

Affordable Healthcare Reforms

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4/24/26

Healthcare in America is a very pressing issue and important to many groups throughout the country, and this has been brought up as a topic of reform with lawmakers. Healthcare is a fundamental human right and need; increased healthcare costs make this need increasingly inaccessible, and creating pathways to make healthcare more available is what lawmakers should focus on for the wellbeing of the populace. The main question is how can we make healthcare more accessible and affordable for minorities and marginalized communities by focusing on Justice? The biggest and easiest way to fix this would be to build extra hospitals and lower insurance rates.

Healthcare is a system of services, facilities, and professionals in order to treat people for their health issues. Healthcare reform efforts in the United States have historically aimed to protect vulnerable groups, such as by prohibiting denial of coverage for pre-existing conditions and expanding dependent coverage for young adults. Rural communities experience disproportionately higher rates of chronic diseases, less access to healthcare services, and poorer health outcomes compared to their urban counterparts in the U.S. [1]. Moreover, there is a widening rural-urban divide in life expectancy in the U.S., with rural residents experiencing stagnant or declining lifespans amid urban gains, which is largely driven by cardiovascular disease mortality and working-age deaths [2,3]. For instance, between 1990 and 2017, life expectancy at birth increased by 3.9 years in metropolitan areas but only 0.6 years in nonmetropolitan areas [3]. The passage of the Patient Protection and Affordable Care Act (ACA) marked a significant step in expanding insurance coverage and regulating insurance practices.

However, despite these reforms, systemic barriers remain. According to international comparisons from organizations such as the World Health Organization, the United States does not rank at the top in overall health system performance, particularly when measuring equity and fairness in financing. Affordability was a particular challenge for Black residents; 50.8 percent of respondents who identified as non-Hispanic Black said they or their family had problems paying for care. Additionally, 54.9 percent of Hispanic residents reported affordability issues in their families. Comparatively, only 37.9 percent of white residents had affordability challenges for themselves and their families [4]. These shortcomings are most visible in minority and rural communities, where access to quality healthcare remains inconsistent and often inadequate.

Justice is a core principle of healthcare because it focuses on fairness in how resources, treatment, and opportunities for health are distributed among different populations. In the context of minorities, justice means recognizing that equal access is not always enough when certain groups face deeper, systemic disadvantages. It requires actively working to eliminate disparities in care, whether they stem from economic inequality, geographic barriers, or discrimination within the healthcare system. When justice is integrated into healthcare, it ensures that policies and practices are designed to meet the individual needs of these underserved communities and groups, rather than using a one size fits all approach. This way, justice becomes not only an ideal, but a guiding force and principle that shapes a more equitable and effective healthcare system for everyone in the U.S.

Although everyone in the United States is affected by healthcare policy, minorities and rural residents are disproportionately burdened by systemic inequities. African American, Hispanic, Native American, and certain immigrant populations experience higher rates of chronic illness, lower rates of insurance coverage, and greater barriers to preventative care. Rural communities, which span large portions of states in regions such as Appalachia, the Midwest, and the Deep South, often face hospital closures, provider shortages, and long travel distances to receive care. The inequality embedded within the healthcare system has led to preventable deaths, unmanaged chronic conditions, and worsening health outcomes that could otherwise be mitigated through timely and affordable care.

Affordability and geographic access are two of the most significant drivers of these disparities. Many minorities are more likely to work in low-wage jobs that do not provide employer-sponsored insurance. While Medicaid expansion under the ACA significantly reduced uninsured rates in participating states, several states chose not to expand eligibility, leaving millions in a “coverage gap.” In these states, individuals earn too much to qualify for traditional Medicaid but too little to afford private insurance. This gap disproportionately affects racial minorities and rural residents. Guaranteeing affordable coverage nationwide by expanding Medicaid eligibility in all states and eliminating premiums for households near the poverty line would represent a crucial first step toward equitable access.

Possible steps for a solution to the healthcare problem would be to start by guaranteeing affordable coverage by expanding Medicaid eligibility in all states and eliminating premiums for households under or close to the poverty line. Creating standard coverage and premiums for everyone nationwide. Next, providing a greater budget for rural hospitals and health centers. Maximizing the amount of hospitals for everyone means increased access to facilities for all and increasing the number of people in the workforce would also contribute to the increased coverage for all. Employ community based care and lower drug/treatment costs for all especially those poorer families and minorities. This would open the door to insurance to many more even those close to the poverty line. Lastly, making healthcare help with housing, food, and transportation. Allowing Medicaid to cover short term housing and medical respite care, while also allowing for food and ride vouchers.

In addition to expanding insurance, structural reform must address the uneven distribution of healthcare facilities. Rural hospital closures have accelerated over the past decade, largely due to financial instability, lower patient volumes, and inadequate reimbursement rates. When a rural hospital closes, the community not only loses emergency services but also primary care access, obstetric care, and specialized treatment options. Here's the reality of one woman, as documented by UNICEF. In Malawi, Mary James walked hours to reach the closest health center while she was in labor. Exhausted, she made it to the facility and gave birth, only to lose her child later that day [11]. Providing a greater federal and state budget allocation for rural hospitals and community health centers is essential. Targeted grants, loan forgiveness programs

for providers practicing in underserved areas, and increased reimbursement rates for rural facilities could help stabilize and expand care infrastructure.

