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Abstract

The Patient Protection and Affordable Care Act of 2010 is considered the most comprehensive piece of healthcare legislation aimed at providing a universal coverage for the American people. Nonetheless, the controversy surrounding the implementation of this Act stems from the principles of federalism and intergovernmental relations that is inherent in the constitution. As a result, the various states decision to run their exchanges creates disparities in healthcare costs and accessibility. This paper argues that federal interventions do not provide an answer to these anomalies but suggests that the leadership failure in the implementation could be addressed through a Christian worldview.

Keywords: Federalism, Healthcare Reform, Affordable Care Act, Statesmanship.

Introduction

The Patient Protection and Affordable Care Act (ACA) of 2010 is considered the most contemporary test of federalism in the United States and has been at the forefront of healthcare policy debate since its enactment (Haeder 2020). Whether American federalism and the attendant intergovernmental relations has been a stumbling block, or a buffer to the implementation of the ACA depends on which side of the political aisle you are. Politicians seem to approach the debate from opposing perspectives. While the liberal left believes the federal government should bear the costs of a universal healthcare policy, the Republicans on the right propose a greater responsibility for the states. Nevertheless, there are geographical variations that applies to the cost of implementation (Kincaid and Steinberg 2011, Plein 2010). The question is whether federal and state governments can make the needed improvements in coverage to reduce regional disparities in outcomes. The main thesis that this paper addresses is whether federal interventions ameliorate the disparities in healthcare costs and accessibility in the states. Second, the paper argues that intergovernmental relationships for the provision of a universal healthcare coverage in a federal system creates an imbalance, which could be aligned by the visionary leadership of a Christian statesman.

The literature on healthcare policy and implementation in the United States reveals that Republicans and Democrats health reform proposals differ and both approaches fall short of what is required to provide an affordable, efficient and proactive healthcare system that protects all, irrespective of social and economic standing (Deleo and Donelly 2017, Haeder 2020). It's not clear whether federalism enhances the traditional healthcare delivery measures, such as improved access to care, and reduced costs. It is also not clear whether the goal of federalism is to preserve state power in order to produce better outcomes. There is an existing gap in the literature of federalism and healthcare reform, which needs to be filled. To this end, this paper investigates the current debate on healthcare reforms from the perspective of a Christian

statesman, to find a balance in the policy arena for a reason-based universal coverage capable of sustaining the quality of life that will propel economic prosperity in the twenty-first century.

Republicans argue that the ACA is a federal government takeover of the healthcare system, which in the long-run will incur a huge deficit on the federal budget, falling short of guaranteeing preventive care services (Toseef, Jensen & Tarraf 2020). Democrats on the other hand are weary that the burden on the states will be enormous if they are allowed to bear all the cost and the disparities across the states will negate the goal of a universal coverage for the entire country (Liebertz, Bunch & Shaw 2020). In the main, academics have been left pondering on what will be most appropriate policy framework to fulfill the aspirations of both sides of the political aisle and at the same time to achieve the goal of a universal coverage at minimal cost. The Bible tells us in Joshua 1:8 (KJV) "This book of the law shall not depart out of thy mouth; but thou shalt meditate therein day and night, that thou mayest observe to do according to all that is written therein: for then thou shalt make thy way prosperous, and then thou shalt have good success." The purport of this verse in the scriptures is that the LORD will make a prosperous path for those who do not depart from biblical tenets. Nonetheless, an efficient and affordable healthcare system will promote social equity, fairness and economic freedom. The most appropriate solution for a universal healthcare coverage requires a Christian statesman approach, who by virtue of his courage, humility, temperance and love for the American people will work with policymakers from both sides of the aisle to come up with a sustainable solution for an affordable healthcare policy.

