economic inequalities and disparities that continue to impact healthcare access. This paper will contain the context and importance of the ACA, an analysis of policy options, and policy recommendations to address the persistent issues within the US healthcare system.

Keywords - Policy, Healthcare, Equity, Law

1. Introduction

The ACA was created in response to several conditions, including rising healthcare costs, difficulties in accessing healthcare, and high rates of uninsured individuals. Former president Barack Obama, along with Congress, worked on developing the Affordable Care Act to address these issues. The law aims to achieve several goals, such as making healthcare accessible to more people, expanding Medicaid coverage, and supporting new ways of delivering medical care (U.S. Department of Health & Human Services, 2022).

Since its implementation, the Affordable Care Act has expanded Medicaid coverage, created an insurance marketplace for individuals to enroll in and purchase medical insurance, expanded consumer rights, and reduced the uninsured rate (US Census Bureau, 2021). These reforms aim to enhance the affordability and accessibility of quality health insurance.

While the Affordable Care Act has taken essential steps in improving healthcare accessibility, it also has its limitations. Barriers in access to affordable healthcare persist, especially for marginalized and low-income populations. To address the issues within the US healthcare system and reduce economic inequalities and disparities, the federal government can consider introducing a public healthcare option open to all Americans or amending the ACA.

2. Context and Importance

2.1 Historical Context

The Affordable Care Act (ACA), or Obamacare, was enacted in March 2010 to respond to various challenges within the United States healthcare system. One of the key reasons for enacting the ACA was increasing healthcare costs. Since the 1960s, healthcare costs have been steadily increasing due to an aging population, rising pharmaceutical costs, population growth, prevalence of chronic diseases, and costs within the service industry (Peter G. Peterson Foundation, 2023).

Additionally, a significant portion of the US population was uninsured at the time. In 2008, the year before the act was drafted, the National Health Interview Survey conducted by the CDC estimated that 14.7%, or 43.8 million individuals, were uninsured at the time of the survey and 18.7%, or 55.9 million individuals, had experienced periods of being uninsured in the previous year. (Cohen & Martinez, 2019). These critical issues placed a financial burden on Americans and severely hindered their access to necessary medical services.

During the 2008 presidential campaign, presidential candidate Barack Obama made a key campaign promise to improve healthcare accessibility and reduce the number of uninsured individuals in the United States. This commitment played a prominent role in his campaign, leading up to his election in November of 2008. On July 14, 2009, the Democratic House of Representatives presented H.R. 3962, a plan to address the root causes of the healthcare crisis in America. On November 7, 2009, with a 220-215 vote, the majority Democratic House of Representatives passed the act, and the Senate followed suit on December 24, 2009, with a 60-39 vote.

Finally, on March 23, 2010, President Obama signed the Affordable Care Act into law. While some changes went into effect immediately in 2010, most of the law's significant deadlines for changes were set for January 1, 2014. These changes include creating an insurance marketplace, providing subsidies and tax credits for eligible individuals and families, expanding consumer rights, expanding Medicaid eligibility, and supporting efforts to reduce health inequities. President Barack Obama's reelection in 2012 further strengthened the implementation of the act.

However, during Donald Trump's presidential campaign in 2016, he promised to prioritize the repeal of the ACA (Jost, 2019). Once in office, the Trump administration took several initiatives to fulfill this promise, such as reducing outreach and education efforts related to healthcare and reducing the role that the federal government has in enforcing the policies of the ACA (Jost, 2019). But since the election of Joe Biden in 2020, the Biden administration has taken measures to reinforce the ACA. The administration has lowered premiums, increased enrollment, and created the American Rescue Plan (ARP) to help mitigate the effects of the COVID-19 crisis (The White House, 2022). Since the creation of ARP, families are "saving an average of \$2,400 on their annual premiums", according to the White House (The White House, 2022).

