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Health Care Reform

Health care in America is in crisis. Even though the United States is the one of the most industrialized nations in the world and the most advanced country in regards to medical professionals, technology, and practices, it has lagged behind other industrialized nations in extending health care insurance to their citizens. As a result, millions of Americans have lacked basic health coverage due to the combination of the ever-rising costs of health care and their economic statuses that determine their ability to obtain coverage. Many people have viewed this as an injustice and many have attempted to correct this throughout the past century. While progress has been made at times in its history, the achievement of national health coverage has always been eluded.

The significant efforts that were launched for health care reform have been met with defeat every time, from Franklin Roosevelt's attempt in the mid-1930s to Bill Clinton's push in the early 1990s, with a few rare exceptions. It was not until Barack Obama signed into law the Patient Protection and Affordable Care Act in 2010 that these efforts to expand health coverage achieved success. This was a long-awaited achievement and it came at a high price, but it is expected to help over 30 million Americans acquire health insurance. Despite the measures of reform that are expected to lower costs and reduce the number of uninsured Americans, opponents to the new law are doing everything they can (as they did prior to the law's passage) to undue it through various means, from outright repeal to restricting funding for its provisions. The debate that is now surrounding the Affordable Care Act is not only about the law itself, but it also includes what health care reform should look like as well as whether or not universal health care is something that should be a priority in America.

In this paper I will give an overview of health care reform in America by discussing the initial efforts of Roosevelt in the 1930s, Johnson's enactment of the Medicare and Medicaid programs in the 1960s, and Clinton's failed efforts to overhaul the health care system in the 1990s. I will examine the growing problems of the modern era that have led to the most recent debate over health care reform. Next, I will examine the events that led up to the passing of the Affordable Health Care Act in 2010, focusing on what the new law entails, why there are so many people who want to repeal what they call "Obamacare," and what efforts are currently being taken by opponents to undermine health care reform. From this discussion, I will provide recommendations for how the health care system should be addressed so that health care can be extended to all Americans.

Medicare & Medicaid

The first significant efforts made by the United States government to provide Americans with health care were by President Franklin D. Roosevelt in 1935 when he attempted to “include some kind of national health insurance program in Social Security.”¹ Social Security was part of Roosevelt’s efforts to develop a progressive social contract in which the government would provide aid and assistance to Americans through old-age benefits, unemployment insurance, and health care. This was not a new concept, as many industrialized nations had already adopted similar social contracts as early as the 1880s. Roosevelt was not trying to catch up with these other nations as much as he was working to help Americans who had been devastated by the Great Depression, especially the elderly who had lost everything and were no longer able to work. Health care was discussed as being included in this social insurance but Roosevelt found that “opposition to this idea from medical societies was so strong” that in the end he “never seriously considered it.”² President Roosevelt’s failed efforts were followed by President Harry S Truman’s proposal for a “national health care program with an insurance fund into which everyone would pay.”³ This proposal ended up being one of several proposals from Truman that were rejected by the Republican-dominated 80th Congress that had been elected in 1946 and seemed determined to embarrass and stall the president in pursuing his agenda.

Following Truman’s rejected proposals, members of Congress tried to start health care discussions in the years 1947, 1949, and 1957, but these efforts also saw no success.⁴ The greatest strides toward national health coverage were made in the 1960s under the leadership of President Lyndon B. Johnson. Health care spending in the United States had reached \$28 billion, which amounted to 5.2 percent of the U.S. gross domestic product (GDP).⁵ In his first State of the Union address on January 8, 1964, President Johnson challenged the Congress to be the one “which finally recognized the health needs of all of our older citizens.”⁶ He continued to push for this to be achieved, promising that “we are going to fight for medical care for the aged as long as we have breath in our bodies.”⁷ To push these proposals forward, Johnson applied his extensive knowledge of the legislative process so that they could make their way through Congress and onto the president’s desk for enactment. After several impressive maneuvers such as assembling an astute legislative staff, public promotion, and even some arm-twisting of members of Congress by the president himself, H.R. 6675, The Social Security Amendments of 1965, was passed in July 1965. President Johnson went to Independence, Missouri to sign the legislation into law on July 30 with

former President Truman and his wife Bess in attendance so they could be made the first beneficiaries of the new program called “Medicare,” which was similar to a proposal that Truman had included in his Fair Deal.⁸