This paper examines the various propositions to make appropriate recommendations based on an informed opinion of a Christian worldview in order to fill a perceived gap in the literature of federalism and healthcare reform in the United States. The paper will be structured in five sections, the next will cover a review of relevant literature on the subject matter. The third section will examine in detail the role of federalism and intergovernmental relationship

and the balance of power on the procurement of an affordable healthcare policy for the American people. The fourth section examines the issues and challenges for the implementation of a healthcare policy in the light of a Biblical worldview and Christian statesmanship. The fifth section concludes the paper.

Literature Review on Federalism, Healthcare Reform and Affordable Care Act

The Affordable Care Act (ACA) has been cited in several articles as a typical example of modern federalism in action (Collins & Lambrew 2019, Mantel 2019, Plein 2010). ACA presents an opportunity to investigate how federalism works from the policy implementation perspective (Beland, Rocco & Waddan 2016). The statute creates the opportunity to find answers to some of the burning questions about the workings of federalism in contemporary American society (Liebertz *et al*. 2020). ACA builds on the federalism framework that allowed a working relationship between the federal and the state government. Federalism pushed intergovernmental relations under the ACA to the level of social solidarity that seeks to guarantee some minimal level of health care. But, the shift in the acceptance and implementation of the policy came from party lines. Republican controlled states in running their exchanges operate a different parameter, while democrat-controlled states run with the federal exchanges. These variations cause disparities in costs, and quality of service, which negates the goal of the federal government and the efficacy of health policy. The question that this paper seeks to answer is whether there is a balance or a middle ground where federal interventions will effectively reduce the disparities occasioned by the inability of the states to follow a uniform standard. This section reviews some pertinent literature that will lead our discussion on federalism and the implementation of ACA.

Federalism entails independence of the component parts of a federal system. However, there are myriad of evidence that shows a continued increase in intergovernmental relationship

between the federal, state and local governments (Beland *et al.* 2016, Collins & Lambrew 2019). Rivlin (1992) observes that the growing interdependence between the states and the federal government draws much concern on the importance of federalism. He argues that top-down and bottom-up reforms in the intergovernmental system makes federalism an important issue for scholarly discourse. Furthermore, the paper suggests that the interaction of the federal and state governments is of utmost importance especially where the activity spills across state boundaries and where there is need for national uniformity such as social security, education and healthcare. Federalism has evolved over the years, through the era of dual federalism during the founding era, to a more cooperative stance that became the order of policy formulation and implementation since the Great Depression and the enactment of the Social Security Act of 1935. Surprisingly, federalism is now moving to a more coercive and nationalistic posture, where policy and leadership ideologies head towards partisan interest.

Dropp, Jackman and Jackman (2013) opines that the Affordable Care Act (ACA) at first glance appears to be an experiment in federalism, but amidst a decade long debate about how the policy reform will be implemented at the state or federal level seem to be a test as to which level of government will be better able to execute a policy. The major point of disagreement is on the issue of how the state versus federally run exchanges could be randomly assigned. Running the exchanges are expensive and the debate of fixing the entire healthcare system has been politicized along party lines. Since the ACA originated from the Democrat party, the Republican party naturally remains in the opposition without considering any merit in the policy. The ACA was largely modelled from the Massachusetts state health insurance policy passed in 2006, under the watch of a Republican governor, Mitt Romney. But, this was not convincing enough for Republican controlled states to accept the policy from the federal government. There have been several attempts by Republican controlled Congress to repeal and replace the ACA in the past eight years, and some states have gone as far as the Supreme

Court to challenge it. Albeit, under the Trump administration the implementation of ACA has been stalled. The individual mandate was repealed through a tax legislation enacted in December 2017 (Fieldler 2018). This step reduced compliance by states and increased the disparities of costs and accessibility for the implementation of a universal care, which is the primary goal of the ACA.