However, building more hospitals alone is not enough. The healthcare workforce must also grow in both number and diversity. Minority communities benefit from culturally competent providers who understand their linguistic, social, and cultural backgrounds. Studies consistently show that patients experience better communication and improved outcomes when treated by providers who reflect their communities or have received comprehensive cultural competency training. Expanding scholarships and loan forgiveness programs for minority students pursuing careers in medicine, nursing, and allied health professions would help diversify the workforce. Additionally, investing in community health workers—individuals trained to provide basic health education and navigation assistance—can bridge gaps between healthcare institutions and marginalized populations.

Community-based care models are another promising avenue for reform. Rather than relying solely on hospital-centered systems, policymakers can invest in federally qualified health centers, mobile clinics, and telehealth services. Telemedicine, which expanded dramatically during the COVID-19 pandemic, demonstrated its potential to reach patients in remote areas. For rural residents who may live hours away from the nearest specialist, virtual consultations can reduce travel burdens and improve continuity of care. To ensure equity in telehealth, policymakers must also invest in

broadband infrastructure, particularly in rural and low-income urban neighborhoods where internet access remains limited.

Lowering drug and treatment costs is equally critical. The United States spends significantly more per capita on prescription medications than many other high-income nations. Among adults with any mental illness, Hispanic (44%), Black (39%), and Asian (33%) adults were less likely than White adults (58%) to receive mental health services as of 2024. Roughly, six in ten Hispanic (65%), AIAN (65%), and Black (58%) adults went without a flu vaccine in the 2023-2024 season, compared to less than half of White adults [8]. Allowing federal programs such as Medicare and Medicaid to negotiate drug prices directly with pharmaceutical companies could help reduce costs for patients. Furthermore, increasing transparency in hospital pricing and limiting surprise billing practices would protect vulnerable patients from unexpected financial hardship. Minorities and low-income families are disproportionately affected by medical debt, which can lead to bankruptcy, housing instability, and long-term economic insecurity. Addressing social determinants of health is another essential component of reform. Health outcomes are not determined solely by clinical care but also by factors such as housing, food security, transportation, education, and environmental conditions. Minority and rural populations are more likely to face housing instability, limited access to nutritious food, and transportation barriers. Expanding Medicaid to cover short-term housing assistance, medical respite care for homeless individuals, and transportation vouchers for medical appointments could significantly improve health outcomes.

Integrating healthcare with social services creates a more holistic approach that acknowledges health as interconnected with broader living conditions.

Mental health and substance use services require special attention in rural and minority communities. Rural areas have been disproportionately affected by the opioid crisis, with limited access to addiction treatment and mental health providers. Minority communities often face stigma surrounding mental health care, compounded by provider shortages and cost barriers. Expanding funding for behavioral health clinics, integrating mental health services into primary care settings, and supporting tele-psychiatry initiatives would make treatment more accessible. Ensuring parity between mental and physical health coverage in insurance plans must also remain a priority.

Policy reform must also address implicit bias and systemic racism within healthcare institutions. The Republican Senator of Louisiana when talking about the mortality rate “Cassidy said that “About a third of our population is African American; African Americans have a higher incidence of maternal mortality. So, if you correct our population for race, we’re not as much of an outlier as it’d otherwise appear.””[10]. This shows how many politicians know the mistreatment but just push it off to the side because of the history and how normalized it has become. Research has shown that minority patients sometimes receive different levels of pain management, diagnostic testing, and treatment recommendations compared to white patients. Mandatory bias training for healthcare providers, improved data collection on racial and ethnic health

disparities, and accountability measures tied to funding can promote equitable treatment. Transparent reporting of health outcomes by race, ethnicity, and geography would allow policymakers to identify and address gaps more effectively.

Financial reform is perhaps the most politically challenging aspect of healthcare transformation. The United States operates under a complex system of private insurers, employer-sponsored coverage, and public programs. While some advocate for a single-payer system, others support strengthening the current mixed model. Regardless of the broader structural approach, policies aimed at capping out-of-pocket expenses, standardizing benefits nationwide, and subsidizing premiums for low-income households would significantly reduce disparities. Preventative care should be fully covered without cost-sharing to encourage early intervention and reduce long-term expenses.

Education and outreach are also essential in improving healthcare access. Many eligible individuals remain uninsured simply because they are unaware of available programs or find enrollment processes confusing. Community-based organizations, faith groups, and local governments can partner to provide enrollment assistance and culturally appropriate information campaigns. Multilingual resources are especially important in immigrant communities where language barriers can prevent individuals from seeking care.

Ultimately, transforming healthcare for minorities and rural communities requires a comprehensive strategy that goes beyond isolated reforms. Building additional hospitals and lowering insurance rates are important components, but sustainable change depends on expanding coverage, stabilizing rural facilities, diversifying the workforce, reducing prescription drug costs, integrating social services, and confronting systemic bias. Lawmakers must prioritize health equity as a moral and economic imperative. Healthier communities are more productive, resilient, and capable of contributing to the nation's prosperity.

Healthcare is not merely a service; it is the foundation upon which individuals build their lives. When access is restricted by geography, income, or race, the consequences ripple across generations. By committing to policies that expand coverage, strengthen rural infrastructure, and support marginalized populations, the United States can move closer to a system that reflects its values of equality and opportunity. True reform demands political willpower, sustained investment, and a recognition that healthcare is not a privilege for the few but a right for all which includes minorities. Fully accessible and affordable healthcare for minorities and rural communities is the final goal, but the stepping stones needed to make any meaningful progress are right in front of the lawmakers they just have to take the leap. by race, ethnicity, and geography would allow policymakers to identify and address gaps more effectively.

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