The Social Security Amendments of 1965 actually created two programs: Medicare and Medicaid. Medicare was created as “a new social insurance program” administered by the federal government that would provide health care coverage to Americans who are at least sixty-five years old.⁹ Medicaid is a program that is run jointly by the federal and state governments and provides health care coverage for Americans with low-incomes and those who live in poverty. It provides health coverage for adults and children who meet eligibility requirements including coverage for seniors and the disabled who need to be cared for in nursing home facilities. These programs have had some changes and modifications made over the years. Take Medicare for example: at the beginning it was made up of only two parts, Part A: Hospital Insurance and Part B: Medical Insurance. Each provided the carriers with help to pay for medical services.^{*} In 1997, Medicare obtained a third part, Part C: Medicare Advantage Plans, which allowed beneficiaries to receive Medicare benefits through their private insurance plans.[†] In 2006, a fourth part was added, Part D: Prescription Drug plans.[‡] Over time, both programs continued to extend health coverage to those that met their eligibility requirements as “the poor and elderly received significantly more help when facing catastrophic illnesses” which in turn “helped to lower significantly the number of elderly poor.”¹⁰ However, uninsured Americans who were neither poor nor elderly still were unable to obtain affordable health care and they continued to be without coverage.

It should be recognized that Medicare and Medicaid were significant accomplishments in the efforts to expand health insurance to more Americans. Even though they did not insure every American, these programs were groundbreaking enactments in the American health care system. However, they came at a heavy price, because as people with their newly-acquired insurance began to use it, the cost of the programs rose by more than 500 percent in the first ten years.¹¹ By the 1980s, these conditions resulted in a public health crisis and, although health care spending had reached unprecedented levels, the overall health of Americans had not improved.¹² In addition to the rapidly increasing costs, “more than 30 million Americans had no health insurance.”¹³

^{*} Medicare Part A provides coverage for hospital stays, and also covers costs of nursing facilities and hospice. Part B provides coverage for medical services (doctor visits and outpatient care) and medical supplies, and requires a premium to be paid.

[†] Medicare Part C is essentially a combination of Parts A and B, but is administered through private insurance companies that will sometimes offer more benefits and lower costs.

[‡] Medicare Part D covers all essential prescription drugs through various plans that people can choose from, as different plans cover different drugs. A premium must also be paid, but people can choose from plans that will best meet their needs.

The Clinton Administration

Since the creation of Medicare and Medicaid, there were many attempts to expand health coverage to more Americans but there were no successes in implementing a universal health care program. There was no shortage of proposals in these decades, and both President Richard Nixon and President Jimmy Carter submitted proposals to extend health care to all Americans. Their proposals, which attempted to maintain both private and public programs, were criticized by those who opposed tax-funded, government-administered health care and others who advocated for public coverage replacing the private insurance that did not work. The result of these disagreements between the two mindsets was the continuation of rising costs and numbers of the uninsured. By 1980, spending on health care in the United States had reached over \$250 billion (9 percent of GDP), which was an increase of over 900 percent since 1960.

It was not until the 1990s that the greatest effort to overhaul the American health care system would be attempted since President Richard Nixon's health care proposals, which were rejected in 1974. When he entered office, President Bill Clinton faced a troubled economy and a wasteful and inefficient health care system that needed to be reformed. The Clinton administration was concerned that health care reform would be too expensive to pursue along with all of the other campaign pledges that the administration was attempting to implement, which included a stimulus, a tax cut for the middle-class, and new investments, all of which were expensive and could potentially increase the deficit. At the same time, climbing health care costs were expected to demand large portions of the economic growth in upcoming years, just as they had in the previous decade, as the amount spent on health care went from \$253 billion in 1980 to \$714 billion in 1990.¹⁴ Despite the increases in costs and spending about 14 percent of the gross national product on health care, forty million Americans were still uninsured.¹⁵ Clinton's administration believed that "reforming the system and containing costs could realize huge savings in the federal budget," and would appease both proponents of universal health care and conservatives who wanted to save money.¹⁶ Polls that had been taken showed that as many as two-thirds of Americans supported tax-funded national health care coverage.¹⁷

Upon deciding to pursue health care reform, Clinton selected his wife, First Lady Hillary Rodham Clinton, to lead the task force charged with developing proposals for reform which was "the most important and influential role ever explicitly assigned to a First Lady."¹⁸ The First Lady and her team were charged with the responsibility of developing health-care reform legislation that could be presented to Congress in one hundred days. The health care

task force was to work with the president's economic team to develop plans that would produce remedies for both the economy and health care. The combining of the economic and health care proposals was what the First Lady and others in the task force recommended because of the logistics of getting the health care program passed. Standing alone, a health care reform bill faced potential filibusters by Senate Republicans meaning that a super-majority of sixty votes would be needed to prevent any filibusters. Since there were fifty-six Democrats and forty Republicans in the Senate at the time, combining health care reform proposals in the Budget Reconciliation Act appeared to be the safer route because under Senate rules the budget was not subject to the filibuster rule and could not be killed by only forty-one Republicans. There was debate within the White House staff about the merits of including health care reform with the economic plan and there was concern that it would cause complications for the provisions within the budget that they hoped to accomplish, such as lower interest rates.