Opposition to the Affordable Care Act has been largely propelled by conservative post-enactment resistance, which is geared by an unalloyed demand for limited governmental interference on social and economic relationships between the state and federal government (Patashnik and Oberlander 2018). Conservative opposition to populist ideas could be traced back to the Social Security Act of 1935 and Medicare and Medicaid of 1965. Literally, conservatives are not monolithic, but comprise a dynamic force that is shaped by social movements, trends in the political and electoral landscape. The conservative phenomenon influences the ideology of the Republican party. Federalism is strengthened by the political party structure, which necessitates the order of public policy formulation and implementation. The ideology of the party that controls the central government could be held ransom by the opposition in Congress and at the State level.

Dropp *et. al* (2013) conducted a national survey between August 29th – 31st before the roll out of the ACA in October 1st, to evaluate the effect of a federal-run versus a state-run implementation. The study took a random sample of 1,989 registered voters, respondents were told that the exchange was to be administered by either the federal or the state government, which is an expected outcome. Respondents were then subjected to a question and answer session on healthcare reform, including their confidence on the administration of the health insurance exchanges. After the effective date of the ACA, the respondents were asked similar questions to assess policy effectiveness. The results revealed that once the role of partisanship is accounted for, federal versus state implementation of the exchanges has a negligible effect

on respondents' confidence in the program. Party identification and loyalty was the real driver of public confidence, and republicans held on to more negative views about the exchange when told it will be managed by the federal government as opposed to being managed by the states. Democrats on the other hand, were equally confident on both the federal government and the states capacity in managing the exchanges. The study concludes that the level of distrust on the state versus the federal government management of the exchanges is increasingly polarized across states and political parties. Republican states plan to undermine the healthcare reform in order to complain that it does not work and attribute blame to the Obama administration, while states with Democrat party leadership want the reform to succeed and are eager to cooperate with the federal government (Liebertz *et al.* 2020). In such states where both federal and states governments are working in tandem, the implementation of the healthcare exchanges are more successful and there is good public approval of the outcome of the ACA.

The implementation of the ACA leads to dynamic intergovernmental relationship between the states and federal government. Under the ACA, states are mandated to expand Medicaid to cover all low-income earners, but the Supreme Court declared the mandate unconstitutional against the federal government in *National Federation of Independent Business (NFIB) v. Sebelius* 567 US 2012, stating that the Medicaid expansion is optional for the states. Mantel (2019) opines that this decision led to changes in intergovernmental negotiations between the federal and state governments concerning the implementation of ACA. Nonetheless, the Department of Health and Human Services was very eager to coopt as many states as possible into the expansion program of the ACA insurance exchanges. Gluck and Huberfeld (2018) notes that the dynamic, pragmatic negotiations across the various levels of government were very significant in policy redirections across the states. The original ACA plan of action enables all states to run their own exchanges or allow the federal government to run or manage their exchanges. However, the traditional course of federalism would flow under

the state-run exchanges because of the autonomy and diversity that it imbues on the healthcare system, rather than a uniform federal-run system of healthcare insurance.

The cooperative federalism that is practiced led to significant variations on the implementation of the ACA across the states – among those states running their own exchange and those with federal-run exchanges. Gluck and Huberfeld (2018) finds that while the state-run federal exchanges was a kind of hybrid that promoted variation in the system, it lacked transparency before the people. For instance, states with federal exchanges were asked not to disclose the fact that they were getting federal assistance from their constituents. In a nut shell, they displayed resistance with the public while working with the federal government to retain funding and support. As a result, some state actors were presenting divergent opinions about their national political party stance on the ACA. Gluck and Huberfeld (2018) questions the purpose of federalism in healthcare administration and policy implementation. They sought answers to the sensitive question of whether federalism in health policy serves to improve the goals of improved access, quality care, and reduced costs. Although, the constitutionality of state-run exchanges is not to be questioned, the quality of service, access and costs becomes an issue to the federal government whose goal is to implement a universal access to healthcare. The problem is how to maintain a balance between the states and the federal government in the healthcare policy arena and at the same time fulfil the aspirations of the people for an affordable and efficient healthcare delivery system.

