

## Adoption versus Replacement: “Obamacare” at Crossroads

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**ABSTRACT:** *Conservatives tend to oppose any attempt at reforming the American healthcare system. This ideologically based objection witnessed a remarkable increase after the enactment of the Affordable Care Act (ACA), nicknamed "Obamacare." The present paper will mainly discuss and analyze both the genesis of the political polarization over the ACA and its potential destiny. In tackling the issue of polarization over Obamacare as a case study, this article will employ the Lakoffian Metaphor Theory. This latter differentiates between the conservative and liberal moral worldviews by a metaphor of "nation as family" where the strict father stands for the conservative mind and the nurturant parent represents the liberal thought. Hence, this paper seeks to explore the reasons that lie behind the liberals' tolerance and conservatives' antipathy towards Obamacare. It draws the conclusion that the conservatives' strenuous efforts to reform some provisions of the ACA were achievable, yet the pursuit of repealing the whole law was not an overnight issue.*

**KEYWORDS:** Conservatism, Ideology, Liberalism, Morality, Obamacare, Politics.

## **Introduction**

The ideological opposition to the policies of the party in office, especially those concerned with welfare state, is not something new. In this regard, as early as the Affordable Care Act got enacted and signed into law in March 2010, the conservative strenuous attempts at boldly reforming – or even totally invalidating – the law never stopped. The weaknesses associated with the ACA were not only reflected with the 2016 election aftermaths, but also in the superficiality that characterized its political background. Apart from the ACA's remarkable achievements, it faced several hurdles to set it into motion and encountered obstacles to accomplish its declared objectives. Accordingly, the bill did not receive a large public sympathy or effective and regular lobby, it lacked real consensus among states to be implemented, and was – from its inception – at the center of ideological and partisan debates and controversies. These major factors – and some others – made the decision-makers both at the White House and Congress think of putting an end to the ACA rather than simply reforming it. The ACA's fate as a case study cannot be separated from the long-lasting partisanship over welfare programs as it lies at the heart of liberals' and conservatives' principled policy choices. This issue of pro- and anti-Obamacare alignment led to generate a recurrent question about the liberals' unconditional advocacy of the bill, conservatives' desperate attempts at repealing its implementation, and the potential social impact of invalidating the law. This research makes George Lakoff's "nation-as-family" notion apparent through the idea that the liberals' position stems from their commitment to nurturant and tolerant parent model whereas the conservatives' attitude is attributed to their conformity with strict and severe father. In joining theory with empiricism, this article is divided into two essential parts. First, the paper will insert a theoretical framework for the Lakoffian two family-based models representing liberals and conservatives. Second, it will offer conceptual substance of both the vehement disputation over the ACA's destiny and its potential effects, which upholds the notion that both liberals and conservatives were

not simply committed to pure partisanship but derived their positions from principled policy choices and disparate moral convictions.

### **Family-Based Morality: A Theoretical Framework**

To explain the conservatives' and liberals' systems of thought, the works of the cognitive linguist George Lakoff introduced a "Metaphor Theory." This latter portrays the American ideological spectrums in a family microcosm. In this family, the nurturant parent represents the left-wing adherents and the strict father stands for the right-wing trends. While the former demonstrates empathy and tolerance, the latter prioritizes individuality and self-responsibility. To explore the political discourse concerned with the destiny of the Affordable Care Act, this paper employs the family-based morality to refer to both liberal and conservative ideologies. While conservatives tend to think of the world as a dangerous and difficult place where we struggle to live and survive, liberals incline to think and talk about it in terms of attempting to change it to be a convenient and good place for people, their families, and upcoming generations (Lakoff 2004, 12).

The liberal principle of "morality as nurturance" requires that you treat others as you would like them to treat you. Besides, the nurturant parent's "morality as empathy" involves sharing the vulnerable persons their hardships, concerns and yearnings (Lakoff 1995, 198). According to the nurturant parent moralists, children need protection from external dangers. This responsibility of protection lies at the heart of the parent's duty towards his weak and vulnerable family members. The chief objective is to realize his children's needs and maintain their satisfaction in life. Consequently, the rule of mutual cooperation and shared contribution to each other's advantages helps lead those satisfied persons to be nurturant society members by themselves in the future (Lakoff 2016, 109). This worldview pushes liberals to seek adopting nurturance instead of dominance. Hence, it makes them pursue both the promotion of

collaboration rather than competition, and the prioritization of respect over neglect (Lakoff 2016, 113).