2.2 Problem Statement

While the ACA has successfully reduced the rate of uninsured individuals and expanded coverage, many Americans continue to face challenges in affording health insurance due to high out-of-pocket maximums, deductibles, and premiums. For instance, according to the 2019 Survey of Consumer Finances, most households do not have enough liquid assets to pay the average out of pocket maximum, which demonstrates that health insurance costs can be a financial strain on individuals and families (Young et al., 2022). Additionally, in 37 states, workers' average contributions towards health insurance premiums and deductibles was over 10% of the median state income, suggesting that workers are spending substantial amounts of their earnings on necessary health services and insurance costs (The Commonwealth Fund, 2022).

Moreover, some middle-class Americans struggle to afford healthcare but do not qualify for Medicaid, subsidies, or tax credits, creating a coverage gap. Expanding Medicaid eligibility, providing additional financial support, or implementing health insurance options with lower premiums could ensure that all citizens have access to affordable care that meets their needs.

Also, under sections 2001 and 1311 of the ACA, Medicaid expansion is optional for states (Congress, 2010). This is due to a Supreme Court ruling in 2012 that granted each state the ability to decide whether or not to expand Medicaid. Consequently, as of 2023, 10 out of the 50 US states, including Texas and Florida, have chosen not to expand Medicaid coverage. Individuals and families, particularly those from low-income populations, in these states face additional challenges in obtaining healthcare at affordable costs. The uninsured rate in states that have not expanded Medicaid coverage, 15.4%, is substantially higher than the uninsured rate in states that have expanded it, 8.1% (Drake et al., 2023). This shows that variations in Medicaid expansion is one factor that has led to significant disparities in health insurance coverage.

Furthermore, marginalized groups and underserved communities continue to face additional challenges in accessing affordable healthcare. Systemic barriers – such as limited transportation access, low health literacy, inadequate healthcare facilities, and cultural and linguistic barriers – pose challenges for marginalized groups in obtaining healthcare services. Ethnic minorities, in particular, continue to experience disproportionately high uninsured rates. In 2019, American Indians and Alaska Natives had the highest uninsured rate at 28%. Hispanics also had a high uninsured rate of 22% during the same period. In contrast, the uninsured rate for white individuals during this same time period was only 9% (Finegold et al., 2021).

To address these disparities, it is important to improve education and outreach efforts related to healthcare for underserved and marginalized groups. Improving data collection practices to identify specific underserved communities in healthcare and implementing initiatives to attract healthcare providers to these communities can also help reduce inequalities and disparities in access to healthcare. Additionally, section 1157 of the Affordable Care Act prohibits discrimination based on race, color, national origin, sex, and age (Rights (OCR), 2022). However, the law does not protect from discrimination based on socioeconomic status, gender identity, sexual orientation, or religion, which are potential gaps.

2.3 Policy Implications

Despite the issues that persist within the US healthcare system, the ACA has had a significant impact on healthcare in the United States. The overall uninsured rate in the country has decreased significantly and health insurance coverage across various public and private insurance options has increased, especially for people of color, low-income groups, and individuals with preexisting conditions (Reisman, 2015; Blumenthal et al., 2020). However, there are still critical areas that require further attention to advance healthcare reform and ensure equity in healthcare for all.

The ACA plays a prominent role in the strides taken to reduce healthcare inequities. It has proven instrumental during the COVID-19 pandemic, for example, by helping ensure widespread access to COVID tests and vaccines. It has also been influential in current reform efforts that are shaping our healthcare system. For instance, in 2022, the Health Equity and Accountability Act of 2022 was introduced in the House of Representatives by Representative Robin Kelly to “[direct] the Department of Health and Human Services (HHS) and others to undertake efforts to reduce health disparities” (Kelly, 2022). The bill strengthens data collection practices, promotes diversity, modifies eligibility criteria, and seeks to minimize cultural and linguistic barriers in healthcare (Kelly, 2022). Additionally, in 2022, the Biden administration announced a proposal and an executive order to improve the Affordable Care Act in many ways, including expanding the eligibility criteria for tax credits, strengthening Medicaid, and lowering premiums.

