

It is no secret that our nation is in desperate need of federal reform. Health care costs are skyrocketing, millions are without coverage, and our quality of care falls behind many other first world countries. However, in light of recent events revolving around federal reform, opponents in Congress are constantly referencing the “voice of the people.” They vehemently argue that “the people” do not want Congress to move forward with in the reform process. Statistics are being thrown left and right, claiming that large percentages of citizens oppose reform legislation. The recent election of Senator-elect Scott Brown (R-Mass), who promises to defeat the bill, is being paraded as an indication that the people of the United States want health care reform to fail.¹

This is not the first time that reform has been a victim of strong opposition (whether local, state, or national) spearheaded by special interest organizations dedicated to its defeat. In fact, reform efforts have faced strong resistance since the early 1900s. Over the past 50 years alone, three presidents have taken stabs at overhauling our health care system; Nixon in 1971, Clinton in 1994 and Obama in 2009.² All three faced major opposition, which eventually led to the demise of the Nixon and Clinton plans.³ But, how much of an indicator is resistance in predicting the success of health reform?

In 1965, a national survey reported that 44 percent of the elderly, ages 65 and older, were without health coverage.⁴ Health reform proposals had been on and off the table since the Roosevelt administration in the 1912. In 1965, The Johnson administration merged three proposals, Medicare (House Ways and Means Committee), an expansion of “Eldercare” (Kerr-Mills), and a proposal for federal subsidies to purchase private coverage called “Bettercare” (Aetna). The final bill, Title XVII and Title XIX of the Social Security Act of 1965, consisted of Medicare Part A, Medicare Part B and Medicaid.^{5 6} Medicare Part A was to cover hospital care, skilled nursing and home health care and Part B was optional, paid in premiums, and covered physician care.⁷ In its first year alone, Medicare expanded coverage to approximately 19 million beneficiaries.⁸

A strong Medicare opponent was the American Medical Association (AMA), who labeled it “socialized medicine” and created a political arm to lobby against it.⁹ Over 40 years after the creation of Medicare, a 2009 Kaiser Family Foundation poll found that an overwhelming majority of the population, 95 percent, feel that the Medicare program is either “very important” (77 percent) or “somewhat important” (18 percent) to the country as a whole, while only 2 percent feel it is either “not too important” (1 percent) or “not at all important” (1 percent).¹⁰ However, a 1965 Gallup poll taken prior to the implementation of Medicare found that only 63 percent of the population approved of the proposal while 28 percent disapproved.¹¹

These polls indicate a 32 percent increase in approval from when the legislation was merely in its idea phase to 45 years after its implementation. They also represent a 26 percent decrease in *disapproval*. Had the opposition been successful, we might have

never had Medicare and our elderly population would still be struggling to pay hospital and doctor bills or, even worse, going without health care at all.

As premiums skyrocket, quality of care in the United States fails to measure up to other first world countries, and national reform drags its feet, 17 states have initiated a reform overhaul that would provide near universal coverage to its residents. Of them, four have succeeded.¹²

In 2006, it was estimated that 650,000 residents of Massachusetts were uninsured.¹³ On April 12, 2006, Massachusetts enacted Chapter 58 of the Acts of 2006 in order to provide universal coverage for the state of Massachusetts. This was done through subsidized coverage for individuals and families with incomes less than 300% of FPL, improving quality and affordability, children's coverage expansion, an individual mandate, and a modest employer "pay or play" requirement. Since 2007, 430,000 uninsured individuals had obtained health insurance; over 97% of the population now has coverage.¹⁴

Strong opponents had successfully stalled Massachusetts's reform efforts until 2006.¹⁵ Harvard School of Public Health and Blue Cross Blue Shield of Massachusetts Foundation conducted surveys before and after the enactment of Chapter 58. In September 2006, 61 percent of those aware of the law supported it while 20 percent opposed it. In June 2008, 69 percent of those aware of the law supported it while 22 percent opposed it.¹⁶ According to a report by the Massachusetts Health Connector, one survey found that support was as high as 75 percent.¹⁷ In addition, satisfaction among workers with their employer-sponsored coverage was significantly higher in fall 2008 than fall 2006.¹⁸

Massachusetts legislators managed to overcome past opposition and, as a result, almost all citizens of Massachusetts now have health coverage. In addition, the statistics regarding attitudes towards the reform represent a notable 8 to 14 percent increase in support in only two years following implementation.

