



Benefits and Challenges of the Affordable Care Act: What should be the Future of the ACA in 2018?

Patricia Y Talbert*, LaJuan F Martin, Marquise Frazier and Damien Byas

Howard University, Washington, District of Columbia, USA

*Corresponding Author: Patricia Y Talbert, College of Nursing and Allied Health Sciences, Howard University, Washington, USA.

Received: July 02, 2018 ; Published: July 20, 2018

Abstract

Issue: Repealing and replacing the Affordable Care Act is much more complex than what political rhetoric sells. The Patient Protection and Affordable Care Act (PPACA), was signed into law eight years ago, with the means to offer individuals in the United States the opportunity to have accessible, affordable, and quality healthcare for medical services. Historically for the United States, this law is the first of its kind and is reflective of the universal healthcare coverages offered in other countries, such as Europe and Canada.

Goal: This informative study focuses on the ACA by reviewing the beneficial impact of this law, and then concentrates on the challenges as they now exist pursuant to the current political agenda and climate associated with the new administration. Next, the social impact, economic growth, and financial impact of the ACA will be explored to extrapolate those components deemed valuable and beneficial while addressing whether repealing, replacing, or improving is the most logical next step for this law.

Conclusion: It is the author's intent that this article continues and expands upon the different philosophical and ideological concepts that may be part of the focus of the healthcare community tasked with maintaining the existence of the ACA.

Keywords: Patient Protection and Affordable Care Act; Medicare Advantage; Econometrica

Introduction

Historically, healthcare in United States has always been a continuous conversation with such salient topics as healthcare insurance, premium cost, accessible healthcare for the disadvantaged and underserved population, Medicare and Medicaid services, and healthcare reform. Prior to the mid-19th century, early politicians and their peers entertained the notion of universal health insurance coverage at the federal level; but with limited success. During the administration of President Harry S. Truman, Congress was presented a proposal regarding universal health insurance coverage and developed a plan for implementation, but to no avail. Subsequently, many of Truman's successors also attempted to pass universal healthcare but again without success [1]. Decades later, President Barack Obama would sign on March 23, 2010, the Patient Protection and Affordable Care Act now known as the ACA into law. This legislation would for the first time in our nation's history require healthcare insurance for all Americans. It is our belief that the United States Health Care system is the impetus negatively affecting the economy, both federal and state budgets, and virtually every American. This is due significantly, at least in part, because healthcare is the main underlying vessel that interconnects and affects all aspects of the everyday life of all Americans.

Nonetheless, as progressive and beneficial as the ACA may seem for some, America continues to wrestle with the vexing question over the next steps to be taken vis-à-vis the ACA. There are multiple scholarly discussions [2] and conversations which include the shifting views of repeal and replace of the ACA coupled with notable endorsement by the current White House administration [3,4]. While other discussions comparatively have echoed similar sentiments with a different philosophy, such as repair and improve by exploring this law further and making modifications for the betterment of society [5]. Most importantly, President Obama [6] underscored the significance of having a replacement bill in place should there be an attempt to repeal the ACA. Consequently, from a public health program evaluation perspective, the first logical step is to explore and analyze by looking at those areas that might be classified as most effective and operationalized for the American people. Next, research those areas that might not be as impactful nor cost-effective at a societal level. Third, look at strategies to enhance those components that can be deemed as ineffective and expensive for the nation. Implementing such a planning process and using the 3 P's (i.e. people, price, and product) framework would offer further insight into the ACA. Using the framework offers a comprehensive overview of the abovementioned elements

and can provide a thorough evaluation of the legislation [7]. Then investigate the overall benefits of the law and start drafting solutions to the perceived deficiencies from the core points of analysis, objectives, and outcomes. Using this historical process to evaluate how the ACA has affected the people, analyze the price, and review the overall performance of the product is advantageous to obtain findings that can be used to implement change. For instance, in business, marketing, and the manufacturing environment, this method has been used to explore the efficiency of business operations, evaluate sells, applied to view the overall efficacy of services being rendered, plus provided a framework for marketing decision-making. Using such strategies as the 3 P's framework would provide a clearer product evaluation of those areas working best, and then offer output data of the components needing any improvements or changes.