President Clinton decided to submit his economic plan before including any health care proposals when he realized he could accomplish nothing else if the economic plan was not passed. He set a deadline for the health care announcement in May, which was then pushed to an even later date. When it finally came time to discuss the health care reform on Capitol Hill, they found that "the proposal's complexity helped make the plan an easy target for political opponents and businesses and health-care insurers and providers who feared its complicated rules and high costs."¹⁹ The proposals attracted opposition from multiple sources, many of which accused it of being high on bureaucracy and low on patients' choices. American conservatives and libertarians feared the growth of government's role in the health care system and they argued that more strict government regulations would contribute to higher costs. The other opposition came from the health insurance industry that, initially, was supportive of Clinton's reform proposals, along with others in the medical field who would later switch sides. Former Senate Majority Leader Tom Daschle (D-SD) recalled that "the AMA [American Medical Association] opposed them. The insurance companies opposed them. The doctors across the board, hospitals, you name it, they were on the other side."²⁰ They retracted their support when the proposals suggested that they would have to give up control of their industry to the government. To prevent passage of these proposals, the insurance industry and special interests went on the offensive and invested a hefty \$300 million to stop health-care reform.²¹ Their efforts entailed the use of lobbyists from special interests, advertising campaigns that included the infamous "Harry & Louise"

television commercials,* and campaign contributions to members of Congress whose proposals were the ones they favored. Opponents of the Clinton proposals used a strategy of “advertising, lobbying, and campaign contributions” to “create public anxiety and political paralysis,” and, according to Paul Starr of Princeton University, “the problem was not so much that the opponents had more resources, but that the supporters could not mobilize theirs.”²² The strong opposition that was thrown at the Clinton plan from the multiple fronts of opposition was completed when Senator Robert Dole (R-KN) decided to kill any chance of compromise giving the Clinton administration what the former president called “a good shellacking.”²³

Clinton was never able to mount any new efforts that would overhaul and reform the entire health care system as he attempted to do in 1993-94 during the rest of his administration as the 1994 midterm elections brought in a new wave of congressional Republicans which stymied Clinton’s efforts. He was able to propose and pass in 1997 the Children’s Health Insurance Program (CHIP) which extended health care to millions of American children, marking the “largest expansion of health insurance since Medicaid was enacted in 1965,” and “helped to bring about the first decline in twelve years in the number of Americans without health insurance.”²⁴ Other reforms were made in the American health care system, but nothing compared to what the Clintons had proposed.

The Patient Protection and Affordable Health Care Act

The need for health care reform was not forgotten by people after Clinton’s attempts for overhaul were defeated. Many people continued the efforts to achieve reform despite this loss and their efforts were rewarded by the passage of various pieces of legislation. But the perceived need for overhaul was not met and national health expenditures and the number of those uninsured continued to rise. According to the Congressional Budget Office, spending on health care rose from 14 percent of the GDP in 1990 to 16 percent in 2007 due to slow economic growth and rapid rises in health care spending.²⁵ By 2009, national health expenditures had reached \$2.4 trillion dollars (17.6 percent of GDP).²⁶ As spending rose, so did the number of the uninsured, rising from 38 million uninsured Americans to 46 million in the previous decade alone.²⁷ Advocates for reform kept pressing the issue and supporting rising politicians who were sympathetic to the cause and aware of the unsustainable nature of the current system. They were looking for a way to bring about a health care system in America that would extend coverage to all Americans as part of a new social contract much like Roosevelt wanted to do in 1935.

* The commercials with “Harry and Louise” were advertisements that featured two actors discussing the complexities of the Clinton health care reform’s strict regulations, and urged viewers to ask their congressional representatives to oppose reforms.

In order to effectively extend coverage to more Americans, something had to be done to correct a health care system that was high on the newest technology but lacking in effectiveness. Even though American health care is the envy of the world, with its skilled doctors and state-of-the-art medical technology it is in fact “wasteful, inefficient, increasingly irrational—and unsustainably expensive.”²⁸ The American health care system currently uses approximately 17 percent of the GDP (which is far higher than other nations), yet an estimated 45 million people are uninsured and even more do not receive the care that they need.²⁹ The fact that the United States was ranked thirty-first for life expectancy and thirty-seventh for infant mortality by the World Health Organization demonstrates that more money spent on health care does not always guarantee superior care. Even worse, the Congressional Budget Office (CBO) predicts that the cost of health care will climb higher in coming years as 25 percent of America’s GDP is expected to go to health care in 2025, 37 percent in 2050, and 49 percent in 2082. This will impact both American health care and other parts of American society. “The rising cost of insurance contributes to the stagnation of our wages,” wrote Alec MacGillis, and whatever funds are eaten up by health care costs are those that will no longer be available to be “invest[ed] in the engines of growth such as education, infrastructure and renewable energy.”³⁰