Contrariwise, conservatives have an inclination to cling to the idea of "moral strength" as a determinant of survival in a harsh and difficult world. Therefore, they argue that self-reliance, self-discipline and strength reflect the morality of the action and person (Lakoff 2004, 12). In the conservative mind, the danger and difficulty of life comes from the danger and competitiveness of the world we are living in. Therefore, success and failure are inherent facts that make an impetus for us to seek to be survivors and winners rather than weak and losers (Lakoff 2004, 07). In this respect, Lakoff highlights the conservative emphasis on and recurrent referring to the Darwinian notion of "survival of the fittest." This reflects the perception leading conservatives to go very far in justifying the pursuit of individual best interest and the non-existence of community bonds or social responsibility (Lakoff and Wehling 2012, 121).

The principle of "morality as strength" perceives the world as a scene of war conducted by good agents against evil powers. In a battle ground, one must fight mercilessly against the competitor's warfare. This adversary's ideas deserve no respect or sympathy, but scorn and resistance. Accordingly, the conservative model of strict parent morality prioritizes moral strength over empathy, which is remarkably overridden (Lakoff 1995, 206). Conservatives have an inclination to employ the expression "cultural elite" to reflect some sense of superiority and to associate superior culture with the strict father morality. For them, this elite that shows a conformity with conservative system of thought is the one that should receive approval and acclaim, whereas the non-compatible "cultural elite" that challenges the conservatives' values and perception of social order is considered immoral and ultimately should receive opposition and removal attempts (Lakoff 1995, 240).

## **The Persistence of Ideology in the Fate of "Obamacare"**

### **A) ACA Advocates: Emotionally Loaded or Fact-Centered Attitude?**

After being nominated for presidency by the Democratic Party in 2008, the candidate Barack Obama stressed the desperate exigency to include everyone in America with the health insurance coverage. This tendency towards universalizing access stemmed from the concern over the high number of uninsured citizens which reached 50 million in the pre-Obamacare period (Mahboub 2020, 44). Daniel Ein and Akilah Jefferson reveal:

By 2008, with an economy teetering on the edge of collapse and health care costs continuing to skyrocket, putting American business at a competitive disadvantage in an increasingly globalized world economy, and a Democratic White House enjoying majorities in the House of Representatives and the Senate, the time seemed right to finally achieve the goals that had eluded policy makers for 100 years (2014, 06).

Ein and Jefferson's statement above reflects the idea that the Obama team, backed up by liberal groups, was to keep seeking a universal health care plan that previous Democratic administrations eagerly sought to achieve. Therefore, the ACA aimed primarily at regulating the health care market, broadening its coverage and multiplying the number of its beneficiaries. In this regard, Obama intended to adapt health care to be a guaranteed funding program, to protect American people from the abuses of the insurance companies, and to provide more affordable insurance and control on costs.

For the liberal nurturant parent model, children need protection from external threats and dangers. Such protection is a parental duty and responsibility towards innocent and weak children. The major objective behind such a desirable nurturance is to help children meet their needs and realize their joy in order to prepare them to play the same role with the ones who will be under their familial and communal responsibility later

on. Hence, getting one's needs met and well-being fulfilled helps generate new and consistent empathetic, nurturing and cooperative family and society members (Lakoff 2016, 109). Besides, Obama's charismatic leadership and inspirational personality played a key role in the mobilization for his plan. In this regard, the president's ability to spread the values of hope and optimism among the masses had its roots in his professional and political experience. Obama worked for a local church in Chicago where he actively organized religious community members. Besides, he served as an editor of a law review and a grass-roots militant defending civil rights and fighting both racial and social discriminations. Moreover, Obama was a senate both at the state and federal government levels (Odom et al., 2011, 331).

All these factors together helped make the ACA a reality after a long time of Democratic endeavor. Michael McCarthy depicts the bill in the Democratic and liberal views as:

The bill would have allowed people of opt out of Medicare, Medicaid, and other group plans, and receive tax credits to help buy personal plans. Tax credits would help cover the cost of premiums and people would have tax free health savings accounts to cover out-of-pocket costs. These accounts, proponents say, would let people buy lower cost, high deductible plans to cover major medical expenses while drawing upon their savings to pay for routine care. Such reforms, advocates say, would make people more cost conscious, leading them to shop for cheaper plans and care. This, in turn, would spur innovation in the healthcare industry, leading to lower prices and improved services (McCarthy 2016, i6469).

McCarthy's quote indicates the ACA's efforts to secure an unprecedented expansion of eligibility for the federal health care plans. The objective was to include the biggest possible number of vulnerable people. This step reflects a sense of utilitarian endeavor to reach everyone in society and leave no one behind. On the other hand, conservatives

expressed their displeasure with the considerable government spending on the ACA in a time the nation was hit by one of the most severe economic crises in its entire history. Accordingly, it was among the habits of conservative adherents to associate the American debt with what they considered as needless generous government expenditure on the welfare state that cost the nation's budget large amounts of money and contributed to its economic burdens. As a response, they proposed putting an end to this sort of wasteful spending.