In this article, the authors present information centered around the effectiveness of the ACA, concerning its social, economic, and financial impact upon the nation as a whole, while simultaneously extrapolating those components deemed most valuable and beneficial overall. The primary purpose is to create thought-provoking solutions with scholarly evidence as well as discussions regarding the most logical next actions to initiate concerning the future of this historic law.

Beneficial Impact and Challenges of the ACA

The overall benefits of this legislation begin with its core. All Americans now have the legal right to accessible healthcare coverage. The ACA provides the benefit of free preventive services and wellness examinations; lower prescription drug costs, reduce Medicare and Medicaid fraud abuse; increase quality improvement initiatives for hospitals and providers, which (increase payments to hospitals and providers that achieve satisfactory quality improvement indicators). The ACA offers new incentives for hospitals and Medicare Advantage Plans to improve care, Comparative Effectiveness Research, and coordinated medical care [8,9].

Among the many benefits associated with the ACA, at the foundation would be its ultimate purpose, which is to ensure affordable quality healthcare for all. The challenges here highlight the fiscal impact both statewide and national, as well as provider obstacles and stakeholder disengagement, which are intended to produce some healthier outcomes for the people. A common factor present in all three challenges is the fact the ACA enacted in 2010 will significantly worsen the federal government's fiscal position relative to the previous law [10]. The burden of the finances utilized for the implementation of the ACA, are predominantly dependent upon federal funds and is in direct benefit to the healthcare system and the public. Further, the ACA makes insurance more affordable by giving refundable

tax credits that also contains the option of applying the credit to an individual's monthly premium payment in order to reduce the immediate cost or as tax credits at the end of the year for household incomes between 100% to 400% of the federal poverty level [11].

To enhance the success of the ACA, it gives each state the opportunity to establish its own insurance exchanges but provides that the federal government will establish such exchange if the state does not. The purpose is to keep cost down through competitive pricing options due to increased member pools and prohibit insurance companies from rescinding coverage [12]. Historically, insurers could search for an error or other technical mistakes on a customer's application and use the error to deny coverage payments. Under this law, this practice has been nullified.

Beneficial Impact among the People

While examining the overall benefit of the ACA, the most important element starts by exploring how this law has affected and/or valuable to the people - in essence, what are the major benefits of the ACA for the People? Universal healthcare is important at a societal level because it is imperative that all individuals have insurance and be able to access healthcare preventative services, emergency care, and receive continuous care as needed and care for pre-existing health conditions. Under the ACA law, younger people are currently guaranteed coverage on their parents' health plans until they are 26, which give them more time to have health insurance while in school without enduring this expense. The pre-existing condition coverage, mandate insurance, and coverage for preventative services are a major aspect of this law and should remain a part of the ACA [12].

In regard to the pre-existing coverage, it guaranteed issue requirement of the ACA bars insurers from charging persons higher premiums because of their health. There is also a community rating requirement which bars insurers from charging higher premiums for the same reasons to those persons residing within urban areas. The ultimate intent and purpose are to reduce the rate of the uninsured in America. Also, by now being required to provide insurance to those with pre-existing conditions, the ACA as an additional benefit further precludes insurance companies from rescinding coverage due to mistakes and technical errors. This practice has now become illegal and pre-existing condition insurance plans, provide new coverage options to individuals who have been uninsured for at least six months prior to application [13]. The ACA protects people with pre-existing conditions from being denied health insurance under any circumstance, and negates discriminate against individuals based on their pre-existing health conditions.

In relation to the elderly population, the ACA expands coverage for early retirees who retire before they are eligible for Medicare and as a consequence see their savings disappear due to high insurance rates in the marketplace. In order to preserve employer coverage for early retirees, the new law creates programs to provide needed financial help for employment-based plans to continue to provide valuable coverage to retirees between the ages of 55 - 65 as well as their spouse and dependents [12,13]. Among the many advantages associated with its implementation, the ACA is purposed with rebuilding the Primary Care Workforce utilizing incentives in the law to expand the number of primary care doctors, nurses, physician assistants as well as healthcare managers and alternative health clinicians through the funding of scholarships, grants, and loans. The incentivizing process of the Act also, importantly, targets Medicaid by increasing payments for primary care physicians as Medicaid programs and providers prepare to cover more patients. "Section 1202 of the ACA required states to raise Medicaid primary care payment rates to Medicare levels in 2013 and 2014, with the federal government paying 100 percent of the increase" [14]. The Act requires states to pay primary care physicians no less than 100% of Medicare payment rates, which is significantly more than Medicaid.