In order to know how to reform the system, you need to know what the parts of the system need reformed. Once these parts are known, then you can begin working to make them sustainable which in turn will make the whole more sustainable. According to the Centers for Medicare and Medicaid Services, the national health expenditures for 2008 were broken down into eleven categories. Of the \$2.3 trillion that was spent that year, over fifty percent of health expenditures were spent on hospital care and physician/clinical services, while the other nine categories (such as prescription drugs, program administration, and nursing home care) amounted to 10% or less each.³¹ These various expenditures will need to be understood and accounted for in order to reform them as a whole. To rein in the increasing costs of these expenditures, the factors that are causing these increases in spending must also be accounted for. The cost of technological advances and prescription drugs are believed to be leading contributors to rising costs of health care because not only is there the need to recoup the costs of the development of these new services and drugs, there is also demand by patients for state-of-the-art treatments. The facts that people now have longer life spans also contributes to rising costs because chronic illnesses are more common and require long-term, ongoing treatment and care and has been estimated to cost more than 75% of national health expenditures.³² Other factors that have contributed to cost increases include the aging population (the baby boomers are reaching their middle years as of 2011) and the administrative costs of health care which amounted to 7% in

2008 and is believed to be caused by the mixture of public and private systems which creates overhead costs and large profits that increase spending.³³

The impacts of rising health care costs have been felt by individual Americans and their families. The financial burdens caused by declining incomes have been compounded by the increase of the price of health care. For example, from 1999 to 2008, the average U.S. household income saw a 4.3 percent decline while the average total cost of employer-sponsored health insurance for a family has increased by more than 69 percent.³⁴ Whenever an employer has to pay higher premiums for their employees' health insurance, they are not able to also increase their employees' wages. Additionally, since the amount of the insurance policies that employees pay averaged 27 percent in both 1999 and 2008, when the average family premium rose by \$5,200 in this period of nine years, the amount that employees paid for their coverage rose by \$1,400. So in actuality, when these increases are accounted for, the 4.3 percent decline in average household incomes becomes a 7.3 percent decrease in average incomes.³⁵ The President's Council of Economic Advisors predicts that if these trends of rising costs were to continue, growth of workers' wages will slow down, decline, and turn negative by 2037.

Impacts are not felt exclusively by individuals and businesses, but are also endured by government budgets at the Federal, state, and local levels. The amount of Federal spending on health care has risen from 11.1 percent in 1980 to 25.2 percent in 2008 and, if these percentages continue to rise, it will result in "lower spending on other programs, higher taxes, or increases in the Federal deficit."³⁶ For states to continue funding their portion of Medicaid, they will be required to reduce their levels of spending in other areas or raise taxes. These problems that we are faced with in the American health care system did not occur overnight; rather, they have been growing from the lack of reform and will keep growing if they continue to be ignored. No matter how you look at it, whether it is from an economic perspective or from a human perspective, it is clear that reform of the American health-care system is necessary not only for improved economic conditions, but also for the livelihood of individual Americans. It was from both of these perspectives that the Obama administration produced the Patient Protection and Affordable Care Act.

The process that occurred to get a health care reform bill through the Democratically-controlled 111th Congress was a complex one and was filled with months of strategizing, deal-making, and modifying the proposals for reform legislation. Following the year-long struggle, their efforts appeared to be near success when the House passed their version of the bill on November 7, 2009 by a vote of 220-215 and Senate passed theirs on December 24,

with a 60-39 party-line vote. As the Congress worked to combine these two bills into one piece of legislation, Republican Scott Brown of Massachusetts defeated his Democratic opponent in a special election on January 19, 2010 for the late Edward M. Kennedy's seat in the Senate, leaving the Democrats one seat short of having a filibuster-proof majority and making the final bill vulnerable to defeat by a filibuster. To avoid this potential defeat, Obama and congressional Democrats were able to modify the two versions so that they could be included in a budget reconciliation bill that could not be filibustered. This produced the Patient Protection and Affordable Care Act which was passed by the House with a final vote of 219-212 on March 21, 2010. Two days later, on March 23, the president attached his signature to the legislation and made it law.

The Patient Protection and Affordable Care Act is a law that injects new reforms into the American health care system and is the "biggest expansion of the social safety net in more than four decades."³⁷ Even though the law will have an effect on many parts of the health care system, it will not dramatically change everything about it. It will not transform the system into a government-run program (like Canada's "single-payer" program), nor will it require the alteration of employer-based insurance. Rather, "the law seeks to expand the number of people covered and begin the work of restraining costs by building on the existing structure of private insurance."³⁸

To achieve these goals, the law employs a formula of three parts. First, the law makes it illegal for insurance companies to deny coverage to anyone, even to those with pre-existing medical conditions that insurers have previously denied coverage to.³⁹ Second, it imposes what is referred to as an "individual mandate," which requires everyone to comply by obtaining health insurance.⁴⁰ This is so that the "risk pool" would be broadened enough that the healthy as well as the unhealthy can be included which will in turn spread the costs around to more people so that they can be lowered for everyone. Third, in order to help people comply with the individual mandate to buy insurance, the law directs the government to provide subsidies for people to help them purchase their health insurance.⁴¹ Additionally, for people whose employers do not provide coverage, are unemployed, or work for themselves, the law creates state-based insurance marketplaces called "exchanges" where people can go to shop and compare various insurance plans for which they are eligible. This will in turn create a larger market for health insurance companies.⁴² It should be noted that a government-run "public option" insurance plan will not be available in the exchanges, due to the controversy that surrounded it.

