Long road to reform didn't end with bill's passage

By Elizabeth Langton, J.K. Nickell and Yingda Bi
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The president, sporting a toothy grin, strides down the aisle of the House chamber, surrounded by robust applause. The first lady and their daughter watch from a balcony perch as he greets his vice president and the speaker of the House. He launches into a 43-minute speech touching on peace, energy, trade and other policies, but his voice resounds across the chamber over his call to action: a broad overhaul of the nation's health care system.

"The time is at hand this year to bring comprehensive, high-quality health care within the reach of every American," he says. "I shall propose a sweeping new program that will assure comprehensive health insurance protection to millions of Americans who cannot now obtain it or afford it, with vastly improved protection against catastrophic illnesses."

If the president's ambitious health care proposal for millions of uninsured Americans sounds familiar, you might be surprised to learn that this pledge wasn't made by Barack Obama. It was made by Richard Nixon in his 1974 State of the Union address just six months before his resignation.

The idea of comprehensive health coverage for Americans dates back to Theodore Roosevelt's unsuccessful second bid for the presidency as a third-party candidate. Other presidents, from Harry Truman to Bill Clinton, championed comprehensive health care for all Americans. Several proposals met with success — Medicare, Medicaid, the Children's Health Insurance Program, prescription drug coverage for seniors — but the larger goal of near-universal coverage wasn't achieved until President Obama and Democrats in Congress pushed through the Patient Protection and Affordable Care Act in 2010.

"The bill I'm signing will set in motion reforms that generations of Americans have fought for and marched for and hungered to see," Obama said at the bill's March 23, 2010, signing.

The landmark legislation aims to reduce rising health care costs while providing health insurance to some 32 million uninsured Americans.

Support has been anything but universal. The bill cleared Congress without a Republican vote. The House split 219-212, the Senate 60-30. Town hall meetings ahead of the vote devolved into shouting matches and, in some cases, violence.

The U.S. Supreme Court plans to hear in late March a case brought by 26 states, a business federation and individuals that are challenging the law's mandate that individuals must buy health insurance. A ruling may come in June, in time to influence the November presidential election.

No matter what the Supreme Court decides, however, Republicans vow to overturn the legislation even though some of the law's reforms have been implemented.

"It's obvious the president has done harm to health care, to our economy and to the American people," Sen. Jim DeMint, R-S.C., said at an October press conference for repeal of the health care law. "We have got to stop this before it is implemented. We cannot wait for the courts."

Since America's birth, health care has always been a deeply personal, emotionally charged issue. "We've always had this struggle about how we see health care," said David Rosner, a professor of sociomedical sciences at Columbia University. "So when we try to discuss a national health care system, or some form of national responsibility, we always get caught up in this battle about who really deserves community assets. Should we be providing for ourselves or should we as a society provide for each other?"

The German government inaugurated a national health care system in the early 1900s. England forged its system after World War II and other developed nations, such as France and Sweden, soon followed.

The Canadian provinces provided its citizens access to health care until 1957, when the national government took over.

Jason Clemens, director of research for the Macdonald Laurier Institute, a conservative public policy think tank located in Ottawa, advocates for medical co-payments and more private participation in Canadian health care, but not the adoption of the U.S. model. While some critics cite that country's waiting periods as a problem with universal access, research has found about 65 percent of Canadians are able to see their primary care doctor within a day. And unlike Canadians, Americans had no guarantee that those suffering from a chronic disease or catastrophic illness wouldn't have their insurance cut off — until the passage of the Patient Protection and Affordable Care Act.

"If, God forbid, I get really ill, I don't have to compound it with, 'Am I going to bankrupt my family?'" said Raisa Deber, public health professor at the University of Toronto.

Over the years, efforts by both Republicans and Democrats to provide comprehensive health care in the U.S. have been caught up in intense infighting waged by state governments,

businesses and special interest groups. Today, the struggle to define the collective responsibility for health care has escalated into an ideological war. Politicians and citizens alike remain divided over whether health care is a personal or social responsibility.

Public opinion of the new health care law vacillates. In October 2011, 51 percent of people professed an unfavorable view of the bill compared to 34 percent favorable, according to monthly polls by the nonprofit Kaiser Family Foundation, which performs independent health-policy analysis. A month earlier, the poll split 43 percent unfavorable to 41 percent favorable. Since October, the gap has closed, with the January poll reporting 44 percent unfavorable and 37 percent favorable.

"Americans are still at odds over the most basic question about health care: whether it is a requirement for a free life that the community has an obligation to provide or a good that needs to be earned (and if you can't earn it, too bad for you)," writes health care scholar Paul Starr, in his book *Remedy and Reaction: The Peculiar American Struggle Over Health Care Reform*.

Some who believe that health care should be earned tend to attach a social stigma to "free" health care programs. Some think "Medicare is for grandma and grandpa, who paid into the Social Security system and a Medicare premium all their lives," Rosner said. "And Medicaid is seen as [a benefit] for people who are not worthy."

Many opponents of the law say they want to expand access to health insurance but believe the free market, not the federal government, should lead the way.

"The risk of health care reforms that expand government control over health care … is that they would further reduce innovation and lead to even less-prudent resource decisions," wrote Michael F. Cannon, director of health policy studies at the conservative-leaning Cato Institute, in a 2009 policy analysis.