

# A Review of the Impact and Evolution of the Affordable Care Act in America

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**Abstract-** This article provides a historical and current review of the Patient Protection and Affordable Care Act, commonly referred to as the Affordable Care Act (ACA). Specifically, this article presents thirteen accounts of the impact and evolution of ACA from a variety of authors using research, personal accounts and literature. In addition to the American public, this article explores the impact of ACA on various health care groups, professional organizations and healthcare institutions.

**Index Terms-** Affordable Health Care, Healthcare, Health Reform, Reform, Uninsured

## I. INTRODUCTION

The Patient Protection and Affordable Care Act, referred to as the Affordable Care Act or “ACA” for short, is the comprehensive health care reform law enacted in March 2010 [1]. Additionally, after being signed into law on March 23, 2010, the ACA was amended by the Health Care and Education Reconciliation Act of on March 30, 2010 [2].

According to About ACA, 2022, the law has 3 primary goals:

- Make affordable health insurance available to more people. The law provides consumers with subsidies (“premium tax credits”) that lower costs for households with incomes between 100% and 400% of the federal poverty level (FPL).
- Expand the Medicaid Program to cover all adults with income below 138% of the FPL. Not all states have expanded their Medicaid programs.
- Support innovative medical care delivery methods designed to lower the costs of health care generally [1].

Since it was enacted, the Affordable Health Care Act has helped about 20 million people get health insurance with increased benefits and lower costs to consumers and adding quality to the healthcare system – despite the individual mandate repeal in 2019 [3]. Aspects of ACA continue to impact America health care as it evolves.

## II. RESEARCH ELABORATION

A review of literature including thirteen articles was conducted to review the impact and evolution of the Affordable Care Act. The reviews include accounts of health care professionals, researchers, professional organizations and more. The impact and evolution of the ACA includes American citizens in general, specific state initiatives, professional organizations, varied health conditions and health care delivery organizations and systems.

## III. RESULTS

A summary of the results of the literature review follows:

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### Primary Goals of the Affordable Care Act

This article provides an overview of the history, evolution and limitations of the Patient Protection and Affordable Care Act (known as Obamacare). The federal law was signed in 2010 – and was a major legislative achievement in healthcare reform. It was said to be one of the largest scale projects in U.S. history related to healthcare reform [4]. The historical evolution of the Affordable Care Act also reflected on the establishment of Medicare in 1965 – to support citizens of retirement age. The act strengthened lacking elements such as extended hospital care funding [4].

The primary goal of the act was to introduce the obligation of U.S. citizens to purchase insurance. It was also designed to promote insurance purchases without the assistance of an employer. More than 16 million U.S. citizens were able to obtain health coverage within the first five years of the Affordable Care Act. Limitations, however, related to increased government regulation and budget expenditures [4].

### Objectives of the Affordable Care Act

Silvers, 2013, provided an overview of the three main objectives of the Patient Protection and Affordable Care Act, as follows: to reform the private healthcare insurance market, to expand Medicaid to the working poor and to revisit the way that medical decisions were made [5]. The fundamental strategy to reform the private healthcare insurance market was to modify exclusionary rules (with the acceptance of more risk) and by implementing the individual mandate [5].

To expand Medicaid, the focus would be on the working poor. The Supreme Court, however, made Medicaid expansion optional for states. The changes in medical decisions related to increasing effectiveness through new delivery systems such as telemedicine, payment changes, nurse-driven clinics, and better treatment alternatives [5]. Despite the best efforts, the Affordable Care Act may have been weighed down by cost and the way that the U.S. healthcare system was organized and paid. Limits on competition (such as in the pharmaceutical industry) and a limited supply of physicians may have also posed another class of problems. Even so, the Affordable Care Act has changed the U.S. healthcare system and will have an impact for years to come – with efforts to correct failures in insurance market practices [5].

### Impact of the Affordable Care Act on Americans

Honigman, 2013, provided information on the Affordable Care Act being signed into law on March 23, 2010. The purpose of the law was to make healthcare better for citizens of the United States of America [6]. Further the goals of the law / program included: improving the quality of healthcare and patient safety, ensuring quality, culturally competent care, reducing healthcare cost, emphasizing preventive care, and promoting health information technology. Six essential elements of the law included: Young Adult Coverage (until age 26), More Benefits to Women (e.g., with pre-existing conditions such as cancer or pregnancy), Four Tiers of Healthcare Coverage (Plans), A Range of Guaranteed Health Benefits and Services, Holding Insurance Companies Accountable and Aid to the Elderly [6].