In different parts of the Affordable Care Act, we can see the influences of the various actors in the process which include both government officials and insurance lobbyists. As the proposals for health care reform were being

developed, the Obama administration was determined to avoid the mistakes made by the Clintons in the 1990s. To do this, one of the things that had to be done was to offer employers, business groups, and the insurance industry a seat at the planning table so that deals could be made with them.⁴³ This offer was quickly accepted by the insurance industry when their chief lobbyist, Karen Ignagni, President of America's Health Insurance Plans, became involved in these deliberations and said that she was "committed to restructuring and committed to actually helping to get this done."⁴⁴ Ms. Ignagni and the rest of the insurance industry knew that in order to deflect attention of the reform proposals away from insurance and to get what was best for it, they had to be involved from the beginning. This allowed them to push for the individual mandate. "They said for the first time they would support universal coverage with one caveat," said Tom Daschle, "and that is that we have an individual mandate requiring people to buy insurance, so it's not just the sick that buy insurance but everybody. That was the quid pro quo."⁴⁵ Another demand made by the insurance industry was to exclude any government-run insurance providers so that people would have to buy their health insurance from the private market. While the Obama administration relented on the mandate, they at first resisted giving into this demand. The insurance industry responded by inundating the American public with multi-million dollar media campaigns that railed against Obama's proposals after the president publically scolded the insurance industry for the impasse. What pushed the insurance industry's efforts over the top was when Senator Joseph Lieberman (I-CT) threatened to kill the already fragile proposals by filibustering them unless the government insurance provision was dropped. This demonstrated the hold that special interests had in the debate and the influence they exerted on the decision makers who were involved with this legislation.

Regardless of these perceived shortcomings, the law set a bold path to achieve reform through various methods to different aspects of health care in the United States. There are numerous parts of the law that are designed to extend coverage and reduce costs. One part of the overall strategy is to place greater emphasis on preventative medicine. The idea behind this is that if the symptoms of an illness can be recognized and treated before it occurs (such as a heart attack, stroke, or cancer), then the massive costs of later treatments can be avoided. To do this, the law will expand the coverage for preventative services and incentivize healthier living. The preventative services are to include various types of screenings for potential illnesses in different people, such as screenings for breast cancer, ovarian cancers, and Type 2 diabetes for women, and screenings for high blood pressure and prostate cancer for men. On the recommendation of Centers for Disease Control and Prevention the new law will also provide coverage for immunizations. Preventative care provisions will also be added to the

government programs, as Medicare beneficiaries will stop being charged the co-pays for preventative services and be entitled to yearly wellness visits, while Medicaid will help pregnant women stop smoking.⁴⁶ Another part of the emphasis on preventative medicine is to incentivize Americans to becoming healthy. People who pass health tests and show that they are living healthier life styles could be rewarded with lower insurance premiums than others who smoke or have unhealthy diets. The rationale of these provisions that promote preventative health measures is that by making them more available to Americans, greater illnesses and the higher costs of the treatments for them can be avoided, thus saving money. This is based on the greater overall theme that health care should “favor efficient, effective treatments” rather than what is being done currently by relying on “expensive but relatively ineffective services.”⁴⁷ The new law is set to develop ways to promote efficient and effective treatment by doctors and hospitals rather than continuing to allow the costlier services that do not always result in greater success.

No one should be expecting all the provisions of the new law to see overnight changes in the way the system operates. Instead, the changes will be gradually implemented, as the main provisions of the health law are not even slated to begin until 2014. Provisions that have already gone into effect include the new Patients Bill of Rights, the Pre-Existing Condition Insurance Plan (that provides coverage to Americans with pre-existing conditions who have been uninsured because of them), and other various cost-saving measures that begin making the system more efficient.⁴⁸ Additional changes, such as “new benefits, protections and cost savings,” will continue to be implemented between now and 2014.⁴⁹ The law in its entirety is currently expected to be fully in place by 2019. Each of these provisions is designed to contribute to the overarching goals of the law to cover more people at lower costs. For example, one of the provisions that will allow young adults under twenty-six years old to be covered by their parents’ insurance plan will extend coverage to an estimated 1.8 million Americans.⁵⁰

The law as a whole with all of its provisions will take time to be implemented, and it will also take time for all of its goals to be realized. We will not be seeing the hoped-for results of reform anytime in the near future; rather, it will be years until the overhaul is fully in place. The reason for this is that many of the law’s provisions are bold, game-changing events that will alter many, if not all, of the practices in the health care system without straying from the fundamentals of the private insurance system. It will potentially be a difficult change in the way things are done but at the same time it is imperative that bold steps be taken and improvements be made in order to reverse the trend of skyrocketing costs and rising numbers of uninsured Americans.

