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**Literature and Civilization**

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## **Health Care Reform in the United States: Obamacare Versus Trumpcare**

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## **Dedication**

For all those who encouraged me to fly towards my dreams: Lets soar.

## **Acknowledgment**

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## **Abstract**

In a response to nationwide healthcare problems, President Barack Obama crafted a new healthcare program “Obamacare” to what he perceives as the best for the improvement of healthcare sector. His attempt was embodied in enacting the Affordable health care act in 2010, a comprehensive scheme to heal the existing deficiencies. However, after receiving stark criticism from the republican side led by the current president Donald Trump, a serious quest commenced to repeal the ACA and replace it with the another version “Trumpcare.” In particular, the present thesis aims at analyzing the repeal and replace strategy conducted by President Donald Trump and the course it has taken to uproot Obama’s healthcare system “Obamacare”. The present research relies on a critical data analysis of primary and secondary sources. Trump’s simultaneous repeal and replace was not applicable because of the nature of his endeavor that seeks to transform existing mechanism without replacing it. His quest of reconstruction requested a radical transformation but this was fiercely opposed by the officials and people. Based on these results, it is concluded that Trump’s strategy was an attempt of total transformation of the existing healthcare system instead of a remedy to the deficiencies it has.

**Key Words:** Healthcare, Obamacare, Repeal and Replace strategy, Trumpcare, Affordable Care Act.

## ملخص

استجابة لمشاكل الرعاية الصحية على الصعيد الوطني ، صاغ الرئيس باراك أوباما برنامجًا جديدًا للرعاية الصحية "أوباما كير" لما يعتبره الأفضل لتحسين قطاع الصحة. تم تجسيد محاولته في سن قانون الرعاية الصحية بأسعار معقولة في عام 2010 ، وهو مخطط شامل لعلاج أوجه القصور الحالية. ومع ذلك ، بعد تلقي انتقادات شديدة من الجانب الجمهوري بقيادة الرئيس الحالي دونالد ترامب ، بدأ السعي الجاد لإلغاء ذلك القانون واستبداله بنسخة أخرى "ترامب كير". ، تهدف الأطروحة الحالية على وجه الخصوص إلى تحليل إستراتيجية الإلغاء والاستبدال التي أجراها الرئيس دونالد ترامب والمسار الذي اتخذه لاقتلاع نظام الرعاية الصحية الذي أنشأه أوباما. يعتمد البحث الحالي على تحليل بيانات نقدي للمصادر الأولية والثانوية في المجال المعني بالبحث. لم يكن الإلغاء والاستبدال المتزامنان لترامب قابلاً للتطبيق بسبب طبيعة محاولته الساعية إلى تغيير الآلية القائمة دون استبدالها. استدعى سعيه تغيير النظام تحولاً جذرياً ولكن هذا عورض بشدة من قبل المسؤولين المعنيين والشعب. اعتماداً على هذه النتائج، يُستنتج أن إستراتيجية ترامب كانت محاولة تحويل كامل لنظام الرعاية الصحية الحالي بدلاً من علاج أوجه القصور التي يعاني منها.

**الكلمات المفتاحية:** الرعاية الصحية ، أوباما كير ، إستراتيجية الإلغاء و الإستبدال ، ترامب كير ، قانون الرعاية بأسعار معقولة.

## **List of Acronyms**

<b>ACA</b>	Affordable Care Act
<b>AFL–CIO</b>	American Federation of Labor and Congress of Industrial Organizations
<b>AMA</b>	American Medical Association
<b>AHCA</b>	American Health Care Act
<b>BCRA</b>	Better Care Reconciliation Act
<b>CBO</b>	Congressional Budget Office
<b>DHHS</b>	Department of Health and Human Services
<b>EO</b>	Executive Order
<b>GOP</b>	Grand Old Party
<b>HCFA</b>	Health Care Freedom Act
<b>NHSA</b>	National Health Insurance Standard Act
<b>RSC</b>	Republican Study Committee

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## **General Introduction**

The United States healthcare system remains a mystifying puzzle to many Americans, and ongoing changes will doubtlessly add complexity. Health care in the United States is an enormous \$3 trillion industry. It includes thousands of independent medical practices, business partnerships, provider organizations, public and nonprofit institutions, hospitals, nursing homes, the pharmaceutical business, and huge health insurance corporations. Health care is by far the largest service industry in the country.

The size and complexity of health care in the United States have contributed to its longstanding problems of limited access, inconsistent quality, and uncontrolled costs. The healthcare system remains challenged by disparities that result in wide variations in the access, availability, and quality of services for many of its citizens. These problems have concerned the United States political and medical leaders for decades and motivated many legislative proposals aimed at reforms.

Since World War II, President Truman's attempts at major reforms were mounted in the 1940s, President Johnson in the 1960s, President Nixon in the 1970s, and President Clinton in the 1990s. President Barack Obama created a health care plan, called the Affordable Care Act in 2010, also known as Obamacare, in hopes to establish a more unified health care system by presenting more reasonably priced options to those without insurance and those who distaste their existing plans.

Ever since the Affordable Care Act (ACA) was passed in 2010, critics have maintained that the law should be repealed and replaced with another better set of reforms. President Donald J. Trump has presented a "repeal-and-replace" plan called "Healthcare Reform to Make America Great Again." In this brief, consideration was made for the effects of abolishing the ACA and passing the main policies suggested by

Trump and the Republicans. They believe in annulling the current administration's health care regulations and swapping them completely with laws that will help the public.

Due to the existing problems in the Health care system mainly in the aspects of cost, quality, and coverage, many experts provided new crucial insights on Obamacare. In Avik Roy's "Transcending Obamacare" (2014), the US health care system needs considerable reform in ways that address the ACA's deficits as well as the system's previous failings. Furthermore, while it is possible to "repeal and replace" the ACA with a better health care system.

Republicans led by Donald Trump believe not only in repealing the current administration's health care laws but also in replacing them entirely with laws that will help the people more. Trump said that he seeks a health care reform that is going to be more improved than Obamacare, far improved one than what Americans had before establishing Obamacare, and more enhanced than Democrats' Medicare for All.

Healthcare reform was one of the main elements in both Obama's and Trumps' Agendas. Each president carried his plan on the ground where the health system status-quo issues mandated a particular set of procedures to heal such ills. On this ground, Trump's proposed plan came as a stark assault on his predecessor's "Obamacare program" in which he constructed his own Program "Trumpcare" to what he claims to be a better form of health care system than Obama's.

The US health care system stakeholder's environment is much divided in Obamacare's and President Trump's new proposals assessment. The Trump administration has taken many steps to weaken the ACA without repealing and replacing it as promised in the latter's campaign. To that end, the primary rationale for the present research is to investigate how and why did Trump make the repeal and replace strategy on Obamacare through his Trumpcare Program.

The findings of this study will help to understand the complexities of the United States' healthcare system, and to have a better view of what shaped this system in two different and successive presidential eras. Also, to identify what factors urged each president to adopt such programs to restructure and improve a broken healthcare system. Furthermore, the research highlights the core issues that made Trump launch his assault to Obama's healthcare program "Obamacare" with making a thorough assessment for every president's proposal on the ground. Also, to provide information about Trump's shift in conducting his repeal and replace strategy into new Transformation territory. The present research investigates to the following questions:

- What were the status-quo factors that led Obama to construct his Healthcare Reform program?
- Why did Donald Trump and the Republican Party advocate repealing Obamacare?
- How Trump's did "repeal and replace" strategy become a whole transformation quest?

This research deals with several objectives:

- To present the complexity of the US health insurance system and the changes it brings in Obamacare.
- To describe how the Repeal and Replace strategy was used by current President Trump.
- To investigate the impact of Trump's proposed reforms in the sector of healthcare.

Regarding methodology, this research is a qualitative study, and thus representativeness is the most crucial quality of the research design. The comparative method will be used to contrast Donald Trump's and Barack Obama's healthcare

programs and their implications on the health care sector. Discourse Analysis will also be used to dissect and analyze both presidents' speeches and interviews related to the subject matter of this study. It will rely on the critical and argumentative analysis of mainly primary sources in addition to a thorough examination of relevant papers and articles by different scholars and specialists in the same area of inquiry dealing with the research topic.

The present research paper is divided into three chapters. The two first chapters constitute historical and theoretical frameworks with reference to the reformation of the healthcare system under two presidents Barack Obama and Donald Trump. The third chapter focuses on the analysis of Donald Trump's Carried plan of Reformation.

The first chapter describes the nature of the health care system in the United States, and the most significant changes it had under different presidents in different times. It also provides a thorough covering of President Barack Obama's healthcare reform plan (Obamacare), its reasons, objectives, and criticism.

The second chapter is concerned with providing the basis on which Donald Trump constructed his version of healthcare reform (Trumpcare). It also presents the core of Trump's "repeal and replace" strategy that seeks to in his words, to create "a better healthcare system" through annulling Obama's ACA Key provisions; Also, to present the advocated methods by Trump to fulfill that purpose.

The third chapter analyzes the implications of Trumpcare on the ground, and it assesses the nature of those changes and how they do not align with Trumpcare's first blueprint. It also shows the generated antipathy and opposition projected by the concerned people about the renewed efforts to repeal and replace the ACA. Moreover, this chapter also shows how Trump is using healthcare as a 2020 campaign weapon.

## **Chapter One**

### **Health Care System Reform in the United States: Constructing Obamacare**

#### **1.1. Introduction**

The nature of health care system in the United States has been always a subject to change due to some ideological and political disparities among those who possess the power to make such change. Throughout the last eight decades, a myriad of reforms took place in health care policy level in which policy makers agreed on the urgency of reforming the deficiencies of the preexisting conditions of coverage quality, and cost. Numerous presidents advocated some programs that align with their interests and ideologies that required later presidents to initiate either complementary methods or drastic reforming ones. Prior to the 2008 election, the democratic presidential candidate Barack Obama provided his own plan for reforming the existing healthcare system based on his and his supporters' vision about the existing problems that should be fixed as soon as he gets into the presidency.