In 2006, the city of San Francisco moved forward with its own reform. The San Francisco Department of Public Health estimated that 60,000 adults, or 11 percent of the non-elderly population, living in San Francisco City were uninsured in 2006. A July 25, 2006 unanimous vote by the San Francisco Board of Supervisors created Healthy San Francisco, a program that would provide health care to all uninsured residents by increasing access and affordability. Since 2007, over 45,000 people have enrolled in Healthy San Francisco.¹⁹

Although no data was found regarding attitudes towards Healthy San Francisco during discussion and debate phase, a 2009 survey found that 94 percent of participants report high levels of satisfaction with the program, two years after implementation.²⁰ Not only has San Francisco expanded coverage to 75% of their uninsured, but almost all of those receiving coverage are extremely satisfied with the coverage.

The Golden Gate Restaurant Association (GGRA) strongly opposed the San Francisco measure and, in an attempt to block its passing filed a lawsuit against the city arguing that it contained an employer mandate in violation of ERISA. Although the GGRA concerns attracted public attention and spread wide concern, Healthy San Francisco has been an overwhelming success among participants and has expanded coverage to over three-quarters of the city's uninsured.

Once health care reforms are in effect, statistics show that not only is coverage expanded but public satisfaction and approval increase. In an attempt to kill the current legislation, opposition has poured millions and millions of dollars into lobbying against it. Their opinions are elaborate, loud, and resonant. Their arguments neither predict the potential overall success of the bill nor the "voice of the people" once costs are contained, quality improves, and the uninsured gain access to coverage. The opposition to reform decreases once it has been passed and implemented and its benefits realized.

Another matter of note during the current health care reform debate is that, despite accusations that the potential legislation is a Democratic plan with strong elements of socialized medicine, many of the fundamental elements of current legislation actually bear strong resemblance to Republican proposals. In 1971, Republican President Richard Nixon proposed a health care overhaul that would require *all* companies to provide health insurance and impose even tighter regulations on insurers.²¹ In 2006, Republican Governor Mitt Romney spearheaded and passed a health care overhaul in Massachusetts. The plan includes the individual mandate, fewer affordability subsidies and higher tax penalties than federally proposed for those who do not purchase insurance.²² And, in 2007 Republican Governor Arnold Schwarzenegger proposed then negotiated a universal coverage plan for California, ABX1 1. The plan included an employer payroll contribution of up to 6.5%.²³ While current efforts are being labeled as "socialist", in fact important policy elements of the proposal derive from the earlier proposals promoted by Republican Governors and a Republican President. Similar policies have long been successfully implemented in Germany, Switzerland and The Netherlands.^{24 25 26}

It is vital to our society that our focus remains on the long-term viability and sustainability of support for health care reform. Although there will be uncomfortable up-front costs and struggles, there are major long-term savings and advantages that must be emphasized. While opposing special interest groups recruit supporters, the reform opportunity can slip through our fingers, not to resurface for another 20 years. In my opinion, it is time for us to make history in passing a much-needed and long-awaited health reform that will provide quality, affordable coverage for all our nation's citizens.

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¹ Jones, Jeffrey M. "In U.S., Majority Favors Suspending Work on Healthcare Bill." *Gallup.Com - Daily News, Polls, Public Opinion on Government, Politics, Economics, Management*. 22 Jan. 2010. Accessed from: <<http://www.gallup.com/poll/125327/Majority-Favors-Suspending-Work-Healthcare-Bill.aspx>>.

² Davis, Karen and Stremikis, Kristof. "The Costs of Failure: Economic Consequences of Failure to Enact Nixon, Carter, and Clinton Health Reforms." *The Commonwealth Fund Blog*. 21 Dec. 2009. Accessed from:

<<http://www.commonwealthfund.org/Content/Blog/The-Costs-of-Failure.aspx>>.

³ Focus on Health Reform. National Health Insurance – A Brief History of Reform Efforts in the U.S. *Henry J. Kaiser Family Foundation*. Mar. 2009. Accessed from:

<http://docs.google.com/viewer?a=v&q=cache:IOTg4qsNeRoJ:www.kff.org/healthreform/upload/7871.pdf+national+health+insurance++a+brief+of+reform+efforrts+in+the+us+kaiser&hl=en&gl=us&pid=bl&srcid=ADGEESjpb6_S4kDuklvrVCmECuBHhHX5Xg1xFy2h8IWhXaZclYEFY8dF697SIDO-wM7cybj5aaumk-6gdPflQVB3z-QD6JqAd0sasg4i7owIofXHItPu5oud6nS_bwOu9xD1yjn7MLsp&sig=AHIEtbR-b1c752O53HoHIQ86VnIF8am7vA> .

⁴ Hareyan, Armen. "The History of Medicare, Affordable Health Insurance." *Daily Health News | Emaxhealth*. 29 Jan. 2005. Accessed from:

<<http://www.emaxhealth.com/72/1272.html>>.