The Obama plan to expand healthcare access received both acclaim and criticism from the different political activists (Mahboub 2021, 464). The ideological conflict between liberals and conservatives in the health care field is not a new event. The battle of health care reform and national care agenda has long characterized the American politics starting from Theodore Roosevelt; going through Franklin Roosevelt, Richard Nixon, Barack Obama, and reaching the Donald Trump administration (Choma et al., 2018, 01). In the legislative step that preceded the enactment of the Social Security Act in 1935, the Roosevelt team had proposed inserting a provision concerned with national health insurance but this step was left behind shortly later due to the potential debate it would generate and the enormous impact it would have on the whole Act (Faguet 2013, 20).

The harm that might be inflicted upon Americans after the repeal of the ACA gave liberals an upper hand in the discussions about the fate of the law. Accordingly, Obamacare targeted certain benefits to provide them to health care seekers, including providing coverage for medical centers, physicians' care, preventive care and contraceptive services. All these procedures would vanish in the air with the Republican repeal of the ACA and promotion of free market version of health care. Still, Republicans might avoid inciting the public opinion by resorting to keeping the directives that ensure health coverage to vulnerable individuals with preexisting conditions and maintaining the coverage of young adults under their parents' insurance till they reach 26 years old. However, these two

social categories would suffer more because officials will shift some of the financial burdens to them. Accordingly, extra premiums would be paid by households with children less than 26 years old, while patients with preexisting conditions would find themselves obliged to engage in precarious government-funded high-risk pools that require considerable subsidies and receive straight vehement criticism by states' policymakers (Goozner 2017, 130).

In this respect, a 2017 research revealed that the Republican legislative attempts to put an end to the ACA generated a counteract support to the law recording 50%, the highest rate since the bill's inception a couple of years ago (Kirzinger et al., 2016). This considerable support was largely Democratic gained as more than three fourths of the favorable voices were expressed by Democrats compared to one fourth of the interviewees were Republicans. Apart from the street division that reflected the long-standing ideological rivalry, Republican attempts in Congress to fully repeal Obamacare never stopped (Choma et al., 2018, 01). The reason might be that the conservatives do not like making compromises and prefer sticking to their positions as figure 01 demonstrates.

*% who say they like elected officials who...*

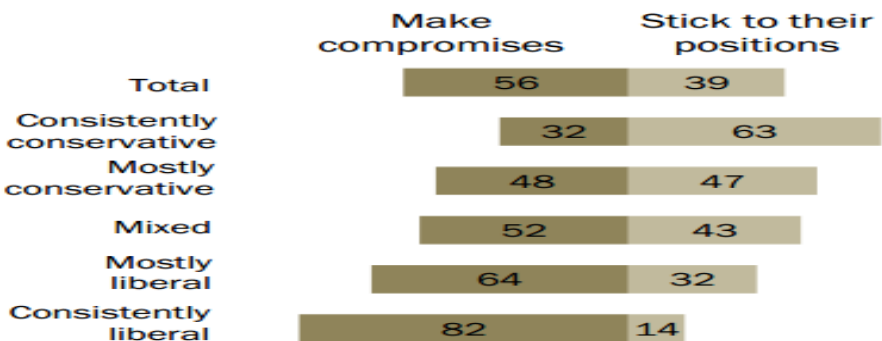


Figure 1. Consistent Liberals Like Compromise in Principle



These numbers show that when things were not moving forward in the political process, the majority of Americans expressed their desire that President Barack Obama and Republican representatives should meet halfway and make compromises in dealing with most important issues that have a direct impact on the American nation and people. Yet, most consistent liberals favored politicians who tend to compromise, whereas most consistent conservatives preferred leaders who stick to their attitudes. In fact, the ACA's pledge to universalize insurance coverage fell short of promises due to certain factors. To begin with, the Supreme Court's decision to leave the choice to states either to expand Medicaid or not, away from the supervision of the federal government, left around 4.5 million poor and low-paid Americans out of coverage. Then, for several eligibility requirements, many people resorted to paying penalty instead of buying insurance provided by private profit-led insurers. Next, over 42% were uninsured because they were not allowed to receive subsidies or purchase insurance under the "exchange" channel (Rice et al., 2018, 05).

It is apparent that liberals acted in favor of the protection of the vulnerable categories determined by the nurturant parent model. Just like the parent who is responsible for the protection of his children, the government similarly has a duty of protection toward its citizens. Accordingly, relevant studies show significant levels of satisfaction among health care consumers under the ACA.