### Impact of the Affordable Care Act in Three States

Ercia's, 2021, study using twenty-two semi-structured interviews showed the impact of the Affordable Care Act on Federally Qualified Health Centers (FQHC) in three states [7]. Two of the states were Medicaid-expanded states (Arizona and California) and one of the states was a non-expanded state (Texas). The interviews were conducted with FQHC administrators. The administrators shared their views on the impact of the Affordable Care Act on their patients and organizations [7].

All of the administrators stated that uninsured patients were more likely to gain coverage from Medicaid than from private insurance. [7]. The acquisition of insurance also improved patients' access to care. Thus, all of the administrators had positive views on the expansion of Medicaid to cover more low-income and uninsured adults. Though it was noted that FQHC administrators believed that patients most likely selected an affordable (bronze) healthcare plan through the Affordable Healthcare Act provisions [7].

### American Health Care Coverage and the Affordable Care Act

Weinstock, 2017, presented a summary of an interview conducted by Modern Healthcare with Chip Kahn, CEO of the Federation of American Hospitals [8]. Kahn discussed the Affordable Care Act (ACA), a projected new law and current plans to improve hospitals. In addition, Kahn presented information on interaction with the Senate and their staff on the American Healthcare Act. Kahn stated that there were two major options being considered: (1) repeal and place or (2) have as many Americans covered by healthcare as possible [8].

The author indicated that the Senate was receptive to comments – but was largely concerned about stability being maintained in individual healthcare coverage. It was also noted that the healthcare needs of Medicaid and Medicare beneficiaries needed to be maintained [8]. Citing the complexity of the Congressional process, Kahn noted that legislation making its way to the President's desk was unpredictable. In conclusion, Kahn stressed the importance of cost effective and efficient operations of hospitals – using quality outcome measures (such as the National Quality Forum) to validate patient centered care [8].

### Long-Term Care and the Affordable Care Act

Aston, 2011, called on hospitals to become more involved in the post discharge process to reduce the number of patient readmissions [9]. Many of the changes were in response to the Affordable Care Act of 2010. The author looked at the rehospitalization rate within 100 days for five conditions and determined it to be 18.5 percent among Medicare-covered skilled nursing facility patients [8]. Some hospitals even divested themselves of post- acute units in the late 1990s to deal with Medicare payment changes and the challenges of managing the long-term care populations [9].

Other strategies have also been employed such as quality measurements, staff education, assessing post-acute providers, matching patients with facilities and employing software to determine appropriate facilities for continuing care. Altogether, there was a concerted effort in hospitals to reduce re-admission rates by working strategically with post-discharge facilities [9].

### Affordable Care Act Expansions and Opioid Related Emergency Department Visits

Decker et al., 2021, explored the impact of the Affordable Care Act and its marketplace insurance expansions on opioid related emergency department visits [10]. It was stated that the lack of health insurance had been a barrier to opioid related treatment that potentially prevented emergency department visits. The study included zip-code level emergency department utilization data from 29 states from 2010 – 2018 [10].

Nonelderly adults were included for seventeen states that adopted Medicaid expansion in January 2014 and twelve states that did not implement Medicaid expansion during the study period. The principal finding was that Affordable Care Act coverage expansions actually reduced the opioid related emergency department visits [10]. Over time, lower out-of-pocket expenses were also noted along with improved access to care. Time of coverage was also an important implication for access to treatment and the reduction of emergency department opioid visits [10].

### The Impact of the Affordable Care Act on Disability-Related Healthcare

Author Krahn, 2019, explored the impact of disability-related disparities on one's knowledge about disabilities, health and health access [11]. According to Krahn, 2019, approximately 13% to 17% of the U.S. population have been identified with functioning difficulties in one or more areas. The World Health Organization and the U.S. Department of Health and Human Services worked to provide a standard disability identification system – as called for by the Patient Protection and Affordable Care Act [11].

Researchers also explored the complex relationship of disabilities where many people experience chronic ailments – but do not report their disabilities. Outcome variables to determine healthcare access for individuals with disabilities included – uninsurance (where a third party pays for healthcare), usual source of care or foregone or delayed care. Additionally, the need for disaggregated disability subgroups were included [11]. Some of the subgroups were: (1) those who need assistance with activities of daily living, (2) those whose disability prevented them from working, (3) those with other mental health disability and (4) those with other physical or cognitive disability. This article documents the ongoing disparities in access after the implementation of the ACA [11].