After being elected, Obama's proposal went under exhausting hurdling pauses that entailed long debates concerning the possibility and the necessity of making some changes in the original draft from both Senate and the house. After agreeing on the proposed changes, Obama signed his Patient Protection and Affordable Care act and put it into effect. Obama's ACT (nicknamed Obamacare) has received a harsh criticism due to some mechanisms which in certain cases had been questioned as to be unconstitutional. This chapter provides a broad overview of the U.S. healthcare system, its policies, its priorities and values, and its reactions to difficulties and changing conditions. In large measure, decades-long problems with rising costs, questionable quality, and lack of healthcare system access for large numbers of un- or underinsured Americans prompted the development and passage Obama's Patient Protection and

Affordable Care Act of 2010 and the challenges it encountered before and after its establishment (ACA).

## **1.2. Health care Policy in the United States: From Roosevelt to Obama**

Philosophical and political differences have always been the main factors that have inflamed the debates about healthcare policies and reforms. Consensus has finally emerged that the US healthcare system is fraught with problems and dilemmas. The central health policy creation or changes, including governmental and private policies affecting health care delivery are based on health care reform(s). Health care reform has been a constant national issue over the years; and the United States has witnessed proposals for many reforms over the years. Every U.S. president since Franklin D. Roosevelt (1933-1945) had to deal with health care in one way or another. Some made an effort to carry through healthcare reform. Others tried hardly to avoid it; however, every single president during the twentieth century had to acknowledge it in his agenda (Blumenthal and Morone 2).

Some scholars like Blumenthal and Morone argue that the issue of health care probably highlights every aspect of the working institutive framework of the American presidency. In fact; health care reform is an unquestionably difficult part of the agenda to plow through the legislative process. Blumenthal and Morone even claim that healthcare reforms, or at least (try to) “test presidents’ ideas, heart, luck, allies, and their skill at running the most complicated government machinery in the world” (par 2).

When Roosevelt came into office in 1933, he was concerned with the urgent situation of the Great Depression in which 10 million people were unemployed, 18 million were on relief, the country's business production was cut by a quarter, and its drive was shattered. Franklin D. Roosevelt, with the involvement of the federal

government, succeeded in making a health care proposal that paved the way for a short-lived creation of the first system of national medical care in the South.

The first attempt at healthcare reform in the post-war era occurred during the administration of President Harry S. Truman. He delivered a speech in a joint session of Congress when he said that “Millions of our citizens do not have a full measure of opportunity to achieve and enjoy good health. Millions do not now have protection or security against the economic effects of sickness. The time has arrived for action to help them attain that opportunity and that protection” (Daschle 11).

The Eisenhower Administration, with its focus on the emerging Cold War, supported only limited healthcare reform proposals. In 1956 the "Military Medicare" program was launched to provide payment for healthcare services for military dependents. The administration supported the Forand Bill in 1958. It was intended to provide health insurance for social security beneficiaries. Despite support from the American Federation of Labor and Congress of Industrial Organizations (AFL–CIO), the Forand bill<sup>1</sup> never gained much attraction in Congress (par 6).

The Kennedy administration pursued a more modest form of healthcare coverage than President Truman’s proposal. The Kennedy administration supported the King-Anderson bill<sup>2</sup>, a 1962 precursor to Medicare, which was initially defeated in the Senate after a heightened between the Congress and the country, was limited to those 65 years of age and older and be part of the Social Security benefits package. In doing so, Kennedy laid additional blocks to the foundation of what would ultimately become Medicare (par 7).

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<sup>1</sup>Forand Bill 1958: Legislation introduced in the House (the Forand bill) to provide health insurance for social security beneficiaries; reintroduced again in 1959.

<sup>2</sup>King-Anderson bill 1962: A plan for providing the means to pay for medical care for the aged.

President Lyndon B. Johnson's administration made another enormous contribution to the health care system with the Social Security Act of 1965. That legislation created Medicare and Medicaid. In 1971, the Nixon administration proposed the National Health Insurance Standard Act (NHSA). The proposal mandated government-prescribed minimal levels of insurance coverage to be provided through employers and financed by payment of premiums by employers and employees. While the NHSA did not pass, Nixon succeeded in gaining passage of the Health Maintenance Organization Act in 1973. It laid the foundation for managed care (par 13). Jimmy Carter also proposed universal health care in his campaign.

The republican President Reagan spoke out against Socialized Medicine in which he "criticized Social Security for supplanting private savings and warned that subsidized medicine would curtail Americans' freedom" and that "pretty soon your son will not decide when he is in school, where he will go or what he will do for a living. He will wait for the government to tell him"(Lowenstein par 35). Several new laws were enacted with a high focus on reducing the growth in federal spending on health care and improving efficiencies (par 20). That was followed by an effort made by President Bill Clinton and the First Lady, Hillary Clinton, in 1993, but it failed to become a law.

Finally, the election of President Barack Obama and the control of Congress by the Democrats led to the passage of the Affordable Care Act (ACA), often labeled as "Obamacare," in March 2010. Since then, the ACA, or Obamacare, has become at the heart of political campaigning. More recently, President Donald Trump and the Republicans have been controlling the Executive and the Senate. They have been attempting to repeal and replace the ACA.



### **1.3. The Historical Left-Right Divide On Health Care:**

US health care policy issue represents another contributing factor to the divide between the American liberal and conservative perspectives. The US liberal philosophy, grounded on both moral principles and utilitarian influences, seeks to balance the needs of the individual with those of the entire population. The liberals embrace the belief that health care represents an equal right for all people. That right ought to be implemented through a social insurance scheme that delivers universal health coverage, equitable health care financing, and a guarantee to equality in health care.

The media find delight in separating the US into two sharply divided camps: blue, red, Democrat, Republican, Liberal or Conservative. Despite various attempts of bridging the red-blue chasm, these different divisions continue to exist. In the health policy sphere, a similar division is evident. It is widening the gap between liberal and conservative thoughts. This form of intellectual and policy gap is considered to be vital because it affects legislation, which in turn would affect the entire population's health care.

In the nineteenth century, the liberal doctrine went under some changes due to the overindulgences of uncontrolled capitalism. It began to view government's role not only to protect the individual liberties but also to regulate business and assist the poor. John Stuart Mill, a British philosopher and a political economist, presented in his book *Utilitarianism* 1861 the utilitarian notion that societies should be responsible for providing the highest amount of happiness for the majority of people. A consequence to this idea was that governments ought to provide for the total welfare of the population—the community over the individual. (Bodenheimer par 5).

The nineteenth-century also witnessed the development of social democracy, a type of Liberalism claiming that specific human necessities cannot be supplied by the

market: the lowest income for buying food, clothes, housing, and health services access; governments were accredited to secure those needs. Eager to integrate socialist movements, a conservative administration in Germany initiated the first large scale social democratic reforms. Other European countries adopted the same strategy. In the United States, a partial mixture of liberal and social democratic policies was implemented in the New Deal program of the 1930s and later in 1960s with the Great Society programs (6).

A form of neoliberal movement has moved away from New Deal liberalism recently, which sought going back to the classical liberal notion that the free market is the paramount way to deal with societal needs. Neoliberals share conservatives' the same strategy of supporting a smaller form of government and privatizing some New Deal's programs. The Clinton administration was a belligerent combination of New Deal liberalism and neoliberalism (8).

In the health care arena, a significant number of liberals assert that governments are the only social institutions that can create a balance between the necessities of each individual and the whole community. The government's mission of protecting people's right to receive equal essential services, education, health care, police, and fire protection is a significant indicator of a civilized society.

#### **1.4. Political Disputes on Eligibility and Delivery of Healthcare**

The modern liberal healthcare view is based on Western European health insurance regulations of the early twentieth century and the United States' New Deal health program of the 1930s (Starr 394). Later, the liberal view was advanced by leaders who tried to enlarge Medicare to whole population in the early 1970s when Edward Moore Kennedy (US Senator from Massachusetts) presented a bipartite bill in 1970 for single-payer widespread national health insurance with no cost-sharing, paid for by general federal revenue and payroll taxes (Cleary et al. pp 5). Rather than being limited

to the New Deal theorists' single-payer position, the liberal perspective now is based on both of United Kingdom's and Canada's single-payer systems and the structured multi-payer programs of France, Germany, and Japan.

Social insurance as an outlet for insurance covers only people who make contributions; however, Public assistance does not impose a similar condition to receive benefits; it bases earnestness on people's income or means test. In 1965, Congress separated Medicare (social insurance program) from Medicaid (the public assistance program). For social insurance, only those who contribute are qualified to receive the benefit; for public assistance, those who make a contribution (taxpayers) do not benefit most of the time while those who benefit might not contribute (Bodenheimer, and Grumbach 439).

Conservatives argue that health care costs are high and increasing because people are being insured for numerous services and that the problem can be solved through patient cost-sharing and free-market competition. Many conservatives perceive health care as a safety net—public hospitals and community health centers—for the uninsured people; on the other hand, liberals mandate equal treatment for everyone through universal health insurance, eliminating the need for a distinct (and usually unequal) safety net (Bodenheimer par 42). Mutual grounds of agreement do exist between these generally irreconcilable approaches. Liberal policy experts agree that competition among health care providers—if grounded on quality and access—can be a necessary dynamism.

In 2003, President George Bush Jr contributed in increasing United States' support for the global effort to fight AIDS. In which Congress has given even more money than Mr. Bush asked for: nearly \$50 billion to combat AIDS, tuberculosis, and

malaria around the world over the coming five years. He was able to push through an expensive new prescription drug assistance under the Medicare program for those who are over 60 despite the fierce opposition from his party to a health care run by the government (Legacy par 3,5)

In 2009, the Obama administration focused on collecting votes for a program to expand insurance availability nationwide. That meant making negotiations with the leaders of the health insurance industry to keep its essential role in the health care system of the United States; even some members of the left-wing of the Democratic Party would have favored shifting to a single-payer system where the government would be private insurers' supplier. It meant to include the tax increases that Republicans now want to repeal to keep the proposal from bursting the budget deficit (Irwin par 15-17).

The Affordable Care Act involved further regulations that frustrated some people on the left, like Cadillac tax <sup>3</sup> on the lavish plans of health insurance, and a sturdy board focused on decreasing the growing costs of Medicare over time. Mainly, in the heated Affordable Care Act debate, the Congress and Obama administration rejected an essential renovation that some liberals would have desired in support of a gradualist approach that did not disturb existing industries but did end in a vast expansion of both health insurance availability and federal subsidies (Irwin par 18-20)

### **1.5. The Influence of Interest Groups**

Numerous problems related to the U.S. health care come from a shared system between federal and state administrations and the private healthcare business. The enlargement of wholly or partly tax-funded health service proposals started waves of lobbying endeavors by interest groups for or contrary to the initiatives. Federal and state

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<sup>3</sup>**Cadillac Tax** is a tax on any unusually expensive health insurance plan, usually arising in discussions of medical-cost control in the United States.

legislators and receive strong pressure from devotees and adversaries of healthcare system alterations (Oberlander par 12). Special interest groups' Lobbying efforts have become more sophisticated and well-financed with time. This secure connection between healthcare lobbyists and politicians is proved by the record amount of money spent on reversing the Clinton Health Security Act of 1993 and both "with" and "against" healthcare reform plans of President Obama.