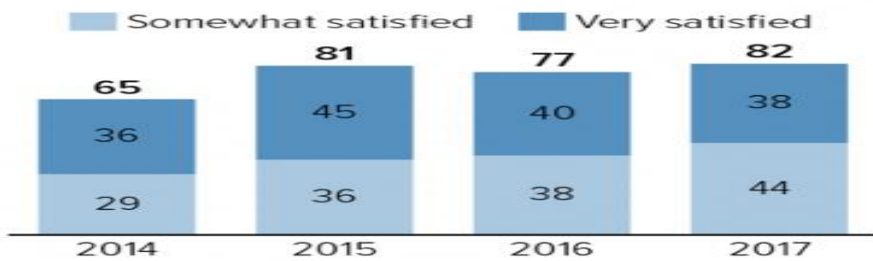


Figure 2. Most Marketplace Consumers Are Satisfied With Their Coverage

The graph illustrates the gradual rise of consumers' satisfaction with their coverage throughout the years that witnessed a full implementation of the ACA provisions. The satisfaction rate which was high in 2014 (by 65%) and reached the summit in 2017 (by 82%) was mostly due to the ACA subsidies that allowed consumers to buy coverage they needed and the general level of medical interventions and health facilities. The unprecedented satisfaction with Obamacare in 2017 helped undermine a number of attempts at putting an end to the law.

The ACA defenders emphasized the substantial burden on the American citizens in the absence of the law's expansive healthcare plans. The cost savings of Medicare under Obamacare will end up providing less and less benefits to beneficiaries under this welfare program through the gradual reduction of access. Hospitals, medical institutions, nursing care facilities, and homes providing care for the terminally ill patients will receive fewer earnings from the wide range of medical services they deliver. Even the payment system that preceded the ACA used to allocate certain amounts of money to pay for these same activities and services. Thus the continuity of providing care with poor financial contributions will cause many health-related facilities to abandon their taking part in the Medicare program. Such a tendency will generate a wide range of access problems for the elderly enrolled in this program due to the reduction in the number of providers who continue to provide services in virtue of Medicare (Maga and Lewis, 2014, 62).

In the time when Employer-Sponsored Insurance (ESI) formed the sole health coverage option, the aged and the poor formed the majority of uninsured population, with 50% of the elderly receiving no coverage in the onset of the 1960s decade, and most of the poor Americans were with no employment opportunities. In the meantime, President Lyndon Johnson – backed up by significant Democratic majority in Congress – addressed the hardships of these two social segments – the old and the poor – by establishing Medicare and Medicaid, largely funded by tax-payer

contributions. Still, the Great Society's policies left a considerable number of American households without health care support, especially those with part-time, low-income jobs and temporarily employed parents. These socio-economic drawbacks rose remarkably over the next decades (Goozner 2017, 124). Therefore; the liberals might argue that any limitation of the ACA will certainly help recreate the old undesirable scenario of insurance shortage among Americans.

As a matter of fact, disapproval of the bill was not limited to Republican politicians. The nominees of the Democratic Party for presidency Hillary Clinton and Bernie Sanders expressed their intention to abandon portions of the ACA, particularly its ESI provision planned to start working in 2018. But, the bill's directives under this provision helped minimize the skyrocketing health care prices, and abolishing these instructions would jeopardize the ACA's continuity. Besides, Sanders' policy revolved largely around repealing Obamacare and replacing it with a more inclusive single-payer approach to ensure real health coverage universality (Burgin 2015, 01). Though Obamacare massively succeeded in curbing the growth of uninsured rates in America, underinsurance went on to characterize the ACA era. A large portion of population was resorting to out-of-pocket spending for health care services, particularly with the increase of deductibles (Oberlander 2016, 1309). Regarding this issue, the Democratic presidential candidate Hillary Clinton came up with a proposal for the benefit of individuals and households with substantial out-of-pocket expenditure, in virtue of which they receive a refundable tax credit, as well as managing to mitigate the financial burden of prescriptions and drugs for people with periodic and chronic diseases (Oberlander 2016, 1310).

Large insurance firms expressed their decline to keep taking part in the exchanges due largely to economic losses, unprofitability, and the risk pools of persons who proved to be unhealthier and more costly than was expected. These corporations included "UnitedHealthcare," "Aetna" and

“Humana.” Significantly, the decline of these private insurance corporations to participate in marketplace exchanges opened the door for a large Democratic reform they had long been fighting against: the establishment of a government-run Medicare-like insurance plan that stands for the public sector and would engage in a competition with the private one to win the marketplaces. This proposal formed one of the Hillary Clinton's promises. Another suggestion Clinton presented was to lower the age of Medicare enrollment to 55 years old instead of 65. In order to convince reluctant states to accept Medicaid expansion, and therefore include other millions of those uninsured, Clinton expressed her intention to make the federal government funding broader than the ACA as she pledged to cover all the expenses that states need for Medicaid expansion for the first three years of its adoption (Oberlander 2016, 1310).