The purpose of the Patient Protection and Affordable Care Act was to help American citizens get affordable health care coverage. This law, according to Congressional budget analysts, will extend coverage to 32 million of the 45 million Americans that currently lack it.⁵¹ According to Amy Goldstein of The Washington Post,

If it [the new law] works, 95 percent of U.S. citizens and other legal residents will have insurance within six years. The law's strategies are aimed mainly at people who cannot obtain or afford coverage through a workplace, because their employer does not offer any or because it is too expensive—or because they are unemployed or work for themselves.⁵²

The projection of a potential 95 percent of Americans gaining health coverage is one of the talking points that are being touted by supporters of the new law. Another one is the projected economic benefits that will come with it as, according to the CBO, the law is expected to “reduce the federal deficit by \$138 billion over a decade.”⁵³ The expected result is that the “new spending will be more than offset by new taxes and cutbacks on the growth of Medicare.”⁵⁴ The law is estimated to cost the government almost \$1 trillion dollars over the first decade to implement, which in turn will be paid for by new taxes and industry fees along with spending cuts. The validity of the effect that the new law will have on the deficit is questionable as various estimates exist. There are predictions that the deficit will be paid down while others say that it will increase. The fact is that we will not know what effect the law will have on the deficit until things start to go into effect and the law is fully implemented. It will also depend on how well the various provisions of the law work out.

A Giant Shortfall

It is important to recognize that the Patient Protection and Affordable Care Act is expected to only extend coverage to *more* people, not *all* people, falling short of being universal coverage. The act is considered as a “relatively moderate and incremental document” and one that does not upend America’s traditional private health insurance system.⁵⁵ It has been labeled as moderate because it does not transform the system into one like Canada’s single-payer health care program that is run by the government, an approach that has been “advocated for by many American liberals for years,” but has always been “sharply opposed by insurers and many medical providers.”⁵⁶ Not only does the law not replace the current system with government-run insurance, it does not even allow for the inclusion of the public option. The public option is a proposed government-sponsored health insurance program that was intended to compete with other private health insurance companies made available in the exchanges. While a public option was going to be included in the Affordable Care Act, it was eventually dropped when its inclusion threatened the bill as a whole.

These shortfalls have been a huge source of disappointment for those who have advocated health insurance for every American. One of these advocates, Steffie Woolhandler of Harvard University, asserted that “the law does not solve the problem,” because “if the bill works as planned there will still be 23 million uninsured people by 2019 [when the law goes fully into effect],” Woolhandler also charged that those who do obtain health coverage through the new law will be underinsured.⁵⁷ This is because of two reasons. First, the law allows for more people to be eligible for Medicaid which is currently not accepted by most doctors because of the lower payments. Second, Americans who buy their insurance from the new exchanges will be receiving “woefully inadequate coverage,” according to Woolhandler, because the insurance made available through the exchanges will only cover about 60 percent of their medical costs.⁵⁸ According to Woolhandler and other advocates for universal health care, the new law will only slow momentum for greater reform “because we really didn’t solve anything.”⁵⁹ They believe that because the cost curve was not fixed, the coverage of those in the middle-class will soon be threatened once again and the impact on those with lower incomes will have even more challenges and less coverage than they do now.

Immediate Challenges

Legal challenges to the new health care law came almost immediately after its enactment. After President Obama signed the landmark legislation into law, attorneys general from thirteen states* filed a lawsuit that claimed the new law was unconstitutional saying that “The Constitution nowhere authorizes the United States to mandate, either directly or under threat of penalty, that all citizens and legal residents have qualifying health care coverage.”⁶⁰ To some, the lawsuit was seen as an effort to boost the gubernatorial campaigns of two of the thirteen attorneys general who filed it, while others see it as the only way to prevent what is seen as an attack on the state government by the Federal government. They charge that the law will place significant financial burdens on state budgets as well as infringe on states’ sovereignty.⁶¹

The law is now being challenged in more than twenty lawsuits and a total of twenty-six states are now in legal combat against the Federal law, all of which charge that the law is unconstitutional.⁶² The part of the law that is getting the attention of these legal challenges is the individual mandate that requires people to purchase health insurance and whether or not Congress has the power to force people to buy insurance and to impose a penalty on those who choose not to. Various scholars, lawmakers, and judges have differing opinions on whether Congress has