Additionally, the ACA provides more benefits to the elderly, by establishing guidelines and programs such as the "Adult Protective Services (APS), which received 565,747 reports of elder abuse in 2004, a 19.7% increase from 2000" [9], and also established the Elder Justice Coordinating Council and Advisory Board to coordinate research, training and data collection about elder abuse, neglect and exploitation" [9]. There are many other beneficial aspects of the ACA that impact seniors, such as required dementia and abuse prevention training that increases knowledge of how to care for individuals with dementia and offer better care for the elderly population. The ACA also requires criminal background checks for employees working in nursing homes to prevent abuse and improve care [9].

Individual Mandate: The individual mandate is a major aspect of the ACA, without which, the overall impact and effectiveness of the law itself could, at least in theory, cease to exist. The individual mandate of the ACA, in and of itself imposing minimum individual coverage. Though it specified that the ACA's shared responsibility payment for not complying with the mandate shall be assessed and collected in the same manner as an assessable penalty under the internal revenue code [13]. Therefore, Congress cannot change whether an exaction is a tax or penalty for constitutional purposes simply by describing it as one or the other. Congress can describe something as a penalty but direct that it nonetheless be treated as a tax. As it relates to the taxing authority, (which is what actually creates the

individual mandate component of the ACA), the sanction for not complying with the mandate shall be assessed and collected in the same manner as a penalty under the internal revenue code. The exaction that the ACA imposed on those without insurance through the ACA's shared responsibility payment was a tax for the purposes of congressional taxing power, though described as a penalty rather than a tax and was intended to affect an individual conduct that the constitution does not otherwise allow. The Supreme Court made that determination because it was payable to the treasury for tax payments when filing individual tax returns and it did not apply to individuals who were not required to pay due to thresholds. In addition, the payment requirement is found in the internal revenue code and enforced by the IRS which assesses and collects in the same manner as taxes and neither the law nor the ACA attached negative legal consequences to not buying health insurance beyond requiring a payment to the IRS (National Federation of Independent Businesses., *et al.*, v. Kathleen Sebellius, Secretary of Health and Human Services., *et al.* 132 S.Ct. 2566 [2012]).

Coverage for Preventative Care Service: The ACA increases Medicaid payments for primary care physicians, as Medicaid programs and providers prepare to cover more patients. With the increase, participating Medicaid providers are compensated based upon value as opposed to volume. The new provision will link doctor payments directly to the care they provide and shall be monitored based upon physician quality reporting guidelines the Act requires doctors, as well as hospitals and clinics to submit annually. The annual statistical data provided pursuant to the ACA is the methodology by which physicians will be able to view the effectiveness of their individualized patient treatment plans. Physicians will see their payments modified so that those who provide higher value care will receive higher payments than those who provide lower quality. In order to assist in the prevention of disease and illnesses, where possible, the ACA invests in proven prevention and public health programs that can help Americans maintain healthy lifestyles. The law provides new funding to State Medicaid programs that choose to cover preventive services at little or no cost. The ACA improves care for seniors after they leave the hospital. The Community Code Transitions Program [CCTP], table 1 test new ways of delivering care to patients. Again, improving care for seniors helps high-risk Medicare beneficiaries who are hospitalized avoid unnecessary readmissions by coordinating care and connecting patients to services in their communities. These findings from the Community Code Transitions Program below validate the influence and savings potential with 30-day acute care, critical access, and hospital inpatient expenditures to decrease the expenditures by more than 60% [15].