From the discourse of the liberal adherents and their support to the ACA's continuity and maintenance, it appears that the influence of the nurturant parent was apparent on the liberal political ideology. This ideology focuses upon the values of cooperation, mutual interaction and care for others. In such a liberal environment dominated by a nurturant parent, liberals emphasize the significance of both positive relationships to other people and contribution to the advantages of the larger society. Yet, the ACA's progressiveness formed a controversial issue for the conservatives. The Pew Research Center reveals that it seems to be difficult to bring about a real political compromise between liberals and conservatives. The difficulty comes from the ideological disputation over some issues and "because those at opposite ends of the ideological spectrum see less benefit in meeting the other side halfway" (Dimock et al., 2014, 56). The tendency to adopt ideologically-driven stubborn, antagonistic and intolerant attitudes toward the other positions expressed themselves in the refusal of the extreme conservative-dominated House of Representatives to meet President Obama halfway or reach a compromise in 2010 (Lakoff and Wehling 2012, 50). This opposition went on to

characterize the Obamacare period through the conservative attempts at putting an end to the law.

### **B) Obamacare Opponents: Principled Policy Choice or Mere Partisanship?**

In a publicly televised presidential debate, Hillary Clinton and Donald Trump – the two presidential nominees of the Democratic and Republican Parties, respectively – expressed their different positions over the fate which the ACA will go through. While Clinton pledged to maintain the bill with inserting a couple of reforms, Trump emphasized his commitment to repeal Obamacare and come up with more affordable substitute legislation (Lenzer 2016, 355). In fact, the voices that incited a total repeal of the ACA outnumbered the ones seeking redress. This tendency to block Obamacare dates back to the early years of the law's enactment and implementation as figure 03 shows.

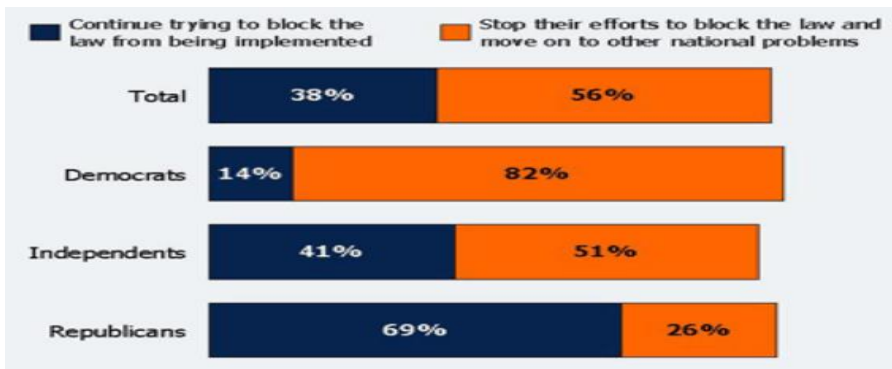


Figure 3. Majority Want Opponents to Move On; But Most Republicans Still Want to Stop ACA

The graph reveals that though the total public opinion (56%) was for moving forward and stopping the efforts to block the ACA, the pressure to seek a whole repeal of the law was very strong among Republicans (69%) and, albeit in less rates, among Independents (41%). This divided public opinion helped surge the ideological dispute. In this concern, the extreme conservatism was predominantly shaping, though not overwhelmingly,

most of the Republican discourse on the conservative-moderated mass media. Yet, the dominance of extreme conservative-oriented language, with a lack of real moderate counterpart of liberal-directed discourse, helped it impose such extreme positions as a *status quo* and gave it the upper hand to reframe the healthcare debate to serve the conservative orientation (Lakoff and Wehling 2012, 46).

Among the terms that conservatives had a tendency to employ was the "cultural elite." This latter reflects a sense of superiority linked to strict father morality. For them, the superior elite that is harmonious with the conservative perception of the world is the one that is worthy of approval and praise. In contrast, the cultural elite that contradicts the strict father thought and frames of social order is immoral and deserves resistance and opposition (Lakoff 2016, 240). Accordingly, it is generally true that bitterly contested issues have a habit of generating substantial opposition from the rival party, but conservatives showed more tendencies to express antipathy than liberals did. In this respect, as much as 66% of allegiant conservative Republicans inclined to perceive Democrats as a real jeopardy to the U.S. well-being, whereas 50% of liberal Democrats shared similar attitudes towards Republicans. These rates went higher among the far right-wing conservative Republicans with almost 50% considering the Democratic Party as a threat, compared to slightly above 20% of left-wing liberal Democrats who held this antagonistic view towards their Republican counterparts (Dimock et al., 2014, 39).