* The thirteen states of which the state attorneys general filed this lawsuit are Alabama, Colorado, Florida, Idaho, Louisiana, Michigan, Nebraska, Pennsylvania, South Carolina, South Dakota, Texas, Utah, and Washington.

this right and if the law will survive this argument. Some scholars, like Lawrence Friedman who teaches at the New England School of Law in Boston, Massachusetts, doubt these challenges will prevail and believe that the lawsuits have “little chance of success” and “can’t imagine a scenario where a judge would stop the implementation of the bill.”⁶³ Since the enactment of the law, there have been four major court rulings on it. The first and second rulings were made by judges in Detroit, Michigan and Lynchburg, Virginia respectively, and both ruled in the federal government’s favor. Then on December 13, 2010, Judge Henry E. Hudson of Richmond, Virginia became the first judge to rule the individual mandate unconstitutional.⁶⁴ The case before Judge Hudson was about “whether Congress has authority under the Commerce Clause [Article I, Sec. 8, Clause 3] to compel citizens to buy a commercial product—namely health insurance—in the name of regulating an interstate economic market.”⁶⁵ The fourth ruling issued by Judge Roger Vinson of Pensacola, Florida on January 31, 2011 declared that not only was the individual mandate unconstitutional, but the entire law was unconstitutional since the individual mandate was integral to the law in its entirety.⁶⁶

Despite the back and forth rulings and inconclusiveness of the courts’ views on the constitutionality of the law, the attorneys behind the lawsuits are not deterred because each ruling just puts the issue closer and closer to their ultimate goal: a final ruling from the U.S. Supreme Court. However, it is still anyone’s guess at how the Supreme Court will interpret the law’s legality and whether the Commerce Clause applies. The Supreme Court has issued evolutionary rulings regarding the Commerce Clause, four of which occurred in the last sixty-eight years and three more in the last sixteen years. Two rulings “established broad powers to regulate even personal commercial decisions,” while others have “limited regulation to ‘activities that have a substantial effect on interstate commerce.’”⁶⁷ One of the questions that came from this is “whether the income tax penalties levied against those who do not obtain health insurance are designed to regulate ‘activity’ [of buying health insurance] or... ‘inactivity’ that is beyond Congress’ reach.”⁶⁸ These questions will continue to be asked as new ones are developed for the Supreme Court to answer if and when the argument reaches it though it is currently unknown when this might happen.

Congressional Republicans

In the meantime, while opponents to the new health care law wait for it to reach the Supreme Court, other forces are at work attempting to dismantle it. After the Affordable Care Act was successfully passed by Congress and made law by President Obama in 2010, the law’s opponents began efforts to undo and repeal the health care

overhaul that they considered to be unacceptable. According to Republican estimates, the new law will increase taxes by \$569.2 billion and will cut Medicare by \$528.5 billion.⁶⁹ They also charge that the law will stop the growth of jobs because of the increases in payroll costs and taxes that businesses will have imposed on them.⁷⁰ As the 2010 midterm elections drew closer, Republicans drafted a manifesto that was a list of proposals that the party promised to act on should they win back the majority in Congress. The document, A Pledge to America, listed about two dozen proposals that were designed to “end a slew of Democratic policies and restore Americans' trust in government.”⁷¹ The health care law was one such policy that was targeted by Republicans in the section titled “A Plan to Repeal and Replace the Government Takeover of Health Care.” It begins with the assertion that “the American people wanted one thing out of health care reform: lower costs, which President Obama and Democrats in Washington promised, but did not deliver.”⁷² They said the promises that were made by Democrats in order to push the Affordable Care Act through Congress and to the president’s desk have already been broken.

These broken promises include the increase of jobs (employers are “considering laying off employees or dropping their health care coverage in response to the new law”), the lowering of costs (according to their estimates the law will only increase costs), and the lowering of the deficit (“the new law does little to address the nation’s growing financial crisis”).⁷³ Republicans charged that the law’s individual mandate “is indeed a tax,” which was “a notion the president [had previously] ‘absolutely’ rejected.”⁷⁴ Other concerns that are addressed about the new law include the “massive Medicare cuts [that] will fall squarely on the backs of seniors,” forcing them off their current coverage with Medicare as well as some 87 million Americans that will have to drop their current coverage “despite President Obama’s promise that Americans would be able to keep the coverage that they have.”⁷⁵ They also are concerned that the president’s executive order would not be adequate to prevent federal dollars from being used for abortion procedures.