Federalism scholars have often discussed the states as if they were a monolithic bloc, undermining the classic federalism theory of each state being recognized as a sovereign government, and thus highly distinguishable from another (Beland *et al.* 2016, Thompson, Gusmano & Shinohara 2018). The Medicaid expansion program was to bring these differences to focus and at the same time emphasize the political differences inherent in the state jurisdictions. The Medicaid expansion program involved fifty-two different negotiating

sovereigns – each state (plus Washington D.C.) individually and the federal government. The Obama administration allowed the states to adopt an ACA based Medicaid expansion program, and at the same time seek an exclusionary demonstration waiver. The state reserves the right to choose, and each follows the standard the federal government has established. The question now is, who dictates what happens next in the scheme? To a very large extent, it would be the federal government, but in the dynamics of party politics that plays out at the states, losses are imminent and enormous because of negative forces of intergovernmental relations.

Collins and Lanbrew (2019), examines the federal-state governance balance regarding health care and assess how Republican and Democrat proposals might alter that balance. The study draws on states flexibility on the implementation of ACA, which has resulted in geographic variations of the health insurance coverage. The paper noted that the Republican health proposals would give a better platform and greater responsibility to the states, while the Democrats proposal will give an expansive role to the federal government. The method of analysis applied an evaluation of federal and state governing responsibilities under the ACA with a view to understanding the emerging reform proposals, in line with the regional differences in coverage and access through state-level federal data. The findings of the study revealed that national coverage and access were significantly improved. In 2019, over 2 million people were left without coverage because of states refusal to expand Medicaid, and the attendant negative consequences were very high in terms of marketplace premiums and the closure of rural hospitals for poor patronage. An estimated 44 million Americans are now underinsured because they have health plans that are deteriorating very fast especially in the age of the coronavirus pandemic, when millions are equally unemployed.

In view of the partisan politics that have influenced the implementation of ACA, the most feasible solution is that of a Christian worldview since secular authorities cannot reach an agreement (McGregor, Blendon and Zaslavsky 2020). A Christian statesman would bring a

moral excellence to leadership that is required to stabilize the polity in order to bring succor to the poor. Overeem and Bakker (2019) opines that statesmanship occurs in the face of great difficulties. A statesman's vocation necessarily involves surmounting obstacles. In the quagmire of trying to find a possible solution for the implementation of the ACA that will be generally acceptable across the political spectrum is one that requires the intervention of a statesman. A Christian statesman leads with the fear of the Lord, holding to the scriptures as the guiding principle. His conviction is on the word of God in Proverbs 14:34 (KJV) "Righteousness exalteth a nation: but sin is a reproach to any people." This paper argues that the balance of power in the polity could be achieved with the notion of 'what a Christian statesman would do' to alleviate the imbalance in the implementation of ACA.

Federalism, Balance of Power and the Implementation of Affordable Care Act (ACA)

The intergovernmental relations and the role of federalism on the implementation of healthcare reform policy ACA, is anchored on the balance of power between the states and the federal government. From the literature review, there is compelling evidence to show that the federal exchanges were ignored or rather rendered ineffective in Republican controlled states in order to discredit the process (Gluck and Huberfeld 2018, Mantel 2019). In Democrat controlled states the federal exchanges were very effective and in some cases a combination of both federal and state exchanges was managed for effective delivery of the healthcare policy (Fiedler 2018). After suffering several defeats in the course of repeal and replace, both at the congressional level and the courts, Republicans have only whittled down the efficacy of the health care policy. This is largely to the detriment of the American people who are left uninsured or underinsured because of inadequate user-pay employment-based insurance policy that majority of the low wage-earning Americans have.