The Lakoffian principle of "morality as strength" adopted by the strict father moralists has a tendency to perceive the world in terms of struggle and war where good agents fight against the evil powers. In such a fierce war, one must combat the forces of evil mercilessly. The immorality of the adversary's ideas deserves no respect or empathy, but disdain and hostility (Lakoff 2016, 74). Accordingly, there were a number of trajectories followed by the Trump administration to dismantle the rival's law. In certain circumstances, budget reconciliation can be followed

to thwart some contested legislations. This procedure formed one of the most likely options for the Republican team to act against many ACA provisions – particularly the exchange marketplaces – instead of targeting the whole bill. Some other provisions that generated a widespread displeasure among Obamacare detractors, and formed the most targeted regulations, were the mandates that required everyone to purchase insurance and employers to give insurance coverage, otherwise both parties get penalized.

The Trump administration and his Republican Party in Congress launched serious attempts to replace the ACA health plans – which they considered as overwhelmingly regulated, supervised, and moderated by government through subsidies – with new plans away from government intervention. In virtue of these new schemes, the deregulated private market undertakes the task of promoting competition among insurers and, therefore, providing health coverage for sale to consumers with no consideration to employment status. This procedure would diminish government regulations and prompt corporations to provide their products in states without proper registration or coverage arrangements (Goozner 2017, 130). There are a number of trajectories intended to follow by the Trump administration to dismantle Obamacare. Among the most prominent plans was to work on exacerbating the already existing ACA instructions that proved to be costly as premiums are going up, risk pools lack protection for those too sick people, and the host of insurers quitting the ACA's marketplaces. Moreover, Republicans in office could push insurers to withdraw from Obamacare exchange plans through putting an end to the federal reimbursement for the reductions of cost sharing provided by insurance companies to low-paid individuals. In so doing, insurance marketplaces would be considerably destabilized and insurance firms would largely quit the exchanges (Oberlander 2016, 01).

The strict father adherents also frame an action's morality through moral bounds. These bounds, for them, set the boundaries for good agents

to act accordingly. People who deviate from these boundaries established by society help lead other society members go astray and create new pathways for acting against the existing conventional rules that determine good and evil (Lakoff 1995, 188). Accordingly, in an attempt to revolt against the liberal deviation from strict father frames, President Trump resorted to appointing a vehement conservative opponent to the ACA known as Tom Price, as secretary of Health and Human Services (HHS). The newly nominated secretary had long been longing for putting an end to Obamacare either through repealing or thwarting it by preventing it from continuing to receive financial support. Through this major appointment, President Trump made it clear that he planned to go ahead with his promise to abolish and replace Obamacare, and to carry out new reforms of Medicaid and Medicare under the supervision of prominent Republican leaders in Congress. With an allocated huge budget surpassing \$1.1 trillion, HHS is the U.S. Department administering the federal agencies concerned with health care. In line with his Republican affiliation and conservative convictions, the newly nominated HHS secretary Tom Price defended the concepts of minimizing government intervention in health care issues, reviving the market-led channels to be moderated by states' governments and curbing the federal government's excessive regulations. In his previous position as a legislator, he had announced to abolish the whole ACA and presented a bill instead overriding the insurance coverage provided to around 15 million Americans thanks to the Medicaid expansion (McCarthy 2016, i6469).

This bill also sought to abolish a host of Obamacare directives regulating the health insurance industry and monitoring the function of insurance companies. The thwarted instructions involved the requirement of enabling maternity care for patients. The counteracting legislation induced population to withdraw from federal plans including Medicaid and Medicare, and resort to purchasing single plans through tax credits offered. In fact, there were some modest Republican suggestions to modify some provisions of the ACA and keep others such as Medicaid program which



received acclaim after succeeding in covering millions of previously uninsured population and Medicare program which left many Republican legislators wary about any attempts of replacing it. Yet, Price's bill formed a radical attempt to wholly repeal the ACA (McCarthy 2016, i6469).

Still, some ACA instructions were to be kept immune and irreplaceable. They involved the directive that younger than 26 years old persons could keep receiving health insurance under their parents' plans, and the regulation that protected individuals with preexisting conditions from insurers' discrimination (Oberlander 2016, 02). Another obstacle to anti-Obamacare decision-makers was the substantial number of those insured under the law's provisions. In this respect, over 20 million individuals started receiving insurance coverage thanks largely to Obamacare, many of whom were enrolled in Medicaid and many others were receiving insurance benefits due partly to federal subsidies in marketplace exchanges. This helped drop the uninsured rate to a significant level as figure 04 shows.

