

How Does ACA Affect The Entire Community And Public Health?

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Introduction

The Affordable Care Act (ACA) was enacted by the United States Congress and signed into law by President Barack Obama on March 23, 2010. The law was introduced to expand health insurance coverage, protect consumers, improve the quality of healthcare, and encourage reforms intended to control healthcare costs. It particularly sought to improve access for uninsured individuals and families who could not obtain affordable coverage through an employer or existing public programs. Kocher et al. (2010) explained that the ACA was designed not only to expand insurance coverage but also to transform how healthcare services are organized and delivered.

The ACA did not replace the entire American healthcare system. Instead, it built upon employer-sponsored insurance, Medicaid, Medicare, and private health plans. It created Health Insurance Marketplaces, expanded Medicaid eligibility in participating states, introduced premium tax credits for eligible households, and established protections for people with pre-existing health conditions.

The Act has produced both benefits and challenges. Some individuals and families have experienced higher premiums, changes in provider networks, complicated enrollment requirements, or difficulty paying deductibles and other out-of-pocket expenses. The effects also vary according to household income, location, age, employment status, and whether a state has expanded Medicaid. Nevertheless, the ACA has helped millions of people obtain health insurance and has established consumer protections that affect people with Marketplace, employer-sponsored, Medicaid, and Medicare coverage.

In 2024, approximately 92% of the United States population, or 310 million people, had health insurance for at least part of the year (Bunch & Ketema, 2025). During the 2026 Marketplace open-enrollment period, approximately 23 million consumers selected individual health plans through federal or state Marketplaces (Centers for Medicare & Medicaid Services [CMS], 2026a). These figures demonstrate that health-insurance policy affects entire communities rather than only individual patients.

This paper discusses the main features of the ACA, the healthcare transformation that followed its enactment, its most important elements, and its broader effects on communities and public health.

The Main Features of the Affordable Care Act

The ACA contains numerous provisions that affect insurance companies, employers, healthcare providers, public programs, and individual consumers. Its most important features relate to expanded access, consumer protection, preventive care, healthcare quality, and the organization of medical services.

Increased Access

One of the central goals of the ACA is to increase access to affordable health coverage. Before the Act, many Americans depended almost entirely on employer-sponsored insurance. People who worked part-time, were self-employed, lost their jobs, or worked for businesses that did not provide insurance often had limited options.

The ACA established federal and state Health Insurance Marketplaces through which eligible individuals and families can compare and purchase private health plans. Depending on their income and other eligibility requirements, consumers may receive premium tax credits that reduce the amount they pay for coverage. For the 2026 plan year, eligible HealthCare.gov consumers were projected to pay an average of approximately \$50 per month after tax credits for the lowest-cost available plan. However, individual costs vary considerably by income, age, location, household size, plan category, and insurer (CMS, 2025).

The Marketplace is especially important for people who do not have access to affordable insurance through an employer. It provides a structured place where consumers can compare premiums, deductibles, covered services, provider networks, and other plan characteristics.

The ACA also authorized states to expand Medicaid eligibility to most adults under the age of 65 with household incomes effectively up to 138% of the federal poverty level. The statutory threshold is 133%, but a standard income disregard produces an effective eligibility level of 138%. Medicaid is known as Medi-Cal in California. Through Medi-Cal expansion, many low-income California adults without dependent children became eligible for coverage.

However, Medicaid expansion was not implemented uniformly throughout the country. As of March 2026, 41 states, including the District of Columbia as a reporting jurisdiction, had adopted expansion, while 10 states had not adopted it (CMS, 2026b). Therefore, access to Medicaid remains partly dependent on where a person lives.

The ACA's coverage provisions affect the wider community because insured residents are more likely to have a regular source of care, receive treatment before an illness becomes severe, and obtain medications for chronic conditions. Greater insurance coverage can also reduce the pressure placed on emergency departments when people use them as a substitute for routine primary care.