Further, in order to assist in the prevention of disease and illnesses where possible, the ACA invest in proven prevention and public health programs that can help keep Americans healthy with programs that assist with smoking cessation, diabetes, hypertension, nutrition, stress management, and combatting obesity, to name a few. The ACA is purposed with the increasing of access to services at home and in the community of disabled individuals thru Medicaid rather than traditional institutions such as hospitals and nursing homes. Overall, the ACA offers (through multiple markets) 10 categories of essential health benefits ambulatory care, emergency care, hospitalization, maternity and newborn care, mental health and substance use care, prescription drugs, rehabilitative services, laboratory services, preventive care, chronic disease management, and pediatric dental and vision care [16]. All of these categories are salient entities of services of having well-rounded healthcare coverage.

ACA, the Price

Before the passing of the ACA, it was estimated that the law would cost tax-payers millions; of course, more conclusion data would be needed to explore the overall cost, benefit, and saving to determine this in the future. According to the Urban Institute, if the ACA is repealed without a replacement, close to 30 million Americans may lose coverage. If that seems high, it is because a total repeal is expected to greatly disrupt the individual coverage market. The passage of the ACA raised taxes, largely on wealthier Americans, and a repeal of the law would represent a massive tax cut for them -- of about \$883 billion. According to the Congressional Budget Office, about \$274 billion of the break would go to the richest 2% of Americans, while \$880 billion would be taken from Medicaid [17].

In exploring the rate of return of the ACA, statistically, the ACA has had the most impact on the overall uninsured rate which has fallen from 18% in 2013 to 11.9% in 2015, to 8.6% in 2016, the lowest in history. This is primarily due to the ACA and the expansion of Medicaid in 33 states. It is estimated that the uninsured rate among 18 to 25 years old has fallen 7.6% and again is primarily due to the Act allowing children to remain on their parent's insurance until their 26th birthday [18]. The continuing positive trend is also reflected in the 26 to 34 years old whose uninsured rate dropped 7.3% which is believed to be primarily attributable to the Internal Revenue Service's (IRS) tax associated with failure to have insurance. This is especially true with this particular demographic because this segment of the population considers themselves the healthiest, and historically has considered insurance coverage a luxury as opposed to a necessity. Continuing with this line of analysis, 9.1% of Americans get their coverage as a result of Medicaid, which is up from 6.9% in the fourth quarter of 2013 and is attributed to an expansion of coverage up to

400% of federal poverty level ([FPL]; DHHS, 2017b). An examination of these numbers mentioned thus far shows that the biggest overall impact has been on minorities and low-income Americans. The uninsured rate has impacted white Americans less than the national average where the greatest impact has been in the African American and Hispanic communities which saw drops of 7.4% and 7.8 respectively. Conversely, high-income earners have seen a very little decline in their rate since 2013. The rate of uninsured among those earning more than \$36,000 is only about 2.5% while 97% of those earning in excess of \$90,000 remain insured. Nonetheless, the rate of uninsured for those earning less than \$36,000 has fallen 8.8% (DHHS, 2017b). However, despite the efforts of legislation, 21.9% of Americans still remain uninsured. Speculation for this level of uninsured individuals under the ACA would most probably be attributable to a combination of lack of outreach to the affected demographic as well as the cost of insurance exceeding 8% of the affected population's income and thus rendering them exempt under the ACA provisions (DHHS, 2017b). Overall, the most beneficial result of the ACA since its inception is, "the uninsured rate has declined by 43%, from 16.0% in 2010 to 9.1% in 2015, with most of that decline occurring after the law's main coverage provisions took effect in 2014" (See Figure 1, Obama, 2016, p. 526) [8]. It is also important to note the marked declination in the rate of the uninsured, from 49 million in 2010 to 29 million in 2015. There is considerable evidence that the ACA has played a significant role in such benefits in the United States and if the goal is to repeal and replace, there must be something congruent to this law with the ability to complement the progress that has been created [19,20].

The bottom line is that healthcare in America is extremely complicated, with many interconnected and interdependent parts -- and it is not easy to put together a plan that achieves all desired outcomes, such as affordability and good coverage. The ACA is imperfect, but before replacing it further analytical information is needed and additional planning should include individuals from many venues to be a part of this change to improve the ACA.

