

**James A. Brasfield. *The Affordable Care Act: At the Nexus of Politics and Policy*.** Lynne Rienner, 2022. 325pp \$95.00 cloth.

Numerous scholars have explored the processes leading to the enactment of the Affordable Care Act (ACA) in 2010. In *"The Affordable Care Act: At the Nexus of Politics and Policy,"* James M. Brasfield offers a comprehensive analysis that not only covers the ACA's passage but also nearly fifteen years of its implementation, reform, and retrenchment efforts. Unlike many works that focus on isolated aspects of policy change, the originality of this book lies in its chronological synthesis of the agenda setting, enactment, and a decade of post-enactment implementation and reforms. Additionally, Brasfield provides a more in-depth review of the legislative process than prior studies, making it a valuable case study for anyone interested in understanding health policy in detail.

The book first delves into the processes that facilitated the creation of the ACA, drawing on John Kingdon's theory of policy streams. Chapter 1 traces a brief history of healthcare coverage agenda-setting in the U.S., positioning the ACA as the result of 50 years of Democratic policy entrepreneurs' efforts. Brasfield highlights how Obama's achievement builds on past initiatives by presidents like Kennedy and Clinton to expand healthcare access. The window of opportunity for the ACA's passage emerged from a combination of political opportunity (Obama's election), individual action (notably, Obama's personal beliefs), and contextual factors (the broader evolution of U.S. society and the rising costs of healthcare). Chapter 2 focuses on the interplay between politics and policy ideas ("a belief system," 35) highlighting how a coalition within the Democratic Party, during the Obama presidency, rallied around key policy concepts—Medicaid expansion, tax credits, insurance regulation, and the individual mandate. This coalition helped maintain the coherence of the reform, despite the challenges of navigating the legislative process between the House and the Senate. It then presents a case study on the ACA's legislative journey and policy design, providing

detailed insights into the interactions among the House, the Senate, and political debates surrounding certain provisions of the law, such as the possibility of insurance coverage for abortion.

Secondly, the book centers on the implementation of the policy in the decade following its enactment, taking note of changing congressional majorities and White House occupants. To achieve this, Brasfield utilizes Peter May's conceptual framework to document the successes and failures of the ACA with a functionalist approach. The year-by-year implementation of the ACA is then chronicled in Chapter 3, emphasizing the legislative processes, implementation challenges, and numerous legal challenges. Chapters 4 and 5 delve into the fate of the ACA under the Trump administration. Brasfield first recounts the Republican's failure to win legislative repeal and how these failures gave way to a "sabotage strategy" (125) that included reducing "funding for various outreach and enrollment efforts," threatening "cost-sharing reduction payments," and using "waivers to weaken regulations in the insurance market and allow states to reduce Medicaid eligibility" (126). Chapter 5 then details how the battleground shifted to the courts. Despite these sabotage tactics, the ACA gradually gained public support.

The third part of the book examines the impacts of the ACA on the uninsured rate, cost-control, and the policy feedbacks on the public opinion. Chapter 6 synthesizes the literature on the ACA's (un) successful goals, highlighting challenges in implementing insurance marketplaces and in expanding Medicaid in some Republican-led states—10 of which have not adopted the expansion. Nevertheless, the ACA has contributed to a significant reduction in the number of uninsured Americans. Chapter 7 explores policy feedbacks on public-opinion, noting that the ACA's fragmented design and political polarization may explain its initially weak public support, despite a more favorable public view since 2017. Chapter 8 reviews the ACA's limited cost control measures, and Chapter 9

concludes by analyzing changes to the ACA under the Biden administration and in response to the Covid-19 pandemic. It outlines potential scenarios for future developments.

Overall, “*The Affordable Care Act*” is a good source for anyone seeking a deeper understanding of ACA, specifically, and public policy in the USA, more generally. It provides rich insights into the intricate processes involved in shaping and implementing the ACA. Notably, it is rare for anyone to undertake the effort to trace such a lengthy and complex process, making this analysis particularly valuable for understanding policy changes. This procedural view is particularly enlightening for understanding the partisan dynamics at play in American healthcare policies. Beyond its healthcare focus, this book serves as an excellent case study for anyone looking to familiarize themselves with the American political and legislative system, particularly if they are interested in doing so through a health lens. It meticulously outlines legislative processes and interactions among various stakeholders with finesse: from the House and Senate to the administration and states.

Despite its strengths, the book has some limitations. It approaches the issue of institutional changes very much tied to political parties and their movements. The agenda-setting and the challenges encountered during implementation are presented as being driven almost exclusively by partisan initiatives. While the interactions between the House and the Senate are described with finesse, allowing for a nuanced understanding of pluralism, the administration is often portrayed as a collective actor without much individual roles or dynamics. For instance, the first chapter outlines the president’s role in the agenda-setting process between 1965 and 2010, but it neglects to examine the functioning and views of successive administrations. What role did administrative stakeholders play? During the agenda-setting process, was the Obama administration unified or divided on the ACA? Additionally, the book adopts a functionalist approach to public policies, emphasizing the successes and failures of various measures. While this perspective is useful for illuminating

public debate and providing insights for future health policies—particularly valuable for policymakers—it sometimes oversimplifies the process. For example, in Chapter 3, Brasfield summarizes the effects of the ACA using a grading system. However, some failures should be seen as a regular part of the policy process, potentially leading to further developments and reforms. Lastly, the book remains at a macro level, and it would be valuable to include some micro-level perspective to better understand the local-level appropriations and effects of this policy. For example, including information about individual enrollment would help clarify the issue of under-enrollment discussed in Chapter 6, providing a more comprehensive view of the ACA's impact on the ground.

Overall, however, James Brasfield's *The Affordable Care Act* remains an outstanding book that will deeply interest students in public health and political science. It provides a very clear overview of the U.S. legislative process and is written in a very engaging and accessible language.

—Noémie Morize, Sciences Po Paris



**Noémie Morize** is a postdoctoral researcher at Irdes (Institute for Research and Information in Health Economics), and is affiliated with Sciences Po Paris (at CSO, Center for the Sociology of Organizations). Her research delves into the influence of economics on public health policies, with a particular focus on its impact on the organization of primary healthcare services in France. Moreover, she investigates the professional dynamics among healthcare providers. [noemie.morize@sciencespo.fr](mailto:noemie.morize@sciencespo.fr)