

The Affordable Care Act's Impact on Communities of Color: What's at Stake for Black People if it Goes Away?

In the midst of an increasingly severe public health crisis and the biggest economic downturn since the Great Depression, the Trump administration, 17 Republican attorneys general and one Republican governor are pursuing a lawsuit seeking to topple the entire health care system. The [Health Care Repeal Lawsuit](#), also known as *California v. Texas* (formerly *Texas v. US*), is set to be heard by the Supreme Court in the coming months. If successful, it will end the Affordable Care Act (ACA) and all of the consumer protections it provides, leaving millions of Americans without preventive care, treatment options or long-term coverage.

The ACA is a fundamental part of the fabric of the American health care system. It is inextricably intertwined with Medicare and Medicaid and works with and through those programs to provide care to millions of people across the country when they need it most. It has also resulted in the largest reduction in health inequities for communities of color since the creation of Medicaid in 1965. Though progress has stalled since 2016, due to the Trump administration's sabotage, there have been significant drops in adult uninsured rates for people of color as a result of the ACA.

Like many other racial and ethnic groups, between 2010 and 2016, Black people experienced significant coverage gains through the ACA's marketplaces and Medicaid expansion. In addition to coverage gains, the ACA includes a [number of provisions](#) that aim to address health disparities including anti-discrimination requirements, essential health benefits and essential community providers. Although health inequities still exist, many of which are the result of [systematic racism](#) entrenched in society and within our health care system, Black people now have better access to affordable coverage options and necessary health care services thanks to the ACA. Here's what's at stake if the ACA goes away.

The Uninsured Rate for Black People Would Dramatically Increase

Between 2010 and 2016, coverage rates increased for all racial and ethnic groups as the result of the ACA marketplaces and Medicaid expansion. For Black people, the [uninsured rates](#) shrank from 19.9 percent in 2010 to 10.7 percent in 2016, thanks in large part to states that expanded Medicaid. A number of studies found that Medicaid expansion has [improved health outcomes](#) for Black people. For instance, Black adults with cancer living in states that expanded Medicaid are more likely to be diagnosed at early stages and receive timely treatment, and thus, have better chances of surviving cancer than those living in non-expansion states.

Expanding coverage is a step in the right direction for reducing health disparities. Since the implementation of the ACA, research shows many Black adults have [better access to care](#)—such as seeing the same primary care doctor or having their medical check-up at the same health clinic. In particular, the ACA has helped reduce financial burdens for many Black people by providing financial assistance to make coverage affordable. In addition, the ACA guarantees [access to free essential services that are critical for Black women of reproductive age](#), including maternity care, preventive care and family planning.

Our Fight Against the Pandemic Becomes Even Harder

As the country confronts both the short-term and long-term threats posed by the COVID-19 pandemic, it is more important than ever to retain and expand pathways to coverage. In the short-term, the ACA helps ensure that millions of people can get the testing, treatment and care they need to keep our communities safe.

Data shows [COVID-19 is infecting](#) and [killing Black people](#) at disproportionately high rates. According to a national study conducted in May, disproportionately [Black counties](#) account for over half of coronavirus cases in the U.S. and nearly 6 percent of deaths. There are several factors contributing to the disproportionate impact on the Black community. First, they are more likely to be exposed to the virus as many continue to work in occupations that are considered essential and/or in which they cannot physically distance themselves from others or work from home. Second, power structures built on structural racism continue to [segregate neighborhoods](#) and inhibit [equitable access to preventive health care](#), forcing many Black people to live in places that negatively affect their health. Thus, they [have higher rates of underlying health conditions](#) such as asthma, diabetes, heart disease and obesity, as compared to white people. Research also shows stress from constantly enduring racism socially can exacerbate these health conditions. This puts Black people at a [greater risk](#) of becoming severely ill if infected by COVID-19.

One of the cornerstones of the ACA is protecting people with pre-existing conditions from being charged more or locked out of coverage. In the long-term, COVID-19 has created a number of cascading health care and health care coverage crises that need to be accounted for in our efforts to keep the ACA intact, especially for the Black community. Those who have been infected with the virus will be considered by insurers to have a new pre-existing condition and could also suffer long-term effects as a result of COVID-19's impact on respiratory, renal, and other vital systems.

Investments in Public Health and Prevention Programs Diminish

Throughout the U.S.'s history, Black people have been continuously subjected to systematic discrimination and oppression. Evidence shows many Black people are forced to [reside in pollutant areas](#), live in poor-quality housing, have less or no access to healthy foods and endure systemic racism in the criminal justice system—all being key factors contributing to persistent health inequities in Black communities. In addition to coverage expansion, the ACA established the [Prevention and Public Health Fund](#) (PPHF) that aims to invest in prevention and public health programs in [low-income and vulnerable communities](#) across the country. For example, the PPHF has invested in the [West Bronx](#) in New York, a predominant Black community, to expand preventive health programs. These programs range from diabetes awareness classes, infectious disease research, toxic lead eradication, mental health services, vaccination efforts and community bike plans. The PPHF has experienced significant cuts since the Trump administration took office, but according to the Centers for Disease Control and Prevention, PPHF dollars [have proven successful](#) in improving physical activity, childhood immunizations, lowered hospitalizations for preventable conditions and increased prenatal care visits in their target communities. Eliminating the PPHF and this investment in public health would make the fight to close the racial health gap even more challenging.