Different groups have played significant roles in the debates over tax-funded health services: insurers, providers, consumers, labor, and business. Historically, physicians, the most impacted group by reforms, established the most influential lobbies. Although the physicians lobby the most effective one, it is considered as not representing the principles of vast numbers of physicians separated from the AMA (American Medical Association). In reality, some medical lobbies exist because of political disagreements among physicians. The AMA made a change to its relationship with Congress. Primarily excluded from White House deliberations over Clinton's plan, the AMA was later summoned and supported, publically speaking, by Obama's strategy of expanding healthcare access to reach all Americans (Fuchs par 8).

### **1.6. Impetus for Reform**

From the nineteenth century onwards, the sector of health care delivery has been an increasing distress in the United States. A new attempt aiming at bettering health care coverage for the old and the underprivileged came with President Lyndon B. Johnson's passage of Medicaid and Medicare in 1966, which was the most significant health care legislation in the United States' history (49).

Despite this legislation, the health care system received criticism because of some aspects of coverage, cost, and quality (49-53). Despite having the most lavish health care systems, as shown in Fig. 1 In 2014 (53). The Commonwealth Fund, a think-tank

institute that supports universal health coverage, classified the United States as the worst among industrialized countries based on efficiency, equity and outcomes.

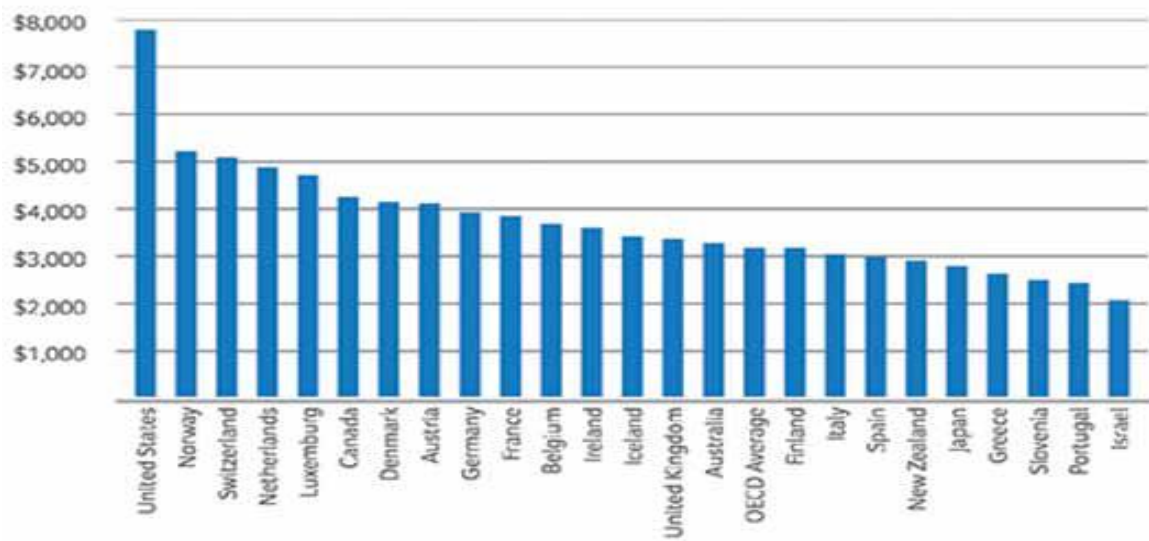


Figure 1: "Health expenditures per capita": A global comparison, WHO Global Health Expenditure Atlas 2009.

In his first days in office, President Barack Obama confronted a range of immediate challenges that were mostly resulting from the Great Recession. He was accredited with dealing with one of the country's most difficult and long-standing problems, a health care system that fell short of its hoped-for potential. To handle these problems, the United States dedicated 16% of its overall economy to health care in 2008, a 3% increase since 1998 (when the government spent 13% of its economy on health care); however, most of that spending did not bring better results for patients (Fisher et al. 138). The health care system also failed in the quality of care, repeatedly failing to maintain patients' safety, treating patients only when they get sick instead of concentrating on keeping them healthy and delivering a consistent care (McGlynn et al. 348)

In 2008, more than 1 in 7 Americans were left without health insurance coverage. Despite some successful efforts made in the late 1980s and 1990s to increase coverage for children and the elderly, the United States had not experienced a significant, sustained drop in the number of people without insurance since Medicaid and Medicare began (Figure

2). The United States' high ratio of the uninsured had adverse results for the Americans without insurance, who had more financial insecurity, obstacles to care, and possibilities of poor health and preventable death (Baicker et al. 368).



Figure 2: "Percentage of Individuals in the United States Without Health Insurance", National health interview, 1963-2015

Obama expanded the Health Insurance Program of Children during his first weeks in office. He also approved the American Recovery and Reinvestment Act on February 17, 2009. It entailed temporary support to maintain Medicaid coverage, even investments in health information technology, health research, and prevention to develop the system onwards (Cohen p 6). Obama declared his intentions for Reforming Health care system overtly:

Beyond these initial actions, I decided to prioritize comprehensive health reform not only because of the gravity of these challenges but also because of the possibility for progress. Massachusetts had recently implemented bipartisan legislation to expand health insurance coverage to all its residents. Leaders in Congress had recognized that expanding coverage, reducing the level and growth of health care costs, and improving quality was an urgent national priority. At the same time, a broad array of health care organizations and professionals, business leaders, consumer groups, and others agreed that the time had come to press ahead with reform. That element contributed to my

decision, along with my deeply held belief that health care is not a privilege for a few, but a right for all. After a long debate with well-documented twists and turns, I signed the ACA [Affordable Care Act] on March 23, 2010 (Garunay par 2).

### **1.7. 2008: Obama Announced His Plan to Reform Health Care**

In his 2008 Presidential campaign, Obama initially declared plans to reform the system of health care. He presented a publicly-carried program, similar to that of the Congress, called the Federal Employees Health Benefits Program. Obama gave a promise for "portable" coverage which would free people from any ties to their employer's plan. As an alternative, they can select their plan and retain it with them; moreover, they could buy their own insurance through an exchange, or they could select the government-run "public option." Nobody could be deprived of health insurance due to any pre-existing condition. Funding for Medicaid would be expanded by the federal government. (Amadeo par 5).

### **1.8. 2009: Health Care for America Plan: Senate and Representatives Proposals**

In his 2008 Presidential campaign, Obama initially declared plans to reform the system of health care. He presented a publicly-carried program, similar to that of the Congress, called the Federal Employees Health Benefits Program. Obama gave a promise for "portable" coverage, which would free people from any ties to their employer's plan. As an alternative, they can select their plan and retain it with them. Moreover, they could buy their own insurance through an exchange, or they could select the government-run "public option."

Obama's announced plan endorsed the idea that nobody could be deprived of health insurance due to any pre-existing condition. Funding for Medicaid would be expanded by the federal government. Thus, subsidies would be provided for individuals who made an effort to meet the requirements for Medicaid. Regardless of all these



benefits, many people were afraid of the Federal government's interference in their lives, asserting that it was paving the way towards socialized medicine (Amadeo par 5).

The Senate originally suggested a nonprofit cooperatives system instead of the government-run plan of insurance proposed by Obama. Harry Reid (the Senate Majority Leader) proposed a government-run choice to the Bill of the Senate on October 25, 2009. It comprised extending Medicare benefits to those from 55 to 65 of age. It was presented to the states that had a confirmed lack of affordable choices from private insurers. States could choose to refrain if they wanted. This choice was dropped from the final bill caused by the opposition from the determining vote of Senator Joe Lieberman (14).

The House bill established a government-run program of health insurance similar to Medicare. It gave direct subsidies to people without insurance to help them buy one through exchanges. It mandated all individuals to buy insurance but the smallest employers to offer workers health coverage. The House bill guaranteed coverage for an "end of life" counseling session for elders who demanded to discuss this with their current doctors. This was interpreted to mean that the government would oblige seniors to have these discussions on how to put an end to their life earlier, reaching a treacherous path toward state-encouraged euthanasia (18, 19).

On Christmas Eve 2009, the Senate ratified its version of the Health Care Reform Bill with a final strong vote. It was pretty similar to the final ACA. The House bill used a public option and a stricter abortion language. The Senate bill imposed a tax on expensive insurance plans. It replaced the federally-managed public health care choice with a state-run health insurance exchange. The Senate bill would have permitted 31 million U.S. Citizens to afford health insurance expenses. The senate bill mandated everyone was required to have health care insurance, but it offered subsidies for those people who cannot afford premiums. It also tended to expand Medicaid.

### **1.9. 2010: The Passing of ACA**

The complexity and confusion between the different proposals created much gossip-mongering which created myths about what was really being proposed. The House bill and Senate Bill had to be made coherent before sending it to Obama to be signed. On January 26, 2010, both bills stalled as a result of Democrats' loss of their filibuster-proof 60-vote majority in the Senate. That happened when the Republican Scott Brown secured Ted Kennedy's seat in Massachusetts. Many believed that this destroyed all the hopes of passing any bill of health care reform. Nonetheless, President Obama initiated a new proposal of health care reform on February 22, 2010 (Amadeo par 24).

The House eventually passed the Reconciliation Bill (H.R. 4872) on Monday, March 22. It combined elements from both of Obama's subsequent plan and Senate bill. Obama signed the portion from the Senate bill to become as law. The whole fusion of bills, when approved by President Obama, turned into the Patient Protection and Affordable Care Act. President Obama signed the Reconciliation Act of 2010 into law on March 30. The final Obamacare bill comprised elements of the House and Senate bills. People with pre-existing conditions who had been deprived of coverage would also gain access to short-term health insurance coverage until the exchange is established (25).

Obamacare made a significant change in health care by making insurance accessible to 32 million more Americans, or 95 percent of the authorized population. The Act would charge \$940 billion over ten years. However, these costs would be compensated by decreasing costs in the higher education loan program and growing revenues from taxes on high-income households.