⁵ Hareyan, A., 2005

⁶ Focus on Health Reform, 2009

⁷ Focus on Health Reform, 2009

⁸ Hareyan, A., 2005

⁹ Focus on Health Reform, 2009

¹⁰ "Public Opinion on Health Care Issues." *Kaiser Health Tracking Poll (2009)*: 10. *Henry J. Kaiser Family Foundation*. Apr. 2009. Accessed from:

<<http://www.kff.org/kaiserpolls/upload/7891.pdf>>.

¹¹ Kohut, Andrew. "Would Americans Welcome Medicare if it Were Being Proposed in 2009?." *Pew Research Center*. 19 Aug. 2009. Accessed from:

<<http://pewresearch.org/pubs/1317/would-americans-welcome-medicare-if-proposed-in-2009>>.

¹² "States Moving Towards Comprehensive Health Care Reform." *The Henry J. Kaiser Family Foundation*. The Kaiser Commission on Medicaid and the Uninsured, 19 May 2009. Accessed from: <http://www.kff.org/uninsured/kcmu_statehealthreform.cfm>.

Also to be noted with caution are the repeals of earlier expansions in Massachusetts, Oregon and Tennessee after the Governor's office changed hands.

¹³ "States Moving Towards Comprehensive Health Care Reform - Massachusetts." *The Henry J. Kaiser Family Foundation*. The Kaiser Commission on Medicaid and the Uninsured, 19 May 2009. Accessed from

<http://www.kff.org/uninsured/statehealthreform/ma.cfm>

¹⁴ "Massachusetts Health Care Reform: Three Years Later." *The Kaiser Commission on Medicaid and the Uninsured*: 1. *Henry J. Kaiser Family Foundation*. Sept. 2009.

<<http://www.kff.org/uninsured/upload/7777-02.pdf>>.

¹⁵ Schoeff, Jr., Mark. "State health care mandates make some political progress; But the business community's firm opposition to such measures has kept proposals from becoming law." (The Insider)." *Workforce Management*. 1 Aug. 2005. Accessed from:

<<http://www.highbeam.com/doc/1G1-135049872.html>>.

¹⁶ Blendon, Robert J., Sussman, Tara and Benson, John M. "Massachusetts Health Reform: A Public Perspective from Debate Through Implementation." *Health Affairs* 27.6 (2008): 28. *Blue Cross Foundation*. Project Hope, 28 Oct. 2008. Accessed from: <<http://bluecrossfoundation.org/~media/Files/Policy/Policy%20Publications/081028MHRPublicPerspectiveBlendon.pdf>>.

¹⁷ *Health Reform Facts and Figures*. Massachusetts Health Connector, Dec. 2009.

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¹⁸ "Employer Coverage Strengthening in MA." Web log post. *A Healthy Blog*. Health Care for All – MA Health Reform, 01 Oct. 2009. Accessed from:

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¹⁹ Singh, Rakesh. "Healthy San Francisco Enrollees Express High Levels of Satisfaction With City's Health Access Program and Survey Shows Signs of Improved Access to Care." The Henry J. Kaiser Family Foundation, 26 Aug. 2009. Accessed from:

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²⁰ Singh, R., 2009

²¹ Krugman, Paul. "Missing Richard Nixon." *The New York Times*. 30 Aug. 2009.

Accessed from: <http://www.nytimes.com/2009/08/31/opinion/31krugman.html?_r=2>.

²² "Health Care's Biggest Hypocrite — Or Hero." *Opinion - Opinionator Blog - NYTimes.com*. The New York Times, 6 Jan. 2010. Accessed from:

<<http://opinionator.blogs.nytimes.com/2010/01/06/health-cares-biggest-hypocrite-or-hero/>>.

²³ "ABX1 1 (Núñez/Perata): 'Legislative Compromise Proposal'" *California Health Care Reform - News. Insight. Debate. - CalHealthReform.org*. California HealthCare Foundation, 07 Jan. 2008. Accessed from: <<http://calhealthreform.org/content/view/58>>.

²⁴ Dougherty, Adam. "Germany: The Health Care System." *Insure the Uninsured Project*. 12 Jun. 2008. Accessed from:

<<http://www.itup.org/Reports/Fresh%20Thinking/Germany.pdf>>

²⁵ Dougherty, Adam. "Switzerland: The Health Care System." *Insure the Uninsured Project*. 9 Jul. 2008. Accessed from:

<<http://www.itup.org/Reports/Fresh%20Thinking/Switzerland.pdf>>

²⁶ Dougherty, Adam. "Netherlands: The Health Care System." *Insure the Uninsured Project*. 12 Jun. 2008. Accessed from:

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