ACA, the Product

One of the most important and persistent challenges for the ACA is how to attract the so-called young invincibles. With the elimination of tax penalties that the ACA imposed on nonexempt individuals for not having health insurance, now under the GOP American Health Care Act the struggle is very real. Even though one of the most popular provisions of ACA has been accepting the ability for young adults (up to age 26) to remain on their parent's health plans, the result has been counterproductive because the consequence has been a "lack of people in the risk pool who are young, healthy and whose parents will pay their premiums" [21].

This provision has made it a difficult goal to attract young millennials to participate in the healthcare insurance market, which would lower premiums in this demographic. It is time for healthcare policymakers and leaders to develop more effective solutions on how to increase millennial population participation within the healthcare marketplace. A few ideas have been to make these healthcare virtual platforms more visually appealing to young millennials, offering good benefits packages at low cost with low out of the pocket expenses. Also, the institution of Care Coordinated Centers where common care needs for this population are attended, saving the system significant costs.

Healthcare.gov (March 2017) published in the Kaiser Foundation Research article, which recognizes that selecting a health insurance plan can be complicated. Also, this same website gives a few general advice tips when choosing a Plan. First, there are four (4) metal categories: Bronze, Silver, Gold, and Platinum. These categories that have their own plan share cost and are separate from the quality of care. Second, it reminds the consumer that they will pay a general amount (premium) for the selected plan. However, it is important to consider the out of the pockets costs and deductibles for each plan, because it will vary. A third factor to consider, according to DHHS platform, is the plan's network types (i.e. HMO, PPO, POS, and EPO). Several plans will let individuals use any physician or health facility, but other plans will limit the options or charge extra if the individuals use out-of-network providers (Centers for Medicare and Medicaid Services [22]). As well, the estimated percentage of medical costs the plans will cover (i.e. deductible, copayments, and coinsurance not included) are: (Bronze plans: 60%; Silver plans: 70%; Gold plans: 80%; and Platinum plans: 90%). These plans have a difference in costs, access, and quality of services, therefore knowing these plans and the coverage allocations are extremely essential for families to decide the one that is best suited for their needs [16].

It is pertinent to mention that for a majority of people the silver plans tend to be a good balance between out of the pockets cost and premiums. In fact, in March 2016, according to the Centers for Medicare and Medicaid Services (CMS), 70% of individuals chose a silver plan. After silver plans, bronze plans were selected as the next most popular plan with 22% of individuals because the premiums are often the lowest available. But the bronze plan has higher out-of-pocket costs when individuals are sick and need to see a doctor or fill a prescription. Finally, gold metal plans are commonly used by individuals with specific needs because doctors' visits and pharmacy costs are lower, even though they pay higher monthly premiums. For example, silver plans have lower cost-sharing than bronze, and platinum plans have the lowest deductibles and copays. The good news is that up to this date, all health plans must cover 10 essential benefits listed above [16].

In the end, the decision of which metal plan to choose is, indeed, intimate; even though currently individuals are obligated to disclose it later on your tax return. It all depends on the specific needs of the individual, their family size and income, and their special healthcare needs. Moreover, the Summary of Benefits and Coverage (SBC) is a valuable tool when Americans are deciding which plan of coverage is right for them, as the summaries provide detailed explanations on the plan's website. Considering a health insurance plan outside of the marketplace is also an option. As Bob Fredericks of Fredericks Benefits in Redlands, California posited when addressing this complex process of selecting a plan.

In the end, the decision of which metal plan to choose is, indeed, intimate; even though currently individuals are obligated to disclose it later on your tax return. It all depends on the specific needs of the individual, their family size and income, and their special healthcare needs. Moreover, the Summary of Benefits and Coverage (SBC) is a valuable tool when Americans are deciding which plan of coverage is right for them, as the summaries provide detailed explanations on the plan's website. Considering a health insurance plan outside of the marketplace is also an option. As Bob Fredericks of Fredericks Benefits in Redlands, California posited when addressing this complex process of selecting a plan.

Fredericks stated, which plan is right for you depends on how much you'll need health care in 2018... it's a gamble, because you never know what's going to happen...once you sign up for a level of coverage, you are locked into that level for the year. If you choose a bronze plan and discover you need surgery, you cannot change to a plan with a lower deductible [23].