The disparity in the costs and accessibility of the health care insurance implementation was expected because of geographical variation and other inherent social and economic costs that are specific to the states. But, larger disparities that result in cost burden on recipients are not within the purview of the ACA policy. The sole purpose of the policy was to cushion the effect and hardship suffered by the American people under the traditional employment based and Medicaid type of insurance that restricts people with pre-existing conditions from being accepted in the insurance marketplace. However, the politics of implementation as opposed to structural problems have been the bone of contention. Federalism or the allocation of governing responsibility between the states and federal government has evolved over the years since the Great Depression, when the government assumed greater responsibility to ensure that the American population gets the necessary relief to cushion the harsh economic conditions of the 1930's. To this end, a new order of cooperation between the federal and states emerged. In the health care policy arena, the federal government's increasing role became significantly manifest in the Medicare and Medicaid program.

The Medicare for All proposal at best would introduce benefits that will pay providers for public plan-option at Medicare rates on geographic adjustment allowances and premiums to place the public-plan at per with state-managed private plans. This kind of proposal would give people an option of a public plan aimed at addressing local disparities in the number of plan choices by creating opportunities for a federally defined alternative to private plan options that can compete favorably to capture enrollees interest. In addition to making it affordable the proposal seeks lower payment to providers, relying on the authority of the federal government with subordinate decision-making authority passed to the state. Collins and Lambrew (2019) notes that the version of ACA that the Senate brought to the floor in 2009 would have allowed states the discretion to opt out of a public-plan option for their residents. Nevertheless, the Medicare for All proposal seeks to remove state-run health plans. The Medicare for All would

be expected to reduce costs significantly and provide a national coverage and access for the teeming American population. A state like Texas would be brought closer to the point of full enrolment given the automatic enrollment. On the other hand, because of the uniform approach, some regional differences in incomes might not be eliminated in a state like California, but with innovative marketplace in Medicaid and Medicare implementation the coverage gap would be reduced, and more people could gain eligibility.

Comparing the ACA program and the Medicare for All proposal becomes very essential. The ACA is anchored on private, employer-based health insurance scheme rather than a government-run, single-payer system. It is not a federal government take-over of the healthcare system as some conservatives thought (Patashnik and Oberlander 2018). Many liberals envisioned a new government-sponsored insurance program or public-option for the uninsured, but that's not what the ACA provided. The ACA rather was a combination of conservative proposals in the time past for improving the Medicare and Medicaid programs, in collaboration with liberal social principles to include tax credits and insurance exchange pools. Albeit, relying on consumer choice in the open market for private insurance and high-deductible premiums.

Despite all, conservative opposition to the ACA did not diminish. Perhaps the opposition to the ACA is not rooted in the content of the policy but on the source. It becomes very clear that the problem of universal healthcare in America cannot be solved through partisan politics or federal intervention, but on the basis of aggregated acceptance by policy makers setting aside political differences on the order of true federalism to imbibe a virtue of humility, prudence, temperance, courage and faith of a Christian statesman, who will live up to the expectations of our national principles "One nation under God, indivisible with liberty and justice for all." The quest for true federalism and positive intergovernmental relations

between the states and federal government could be realized through a Christian statesman, whose vision for America will uphold a beacon of hope for all God's children.

There is no doubt that neither federalism nor federal intervention is the cause of disparities in our healthcare costs. To say the least, there is a balance of distribution of resources in the insurance marketplace. The effectiveness of the healthcare policy is frustrated by political party sentiments, because Republicans want Democrats to fail and vice versa. There is need to create a balance in order to reduce the disparities of costs and to allow federalism to play out its role in the relationship between the state and federal government on the dispensation of an affordable, accessible and efficient healthcare system. In this case, we have to ask ourselves what a Christian statesman would do to address the rancorous situation. The answer to this could be found in a Biblical worldview.

Biblical Worldview of Federalism, Christian Statesmanship and the Affordable Care Act (ACA).

In this section we are in search of a biblical solution for the provision of adequate healthcare in a federal system. Is it possible to find a balance for intergovernmental relations in the provision of an affordable, accessible and efficient healthcare system given the polarized political atmosphere? What quality of leadership and citizens do we need to achieve a more stable social and economic order for every American to lead a fulfilled life under the ACA? In this section we would further ask what a Christian statesman would do in the circumstance, given the political disagreements on the ACA. To answer these questions, we have to set the tune for the role of a Christian statesman, given the rancor and bitterness in the polity. We shall first highlight the elements of federalism and intergovernmental relations toward the dispensation of an affordable healthcare that would reduce disparities of costs.