Throughout these discussions and actions taken to modify the healthcare system, it is important to examine the ACA for its current effects on the healthcare system and to understand the implications of the policy.

The relevance of the ACA is its potential to promote current and future developments to healthcare. The act can lead to further breakthroughs in healthcare access and affordability. Policymakers can use the ACA to improve the approaches taken in the future to reduce health inequities. The implications of the act reach beyond the healthcare sector. It affects the current economic and political landscape by influencing the labor market, affecting government spending, and being a key component of political discussions. Amidst the efforts taken to improve healthcare, legislators should examine the ACA to effectively address the needs of Americans through policy.

3. Current Policy

3.1 Overview of the Affordable Care Act

The Affordable Care Act aims to expand health insurance coverage, reduce health disparities, and increase the efficiency of the US healthcare system. The ACA expanded Medicaid eligibility in 2014 to include most adults with incomes under 138% of the Federal Poverty Level and expanded subsidy and tax credit eligibility criteria to cover most individuals earning between 100 to 400 percent of the Federal Poverty Level. The act expanded consumer rights, especially for individuals with pre-existing conditions, and it created an insurance marketplace to enroll in and purchase medical insurance.

3.2 Opinions on Both Sides of the Debate

Politicians and voters view the Affordable Care Act both favorably and unfavorably. Many view it as a policy that has positively shaped the US healthcare system by reducing health inequities, making health insurance more affordable, increasing coverage, and expanding consumer rights (ASPE Office of Health Policy, 2016). However, some people dislike the government's increased role in healthcare and increases in taxes due to the ACA (Roland, 2019). Furthermore, some people believe that the Affordable Care Act has not done enough to solve the healthcare crisis and further reform is needed (Roland, 2019).

4. Policy Alternatives

4.1 Alternative #1: Implementing a Public Option

One alternative to the Affordable Care Act is implementing a public option, which is a health insurance plan that is run by the federal government and open to all Americans. This option

would set administered prices through the federal government and offer enrollees plans with lower premiums. By paying healthcare providers less than private insurers and avoiding the high administrative costs associated with private insurers, the public option will reduce costs for consumers and lead to lower premiums. (Baranoff et al., 2021). By offering plans with lower premiums, the public option enhances competition and can lead to private insurers also lowering prices (Hoffman, 2021).

Under this plan, premiums would be capped at 8.5% of the individual's income to ensure that people are paying fair prices for their health insurance (Pollitz et al., 2019). Individuals that are not eligible for Medicaid or subsidized coverage would be able to use this option to receive affordable care instead. It would also allow individuals that are eligible for Medicaid but living in states that have not expanded Medicaid, to enroll in this healthcare option instead.

To help address disparities in access to healthcare for minorities and underserved populations, the public option would have diversified language services and emphasize training for culturally sensitive healthcare. The public option could incorporate data collection strategies to identify underserved communities in access to healthcare. Outreach and education programs can be strengthened for target communities to help reduce disparities. The public option could also include anti-discrimination policies based on race, color, ethnicity, religion, sexual orientation, gender identity to further reduce inequalities in access to healthcare. As seen in the *Policy Matrix* on page 12-13, there is a potential for the public option to not get a substantial market share in the insurance market. Furthermore, while the public option will make healthcare affordable, it is also likely to have a nominal effect on the actual uninsured population in the US.

4.2 Alternative 2: Amending Sections of the Affordable Care Act

A second alternative to the current policy involves amending certain sections of the Affordable Care Act, instead of creating an entirely new insurance option. To increase the affordability of healthcare, the eligibility criteria for subsidies can take into consideration geographic differences in cost of healthcare. Counties with higher healthcare costs can receive increased subsidies to counterbalance the variations in costs. The eligibility for tax credits and subsidies can be expanded to over 400% of the federal poverty level to ensure that middle class Americans that are ineligible for Medicaid, tax credits, and subsidies but struggle to pay for health insurance, receive financial support (Karpman et al., 2022). Subsidies can also be further increased for low to middle income individuals and families to reduce economic inequalities in access to care. In order to promote the expansion of Medicaid in all states, the FMAP rate, or the percentage of Medicaid costs paid by the federal government, can be increased. Currently, the FMAP rate is set at 90%. This can be increased to 95-100% to further reduce the financial burden of expanding Medicaid for states (Kaiser Family Foundation, 2020).