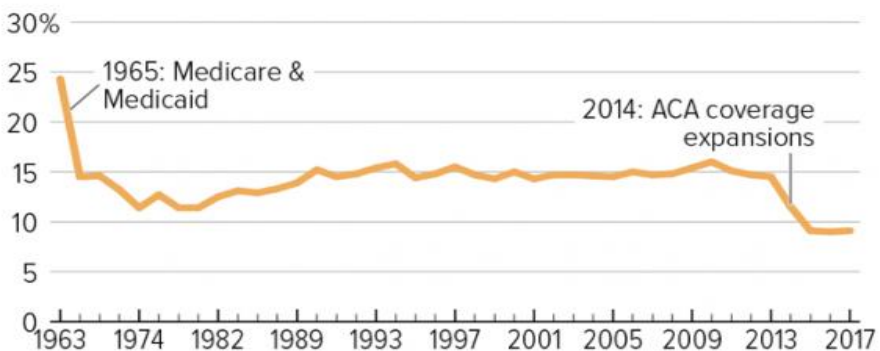


Figure 4. Affordable Care Act Coverage Gains Driving Uninsured Rate to Historic Low

The graph illustrates that the rate of the uninsured Americans went significantly down starting in 2014 (the year of full ACA implementation) reaching less than 10% for the first time since the enactment of Medicare and Medicaid in 1965, i.e. more than 20 million new individuals started

receiving health coverage. These unprecedented levels came as a result of the ACA's set of measures. Besides, cost control formed one of the greatest challenges for the Republican Party in its attempts at repealing the ACA. Dismantling those provisions without placing something in return would send back a significant portion of American individuals and households to the scourge of insurance deficiency and would, undoubtedly, generate fierce socio-political debates over the feasibility of these hasty regulations (Oberlander 2016, 02).

Despite the estimations that reveal the potential negative effects on American population, the Trump team went on in his endeavor to bring Obamacare into an end. Reports reveal that the ACA repeal would drive around 23 million individuals out of insurance coverage (Rice et al., 2018, 02). The American Health Care Act (AHCA) of 2017, commonly referred to as "Trumpcare," sought to give states the freedom to set their own health care regulations. Still, the states fund their health programs through resorting to cutting services or raising taxes. In his depiction of the attempts of the Trump team to repeal Obamacare, David Jones states:

This new chapter in US federalism is an extension and culmination of the past 7 years in which state capitals were a primary front in the battle to block implementation of the ACA. Except now the federal government is run by leaders who also oppose the ACA. Federalism is no longer just a vehicle for post enactment obstructionism but also an important component of their retrenchment strategy (2017, 472).

Jones' quote reveals that, in their health care reform attempts, the Trump administration along with the Congress Republican leaders were thinking about pathways for states to have a major role in reshaping the American health insurance system. Regardless of the Obamacare trajectories, states redefined the American health care system in conformity with their local rules. These modifications included giving state governments more flexibility to readjust Medicare and Medicaid services offered (Jones 2017, 470).

Some Obamacare detractors emphasized that the insurance marketplaces established by the ACA were demising due to their unsustainability. However, such claims reflected a massive overestimation of the bill's hurdles of implementation. In fact, these reports came as a reaction to the intention of UnitedHealthcare, the U.S. largest health insurance corporation, to withdraw from Obamacare's marketplaces in most states of America in 2017. The declaration of the firm came as a result to its losses in health care plans directed to be purchased by the population. Yet, the company was still making overall considerable profits reaching \$ 3 billion in the first three months of 2016 (Levitt 2016, 2156). The health insurance plans proposed by UnitedHealthcare were mostly expensive, and this is what pushed consumers away toward other more reasonable plans. Despite the views that emphasized the reduction of consumers' choices and the increase of premium cost with the withdrawal of UnitedHealthcare, this looked inaccurate. Since the plans offered by this company were not affordable for most consumers, its withdrawal from the marketplace did not have a major impact on premiums (Levitt 2016, 2157).

There were some reports revealing that Aetna, a large health insurance firm, was intending to withdraw from some of the ACA's health insurance exchanges. The same intentions were expressed by some other insurance corporations including Anthem. According to the companies, insurance exchanges in the health field were causing them considerable losses. In order to compensate for these losses, some firms had an inclination to increase premiums by 25% in 2017 (Reinhardt 2016, 1347). Yet, what mattered here was the fact that the companies' withdrawal was their own business rather than Obamacare's. In this respect, other key insurance firms, including Cigna and Anthem, revealed their satisfaction with the marketplaces as a means of distributing opportunity to all and as a place of fostering business atmosphere. In this regard, insurance companies that provided coverage to Medicaid recipients – such as Centene – reaped significant profits in the Affordable Care Act's marketplaces. Hence, insurers sought to confirm their ongoing

participation in the insurance providing process, if not to expand their contribution (Levitt 2016, 2156).