### **1.10. Judicial Challenges to the Patient Protection and Affordable Care Act**

President Obama's health care core initiative can be summarized in four words: "The Affordable Care Act" (Rivlin par 6). Obama said that the ACA's passage and endurance of multiple congressional and Supreme Court challenges represent a political miracle (8). In fact, he said in plain words, "I will judge my first term as president based on...whether we have delivered the kind of health care that every American deserves and that our system can afford." In a discussion, Nancy Pelosi (House Speaker) notably said, "we have to pass the bill so that you can find out what is in it" (Pelosi par 28).

A significant number of new agencies, commission boards, and other governmental facilities were created due to the implementation of the ACA. The law was changed or postponed in numerous parts, repeatedly by the courts and executive orders (Obama 525-532). Lacking bipartisan backing, the ACA has been very quarrelsome, with a great deal of conjuncture, and controversies concerning its success or failure. Health insurance represents a financial mechanism that makes health care affordable, whereas access refers to obtaining health care in reality. The ACA has enlarged the gap between offering patients the mechanism of paying for healthcare and actually receiving it.

Soon after ACA law was passed, a federal district court lawsuit was filed by the state of Florida questioning the constitutionality of the law's obligation for individual coverage and the expansion of Medicaid program. Another Twenty-five states, the National Federation of Independent Businesses, and other accusers also filed similar lawsuits in Florida (Kaiser par 2). Another separate lawsuit was filed by The state attorney general of Virginia challenging the compulsory federal condition for individuals to buy health insurance. The major issues of dispute were whether Congress had the authority to force the individual coverage mandate with particular financial penalties for

refusal under either its power to control interstate commerce or its tax-levying authority; and whether Congress had the authority to make all of a state's current Medicaid funding dependent on the Medicaid Expansion provision of the ACA (Kaiser par 7-9).

On June 28, 2012, the U.S. Supreme Court decided to resolve the two issues and hear arguments from advocates and critics of the ACA provisions. In a 5 to 4 call, the Court ruled the individual mandate to be constitutional. Chief Justice Roberts declared that "The mandate is not a legal command to buy insurance. Rather, it just makes going without insurance just another thing the government taxes"(Pazanowski par 12).

### **1.11. Conclusion**

Although U.S. health care is often called a structured system since it has various components, aspects and services, talking about the American health care delivery "system" can be misleading because a genuine, consistent system has no existence. Certainly, having a fragmented nature is key feature of the U.S. health care system, as variety people attain health care through different ways. The system has kept undergoing through periodic changes, mainly in reaction to apprehensions concerning access, quality, and costs. Much has changed regarding the mechanisms and features of U.S. health care delivery system, and much more will be a subject to change in the future, as the nation deals with critical matters of access, quality and cost. Indeed, much of the developed and developing world will also be dealing with similar questions. Americans precisely, have experienced a far-reaching health care restructuring through President Barack Obama's Affordable Care Act (ACA), labeled "Obamacare." People of the United States were promised with another reform under the catchphrase "Repeal and replace Obamacare," an initiative advocated by President Donald Trump, who made it one of the central elements of his presidential campaign and presidency. Much rests to be seen as to how this promise will go.

## **Chapter Two**

### **Constructing Trumpcare**

#### **2.1. Introduction**

Facing a healthcare system that did not manage to fully uplift and facilitate health care delivery and insurance, Donald Trump sought to take the mission of reforming the constructed system in the matters of quality, coverage and cost believing that his quest will contribute the larger mission of making “America great again”. Trumpcare is the name applied to various healthcare plans for the replacement of Obamacare the Affordable Care Act (ACA) proposed by President Donald Trump and by Republicans throughout his presidency. Donald Trump made his attack on his predecessor’s plan based on few reasons that emanate from ideological and political differences between the two sides the repeal and replace plan itself has gone through several reiterations. It was first grasped as House Speaker Paul Ryan’s “Better Way for Health Care” proposal on June 22, 2016, and then developed into the House bill to repeal and replace Obamacare. This chapter presents the basis upon which Donald Trump constructed his Repeal and replacement plan and to analyze advocated methods for fulfilling that purpose like using the Budget Reconciliation, executive order and legislation to make sure that ACA end would be done as he promised with all convenient speed. Moreover, a full description to Trump’s proposed alternative to the ACA embodied in the American Health Care Act (AHCA) will be made to locate and describe Trumpcare’s core mechanism and its political implications on the ground.

#### **2.2. Constructing Trumpcare: Repeal and Replace Strategy**

Unlike most developed countries, the United States does not have a unified and regulated national health system for all citizens, and since Americans have the most

expensive system in the world, even a hospital trip can be financially ruinous. This is why private health insurance is such a necessity. Most Americans get insurance one of three ways: through government programs for the poor and elderly called Medicaid and Medicare, through their employer, or the online marketplaces set up by Obama's Affordable Care Act in 2010.

President Donald Trump's chief healthcare policy initiative has been operating to fulfill his campaign promise to repeal and replace the Patient Protection and Affordable Care Act (ACA), commonly known as Obamacare. The Congress tried to repeal the law over and over again but finally agreed to send a bill to Obama's office in January 2015. The veto was expected to be made immediately, and Republicans have successfully sent the memo that if a Republican candidate was voted into the White House having the GOP (Grand Old Party) majority in Congress, ACA would be accordingly repealed (Trumpcare par 19). Trump, along with his supporters clearly argued that

Obamacare is hurting American families, farmers, and small businesses with skyrocketing health insurance costs. Moreover, soaring deductibles and copays have made already unaffordable plans unusable. Close to half of U.S. counties are projected to have only one health insurer on their exchanges. Replacing Obamacare will force insurance companies to compete for their customers with lower costs and higher-quality service. In the meantime, the President is using his executive authority to reduce barriers to more affordable options for Americans and U.S. businesses ("Healthcare" par 1).

In his website, Trump explained his seven-point plan for enhanced health care access, greater quality and more affordability. In order to carry out his health care plan proposal, Trump needed congressional action.

In a speech on Tuesday 11 July 2017, President Donald Trump declared that Republicans ought to "let Obamacare fail," asserting the downfall would oblige

Democrats to work with the GOP as it regroupes after the support for the Senate's healthcare bill collapsed on Monday night. Trump said to the reporters on that Tuesday in the White House. "For seven years, I have been hearing repeal and replace from Congress. I've been hearing it loud and strong, and when we finally get a chance to repeal and replace; they don't take advantage of it, so that's disappointing" (Spiering par 1). He continued by asserting that It will be a lot easier for him and for the republicans to let Obamacare fail (Nelson et al. 3).

Republicans argued that Obamacare was in a "death spiral" and it was doomed to collapse shortly if left unaided, though experts assert the circumstances are not so terrible. The president's proposal to let Obamacare fall marked a swing from Monday night 10 July 2017, when Trump wrote on Twitter that Republicans must rapidly fulfill a seven-year promise to repeal his predecessor's healthcare law even without a prepared replacement. The president exerted pressure on Republicans to fasten their attempt to remove Obamacare, so that focus on other urgencies like tax reform package and an infrastructure reconstruction plan (par 4).

During the 2016 presidential election and its aftermath, when Trump took the office, Obamacare was the center of the much-heightened debate. Trump initially approved Obamacare's individual mandate that required all Americans to obtain health insurance or pay the penalty charge, but confirmed his pursuit to fully repeal the Affordable Care Act Law, quoting "No person should be required to buy insurance unless he or she wants to" ("Trumpcare" par 20).

The welfares and the downsides of continuing the Affordable Care Act rollout, and modifying or fixing the problem parts versus aborting the whole process and starting again, bring other issues of healthcare policy, reform, and provisions that were associated

through existing government programs, tax law, economy, immigration and many more. Any decision would be taken was to result in a period of alteration ranging from minor frustration to enormous disturbance (par 21).

### **2.3. Using Budget Reconciliation to Dismantle the ACA**

Although Republican leaders fought to unite their party in a way to replace the ACA, having one party that controls both of Congress's chambers hastened the procedural process through the use of budget reconciliation<sup>4</sup>. The process of reconciliation could not be employed to repeal the ACA, but only to alter the main regulations. Reconciliation can be utilized to address the piece of legislation that touches the federal budget; therefore, ACA provisions like tax credits for people of low-income to buy insurance and Medicaid extension were samples of what could be annulled using that way.

On January 3, 2017, Senator Michael Enzi presented a budget resolution for fiscal 2017 to Senate and Senate Help committees to create legislation that will attain at least \$1 billion apiece in deficit decrease over ten years 2017 to 2026 and to deliver this legislation to their particular budget committees by January 27 (Williams 16).

The consideration of the legislation by the two House committees was finished in March, and Republican management announced the American Health Care Act (AHCA), advertised as the first stage in the multiphase mission of repealing and replacing the ACA. The bill mandates a chain of changes to ACA regulations, abolishing the individual mandate, which is the core of the ACA; annulling the employer mandate that obliges large corporations to provide affordable insurance to its employees or receive financial punishments, repealing tax grants that aid some people to make co-payments

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<sup>4</sup>**Budget Reconciliation:** "is a legislative process of the US congress that accelerates the passage of certain budgetary legislation in the US senate" (Wikipedia par 1).



and pay deductibles, and altering Medicaid funding by providing a per-capita amount to the states, depending on how much each state spent for the monetary year finished September 2016. The States that extended Medicaid under the ACA would keep receiving federal finance until 2020, in which the recipients would be funded at a lesser level. Some mechanisms of the ACA would have been kept under the new scheme, like permitting children to remain on their parents' insurance plans until age 26 and forcing insurers to cover individuals irrespective of their pre-existing conditions (Williams 17).

The proposal faced opposition, notably from moderate and Republican followers. Sensible members of Congress were anxious about the number of people expected to be deprived of coverage under the AHCA. Conservative members also rejected the AHCA's income-based tax and age credits, envisioned to replace the federal insurance grants in the ACA. The tax credits were criticized as forming a new entitlement platform. Eventually, the vote was negated as the resistance to the bill augmented and it became obvious that House leaders did not have the votes required to pass the bill. Regardless of the AHCA obstruction, budget reconciliation seemed to be the preferred way for possibly passing inclusive tax reform later in the year (22).