Protection and Prevention

Another major feature of the ACA is the protection it offers to healthcare consumers. Insurance companies generally cannot deny eligible applicants coverage or charge them more because they have pre-existing health conditions. These conditions may include cancer, diabetes, asthma, heart disease, pregnancy, or previous mental health diagnoses.

Before these protections, a person with a serious medical history could be refused coverage, offered a plan that excluded the existing condition, or charged a premium that was financially unaffordable. The ACA changed this aspect of the individual insurance market by requiring covered insurers to accept applicants without basing eligibility or pricing on their health status.

The Act also ended lifetime and annual dollar limits on essential health benefits in many health plans. This provision is important for people who require expensive cancer treatments, long-term medications, rehabilitation, or repeated hospital care. It prevents an insurer from ending payment for essential benefits merely because a patient's medical costs have reached a predetermined lifetime amount.

This protection does not mean that patients never pay deductibles, copayments, coinsurance, or premiums. The original statement that there are no limitations on the amount a person must pay for access to all healthcare services requires clarification. Many ACA-compliant plans establish annual limits on covered out-of-pocket expenses, but patients may still face substantial costs. Services that are not covered, treatment provided outside a plan's network, premiums, and certain other expenses may not count toward the out-of-pocket limit.

The ACA also allows young adults to remain on a parent's health insurance plan until they reach 26 years of age. This applies even when the young adult is no longer a student, does not live with the parent, is married, or is not claimed as a dependent for tax purposes, provided the plan offers dependent coverage (CMS, 2026c). This provision is particularly valuable during the period when young adults are completing their education, beginning careers, or working in positions that do not offer health insurance.

The Act further strengthened preventive healthcare. Many non-grandfathered private plans must cover specified preventive services without deductibles, copayments, or coinsurance when patients receive them from appropriate in-network providers. These services may include recommended immunizations, blood-pressure screening, selected cancer screenings, prenatal services, and evidence-based preventive counseling (Centers for Disease Control and Prevention [CDC], 2026).

Preventive coverage affects public health because it encourages the identification of health problems before they become advanced. For example, hypertension may not produce obvious symptoms, but early screening can lead to treatment before the condition contributes to a stroke, kidney disease, or heart attack. Similarly, cancer screening may identify abnormalities at a stage when treatment is

more effective.

ACA Improves Quality and Reduces Costs

The ACA was also intended to improve healthcare quality and reduce unnecessary costs. Achieving these objectives is more complicated than expanding insurance coverage because healthcare spending is influenced by hospital prices, prescription drugs, new technologies, workforce shortages, chronic illnesses, administration, and patient needs.

The Act introduced and supported payment models that reward coordination, quality, and health outcomes rather than simply paying providers for the number of services delivered. One example is the Accountable Care Organization (ACO). In an ACO, physicians, hospitals, and other healthcare professionals work together to coordinate care for a defined patient population. When an organization meets quality requirements and spends healthcare resources more efficiently, it may share in the resulting Medicare savings (CMS, n.d.).

Coordinated care can be particularly beneficial for patients with several chronic illnesses. A patient with diabetes, heart disease, and kidney complications may receive services from primary-care providers, specialists, pharmacists, laboratories, and hospitals. Without coordination, the patient may undergo duplicate tests, receive conflicting instructions, or experience medication errors. Better communication among providers can reduce these problems.

The ACA also protects important Medicare benefits and expanded access to selected preventive services. In addition, it contributed to reforms intended to reduce avoidable hospital readmissions, improve the monitoring of healthcare quality, and encourage providers to focus more closely on patient outcomes.

Small businesses may also qualify for federal tax credits when they meet specific requirements and provide health insurance to employees. These credits can reduce part of the employer's premium expense. However, eligibility depends on factors such as the number of employees, average employee wages, and the employer's contribution to premiums. Therefore, not every small business automatically receives assistance.

