

Health Policy Review

Evolution of US Health Care Reform

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Major health policy creation or changes, including governmental and private policies affecting health care delivery are based on health care reform(s). Health care reform has been a global issue over the years and the United States has seen proposals for multiple reforms over the years. A successful, health care proposal in the United States with involvement of the federal government was the short-lived establishment of the first system of national medical care in the South. In the 20th century, the United States was influenced by progressivism leading to the initiation of efforts to achieve universal coverage, supported by a Republican presidential candidate, Theodore Roosevelt. In 1933, Franklin D. Roosevelt, a Democrat, included a publicly funded health care program while drafting provisions to Social Security legislation, which was eliminated from the final legislation. Subsequently, multiple proposals were introduced, starting in 1949 with President Harry S Truman who proposed universal health care; the proposal by Lyndon B. Johnson with Social Security Act in 1965 which created Medicare and Medicaid; proposals by Ted Kennedy and President Richard Nixon that promoted variations of universal health care. Presidential candidate Jimmy Carter also proposed universal health care. This was followed by an effort by President Bill Clinton and headed by first lady Hillary Clinton in 1993, but was not enacted into law. Finally, the election of President Barack Obama and control of both houses of Congress by the Democrats led to the passage of the Affordable Care Act (ACA), often referred to as "ObamaCare" was signed into law in March 2010. Since then, the ACA, or Obamacare, has become a centerpiece of political campaigning. The Republicans now control the presidency and both houses of Congress and are attempting to repeal and replace the ACA.

Key words: Health care reform, Affordable Care Act (ACA), Obamacare, Medicare, Medicaid, American Health Care Act

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Health care reform is a general rubric used for discussing major health policy creation or changes. These policy changes include governmental and private policies that affect health care delivery. Health care reform generally attempts to broaden the population that receives health care coverage, expand the array of health care providers, improve access to health care specialists, improve the quality of health care, and, finally, decrease the cost of health care. The issue of health care reform in the United States has been the subject of debate by all political parties since the early part of the 18th century. Over

the years, numerous efforts have been made to reform health care in the United States, with few successes and numerous failures. One of the earliest health care proposals in the United States at the federal level was the 1854 Bill for the Benefit of Indigent Insane. It was vetoed by the 14th president, Franklin Pierce, a Democrat, who argued that the federal government should not commit itself to social welfare (1). The first involvement of the federal government in health care was the short-lived establishment of the first system of national medical care in the South with construction of 40 hospitals and the employment of over 120

physicians after the Civil War (2,3).

At the beginning of the 20th century, both Europe and the United States (4,5) were influenced by progressivism with many European countries passing the first social welfare acts and government-run or voluntarily subsidized health care programs (6), and the passage of the National Insurance Act of 1911 in the United Kingdom. Efforts to achieve universal coverage in the United States were initiated with the support of a Republican presidential candidate, Theodore Roosevelt, who lost his party's nomination a second time in 1912, even though he was president from 1901 to 1909. In 1933, Franklin D. Roosevelt, a Democrat, while drafting provisions to Social Security legislation, also included publicly funded health care programs. Subsequently, multiple private insurers, including Blue Cross, emerged with multiple groups of hospitals (7,8). In 1949, President Harry S. Truman, also a Democrat, proposed universal health care, which failed to pass (8-10). Organized medicine's opposition to universal health care was standard for decades starting in 1912 until the support of Obamacare in 2010 (7,11).

Among the significant changes in health care coverage, in 1951, the Internal Revenue Service ruled group premiums paid by employer is a tax-deductible business expense, solidifying third party insurance companies' place as primary providers of access to health care in the United States, which continues to be a focus of discussions (6).

However, the most significant change in United States health coverage was Medicare and Medicaid being signed into law on July 30, 1965, by President Lyndon B. Johnson (6). Despite opposition from the American Medical Association and insurance companies, who described it as socialized medicine, claiming it would reduce the quality of care and was un-American, it passed with bipartisan support (313 to 115 vote in the House and 68 to 21 vote in the Senate) and was signed into law in Missouri – Harry S Truman's birth state (6).

In the 1970s, Republicans and Democrats in the U.S. Congress introduced 3 proposals for national health insurance financed by payroll taxes and general federal revenues (12). Of note, in 1970, Senator Ted Kennedy introduced 2 national health insurance bills proposing universal national health insurance, and in 1971, President Richard Nixon proposed a more limited health insurance reform, which included a private health insurance employer mandate and federalization of Medicaid for the poor with dependent minor children (12). Due to the failure of all these proposals, 3 years later,

Nixon proposed more comprehensive health insurance reform, with an employer mandate to offer private health insurance and replacement of Medicaid by state run health insurance plans available to all with income-based premiums and cost sharing (12). Nixon's initiative and the bill by Kennedy, which included near universal national health insurance with benefits identical to the expanded Nixon plan, were criticized by labor and senior citizen organizations because of their substantial cost sharing, leading to their failure (12).