In the twentieth century, American federal system became extremely intergovernmental and by 2001 barely a few functions belonged exclusively to one level of government (Bowman 2002, Toseef *et al*. 2020). To politicians, pundits and scholars, federalism goes beyond centralization, it is about positive cooperation between the central and sub-national government to get things done for the benefit of the American people. In 1981, newly elected President Reagan was eager to restore the balance of power between the levels of government. He was committed to bringing federalism to the forefront of political discourse, but his commitment wavered after a short while. The issue of federalism and intergovernmental relations returned back to the whims and caprices of party politics. Rivlin (1992) observes that one new vision for American federalism is to broaden the social insurance responsibilities through health insurance for everyone. The problem of rising healthcare costs, with millions of Americans lacking health insurance, only the federal government can solve the problem.

The American society traces its roots to the reformed protestant civil religion of the Calvinist stock. The founding fathers saw their arrival in the new world as a covenant to build a better society with the fear of God. Despite the separation of church from state enshrined in the constitution of the United States, the founding principles are rooted in Christian theology. From the Mayflower Compact to the Articles of Confederation, Americans believe that theirs is a Christian nation and for anything to go right it must be committed to God. The Christian America according to Moots (2010) cannot only be defined along the lines of civil religion, because the term "religion" cannot be compared to subscribing to a particular church dogma. Every society needs a form of guiding principles, especially those that do not have a long historical common heritage like the United States. American founders look back to the Hebrew Patriarchs as the foundation of the church of Reformed Protestants. Americans have cast themselves as the children of Moses who are leading and following an exodus of liberation and marching towards a promised land. To this end, Americans always see themselves as chosen

people, as Abraham Lincoln once said, “almost chosen people.” The commitment to Biblical principles informs the “exceptionalism” of America. And as the Bible commands in Deuteronomy 15:4 (KJV) “Save when there shall be no poor among you; for the Lord shall greatly bless thee in the land which the Lord thy God giveth thee for an inheritance to possess it:” The Lord’s blessing on America will continue to multiply as the society works to ensure that there is no poverty in the land.

The Affordable Care Act (ACA) is a social intervention aimed at reducing the burden of costs and accessibility in the provision of healthcare for the American people. Partisan politics has undermined the goal of the policy. The disparities in cost of service delivery across the states stem from regional differences in living standards and partisan politics on implementation. Only a statesman could form the character that would transcend party politics to bring to bear the quality of leadership that the American society needs to eradicate poverty and solve the problems of affordable, efficient and effective healthcare delivery. A Christian statesman works toward balancing between conserving and innovating, between deferring to public sentiment and attempting to educate, most importantly taking morality seriously while recognizing the limitations of certain political situation.

For instance, in the case of balancing the federal and state governmental control on the implementation of the Affordable Care Act, requires strength and courage, inspired by the fear of God and the desire to serve humanity devoid of the earthly pleasures of any political interest. The quality of leadership exemplified by a Christian statesman who possess the necessary skill and character as the Bible instructs in Proverbs 22:29 (KJV) “Seest thou a man diligent in his business? he shall stand before kings; he shall not stand before mean men.” The skillfulness in his work will be matched by his personal character and virtue of humility, prudence, temperance, courage, faith, hope and love. Nonetheless, there are clear conflicts of interest on the ACA based on religious liberty, as West-Oram (2013) opines. He argues that the ACA has