### Physician Leaders' Views on the Affordable Care Act

Butcher, 2015, provided an overview of a spring 2015 survey conducted by the American Association for Physician Leadership and the Navigant Center for Healthcare and Research and Policy Analysis [12]. The survey was completed by 2,398 members of the Association. Primarily 55% of the survey respondents agreed that the Affordable Care Act (ACA) of 2010 had more good than bad components [12].

Many physicians agreed that change was needed and that there were strategies that could be employed to enhance healthcare. Peter Angood, M.D., President and CEO of the American Association for Physician Leadership agreed that ACA was designed to improve the healthcare system [12]. It was noted that ACA was one of the biggest overhauls to healthcare regulations in forty years. Notably, 69% of the survey respondents agreed that physicians should be accountable for cost of care – though debate arose about the areas of cost over which physicians have no control – such as tests, medical devices and medical procedures [12]. The article also stated that costs could be cut with the elimination of wasted expenditures. A model of risk sharing, the ongoing value of private practice and the need for transparency in physician business dealings were also included in the article [12].

### 2022 Midterm Election Results and the Affordable Care Act

Keith, 2022, provided a summary of the meaning of the 2022 midterm election for healthcare. According to Keith, 2022, a divided Congress would not likely expand or repeal the Affordable Healthcare Act (ACA) [13]. Areas for bipartisan focus may include telehealth expansion and mental health access. While the full results of the midterm election were not known at the time of the article's publication, Keith reported that the Democrats would likely maintain control of the Senate, while the House would likely be flipped to the Republicans [13].

The divided Congress would likely end the Democrat's ability to expand the ACA and provide historic changes to the Medicaid Prescription Drug Benefits. Still some Republicans have vowed to repeal and replace the Affordable Care Act. Whether the policy will

remain stable remains to be seen [13]. However, it is unlikely that Congress will fund or adopt all Democratic health policies and priorities.

#### The Impact of the Affordable Care Act on the Field of Occupational Therapy

Mulhall, 2013, reported that change is the only constant in life. The author reported upcoming changes to the occupational therapy profession as a result of the Affordable Care Act (ACA) [14]. Among the changes that were reported were the definition of occupational therapy and an expansion of Medicaid in Illinois. More specific changes included the 1115 Waiver. The waiver required the combination of several waivers to reconcile service gaps – and unify service definitions to meet the needs of multiple and varied populations [14].

At least nine waivers were included in the proposal – including the Children and Young Adults with Developmental Disabilities Support Waiver (DHS-DDD) and People with Disabilities (DHS-DRS). One of the major topics of the 1115 Waiver was behavioral health. Prevention and wellness aspects of the waiver included tobacco cessation, diabetes and asthma self-management and fall prevention [14].

#### Plan to Repeal the Affordable Care Act

Meyer, 2016, examined the historic plan of the Trump Administration to repeal the Affordable Care Act (ACA) immediately after taking office. The discussion on plans to unravel the ACA was chaotic and potentially catastrophic [15]. Policy makers and a state's insurance commissioner warned that insurance leaders were nervous and unknowledgeable about the rules to come. Other policy makers urged the implementation of a replacement plan at the same time that the ACA would be abandoned [15].

Joseph Anton, a health policy expert, stated that the GOP's plan to abandon the ACA may have been a bargaining chip to persuade insurers to offer plans under the upcoming Republican model [15]. A member of the Senate Finance Committee encouraged the GOP leaders to extend the ACA to support the insurance market until a replacement plan could be implemented – and to prevent insurer exodus [15].

#### Accomplishment of the Affordable Care Act

The Affordable Care Act and Its Accomplishments, 2022, is an article that provides a history of the act – having been signed into law on March 23, 2010 [16]. The article also addresses the expansion of health insurance across all states and multiple demographic groups. The Briefing Book on the act included five key areas as follows: health coverage and uninsured rates, marketplace coverage, Medicaid, preventive care, and populations of interest [16]. The reports were published by the Office of the Assistant Secretary and Planning and Evaluation (ASPE) in the Department of Health and Human Services [16]. It appears to be time to articulate the research work with ideas gathered in the aforementioned areas.

## IV. CONCLUSION

In 2014 – following the enactment of most of the Affordable Care Act provisions, it was determined that the number of Americans without health insurance dropped from 14.5% to 11.7%. Subsequently, the number of people without health insurance has been documented as low as 8.6% (in both 2016 and 2021). However, coverage gaps in ethnic and racial groups have been reported, despite the implementation of ACA [17].

Such disparities have multiple causes – such as education / occupation, income, age and geographical location. All of these factors influence healthcare access [17]. Efforts are continuously underway to increase healthcare access – by reducing costs. Healthcare quality also remains an important aspect of the healthcare equation for Americans.

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