Presidential candidate Jimmy Carter in 1976 and Senator Kennedy in 1979 proposed universal national health insurance bills without success. In the 1980s, the only major legislation was the Consolidated Omnibus Budget Reconciliation Act of 1985, or COBRA, that amended the Employment Retirement Income Security Act of 1974 (ERISA) to give some employees the ability to continue health insurance coverage after leaving employment (13). The next major push for comprehensive health care reform was from President Bill Clinton, headed up by first lady Hillary Clinton in 1993, which was not enacted into law (14). During the Clinton presidency, the State Children's Health Insurance Program (SCHIP) and Health Insurance Portability and Accountability Act (HIPAA) (15), were enacted. HIPAA, which essentially was part of Clinton's Health Security Act, became the major health care regulation with fraud, abuse, security, and privacy regulations.

In the 2000s, George W. Bush presided over Republican majorities in Congress and embraced expanded Medicare coverage of prescription drugs with the passage of the Medicare Modernization Act (MMA) (16). During the same time, Massachusetts in 2006 undertook efforts to offer greater coverage for their residents, and achieved near universal health insurance coverage (17-19). This was seen as a template for health care plans for the major Democratic candidates for president in 2008, even though it was proposed by a Republican governor, Mitt Romney. The election of President Barack Obama and control of both houses of Congress by Democrats, led to the passage of the Affordable Care Act (ACA) (20-26). The ACA was signed into law in March 2010 with most of the changes staggered over the following 4 years. This resulted in the Democrats losing the House of Representatives and a reduction in the number of senate seats in 2010 for the Democrats.

Thus, the ACA, the signature legislation of President Obama, was arguably the most consequential and comprehensive health care reform since Medicare was introduced as part of President Lyndon B. Johnson's

Great Society. Multiple advantages, disadvantages, and achievements or lack thereof have been reported regarding the ACA (23-27) from supporters, opponents, and those in the trenches who have a pragmatic view. Supporters claim that many ACA reforms are now integrated in the health system and they have increased insurance coverage for 20 million Americans, reduced costs, and improved quality of care. These assertions often have been disputed; the Republican Congress over the past 6 years, and more recently President Trump and the Republican Congress, have rejected this idea and called for repeal and replacement claiming that the ACA law cannot be sustained on its own and cannot be fixed. There have been multiple proposals by Republicans over the years to repeal and replace ObamaCare; however, none of them have materialized. Now with a trifecta of a Republican-controlled Congress and presidency, Republicans have introduced legislation to repeal and replace ObamaCare, namely the American Health Care Act (28). This legislation also faces multiple skeptics and opposition from various groups, very similar to the ACA when it was proposed in 2009. Multiple issues continue to remain with ObamaCare and multiple different issues may be pervasive with the newly introduced American Health Care Act (20-29). It has been described that ObamaCare doesn't work well for the working and middle class who get much less support, particularly those who earn more than 400% of the federal poverty level, who also constitute 40% of the population. Since many do not do well under the law, only about 40% of those eligible for a subsidy have signed up. With so many insurers declaring losses, the ACA is not financially sustainable because not enough healthy people are on the rolls to pay for the sick (29). Just like ObamaCare which worked best for the poorest to have affordable health insurance, but not always coverage, with all program subsidies tilting in favor of the poor, Republicans are proposing a very attractive program for the better off with the Medicaid rollback, affecting some of the poor to be insured under Medicare. The American Health Care Act has been introduced to fit the Senate's budget reconciliation rules; consequently, it faces nu-

merous disadvantages (28,29). Other than budget reconciliation in the Senate, it has to become bipartisan, unlike ObamaCare. Consequently, it is predicted that if the American Health Care Act ever becomes the law, it will be financially unsustainable as many won't buy it, and those who do will be disproportionately sick. The uninsured population may also increase due to significant modifications in Medicaid funding to the states. It also appears that ObamaCare has not improved quality and access and similarly, the American Health Care Act will not improve quality or coverage of health care, as we have described in the manuscript titled, A Critical Analysis of ObamaCare: Affordable Care or Insurance for Many and Coverage for Few? (27).

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Conflict of interest

Dr. Manchikanti has provided limited consulting services to Semnur Pharmaceuticals, Incorporated, which is developing nonparticulate steroids. Dr. Helm is a clinical investigator with Epimed and receives research support from Cephalon/Teva, AstraZeneca, and Purdue Pharma, LP. He has attended an advisory group meeting for Activas. Dr. Benyamin and Dr. Hirsch are consultants for Medtronic.

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