Furthermore, to reduce disparities in access to care for marginalized populations, education, outreach, and data collection initiatives under the ACA can be strengthened. Data collection strategies can be used to identify underserved communities. A portion of the budget allocated to the National Health Service Corps, as established in section 5207 of the ACA, can be used to provide resources and attract healthcare providers to groups in the underserved communities identified through the data collection. Section 1157 of the Affordable Care Act can also be amended to expand the groups that it protects from discrimination. For example, it can be expanded to protect individuals from discrimination on the basis of religion, sexuality, gender identity, and socioeconomic status. This would help ensure that discrimination does not prevent access to healthcare. As described in the Policy Matrix on pages 12-13, the disadvantages of implementing these amendments are that it will increase healthcare spending for the government which can lead to increases in taxes and political resistance. Also, there is a potential for states to continue to choose not to expand Medicaid.

Figure 1: Policy Matrix

| | | | |
|--|---|--|--|
| <p>Current Policy: Affordable Care Act</p> | <p>Advantages: Increased health coverage, lowered uninsured population, increased affordability through subsidies and tax credits for some individuals, option to expand Medicaid for states</p> | <p>Disadvantage: Not all states have expanded Medicaid, coverage gap, persisting high health insurance payments, disparities in access to care for minorities</p> | <p>Costs: In fiscal year 2023, total mandatory health spending, including ACA premium tax credits, Children's Health Insurance Program, Medicaid, Medicare, and other spending totaled \$1.6 trillion (Cubanski et al., 2023)</p> |
|--|---|--|--|

| | | | |
|---|---|--|---|
| <p>Alternative 1: Public Option</p> | <p>Advantages: Increases competition in the market which can lead to private insurers lowering prices, Lower premiums, Reduces inequalities for underserved communities, Caps premium payments</p> | <p>Disadvantages: Nominal effect on the uninsured population, potential for healthcare providers to prefer patients with private insurance, Potential for public option to not get a large market share (Hoffman, 2021)</p> | <p>Costs: Projected savings of \$47 billion a year for the federal government and \$79 billion a year in savings overall (Kaplan et al., 2009), Administrative/ Startup costs in the beginning of implementation</p> |
| <p>Alternative 2: Amending the ACA</p> | <p>Advantages: Expands eligibility criteria for tax credits and subsidies to reduce economic inequalities, Promotes expansion of Medicaid in all states, Efforts to reduce disparities for underserved</p> | <p>Disadvantages: Increased government spending, Possibility for states to continue to not expand Medicaid, Likely resistance from some politicians due to increase on healthcare spending</p> | <p>Costs: Increased government spending on tax credits, subsidies, and FMAP rate</p> |

Figure 1: This table displays the advantages, disadvantages, and costs of the current policy and policy alternatives (Reddy, 2023).

Figure 2: Criterion Matrix

| Criteria/ Alternative | Alternative 1: Implementing a Public Option | Alternative 2: Amending the ACA | Current Policy |
|--------------------------|--|------------------------------------|----------------|
|--------------------------|--|------------------------------------|----------------|