#### **2.4. Undoing the ACA through Executive Order**

On January 20, 2017, an Executive Order (EO) was signed by President Trump that called for reducing the Economic Burden created by the Patient Protection and Affordable Care Act Impending Repeal. The EO requested from his administration to pursue the quick repeal of the ACA, and guided agency officials to use caution in applying parts of the ACA they think would create a burden on people, states and insurance companies. The EO did not explicitly discuss any new supremacy onto the Executive Branch; it just guided agency leaders to deteriorate the ACA as much as possible within the present law, irrespective of congressional action. This means it makes

no changes to tax-credit premium grants, the Medicaid enlargement presently in place, or main rules for insurers (like eliminating segregation based on gender or pre-existing conditions of healthcare plans, or permitting adult's children to stay on their parents' insurance until age 26). Fundamentally, the Executive Order in its present form is more of a task statement counter to the ACA than a change in policy (Spiering par14).

Conversely, it is vital to note that President Obama used his executive authority to implement the ACA, including giving away deferring burdens and waivers. He also postponed the application of some components, such as penalty on the employer mandate, and gave his management optional privilege over the ACA. These actions provided President Trump and his administration a precedent for launching significant modifications to the ACA, or the choice to refuse to apply certain provisions. For instance, on March 12, 2017, the U.S. Department of Health and Human Services (DHHS) sent a message to states' governors asking them to subscribe for a different kind of waiver called a Section 1332 waiver. Through this waiver states would be allowed to create alterations to the exchanges of health insurance, premium tax credits, qualified health plans, and cost-sharing subsidies (16).

The DHHS and additional agencies established many rules to implement the ACA in the nonexistence of a Democratic House majority, and Trump's management could commence reversing or retracting these rules in a similar procedure of management authority. The Trump management could also stop defending the lawsuit that states were not authorized to make cost-sharing subsidy payments under President Obama scheme, and start to remove the subsidies. This would be a more intense action, as premiums could rise dramatically, and the market could turn into chaos. Although the individual mandate was maintained by the Supreme Court it would need an action of Congress to change (18).

## **2.5. Repealing and Replacing the ACA through Legislation**

On January 23, 2017, Senator Bill Cassidy, along with other senators asserted that Capitol Budget reconciliation seems to be the preferred way for possibly indorsing comprehensive tax alteration in the rest of the year. Government Finance Review of April 2017, presented S. 191, recognized as the Patient Freedom Act of 2017, representing the effort to cautiously repeal the ACA. The bill is concerned with only Title 1 of the ACA and it would not make a change in ACA-imposed taxes or Medicare. Its multifaceted suggestions involve permitting individual states to keep the ACA, use subsidized health savings accounts, or discard reform completely (Spiering 22).

S. 222, known as the act that would replace Obamacare, was presented by Senator Rand Paul, introduced on January 24, 2017. This piece of legislation pursues repealing the core mechanisms of the ACA, such as the individual mandate and important health benefits that insurance plans are obliged to cover. S. 222 would alter some rules for people with pre-existing conditions, giving them a two-year open registration period to receive coverage and demanding that they keep constant coverage afterwards. Similar to S. 191, S. 222 was sent to the Senate Finance Committee to be ratified and put into action (24).

S. 191 and S. 222 represent two of a multitude of proposals presented since the commencement of the 115th Congress that pursue repealing the ACA partially or fully. Nonetheless, even if Congress is incapable to pass a huge repeal and replace bill, other bills will pass eventually. For example, federal funding for chief health programs like the Children's Health Insurance Program (CHIP) expires on September 20, 2017. That program is directed similarly to Medicaid and currently covers about 9 million children from families of too high income to meet the requirements of Medicaid (27).

## **2.6. The Political Environment of Healthcare Reform in the Aftermath of the AHCA's Withdrawal**

Republicans have made new efforts to revive healthcare reform after the abolishment of the American Health Care Act (AHCA). Soon after the AHCA's striking end on March 24, 2017, when Paul Ryan, speaker of the House, took out the bill exactly before of a planned vote, Republicans have reorganized so as to authorize a bill to "repeal and replace" the Patient Protection and Affordable Care Act (ACA).

To comprehend the possibility of passing of imminent healthcare reform bills, it is essential to concisely clarify how the AHCA was unsuccessful. At the time of its introduction in the House of Representatives (House), conservative and moderate Republicans together projected hostile sentiments to the bill, although for divergent reasons. Many provisions in the bill were disagreed with by Conservatives, with Sen. Rand Paul nicknaming the bill "Obamacare Lite." On the other side, Republican leaders removed essential health benefits from the bill so that to win over conservative House Republicans (Newsdesk par 1).

The independent Congressional Budget Office (CBO) presented their price tag estimation for the AHCA On March 13, 2017, estimating that 24 million Americans would be deprived from health insurance coverage if the bill was passed. The CBO statement enflamed a wide public uproar against the bill, and moderate Republicans declined to give it support. Eventually, Republican leaders in the House did not reach the required number of votes to pass the bill, and decided to withdraw it presently before the scheduled vote. Republican Jim McGovern abridged the Republicans' dilemma for future healthcare reform briefly: "The bill went down because it was too bad for Republican moderates and not bad enough for the conservatives. I don't know how they

reconcile the divides within their own conference, never mind find any Democratic votes” (par 2).

Republicans have kept discussing and drafting for restructuring the AHCA. In precise, Vice President Mike Pence along with White House Budget Director Mick Mulvaney and White House Chief of Staff Reince Priebus, made a conference with the Freedom Caucus, a group of House conservatives outspokenly counter to the AHCA, to create an alternative bill of healthcare reform. Likewise, representatives of the White House have as well met with The Tuesday Group, a combination of moderate Republicans in the House, to converse about AHCA alternatives. The House Speaker Ryan spoke enthusiastically about the passage of healthcare reform by looking for a Republican consensus, and then added that a substitute bill to the AHCA was just at a “conceptual stage.” Republicans had wished to present a new healthcare reform bill before Congress adjourned for its two-week Easter recess; nevertheless, no alternate bill was presented before the break (par 6).

Even though President Trump and Republican headship have tried again to repeal and replace the ACA, divisions inside the Republican Party were present that increased the worries about making the passage of an alternative bill harder. What will become of healthcare reform may center on conciliation among Republican policymakers who have opposed the AHCA. Money-wise, the presence of Medicaid block grants, a concern to which moderate Republicans opposed, might function as a continuing facet of dispute amongst House Republicans in the future. Most of Republican governors who extended Medicaid under the ACA outspokenly rejected the AHCA’s Medicaid block grant provisions. Furthermore, The Freedom Caucus has formerly asked to stop ACA’s community rating provision; in other words, a ban against insurance firms from charging sick people bigger premiums than healthy people (par 8, 9).

## **2.7. The Future of the ACA**

The “repeal and replacement” of the Patient Protection and Affordable Care Act (PPACA) is a critical issue for Trump and the Republicans in Congress, in which more than 20 million people and small businesses’ employees not covered by employer health care have been able to get insurance. Most of those people are in the 31 states that have made an expansion to their Medicaid schemes. Around 80% of the policies bought by individuals (separate from Medicaid) are substantially funded by the federal government. Trump and his GOP supporters made a promise for immediate repeal, though they have not put out a replacement except to authorize some general resolutions such as permitting customers to buy insurance plans across state borders and better entree to health savings accounts (HSAs) (Barlas par 9).

The plan for the repeal of some main components of the PPACA is already in progress. Congress passed a budget reconciliation bill (H.R. 3762) in 2016. This bill canceled vital portions of the exchanges such as the requirement to buy insurance, the subsidies, and the Medicaid expansion. A transition period of two years was given before the vanishing of the PPACA marketplaces as currently established. That would give insurance companies and policy-holders a way to adapt to the changes, which would possibly lead to a mass departure from marketplace policies both by insurance companies and clients. However, President Obama vetoed that bill.

Nonetheless, the provisions of H.R. 3762 were expected to be the opening and possibly ending point for a repeal bill in 2017. Dissimilar from most bills, a budget reconciliation bill requires just 50 votes to pass the Senate, not 60. The House passing a bill such as H.R. 3762 in 2017 was an inevitable conclusion. Nevertheless, a bill like H.R. 3762 cannot take away all features of the PPACA exchanges, only those that deal directly with federal taxes and expenditure. Thus, that legislation can abolish tax

penalties on individuals not purchasing policies (i.e., the individual mandate) and grants for 80% of policy-holders (par 10).

Though a replacement to H.R. 3762 could pass Congress rapidly and get President Trump's signature, it will not take place instantly. Trump said that President Obama persuaded him to retain the requirement that insurance firms will not discriminate in terms of premiums charged to people with pre-existing plans and illnesses. He also wants to permit 26-year adults or younger to remain on their parents' plans. The GOP will have to devise some makeshift to last year's bill to support Trump's declarations (unless he renounces them).

Debates between the Trump White House and the congressional GOP ought to be moderately smooth given president Trump's appointment of Georgia Representative Tom Price, to fill the position of Secretary of the Department of Health and Human Services. As a former chairman of the House Budget Committee and a senior member of the Health Subcommittee in Ways and Means, Price has a profound familiarity with federal health plans and was an important doctrinaire for the House GOP in its quest to repeal the PPACA and reform Medicaid and Medicare (par 13).

Kristine Grow, Senior Vice President for America's Health Insurance Plans, the health insurance industry's lobbying group, says that "it is simply too soon to respond to anything that may or may not be proposed" (par 14). Nevertheless, her comments show the insurance business's aspiration to keep all the aspects of existing PPACA policies. she states, "The demands of consumers have not changed...they want affordable coverage, the control to choose a plan that best fits them, high-quality care that gets them well when they are sick and keeps them well when they are healthy and financial protection, peace of mind, and value that insurance provides" (par 14).

## **2.8. American Health Care Act of 2017**

President Donald Trump presented his own version of the Healthcare Reform embodied in the American Health Care Act of 2017 (AHCA) or labeled as Trumpcare) was a bill issued in the United States Congress's 115<sup>th</sup> cycle. The bill which was passed by the House of Representatives but not by the Senate would have made a partial repeal to the Patient Protection and Affordable Care Act (Gershon par 1).

