

POLICY FORUM

The Affordable Care Act

Introduction

With many of the major provisions of the Patient Protection and Affordable Care Act of 2010 (ACA) poised for implementation in less than 6 months, a new era in health care seems to be just over the horizon. Yet I also feel a sense of déjà vu. Haven't we been here before? Where would medicine be today without bold, visionary, and often controversial legislation that disturbed the status quo?

A century ago, publication of the Flexner Report was the death knell for the apprenticing of medical students (mostly young men) to become physicians, and medical education soon evolved into a standardized medical school curriculum. A generation later, physicians in the armed forces discovered that World War II draftees were shockingly unhealthy, and they responded with screening, examination, treatment, vaccination, and the introduction of antibiotics. In the postwar period, President Harry S. Truman encouraged the expansion of Blue Cross and Blue Shield after his own plan for national health insurance coverage faltered, and the Hill-Burton Act provided capital funds to build hospitals in communities that otherwise could not have done so.

In the 1960s President Lyndon Baines Johnson expanded the social security net in America with the introduction of Medicare and Medicaid, both of which have been reviled by economists and legislators in succeeding administrations yet also blessed by subsequent presidents. Around the same time, Community Health Centers emerged from the Office of Economic Opportunity. Along with the Migrant and Rural Health Care Act, these centers brought quality primary care to areas where it was lacking.

In the 1980s President Ronald Reagan warned of socialized medicine and encouraged a focus on efficiency, cost cutting, and increased quality in service delivery. President Bill Clinton famously failed to explain or garner support for his complicated health care proposal. President George W. Bush helped provide affordable medications to elderly individuals with the Medicare Part D expansion. Unfortunately, it was plagued by a flawed rollout, difficult-to-explain options, and a donut hole. George W. Bush also promoted Health Savings Accounts to help people pay for uncovered benefits, fill gaps in coverage, and decrease the burden of copayments and deductibles.

Building on this history, the ACA has now arrived—with all its mandates and its challenges. Like much of the health care reform legislation preceding it, the ACA is confusing, frustrating, and incomprehensible to most, and it has already been vilified and criticized for these and other flaws. Nonetheless, the ACA attempts to address the 3 biggest issues in our current health care system—accessibility, quality, and cost—and any success in these areas might yet prove to be a cause for celebration. Like its predecessors, the ACA challenges the status quo; if history holds, it will also be a nonnegotiable part of our health care framework for years to come. NCMJ

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