| | | | |
|-----------------------|---|--|--|
| Effectiveness | Allows all Americans to enroll in healthcare with lower premiums, but disagreement from politicians over public option's ability to gain market share and introduce competition - 3 | Increases the affordability of care through tax credits and subsidies and reduces disparities, Possibility that states will continue to choose not to expand - 4 | Increased health insurance coverage and improved affordability, but many still struggle to gain accessible and affordable care - 2.5 |
| Efficiency | Requires beginning administrative/startup costs, but data reports that it will save money for the federal government long-term (Kaplan et al., 2009) - 4 | Requires additional resources and expenditures for the Affordable Care Act to implement these initiatives - 1 | Mandatory health spending in the US is high, approximately \$1.6 trillion for fiscal year 2023. - 2 |
| Cost-Benefit | Reduce inequalities, saves money long-term - 4 | Reduces inequalities, but increases health spending - 3 | Progress has been made, but there is high spending and many inequalities remain - 2 |
| Political Feasibility | Strong support for a public option from voters, but efforts have failed in the past and it requires a long legislative process (Singh &Palosky, 2020) - 3 | Likely support from Democrats, but some resistance from Republicans due to the increased spending - 3 | Majority of Democrats view the ACA favorably, while the majority of Republicans view it unfavorably (Muñana et al., 2020) - 3 |
| Equity | Reduces economic inequalities and disparities for underserved groups - 4 | Reduces economic inequalities and disparities for underserved groups - 4 | Reduced health inequities overall, but there are some persistent inequities- 2 |
| Total: | 18 | 15 | 11.5 |

Figure 2: This table highlights the alternative to be recommended (Reddy, 2023). Each policy option is ranked from 1-5 on the basis of effectiveness, efficiency, cost-benefit, political feasibility, and equity.

5. Results of Criterion Matrix

The results of the criterion indicate that alternative 1, creating a public option, is the best approach on the basis of effectiveness, efficiency, cost-benefit, political feasibility, and equity. Alternative 1 has the highest rating because it reduces inequalities, provides affordable care for all Americans, and is projected to decrease spending for the federal government. The status quo had the lowest rating because of its high expenditures and the health inequities that persist. Alternative 2 increases the affordability of healthcare and reduces inequities, but increases spending on healthcare for the government.

6. Discussions

To reduce health inequities and improve the US healthcare system, implementing a new public option run by the federal government is recommended. The public option would improve the accessibility of healthcare by being open to all Americans, including individuals currently ineligible for Medicaid or subsidized coverage. It would have administered prices set by the federal government and would feature lower premiums, capped at 8.5% of the individual's income. While the public option would require startup administrative costs, it is projected to save approximately \$47 billion a year for the federal government and \$79 billion a year in savings overall (Kaplan et al., 2009). A public option could potentially increase competition in the health insurance market, influencing private insurers to lower their prices as well. The new public option would implement diversified language services, training for culturally sensitive care, data collection strategies, outreach and education programs, and anti-discrimination policies.

As determined by the rating provided in the policy matrix, the public option is the best policy option on the basis of effectiveness, efficiency, cost-benefit, political feasibility, and equity. This option is projected to reduce economic inequalities and disparities by making healthcare more affordable and implementing programs and strategies to reduce health inequities. The Department of Health and Human Services (HHS) and the Office of Management and Budget (OMB) would oversee changes and expenditures for this policy.

Health inequities lead to differences in life expectancies, rates for preventable conditions, economic well-being, infant mortality, and more for marginalized and underserved groups (Bathija & Reynolds, 2019). To achieve health equity in the US and ensure that everyone, regardless of their background or socioeconomic status, has a fair opportunity to reach good

health and well-being, health reform is necessary. Steps must be taken to amend the ACA and ensure that all Americans are able to obtain quality insurance at reasonable costs.

7. Conclusion

The Affordable Care Act (ACA) has fundamentally changed the US healthcare system and taken significant steps towards achieving health equity in the United States. By increasing health insurance coverage, expanding consumer rights, and improving the affordability of healthcare in the US, the ACA has made important strides in addressing critical healthcare issues. However, due to high costs of healthcare, variations in Medicaid expansion, and disparities for marginalized groups, further healthcare reform is needed in order to achieve access to affordable care for all Americans. To address these shortcomings, policy options like creating a public option for healthcare or amending certain sections of the ACA can be implemented. Increasing health insurance coverage, minimizing healthcare costs, and reducing disparities in access to care is an urgent and pressing need that the federal government must address.

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