The leaders of the Republican Party had canvassed on the repeal of the ACA since its passage in 2010, and the 2016 elections provided the republicans with unified control over presidency and Congress for the first time ever since the ACA was implemented. Upon the commencement of the 115th Congress, Republican members of the congress pursued making a partial repeal of the Affordable Care Act utilizing the reconciliation process, that permits legislation to bypass Senate delay using the votes of the simple majority in the Senate (Bryan par 5). Aided by President Donald Trump, Republicans of the House presented the AHCA at the beginning of 2017. Eventually, the bill was approved by the House in a close vote on May 4, 2017. Most of House Democrats, together with some House Republicans, made a vote against the AHCA. The bill, in effect, would have repealed employer mandate and the individual mandate, removed tax credits for healthcare charges, intensively cut Medicaid eligibility and spending, abolished some taxes on people with high-income, and changed the rules regarding essential health benefits, pre-existing conditions and (par 8).

Republicans members of the Senate primarily wanted to pass the Better Care Reconciliation Act of 2017 (BCRA), a healthcare bill comprising provisions essentially similar to the ones of the AHCA. The BCRA was certainly not voted on in its initial form owing to opposition made by many Republican senators. Mitch McConnell, Senate



Majority Leader, as an alternative wanted to pass the Health Care Freedom Act (HCFA), which was in a colloquial language named the “skinny repeal” since it would only repeal both of employer mandate and the individual mandate. The Senate overruled the HCFA in a 51-to-49 general vote on July 27; Republican senators Lisa Murkowski, John McCain and Susan Collins with Senate Democrats altogether voted against it. In September 2017, certain Republican senators made a new effort to repeal the ACA; however, their proposed bill did not receive any vote in the Senate. Though The 115th Congress passed the Jobs Act and Tax Cuts act of 2017, which annulled the individual mandate, it followed another path by not passing the ACA repeal bill (Morris par 7).

The impartial Congressional Budget Office asserted that the AHCA would have enlarged the number of people without insurance by 23 million over the coming 10 years; on the other hand, it would have reduced deficit of the federal budget by \$119 billion over the exact period. Surveying has repeatedly revealed that the AHCA was totally unpopular among the American population in the time that preceded and followed its assessments in Congress. Business Insider asserted that the AHCA represented the most unpopular major bill in the last decades, and chief medical organizations, comprising the American Academy of Pediatrics and American Medical Association, intensely condemned the bill and criticized its devotees in Congress. AHCA's unpopular impact on population may have a determining role to loss of Republicans in the elections of 2018 (par 8,9).

## **2.9. Conclusion**

From the day Trump came to power, the White House has carried a series of steps to weaken the individual markets made by Obama. A Kaiser Family Foundation analysis found that premiums on the individual market are 16% more expensive than they would be without Trump’s intervention. But Obamacare has appeared to be hard to destroy

despite the many attempts carried by trump's Administration, like the Budget reconciliation, executive order and through legislation. However, Republicans used to insist that Obamacare was on a path to collapse even if they sat back and did nothing. Trump said in 2017 that "The best thing we can do, politically speaking, is let Obamacare explode" (McLeod par 6). The contrary has happened premiums are coming down, insurers went back to the markets and Obamacare markets continue to be stable. The result is a system that is worse than it needs to be, but not bad enough to collapse and be replaced. This pushed trump to launch his main step to repeal and replace the ACA which was embodied in the passage of the American Health Care Act (AHCA).

## **Chapter Three**

### **Healthcare Reform: Trumpcare or Transformation?**

#### **3.1. Introduction**

As policymakers evaluate the choices in advance, it can be clear that tensions exist between many health policy objectives. Deciding among these aims or striking equilibrium across them will comprise political and value calculations about how the U.S. health care system should be. After the failure of Trump's attempt to repeal the ACA in 2017, he started a new endeavor for resurrecting the repeal and replace plan. Nevertheless, his renewed promise to repeal the law is now in limbo after gaining much public antipathy for his proposal that focused mainly on reconstructing Health Insurance Without repealing Obamacare. By using his executive power, Trump pushed his plan ahead despite the significant opposition from some portions from congress members of both chambers. This year, Trump is competing for re-election. Unlike the preceding years, when the health care budget presented particular plans to repeal large portions of the Affordable Care Act and replace it, this year's program hardly mentions President Barack Obama's health care legislation. This chapter analyzes the renewed efforts of repealing and replace of ACA in the legislative sphere along with financial implications of the suggested proposals by the republican-controlled congress. Also, it assesses Trump's persistence on using healthcare as a 2020 campaign weapon and in fighting Obamacare despite Covid-19 pandemics that endangers the American people's lives.

#### **3.2. Reshape Instead of Repeal**

The presidency of Donald Trump indicates public health withdrawal in the short term. Yet the increasing opposition to his management—evocative of the civil rights and against Vietnam War deployments of the 1950s and 1960s—could signify better effects ahead. At that time, a widespread assault abolished Jim Crow laws, racist immigration

quotas and McCarthyism, escorting legislation that secured civil rights, voting rights, and women's rights. It also cleared the border to Jewish people, Italians, and people of color; assisted public schools and students of college; implemented the food subsidies, increased the benefits of Social Security; and created community health centers, Medicare, and Medicaid. Between 1960 and 1969, poverty decreased by 45%, and by 1980, infant mortality also fell by 50%. Thereafter, Republicans as well Democrats have given too little that motivates and too much that calm down the rich and powerful (Butler par 3-5).

Trump succeeded by assaulting a status quo that is devastating for many. In health care, the Affordable Care Act (ACA) expanded coverage to 20 million and increased funding for public health and community health centers. Nevertheless, it presented little assistance to 90% of the populace, maintained a flawed health care financing scheme, left 26 million without insurance, burdened covered families with high-priced deductibles and small provider networks, and enhanced drug firms, insurers and medical corporations. Rallying for a reform that would repair these deficiencies is a far better guard against Trump's health-injuring plans than calls to keep the pre-Trump structure. Even before the initiation, congressional Republicans commenced repeal of main components of the ACA. Although Republicans are united in their plea to terminate what Obama created, constructing the replacement is more complicated. Ultimately, going midway—repealing without replacing—would probably cause the loss of thousands of lives (see Table 1) (Butler par 7-9).

**TABLE 1—Estimated Change in Deaths Associated With Repeal of the Affordable Care Act, or Implementation of a Single-Payer Reform: United States**

Source of Estimate of Mortality Effect of Gaining or Losing Insurance	No. Needed to Insure to Prevent 1 Death	Estimated Increase (Decrease) in No. of Deaths		
		Because of ACA Repeal, 2018 <sup>a</sup>	Because of ACA Repeal, 2019 <sup>a</sup>	If ACA Replaced by Single-Payer Plan, 2018 <sup>b</sup>
<b>Cohort studies</b>				
Franks et al., <sup>2</sup> 1993	1 239	14 528	22 599	(20 984)
Wilper et al., <sup>3</sup> 2009	1 094	16 453	25 594	(23 766)
<b>Experimental and quasi-experimental studies</b>				
Finkelstein et al., <sup>4</sup> 2012	769 <sup>c</sup>	23 407	36 411	(33 810)
Sommers et al., <sup>5</sup> 2014	830	21 687	33 735	(31 325)
Sommers, <sup>6</sup> 2016	300 <sup>d</sup>	60 000	93 333	(86 667)

*Table 1: Estimated Change in Deaths Associated with Repeal of the Affordable Care Act. Based on Congressional Budget Office Estimate*

Republican leaders faced a problem. Rejecting the ACA means deserting the neoliberal reform structure they long advocated, a method that hype private insurers utilizing mandates and the money of taxpayers to enlarge the market for their products. Richard Nixon's 1971 plan— tended to go against Ted Kennedy's single-payer policy — was similar to the ACA: an obligation that employers cover their employees, Medicaid accomplished care-like coverage for the underprivileged with significant subsidies for the nearly-poor (Sommers par 8).

The health bearings of the administration's unscientific inclination are challenging to measure, but possibly destructive. Public health development needs precise data and authentic evaluation. When politicians silence and threaten scientists studying the environment, tag unproved truths "fake news," and spread lies under the facade of "alternative facts," they damage the fundamentals of scientific advancement. This harmful list of doings reflects what Donald Trump and his supporters want to do. However, their plan is already distressing under the density of widespread public opposition. The fear of a backlash obliged Republicans to stall the ACA repeal, the core of their legislative plan (par 12, 13).

Conceivably, Democratic politicians feel forced and encouraged to adopt progressive policies. Andrew Cuomo, governor of New York, has suggested stopping tuition that his state's public colleges offer for many students. Elizabeth Warren, formerly discreet about disparaging the ACA, recently said: "Let's be honest: [the ACA's] not bold. It's not transformative. . . I'm OK taking half a loaf if our message was 'Here's half, now let's go get the rest'" (Grim par 3). Shifting from the ACA to single-payer would upset the market-based method that has tottered reform and allow the rerouting of billions now wasted on insurers', excessive drug prices and providers' billing- paperwork. With that money, access could be ensured for all, diminish the danger of bankruptcy-related to sickness, and approve funds for the needed increases of long-term and mental health care, also public health work (par 15-18).

### **3.1.Trump's Executive Action Impact in Destroying the Marketplace**

#### **Constructed Under Obamacare**

Efforts for repealing the main constituents of the Affordable Care Act have been unsuccessful in the last few months. This led President Trump to pass an executive order increasing access to low-cost and less comprehensive plans of health care.

After being signed on October 12, the order instructs federal agencies to eliminate certain limitations on "association health plans" and enlarge the accessibility of short-term health plans, both of which can circumnavigate particular minimum coverage requirements comprised in the Affordable Care Act and state laws. These modifications will not take effect directly; federal agencies will be obliged to discover how to comply with Trump's instructions (Colburn 1-3).

The executive action commands agencies to discover ways in which the government can increase the accessibility to short-term health plans, which are obtainable to people on a three-month basis and intended for individuals who are in-

between health care coverage plans. Under the commands, association health plans would be permitted to sell insurance plans across state borders; those plans let small businesses to unite to construct low-cost health care plans that provide less assistance (5).

Trump's executive order was envisioned to generate more choices for people looking for health insurance and help fuel competition between insurers. Some advocates of health policy fear that it could disturb the insurance marketplace in a way that would increase health care prices for the aged and individuals with medical conditions.

The president of the American Cancer Society Cancer Action Network Chris Hansen disapproved the action in a declaration, saying the modifications would generate a crack in insurance coverage. He asserted that

If younger and healthier people leave the market, people with serious illnesses like cancer will be left facing higher and higher premiums with few, if any, insurance choices," Hansen said. "Moreover, those who purchase cheap plans are likely to discover their coverage is inadequate when an unexpected health crisis happens, leaving them financially devastated and costing the health care system more overall (7).