This process is extremely vexing and further review and evaluation are needed to ensure that individuals are able to select a plan that is according to their needs and enable them to obtain a balance between out of the pockets cost and premiums. Next, overall the ACA law, this product, has expanded health coverage to low-income families through the Medicaid program. Before, the ACA, most states did not offer health coverage to adults without children, no matter how impecunious. Last, considering the ACA, millions of individuals have coverage for mental health and substance use disorder services. According to Healthcare.gov (2017), 34 percent did not have any coverage for substance use disorder services, and 18 percent of enrollees did not have coverage for mental health services. These facts and many more are all salient, and should be understood that there are too many individuals who would be affected by such a drastic change without planning and exploring cohesively of how to protect the aforementioned populace.

Strategies for the Future of the ACA

Over the last few years, the terms repeal and replace the ACA has been uttered by many individuals starting with the new U.S. Government Administration, several politicians - and many others alike, but the limited discussion has been presented at a societal level of how to approach such a change for this law. These words have been easy to utter and contain limited evidence-based information to support the change, and there has been limited information how the new Administration might craft such substantive policies to repeal or replace. Nevertheless, doing so without a plan would definitely be a detriment to America [2,24]. In order to understand the current climate associated with the attempts to repeal the ACA as a whole, it is helpful to look at the current administration’s alternatives by comparison as well as the systematic dismantling currently underway. Though the recently signed into law tax break for the wealthiest 2% of the nation, is legislation passed by Congress as opposed to Presidential executive orders, it still constitutes a joint effort by the executive and legislative branches to change significantly limit the overall effectiveness of the ACA. Within the first year of the current administration’s tenure, there have been many executive orders signed that have restricted the special enrollment periods by requiring stricter identification requirements, a shorter enrollment period (a change from 12 weeks to six), allowing states the authority and discretion to roll back the 10 essential health benefits as required by the ACA health plans, and the most damaging change is the recent tax cut that contains the elimination of the individual mandate as a tax.

In exploring information about repeal, repair, or improving the ACA, figure 1 includes salient facts and relevant information about the loss of coverage for the public, enhanced wealth disparities, government spending impact, and an overall projection from the enactment of the Act. Figure 2 emphasizes and illustrates the source of funding associated with the loss of revenue to be generated by the recently passed tax cut for the wealthiest 2% of American citizens. The information relating to where the money is coming from to fund the tax cut is essential in order to best analyze the ACA for purposes of developing and implementing strategies to ensure its continued existence and effectiveness. Repeal of the ACA will never truly be dead so long as the Grand Old Party (GOP) controls Congress [28]. To say that the future of the ACA is uncertain is an understatement. Today, it would appear that the ACA is in the middle of a never-ending battle that is far from reaching a common ground for the well-being of millions of Americans. The only outcome that can be predicted regarding the ACA is that time will tell, but as seen the task to repeal the ACA is easier said than done. The main point all should keep in mind about this law, is, that it is not a One Size fits all solution to save the ACA or to save healthcare at this moment. Rather, there is a combination of factors that might improve it. It is recognized as the biggest challenge right now for healthcare survival is funding [29].

Figure 1. Percentage of Individuals in the United States Without Health Insurance, 1963-2015

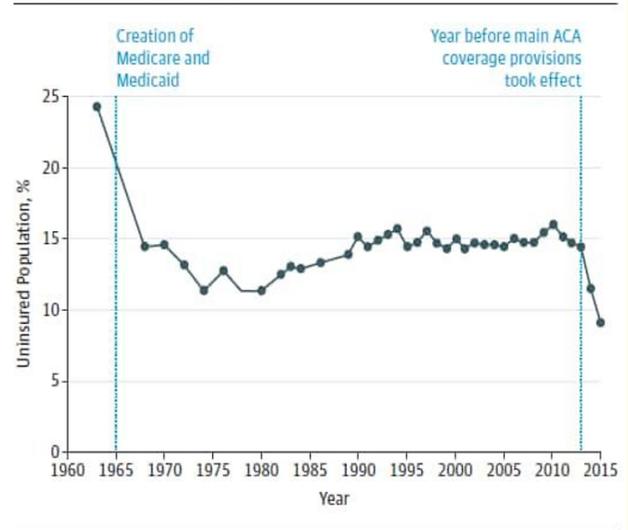


Figure 1: Percentage of individuals in the united states without health insurance, 1963-2015 [8].