Although the ACA includes cost-control measures, it has not made healthcare inexpensive for every household. Premiums and deductibles can remain burdensome, especially for people who do not qualify for substantial financial assistance. For 2026, CMS projected significant premium increases in parts of the individual insurance market. Eligible consumers could still receive tax credits, but people who did not qualify for those credits were more directly exposed to higher premiums (CMS, 2025).

Therefore, the ACA's effect on cost should be evaluated carefully. It improved affordability for many subsidized consumers and reduced the financial risk created by major illnesses. However, affordability remains a serious challenge for some families.

Healthcare Transformation: The Affordable Care Act and More

The Affordable Care Act has brought many health benefits to Americans despite its limitations. For the Act to function effectively, healthcare organizations have had to improve or change the way they deliver services. These changes include stronger care coordination, greater attention to prevention, expanded electronic information systems, quality measurement, and increased cooperation among healthcare professionals.

Traditionally, healthcare payment often rewarded the quantity of services. A provider or institution received payment for each visit, procedure, test, or hospitalization. This model could encourage fragmented care because each service was treated separately. The ACA supported a gradual movement toward value-based care, in which payment and performance are more closely connected to quality, patient safety, efficiency, and health outcomes.

The Act also encouraged greater attention to primary care. Primary-care professionals can manage chronic diseases, provide vaccinations, screen for health risks, counsel patients, and refer them to specialists when necessary. When patients have reliable primary care, they may be less likely to delay treatment until a condition requires emergency hospitalization.

Community health centers play an important role in this transformation. These centers provide medical, dental, behavioral-health, substance-use, and other services in underserved communities. In 2024, more than 32.4 million people received care through Health Resources and Services Administration-funded health centers. Approximately 90% of those patients had incomes at or below 200% of the federal poverty level (Health Resources and Services Administration [HRSA], 2025).

During the same year, health centers provided approximately 139.4 million visits. They also delivered millions of screenings for breast, cervical, and colorectal cancer and provided mental-health services to approximately 3 million patients (HRSA, 2025). These services demonstrate how insurance reform and community-based healthcare can work together.

The ACA is not perfect, and healthcare transformation did not begin or end with the law. Nevertheless, it accelerated changes in how health systems approach prevention, accountability, population health, and care coordination. Its effects are visible not only in insurance enrollment but also in how hospitals, clinics, nurses, physicians, and public-health agencies organize their work.

Important Elements of the Affordable Care Act

The ACA aims to bring the country closer to broad health coverage. Achieving this goal requires shared responsibility among the federal government, state governments, employers, insurers, healthcare providers, families, and individual consumers.

The following table summarizes several major elements of the Act and their effects on communities.

ACA element	Main function	Community and public-health effect
Health Insurance Marketplaces	Allow consumers to compare and purchase private plans	Expands coverage options for people without affordable employer insurance
Premium tax credits	Reduce premium costs for eligible households	Makes insurance more affordable for qualifying families
Medicaid expansion	Extends eligibility to additional low-income adults in participating states	Improves access to primary, preventive, and chronic-disease care
Pre-existing-condition protections	Prevent health-based denial or higher pricing in covered markets	Improves continuity and security for people with serious illnesses
Dependent coverage to age 26	Allows young adults to remain on a parent's plan	Reduces coverage disruptions during education and early employment
Preventive services without cost sharing	Covers specified screenings, counseling, and immunizations	Encourages earlier detection and disease prevention
Essential health benefits	Requires specified plans to cover major categories of care	Creates a minimum level of comprehensive coverage
Care-delivery reforms	Encourages coordination, quality measurement, and value-based care	May reduce fragmented treatment and improve outcomes
Prevention and Public Health Fund	Supports public-health and prevention activities	Strengthens population-level disease prevention and health promotion

ACA element	Main function	Community and public-health effect
Community health-center support	Expands care in underserved areas	Improves access for low-income, rural, and uninsured populations

The law also emphasizes fairness and transparency. Consumers must receive clearer information about what a plan covers and what they may be required to pay. Insurers are restricted from canceling coverage simply because a person becomes ill, and consumers have rights to appeal certain coverage decisions. The law also protects access to mental-health and substance-use services within applicable essential-benefit requirements (HealthCare.gov, n.d.).