The National Association of Insurance Commissioners likewise mentioned some concerns about the action, arguing that it could upset already fragile markets. It will be months before alterations are perceived in the marketplace.

President Donald Trump has encountered several obstacles in his project to repeal Obamacare since he took office. Congress was incapable of passing a repeal bill before a short-term rule permitting the Senate to carry health care legislation through the chamber with just 50 votes finished on September 30 (Colburn 10).

In a tweet on October 10, Trump indicated he would use executive powers to advance in his quest for repeal "Since Congress can't get its act together on HealthCare; I will be using the power of the pen to give great HealthCare to many people" (12).

He made another attack to Obamacare regulations on October 6, when his administration extended employers' capability to eliminate coverage for contraceptives in their plans of health insurance. Trump stated in the course of the most recent executive order signing that "Today is only the beginning. In the coming months, we plan to take new measures to provide our people with even more relief and freedom" (Mangan par 10).

Nevertheless, President Trump can only achieve so much with his executive orders. He may be able to tackle specific Obamacare regulations, but to accomplish his campaign promise he will have to convince the Congress to pass legislation.

### **3.2.Trump's Promise to Repeal Obamacare in Limbo**

President Trump showed dissatisfaction after the failure of Republican policymakers to gather enough votes to repeal Obamacare positioned one of his proudest campaign promises in limbo. A series of rejections by Republicans Senate destroyed two separate efforts to undo the far-reaching U.S. health care law put in place by President Barack Obama. Trump told reporters on July 18 that "We've had a lot of victories, but we have not had a win on health care, we're disappointed " (Kruzel par 3); as it was evident the latest Republican judicial efforts would be unsuccessful.

A small error suppressed GOP efforts to repeal and replace Obamacare and required a gentle harmonizing act between the conservative and moderate members of the party. On July 17 Mike Lee of Utah and Jerry Moran of Kansas (along with Rand Paul of Kentucky and Susan Collins of Maine) joined the number of Republican senators



to reject the bill, successfully killing the repeal-and-replace plan openly. Senate headship could only endure losing two Republican votes for passage (par 4, 5).

Republican Senate at that juncture shifted their focus to a measure that would repeal the central portions of Obamacare over two years, theoretically buying policymakers enough time to approve on a replacement proposal before the Affordable Care Act, often named Obamacare, was mainly undone. That strategy also ended with failure after three Republican Senators Collins, Lisa Murkowski of Alaska and Shelley Moore Capito of West Virginia stated that they could not give their vote to repeal the ACA without a ready replacement plan. "I did not come to Washington to hurt people," Capito said in a statement. "I cannot vote to repeal Obamacare without a replacement plan that addresses my concerns and the needs of West Virginians" (Weiss par 3).

Mitch McConnell, Senate Majority Leader, acknowledged he did not possess the votes for passing the replacement bill. But then he assured there would be a vote on repeal "in the very near future." Nevertheless, it continues to be seen if Republicans will gather the needed backing to repeal the law. Therefore, the public is moving its assessment of Trump's word to repeal Obamacare to be Hindered (Kruzel par 9, 10).

### **3.3. Antipathy Towards Trumpcare**

Donald Trump promised many times to repeal Obamacare and replace it with a Republican substitute that would deliver "insurance for everybody" at a lesser cost—a difficult legislative mission that the president gave to Congress. On Monday night, House Republicans presented their long-anticipated first draft for Trumpcare, a bill that would cover fewer people, permit insurers to sell poor-quality insurance, and intensely increase prices for the deprived. The primary receivers of the scheme seem to be middle-class members, who may receive a bigger tax credit, and the rich, who would obtain a substantial tax cut (Tracy par 1).

From the time when Trump's unanticipated election in November, the GOP has fought to construct a health-care replacement able of merging established conservative ideology with both Trump's promises in the economic reality. In its place, they created a scheme that does neither. On Tuesday, Trump presented the draft his approval, through an announcement by Tom Price, Health and Human Services Secretary, making the basic principles sketched by House Speaker Paul Ryan to be his. There are two critical things to understand about the American Health Care Act, as the House Republican bill is known (par 2).

The AHCA is a weak alternative for the ACA. It preserves a number of the furthestmost popular provisions Obamacare, comprising those permitting young grown-ups below the age of 26 to remain on the insurance plans of their parents, stopping insurance companies from making discrimination against people with previous conditions, and excluding insurance providers from enforcing yearly and lifetime restrictions. Instead of the existing individual mandate, which levies a tax penalty on individuals who do not conscript for coverage, the AHCA would encourage “continuous coverage” by letting insurers impose a 30 percent extra on premiums for one year for people who leave their coverage expire (par 3,4).

The House Republican bill is not seen as anywhere near as lavish. The general effect of the regulation is enormously backsliding, relative to the baseline created by Obamacare. Instead of backing enrollees based on revenue, Trumpcare would arrange refundable tax credits based principally on age. The Medicaid extension would continue, but only in restricted shape: admission would be paused in 2020. The general outcome would be far less substantial to the deprived, with millions of people estimated to lose coverage. If the nonexistence of the individual mandate encourages more people to postpone purchasing coverage until they are ill, the opposing selection impacts could

generate “death spirals” in some markets of insurance, leading to fast increasing premiums and even greater uninsured rate (Tracy par 7,8).

Trumpcare may be dead when it arrives. Anyway; with Democrats entirely against to almost every feature of the GOP proposal, it will take three Republican disaffections in the Senate to exterminate the bill. That may not be hard at least four Republicans say the present law makes intolerable cuts to Medicaid, which has confirmed tremendously popular in several red states. Simultaneously, sums of hardline senators (and many Congress members) say that the GOP plan does not follow the conservative principals enough. Soon after the House presented the proposal, Republican Justin Amash attacked it on Twitter as "Obamacare 2.0"—a sentiment felt by many people like him. Others went on describing the House bill as "Obamacare Lite" and have made House headship liable of constructing a "new entitlement" concerning the tax credits in the plan (par 9, 10).

### **3.4. Reconstructing Health Insurance Without Repealing Obamacare**

The attempts made by President Donald Trump to transform health insurance system are almost complete. Two years ago, irritated after endeavors to repeal Obamacare failed in the Senate; Trump sought to use executive power fulfill what Congress could not legislate. An executive order made in action regulations to indorse health care choice and competition across the United States. The administration completed the last of three instructions to do just that — press forward conservative policies without unmaking the central framework constructed by the ACA. Trump stated in Twitter that "Since Congress can't get its act together on HealthCare; I will be using the power of the pen to give great HealthCare to many people" (Tozzi par 1, 2).

Together, the modifications have loosened Obama-era limitations on temporary health plans that do not abide by the standards of the ACA. They have allowed small

employers to band together to purchase mildly regulated coverage known as association health plans, mainly small businesses, and more suppleness to direct untaxed dollars to workers for health care. Trump said at a White House conference that “We’re putting the people back in charge with more choice for better care at a far lower cost — and other people will not be paying for their health care, we won’t be taxing you into oblivion” announcement (par 3,4).

Trump also seized the chance to launch an attack on possible 2020 Democratic adversaries — especially assaulting Senator Bernie Sanders of Vermont — for being supportive to a “Medicare for All” health plan that would enlarge the insurance program of the government for the old and disabled to include all Americans. “We will never be a socialist country,” Trump said.

The administrative actions arise far deficient in repealing or replacing the Affordable Care Act, the legislation that extended coverage to more than twenty million people. Most of the ACA’s components stay mostly intact, with strict criteria for insurance scheme design, billions of dollars in subsidies, and laws that defend individuals with medical conditions. Larry Levitt, senior vice president for health reform at the Kaiser Family Foundation, a health research stated that “Trump’s agencies have taken administrative steps to shift the health law quite significantly” (Tozzi par 6).

The snowballing effect could corrode a central component of the ACA: making sure that people can depend on their health insurance when they get sick, and to spread the charges of sickness broadly. In which it gives a chance for healthy people to acquire coverage that may be inexpensive, but not certainly as comprehensive (Par 9).

Further impacts of Trump's executive order are already seen. The main effect until now originates from the rule increasing access to temporary health plans. Although

the plans are less expensive than those of Obamacare, they cover fewer services and can reject individuals with pre-existing illnesses. Federal accountants estimated in 2018 that another 600,000 people would purchase such plans in 2019. That could increase premiums in the ACA markets, but many people buying Obamacare coverage are protected from hikes (par 12, 13).

### **3.5. President Trump and Republican 2020 Health Care Plan**

Republicans do not have a well-constructed plan for health care less than a year before the 2020 elections. Nevertheless, based on their 2017 attempts to repeal and replace Obamacare, along with a significant document newly delivered by the House Republican Study Committee, what may a Republican plan be like? First, a review will be done for the project House Republicans presented in 2017 during their repeal and replace efforts which ended in failure (Laszewski par 1).

Ultimately, Republicans House would have repealed the extension of Medicaid, and the subsidies of the individual market then repackage them into a scheme that took some, of that money and directed it to the states. Every state legislature would have then taken that fund and constructed a health insurance scheme of their creation. The Congressional Budget Office's (CBO's) July 2017 assessment estimated \$1.3 trillion less than Obamacare would have expended by the Republican House plan over ten years on insurance subsidies and Medicaid extension (par 3).

The CBO predicted that these funding cuts would have resulted in nine million people depart from Medicaid by 2020, mounting to fourteen million in 2026—and then become obliged to access the individual market as their only choice for coverage except if they find their way to employer coverage. In the same way, the individual market decreased by eleven million in 2020 and seven million by 2026 (par 5).

Therefore, The CBO concluded that the number of people qualified for the individual market would surge intensely as the decreased Medicaid population was obliged to pursue private individual coverage. At the same time, the latter's subsidies were significantly reduced. Obamacare has faced some hardship because a moderately small number of subsidy qualified ever enrolled in the program—around 40% at the top. That, in turn, has resulted in very high premiums with a not enough number of healthy people contributing to pay for the expenses of the sick (Laszewski par 6, 7).