Data are derived from the National Health Interview Survey and, for years prior to 1982, supplementary information from other survey sources and administrative records. The methods used to construct a comparable series spanning the entire period build on those in Cohen., *et al.* [25] and Cohen [26] and are described in detail Council of Economic Advisers [27]. For years 1989 and later, data are annual. For prior years, data are generally but not always biannual. ACA indicates Affordable Care Act.

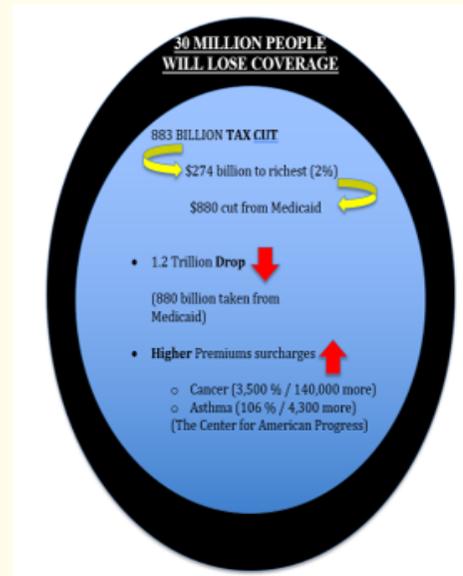


Figure 2: Source of Funding Associated with the loss of Revenue from recently passed Tax Break [28].

Conclusion

In conclusion, as stated previously the ACA is the first bill to offer insurance to individuals and grant individuals access to healthcare services. In revolutionizing something so tumultuous and immensely important for the people, the betterment of society, and the U.S. healthcare system, there must be major consideration and pre-planning that occurs prior to repealing, replacing, or making any substantive changes to the ACA among individuals who are impartial and without bias. Using the 3 P's model or something similar for reevaluating the ACA would give the people more definitive information about the law that could be used before making any adjustments. This framework assesses what channels are the most suited for this law. It is factual that anything first developed will have some advantages and disadvantages, but is also important to know that any product, or in this case scenario, the law, will undergo multiple stages and therefore, a systematic review and evaluation are needed to determine the overall efficacy.

Hitherto, the authors have addressed the importance of the ACA, introduced some positive impacts and challenges of this law, and therefore, the ACA should include some of the following relevant components to craft a significant blueprint for change. First, applying salient information of lessons learned from the last several years of having this legislation and understanding that it is more than just a law can inspire an opportunity for improving this law. It is paramount to know that every effort of change should be emphasized to ensure that individuals have access to affordable healthcare insurance that will also give them dependable access to medical care including, preventative, regular management, and emergency care. Next, there are multiple changes regarding the market exchange programs and regulations, the repeal or any effort to change must explore these variations and work to establish some consistency. Further, there must be the continuation of the significant implementation of programs to incentivize these exchanges and healthcare plans by offering discounts and more opportunities to keep premiums cheaper or bundle services. Third, while evaluating the impact of the ACA on Americans, government leaders must consider the social and financial impact, and economic growth, in order to arrive at the conclusion that it is significantly more beneficial for individuals to have health insurance as opposed to a nation of uninsured individuals. Last, as we move forward, it is our belief that the changes associated with any modifications of the ACA, must be implemented based upon a concept of addressing effectiveness, benefit, and empathy centered around personal experience, political agendas, and patriotism. The overarching goal is to ensure that all Americans have access to health insurance whenever desired, needed and necessary, while maintaining, strengthening and expanding the implementation of current services. All of which can be achieved through the

continued creation of concepts centered around the development of comprehensive schematic plans that simultaneously reduce healthcare cost while maintaining affordability. Ultimately, the intended consequence, when combined with all other factors, will result in the living and fostering of healthier lifestyles thereby increasing the nation's productivity to the benefit of all Americans. It is also valuable to understand the ACA but know that changes mean exploring the advantages and disadvantages of this law and then create something that encompasses a win for all.