Strict father adherents emphasized the idea that a lot of individuals encountered several hardships to get insured due to the initial malfunctioning of online marketplaces and the inaccuracy of government pieces of information given to insurance companies about the insurance seekers and the previous enrollees. Importantly, the continuity of such difficulties would push more healthy people to avoid seeking coverage and this could deprive Obamacare from major source of revenues and threaten to thwart the whole enrollment process. Though the technical hurdles with the online inscription would gradually decrease and the function of the federal website would cope with the enrollment requests, the major long-term obstacle was the political resistance. Despite the passage of a couple of years since the ACA was set into motion, the Republican attempts to thwart the bill never receded. Accordingly, a number of efforts were led at the level of Congress to defund the legislation, lift the debt ceiling, and impose a government shutdown. The objection to the ACA application was not limited to the halls of Congress and Washington but moved on to include the states' resistance. In fact, under the 2012 Supreme Court's rule, states were given more flexibility to choose to expand Medicaid (Oberlander and Perreira 2013, 2469).

Yet, the disparities of states' performance raised the difficulties of implementing a true health care reform. The difference in terms of resources, revenues and population contributed to the states' variation in conformity with public health criteria. Still, although giving states more flexibility to commit to their health care regulations away from federal government intervention gave them the chance to be both innovative and creative, practically the federal health-related incentives and financial support went remarkably down (Jones 2017, 471). Besides, the Republicans encountered some difficulties at the level of the Senate. This latter required the majority of 60 votes to pass a given legislation

regardless of counter arguments, but the majority of Republicans in this House was only 51 senators. This led anti-Obamacare efforts and policy-makers to resort to legislative channels that considered less majority requirements in order to abolish major ACA's provisions (Oberlander 2016, 01).

With the passage of years, the ACA's embeddedness in the American health care arena became apparent. This issue raised questions about the ability – and prior to it the intention – of Republicans to repeal the ACA when President Obama left office in 2017. The Republican concept of Obamacare was that it was politically controversial and vulnerable from the early beginning as it lacked major public support needed for such bold initiatives and did not receive consensus as it had passed Congress exclusively with Democratic votes. Besides, Republicans perceived Obamacare as a range of incoherent policies, programs, and directives brought together to give credibility to a shaken legislation. As a response, states led by Republican and conservative governors put anti-obamacare plans and legislations to hinder the ACA motion and undermine its implementation. Besides, Republicans wanted to take advantage of the ACA's implementation timeline. Some provisions and regulations were planned to start functioning only in 2013, 2014 and 2015; and this prompted Obamacare detractors to incite its repealing before the bill's instructions get embedded and its advantages get distributed. Though the Republican and conservative attempts to prove that the Individual Mandate was unconstitutional – as it compelled people to engage in commercial issues – were thwarted by the Supreme Court's decision, this latter's rule of making Medicaid expansion flexible and optional for states highly limited Obamacare's horizons of insurance broadening. Still, on the ground, Obamacare was making a real progress. Accordingly, millions of Americans got the opportunity to receive coverage through the ACA's established insurance marketplaces. The extension of eligibility for Medicaid and CHIP by 28 states helped include other millions of vulnerable population and reduce the rate of those uninsured. As for the

satisfaction of the health care industry, it received millions of newly insured individuals who demanded more health care services and generated substantial revenues and benefits. All these factors together made the task of repealing the ACA very difficult and widely undesirable even after 2017 when Obama left office (Oberlander 2014, 2446).

Though reforming Obamacare was not a very remote option, but repealing the whole law seemed to be out of reach. In a few words, the health care trajectories could not be back to the pre-ACA situation. In the words of Jonathan Oberlander: "in practice, future repeal legislation would probably not scrap the whole ACA, but rather remove specific provisions and remake other policies to conform to a more conservative vision" (Oberlander 2014, 2446). Any alternative was unlikely to be able to abolish major ACA directives and lead to deprive young adults from insurance under their parents' custody, to allow insurance companies to use preexisting conditions to discriminate against vulnerable individuals, or to throw millions of Americans in the vicious circle of health insurance shortage by omitting relevant marketplaces (Oberlander 2014, 2446). These surrounding circumstances and potential uncertainties sent a key message that reforming the ACA by inserting multi-faceted regulations was very possible – and might even be desirable by many – but entirely repealing and replacing it formed an onerous and challenging trajectory.

## **Conclusion**

The present paper examined the underlying ideological implications that divided the liberals and conservatives either in their support or opposition to the Affordable Care Act. While liberal adherents sought a continuous trajectory in the ACA's reform efforts, conservatives inclined to put an end – sooner the better – to this federal law. The present investigation revealed that the polarization over Obamacare's destiny stemmed from the idea that the nurturant parent moralists acted on terms of tolerance and empathy whereas the strict father proponents tended to prioritize the notion of confrontation and competition. The article, therefore, showed that both the

liberals' unconditional support and conservatives' vehement objection to the ACA were derived from their family-based modals and different moral worldviews. Yet, it clearly appears that the whole revocation of Obamacare would cause endless hardships to be undergone by the American healthcare consumers and patients. In this concern, liberals proved to be more concerned about these likely effects than conservatives. At the end, it would be more informative in the future to investigate the ethical concerns over the potential total repeal of the ACA on the socially various American segments.

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