brought to fore long-standing debates over individual liberty and religious freedom with respect to individual mandate, stating that in protecting the liberty of those in need of healthcare services we invariably compel those who may not be willing to contribute to the funding of such services. For instance, on religious freedom and reproductive rights; the pro-life advocates are constrained by the provisions of ACA, whereas pro-choice seem to be protected. However, the contending views draw strong political opinions on national healthcare policy and reproductive rights. In the same vein, the use of contraception and vaccination programs have been trouble spots for the implementation of the ACA (Brougher 2015). Albeit, the federal government insists that the states must abide by the rules especially on Pre-existing Condition Insurance Plan (PCIP) programs (Haeder & Weimer 2015). On the other hand, one would be quick to argue that the imbalance in the implementation is not all partisan in nature, because California under a Republican governor, Arnold Schwarzeneggar was the first state to formally establish an exchange under the ACA in September 2010 (Haeder & Weimer 2013).

In considering the implications of a Christian worldview on the ACA, Timbers and Yancy (2021) reiterates the uncompromising position of social workers who identify as Christian in a bid to adopt theological assumptions in order to discriminate against transgender individuals. The paper argues that the call to love God with all of one's psyche as Jesus did in Luke 10:27; Matt 23:37; Mark 12:30, "Allows Christians to wrestle with, and hold tension between, their faith, their experiences, their social learning, and the liminal spaces of life where there are differences of starting points" (p.133). To this end, social workers, statesmen and all those whose duty is to provide life enduring means and adequacy, should eschew explicit and implicit bias and elevate service to humanity above self-interest. Above all, seek to ensure equitable implementation of policies.

Conclusion

This paper set out to answer the question of how best to address the relationship between the federal and state governments in the implementation of the Affordable Care Act (ACA) to ensure a balance of power between the states and the federal government. Given that the ACA mandates the establishment of federal exchanges in all states for uniform health insurance implementation, the states had the option to establish their own exchanges under federal guidelines or allow the federal government to run the exchange. The ultimate goal of the federal government is to ensure that there is an affordable healthcare for all. The intention of uniformity in the provision of ACA is to reduce cost and access for more people who have been uninsured under the old regime of healthcare insurance. Under the Medicaid and Medicare policies some categories of persons are excluded and cannot afford to buy insurance in the marketplace, especially those with pre-existing conditions and whose income fall above the federal poverty line. Although, some inherent disparities exist based on costs of implementation across the states, the federal government had promised to bear the costs through bulk grants released to states. Congressional Republicans and Republican controlled states refused to accept the provisions of the law, instead prefer to repeal and replace the ACA claiming it increased the federal deficit. But, Democrat controlled states have successfully established their exchanges. The question of the most feasible solution for the procurement of affordable care for all at minimum costs becomes a dilemma of some sort.

Based on the literature review, there is a strong evidence to show that the problem is not the inadequacy of the ACA or the provisions of the healthcare law, but the political sentiments associated with the implementation. Because Republicans seem to want the law to fail since it originated from the Democrat party. There is a political stalemate of intergovernmental relations at this juncture of our practice of federalism. In a federalism as we have seen from the literature the states are independent and could engage in any issue that is

not exclusive to the federal government, such as health and education. Since the intention of the federal government is to support the states to provide the American people with an affordable healthcare, one would expect any well-meaning state government to follow suit to enable a successful implementation. But, that's not the case in this situation. This paper concludes that the federal interventions on the ACA have not failed, but what has failed the American people is the partisan politics attached to the implementation. The second problem identified is in the character of leadership, which can be solved only by Christian statesmanship.

A Christian statesman, who has the fear of the Lord would stay away from partisan politics knowing full well that the welfare of the people should be over and above any political or partisan sentiments. The secular statesman or leader sees party first and looks to the next election and by all means would follow his party leanings. But, a Christian statesman understands that the purpose of living is to fulfil God's purpose for man on earth. The Christian statesman looks up to the scriptures for guidance and strength. He is committed to providing good leadership that will give hope, love and comfort to the less privileged, as opposed to his personal benefits. The solution to the implementation of the ACA is in the statesman, imbibing a true Christian faith based on the scriptures and doing the right thing according to God's command irrespective of party affiliation, this will engender true federalism and positive intergovernmental relations.

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