Bibliography

1. Taylor JW. "A brief history on the Road to Healthcare Reform: From Truman to Obama". *Becker's Hospital Review* (2014).
2. Blendon RJ and Benson JM. "Public opinion about the future of the Affordable Care Act". *The New England Journal of Medicine* 377.9 (2017): e12.
3. Policy Brief. "Obamacare Repeal and Replace: Policy Brief and Resources" (2017).
4. U.S. Department of Health and Human Services. "American First: A budget blueprint to make America great again" (2017a).
5. Dennis ST and Kapur S. "Growing GOP Doubts Jeopardize Swift Obamacare Repeal in Senate". *Bloomberg* (2017).
6. Obama BH. "Repealing the ACA without a replacement - The Risks to the America Healthcare". *The New England Journal of Medicine* 376.4 (2017): 297-299.
7. Banting PM and Ross RE. "The marketing mix: A Canadian perspective". *Journal of the Academy of Marketing Science* 1.1 (1973): 1.
8. Obama BH. "United States Health Care reform progress to date and next steps". *Journal of American Medical Association* 316.5 (2016): 525-532.
9. Schakowsky J. "A healthy future for America's Senior - The benefits of Obamacare". Washington, DC (2012).
10. Blahous C. "The fiscal consequences of the Affordable Care Act". MERCATUS CENTER George Mason University (2012).
11. U.S. Department of Health and Human Services (Ed.). "How federal poverty levels are used to determine eligibility for reduced-cost health coverage" (2017b).
12. Jacobs LR and Skocpol T. "Health Care Reform and American Politics". Oxford University Press (2010).
13. CCH's Law. "Law, Explanation and Analysis of the Patient Protection and Affordable Care Act: Including Reconciliation Act Impact". CCH Incorporated (2010).

14. Project HOPE- The People to People Health Foundation Inc. (Ed.). Medicaid Primary Care Parity. For 2013 and 2014, the federal government raised payment rates to Medicaid primary care providers. Only some states plan to extend the rate increase. Health Affairs Policy Brief (2015).
15. Econometrica Inc. "Evaluation of the Community Based- Care Transitions Program" (2017).
16. The Henry J. Kaiser Family Foundation (Ed.). Summary of the Affordable Care Act (2017).
17. The Motley Fool, LLC. Here's what the average American will pay for Obamacare, by age, in 2017 (2016).
18. The Henry J. Kaiser Family Foundation (Ed.). Key Facts About the Uninsured Population (2017).
19. Blumberg LJ, *et al.* "Estimating the counterfactual: how many uninsured adults would there be today without the ACA?" *Inquiry* 53.3 (2016): 1-13.
20. Courtemanche C., *et al.* "Impacts of the Affordable Care Act on health insurance coverage in Medicaid expansion and non-expansion states [NBER working paper No. 22182]". National Bureau of Economic Research (2016).
21. National Public Radio News. "Five Controversial ideas for shoring up Health Insurance Market" (2017).
22. Centers for Medicare and Medicaid Services. "Three things to know before you pick a health insurance plan". Healthcare.gov. Retrieved from Centers for Medicare and Medicaid Services [CMS] (2017).
23. Insure.com. "Health Insurance news, 2018 open enrollment: 10 essential facts" (2017).
24. Emanuel E. "Scrapping Obamacare without a backup plan hurts us all". Fortune (2017).
25. Cohen RA, *et al.* "Health insurance coverage trends, 1959-2007: estimates from the National Health Interview Survey". National Center for Health Statistics (2009).
26. Cohen RA. "Trends in healthcare coverage and insurance for 1968-2011". National Center for Health Statistics (2012).
27. Council of Economic Advisers. "Methodological appendix: methods used to construct a consistent historical time series of health insurance coverage" (2014).
28. Prokop A. "The Vox Media. How Republicans could still revive Obamacare repeal after their September 30 deadline" (2017).
29. Feldman AM. "Understanding health care reform: Bridging the gap between myth and reality". CRC Press (2011).

Volume 2 Issue 5 August 2018

© All rights are reserved by Patricia Y Talbert, *et al.*