The 2017 House Republican proposal's mixture of reducing the coverage for more people by deflating Medicaid—consequently, enlarging the number of people qualified for individual coverage—and cutting the subsidies flowing in the private market, could only have had the outcome of making the percentage of qualified people obtaining a private health plan even weaker. That, in turn, could only worsen individual market affordability and result in supporting anti-selection than what people had under Obamacare (Laszewski Par 9).

Republicans sought to relocate the scheme and paperwork of health insurance reform to the states as a chance to manage the program at a more effective and place that would also have given the states the capacity to make some innovation. Opponents only saw the possibility for states to go regressive on Obamacare's main market alterations, including financial support and pre-existing coverage assurances. While this plan approved by the House, it never drew a simple majority in the Republican Senate. Since the Republican Senate's incapability of advancing any type of Obamacare repeal and replace bill, Republicans have not postulated any other comprehensive reform bill of health insurance (Laszewski par 11).

Democrats claim that it will be better to take the standard that Obamacare offers and recover what is damaged—above all the deficient middle-class subsidies—instead of

taking the risk of abolishing Obamacare and taking their chances in fifty states legislatures. Republicans have a massive loath for anything named "Obamacare" and still look reluctant to take that platform and repair it based on Republican values (par 20).

### **3.6. Healthcare as a 2020 campaign weapon**

President Donald Trump's team is sure that he can turn Republicans' most tremendous obligation from last year's congressional elections - the future of healthcare in America debate - into a winning concern for his reelection plan. That would have seemed very improbable just a few months ago when Democrats held upon the matter of coverage for pre-existing medical conditions to have control of the House. The 2020 Democratic presidential arena has been stuck in an argument about how far to go to change the US healthcare system. Some contenders have proposed eliminating private insurance all for a single government-regulated scheme, sometimes denoted to as "Medicare for All, "while others prefer non-radical reforms (Gibson and Oliphant par 1-3).

Trump's campaign is laying a bet that whoever arises with the nomination of Democrats next year will be obliged to carry a comprehensive healthcare reform plan that might scare moderate voters. According to a Reuter's inquiry of campaign positions, several top-tiers of Democratic candidates competing for the nomination have advocated some Medicare for All. Democrats could wind up conceding political arena if they nominate a candidate who calls for universal healthcare. Drew Altman, president of the Kaiser

Trump still has to submit his long-vowed reform plan of healthcare. But he is talking about healthcare repeatedly. In a gathering in Pennsylvania on Monday, Trump restated his promise to preserve protections for individuals with pre-existing conditions. He also is probably to promote what his campaign and the White House say are

important modifications. The administration intends to help small businesses and to try to lower the expense of medicines for US customers (Gibson and Oliphant par 10).

In a local media interview in Pennsylvania on May 22, 2019, Trump said that he would release a new healthcare plan. The White House did not reply to a demand for an observation on the timing. Michael Steel, a former top aide to former Republican House Speaker John Boehner argued that delivering such a plan will be essential to winning over voters next year, said. Steel said that while he considers Democrats to be "outplaying" on the subject, and he emphasized their need our conservative cost-control strategy to go on counter-attack (par 18, 19).

### **3.7.Trump's fight against Obamacare Continuity despite Coronavirus crisis**

While the Covid-19 pandemic is escalating, President Donald Trump and many Republicans are still advancing with attempts to change the nation's health care system further. The fast-spreading Covid-19, the infection caused by the new Covid-19, has placed a new focus on the same weaknesses that Democrats successfully held on in 2018 and are now going to try again in the general election of this fall (Krieg par 1,2).

Donald Trump's constant support for a GOP lawsuit to abolish Obamacare, with no proposal of a replacement in sight, is extra silage for Democrats arguing that the present crisis is inseparably tied to pre-existing letdowns. Those cracks in the system will be sensed more intensely by millions of people over the next weeks and months, as they become unemployed-- and lose the coverage provided to them (par 3, 4).

The White House is now trying to cover the most apparent gaps, together with a new strategy to use incentive funds to cover hospital expenditures for Covid-19 patients without insurance. But efforts between those lines to alleviate the agony of the present calamity, like free Covid-19 testing promise, have so far mostly overlooked the failures



and inequalities that made them crucial in the first place. Trump's administration has also refused requests to revive enrollment on the Obamacare federal exchanges and provide uninsured Americans with a chance to attain coverage (Krieg par 5).

At a conference on April 3, 2020, Trump and Vice President Mike Pence were requested to clarify the administration's justification for not making an exceptional enrollment period. Pence kept hyping some insurers' decision to give up co-payments on Covid-19 treatment and tests before turning to the government's modification efforts to deal with the financial consequences.

Trump has been clear when interrogated about his backing for the lawsuit to terminate Obamacare, which the Supreme Court is required to deal with next term. In a Coronavirus task force conference at the White House on March 22, Trump refused any idea that he would stop it during the escalating public health and economic disasters. "We are running the bad health care (system) much better than it was ever run, and we're making it better, and so what we want to do is terminate it," Trump spoke of Obamacare, although his administration still has to present a replacement plan (Krieg par 15,16).

Balloting continues to display Democrats, with leverage over Republicans on health care, which is now assured to stay a point of severe dispute, possibly at the top of voters' worries, in the general election this fall. The fear over the problem was apparent even before the Coronavirus successfully stopped the primary campaign (par 20, 21)

The 2020 Democratic primary has been dominated by The future of the US health care system, with moderate nominees advocating the enlargement of Obamacare and the initiation of a public choice to contend with private insurers, possibly lowering costs to individuals while providing coverage for millions more. However, Democrats disagree about how far to carry those reforms. The party's left side, led by Sen. Bernie Sanders, is

rallying for "Medicare for All," a scheme that would provide coverage to every American. Sanders' campaign has told the voters over the previous few weeks, that his plan might have reduced the speed of Coronavirus' spread (par 30, 31).

### **3.10. Conclusion**

To maximize the chances of uprooting Obamacare, Trump utilized his executive order to overcome most of the legislative obstacles set by self-conflicted Congress on the matter of finding a better replacement for the ACA. Even though Republicans are united in their request to obliterate what Obama constructed, creating the alternative is more intricate. Eventually, going midway—repealing without replacing—would possibly cause the loss of thousands of lives. With Democrats making health care fundamental to their 2020 campaigns, Mr. Trump has been facing pressure to present his own health care repair. While President Trump deferred to Congress on the details of repeal-and-replace, his main effort to influence the legislative process was initially insisting that Congress should repeal and replace the ACA at the same time. To adopt swift action, congressional leaders had at one point favored a consecutive two-step procedure. They would punctually repeal main constituents of the ACA but submit their phase-in, promising that Congress would create a replacement by a stated date. However, Trump's promise to fully repeal the ACA could not be fulfilled; the simultaneous repeal and replace was not applicable because of the nature of his endeavor that seeks to transform existing mechanism without replacing it. This generated mass antipathy for his quest with which was seen as move that would worsen the good parts of the existing system. Despite the enormous obstacles Trump is facing in the healthcare sector and the sweeping pandemic facing the nation that highlighted the specific gaps in the health care system, he intends to use it as the main element in his 2020 presidential re-election agenda

## **General Conclusion**

The United States Healthcare System was subject to change due to the conflicting ideologies and political stance of policymakers dealing with the existing problems in access, quality, and cost. These problems have concerned US political and medical leaders for decades and motivated many legislative proposals aimed at reforms. In a long line of presidents who made significant contributions to the healthcare sector, President Barack Obama's healthcare scheme entitled Obamacare had its visible impact on the lives of millions of Americans.

Ever since the Affordable Care Act (ACA) was endorsed in 2010, critics have maintained that the law be repealed and replaced with another set of improvements. Obama's successor in the white house Donald Trump, along with his Republican supporters, sought to repeal and replace Obamacare with their version of a comprehensive healthcare system labeled as "Trumpcare" campaigning their way in the quest of "make America great again." Despite what can be seen as an imitation of Obama's plan terminology use to label Trump's plan version, it holds quite different scope and purpose that coincide with Trump's vision for a better healthcare system.

President Donald Trump went through many steps to dismantle the ACA through executive order and going through the legislative process. However, the unavailability of a ready and appropriate alternative to the ACA urged Trump to launch his primary step to repeal and replace the ACA. This attempt was embodied in the enactment of the American Health Care Act (AHCA). Trump's new plan was condemned with failure due to the fierce opposition from the ACA devotees. They argued that Trump is seeking to repeal the ACA without bringing a reliable and better healthcare national scheme leading to a system that is worse than it needs to be.

Albeit Republicans are united in their request to obliterate what Obama created, constructing the alternative is more intricate. Ultimately, going halfway—repealing without replacing—would conceivably cause the loss of thousands of lives. Trump's repeal and replace strategy was not carried in the original sense of what Donald Trump repeatedly promised to do; this hindered his claimed mission of making America great again. Moreover, the Republicans plan is already distressing under the density of widespread public opposition. The fear of a backlash obliged Republicans to stall the ACA repeal, the core of their legislative plan.

Trump tried to revitalize his endeavor of dismantling the ACA by passing an executive order to increase access to low-cost and less comprehensive plans of health care. However, these modifications will not take effect immediately; federal agencies will be obliged to discover how to comply with Trump's instructions in put them in to effect in a consistent manner that serves the core of his Plan.

Trump Administration's efforts in repealing and replace of ACA in the legislative sphere, along with financial implications of the suggested proposals by the republican-controlled congress, was again the main factor in disrupting the healthcare industry in an unexpected form. Because of Trump's non-consistent conduct to generate more choices for people looking for health insurance and help fuel competition between insurers, supporters of health policy fear that it could disturb the insurance marketplace in a way that would surge health care prices for the aged and individuals with medical conditions.

The republican persistence on dismantling the ACA continues to be the main altering factor in healthcare marketplace. Trump views healthcare as a 2020 campaign weapon and in fighting Obamacare despite Coronavirus calamity that endangers American People's lives; his agenda for second term of presidency uses people's state of

panic in this worldwide epidemic that have already taken thousands of American people's lives to add a weight for his words and promises for improving the already existing healthcare machinery and create a stronger defense against this epidemic.

Any future regulations in healthcare sector will be determined by Trumps upcoming agenda if he ought to be a president for the second term and ensured enough support in the both chambers of the congress added to that his supporters from the public, however, throughout his four years as a president many disagreements and obstacles hindered his presented plans. Ultimately, his next moves in healthcare arena will be a subject of further controversy and research for its sure massive impacts on people's lives and healthcare market in the three aspects of access, quality and cost.

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