These protections improve public confidence in health insurance. A person who fears that coverage will disappear after a serious diagnosis may avoid treatment or face severe financial distress. Stable coverage allows patients to plan care more effectively.

How the ACA Affects the Entire Community

The effect of the ACA extends beyond individuals who purchase Marketplace insurance. When more residents have coverage, the entire community may benefit through earlier treatment, reduced uncompensated care, a healthier workforce, and stronger local health institutions.

Greater Access to Primary Care

Health insurance allows more people to establish relationships with primary-care providers. Regular primary care supports vaccination, screening, reproductive healthcare, chronic-disease management, medication monitoring, and health education.

A person without insurance may delay visiting a physician because of cost. By the time treatment is obtained, a manageable illness may have developed into a medical emergency. The cost of that emergency may then be transferred to the hospital, government programs, insured patients, or the wider community.

Better Management of Chronic Diseases

Chronic diseases such as diabetes, hypertension, asthma, and heart disease require regular monitoring. Insurance coverage can help patients obtain medications, laboratory testing, follow-up appointments, and specialist care.

The public-health effect is important because poorly managed chronic illness can lead to disability, reduced productivity, preventable hospitalization, and premature death. Community health centers reported that more than 3.6 million patients had controlled hypertension and more than 2.2 million had controlled diabetes in 2024 (HRSA, 2025).

Support for Rural and Underserved Communities

Rural communities frequently experience shortages of physicians, hospitals, mental-health professionals, and specialists. Insurance expansion alone cannot create providers in every underserved location, but coverage can support the financial stability of local clinics and hospitals by reducing the amount of care delivered without payment.

In 2024, HRSA-funded health centers served approximately one in five rural residents. These centers can provide an important connection between insurance coverage and actual healthcare access.

Protection for Families

Serious illness can affect an entire household. When one family member develops cancer, experiences a major accident, or requires long-term treatment, medical expenses may threaten housing, education, food security, and savings.

The ACA's consumer protections reduce some of this risk. The prohibition against denying coverage because of pre-existing conditions is especially important for families with children or adults who require continuing treatment. The dependent-coverage provision also allows families to support young adults during a financially uncertain stage of life.

Reduction of Health Inequalities

The ACA has contributed to coverage gains among groups that historically experienced higher uninsured rates. However, inequalities have not disappeared. Coverage continues to differ according to race, ethnicity, income, citizenship status, employment, age, and state policy.

The difference between Medicaid-expansion and non-expansion states demonstrates how policy decisions can shape community health. Residents with similar incomes may have different coverage opportunities simply because they live in different states. This uneven implementation limits the ACA's ability to achieve near-universal coverage.

The ACA and Public Health

Public health focuses on protecting and improving the health of populations rather than treating only

individual illnesses. The ACA affects public health by supporting prevention, community programs, health education, and early intervention.

The Act established the Prevention and Public Health Fund, the first mandatory federal funding stream specifically dedicated to improving the nation's public-health system. The fund has supported activities related to immunization, disease surveillance, chronic-disease prevention, epidemiology, and public-health infrastructure (CDC, 2024).

Preventive services also produce community-wide benefits. Vaccination protects not only the person receiving the vaccine but also vulnerable people who may be unable to receive it. Tobacco-cessation services may reduce heart disease, cancer, respiratory illness, and exposure to secondhand smoke. Screening programs can identify communicable diseases and certain cancers earlier.

The ACA therefore connects clinical care with population health. Insurance coverage helps individuals enter the healthcare system, while public-health investments address broader patterns of disease and prevention.

The Role of Nurses Under the Affordable Care Act

Due to the increased number of patients entering the healthcare system, nurses have been encouraged to take more active roles in patient care. Nurses are often the healthcare professionals who spend the most time communicating directly with patients and families. They explain diagnoses, medications, preventive recommendations, follow-up instructions, and available services.

Nurses can inform patients about insurance options and refer them to trained enrollment specialists or community resources. However, they must avoid providing inaccurate legal or financial advice. Their main role is to help patients understand how access to coverage can support preventive care, treatment adherence, and continuity of care.

Nurses also contribute to the ACA's quality and cost objectives by:

- Coordinating care during hospital discharge.
- Teaching patients how to manage chronic illnesses.
- Identifying barriers to medication adherence.
- Conducting health screenings.
- Promoting vaccination and preventive care.
- Monitoring patients for complications.
- Supporting community-health programs.
- Participating in quality-improvement projects.
- Helping prevent avoidable hospital readmissions.
- Advocating for vulnerable patients.

Advanced-practice registered nurses can further improve access by delivering primary and specialty services, particularly in communities with shortages of physicians. However, their authority and scope of practice vary by state.

The role of nurses demonstrates that healthcare reform depends on more than insurance cards. Patients must also receive clear information, timely appointments, culturally appropriate care, and practical assistance in managing their health.

Challenges and Limitations of the ACA

Although the ACA has expanded coverage and consumer protections, several challenges remain.

First, insurance coverage does not guarantee immediate access to a healthcare provider. Some communities lack sufficient physicians, nurses, mental-health specialists, dentists, or hospitals. Patients may have insurance but still face long travel distances or appointment delays.

Second, premiums, deductibles, copayments, and coinsurance can remain expensive. A family may technically have insurance while continuing to delay care because it cannot afford the deductible.

Third, provider networks may restrict which doctors or hospitals a patient can use. A low-premium plan may include a narrower network, requiring patients to balance affordability against provider choice.

Fourth, the refusal of some states to expand Medicaid has created continuing coverage gaps. Adults may earn too little to qualify for Marketplace subsidies but fail to meet their state's more restrictive Medicaid requirements.

Fifth, changes in political leadership, legislation, regulations, and court decisions can create uncertainty. The ACA has been amended and challenged repeatedly since 2010. Therefore, its precise operation continues to evolve.

Finally, health insurance cannot independently solve the social conditions that shape health. Housing, education, employment, food access, environmental safety, discrimination, transportation, and neighborhood resources also affect health outcomes. The ACA is an important health policy, but public health requires broader social and economic action.

Conclusion

The Affordable Care Act has affected the entire community and public health by expanding insurance options, strengthening consumer protections, supporting preventive care, reforming healthcare delivery, and investing in community-based services.

Its major features include the Health Insurance Marketplaces, premium tax credits, Medicaid expansion, protection for pre-existing conditions, dependent coverage until age 26, preventive services without cost sharing, essential health benefits, and quality-improvement programs.

The law has helped millions of Americans obtain long-term health coverage. Approximately 23 million consumers selected Marketplace plans for 2026, while more than 74 million people were enrolled in Medicaid and the Children's Health Insurance Program in March 2026 (CMS, 2026a, 2026b). However, the ACA has not eliminated all problems involving healthcare cost, provider access, insurance complexity, or unequal coverage among states.

The ACA affects communities because healthcare is not only an individual matter. When people receive preventive care, manage chronic illnesses, obtain timely treatment, and avoid financial ruin from medical expenses, families and communities become more stable. Healthcare providers also benefit when patients can obtain regular care rather than relying primarily on emergency services.

Nurses play a central role in this system by educating patients, coordinating treatment, promoting prevention, and connecting vulnerable people with appropriate services. Their work helps translate the law's insurance provisions into actual improvements in patient and community health.

Overall, the ACA represents a major transformation of the American healthcare system. Although it requires continued improvement, it has expanded access, established important patient protections, and strengthened the connection between healthcare coverage, community wellbeing, and public health.

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