Because Republicans believe that the new law will kill jobs and raise taxes and the costs of health care, they pledged to “immediately take action to repeal this law.”⁷⁶ In place of the repealed law, six proposals were put forward. These include liability reforms (“to lower costs, rein in junk lawsuits and curb defensive medicine”), allowing people to buy health insurance “outside the state in which they live” (so that their insurance options will not be limited to the programs that their states selected), expansion of Health Savings Accounts (which will provide “cost-effective health insurance to those who might otherwise go uninsured”), implementation of common-sense reforms (which are expected to strengthen doctor-patient relationships), making it illegal to deny coverage to people

with pre-existing conditions (along with making it illegal to drop people's coverage when they become sick), and preventing the funding of abortions by tax dollars.⁷⁷ These themes were briefly discussed on a total of three and a half pages of the twenty-one page manifesto that was adopted by many Republican congressional candidates running in the 2010 elections. While they were very prominent during the campaign, they were nothing more than themes as the Pledge to America did not enumerate any specific plans of action or proposals to replace the Affordable Care Act.

The Republican Party ended up making large gains in the 2010 midterm elections and was able to capture a majority in the U.S. House of Representatives and the leadership positions that determine what pieces of legislation are brought up for votes. Many of these new Republican representatives included candidates that ran with the support of the Tea Party movement. This fiercely anti-establishment group that emerged in the wake of the Democratic White House and congressional wins in 2008 staunchly opposes the new health care law. By embracing and fueling the anger of Americans towards the health care law, the Tea Party obtained significant credibility in its 2010 midterm wins which in turn enabled them to aggressively pursue the law's repeal. Shortly after the beginning of the new session of congress, the Republican majority exercised their newly-obtained power and targeted Obamacare in the following weeks. On Wednesday, January 19, 2011, H.R. 2: Repealing the Job-Killing Health Care Law Act was voted on and successfully passed by 245-189, with three Democrats joining the Republicans in their unanimous vote.

Despite this achievement of House Republicans (which they referred to as "a fulfilling of their No. 1 campaign promise"), their vote to repeal Obamacare has little legislative consequence at this time.⁷⁸ The effort, while successful in the House, faces little to no chance of being anywhere near successful in the U.S. Senate where the Democrats hold a slim majority. Not only will it not make it out of the Senate, but Senate Majority Leader Harry Reid (D-NV) "has said that he won't bring it to the floor for a vote."⁷⁹ Additionally, even if the bill were to be voted on and miraculously passed and sent to President Obama's desk for his approval, it would certainly be given a presidential veto. However, these realities of the repeal efforts lacking any effect outside of the House have not dissuaded Republicans from making this push and not because they are ignorant of the situation. Rather, they are well-aware that "in the end, it's really just for show."⁸⁰

The Republicans have no intention of letting this "show" be the end of their repeal efforts. Instead, they realize that "the real work begins immediately after [the vote]," and they plan to use "every legislative and political

tool at their disposal to wage a two-year campaign against the [health care] overhaul.”⁸¹ They intend to apply a “slow-drip strategy” that they hope will “erode public confidence in the law,” making it “so politically unpalatable that even some Democrats turn against it.”⁸² Republicans’ multi-pronged strategy includes putting pressure on the White House and congressional Democrats as well as calling for votes that are designed to cut off funding for various provisions of the law so as to dismantle it a little piece at a time. This strategy is essentially one that is to be drawn out over the next two years during which, at some point, an alternative overhaul plan will be put forward by Republicans...a plan that “could be pushed legislatively in 2012 and beyond—if they win the Senate and the White House, the holy grail of their long-term strategy.”⁸³

Those who are backers of repeal seem to have taken a page out of history to use as a guide to promote their efforts to undo the new law. In 1993, the insurance industry and opponents to Clinton’s health care proposals injected into the debate hundreds of millions of dollars to put forth their message that the plans for reforms were not in the nation’s best interest to adopt. They did this by inundating the American public with their messages of opposition and also by making campaign donations to the members of Congress who they thought would submit proposals and take actions that were favorable to the health care and insurance industries as well as corporations and others in the business community.⁸⁴ In the current debate since 2009, industries of both business and insurance have invested funding against health care reform once again. In the 2010 midterm elections, businesses that opposed the increased amount of regulations that health care reform would bring as well as the requirement that employers provide their workers with health insurance or be penalized made several and significant contributions to candidates belonging to the Tea Party movement and others who opposed Obamacare. There is no doubt that by combining these contributions with public sentiment, they helped to send many of these candidates to Washington, D.C. and gave the Republicans their majority in the House, and have potentially provided what the doctor ordered to repeal the health care reform.

This practice of industries investing in candidates that will further their cause is a long one and is controversial and there is no sign that it will stop anytime soon, especially with the U.S. Supreme Court’s ruling on January 21, 2010 in the Citizens United v. Federal Election Commission case that the government cannot prohibit corporations’ political spending in elections.⁸⁵ The 5-to-4 decision asserted that these contributions from corporations to political candidates are protected by the Constitution’s First Amendment that guarantees free speech and that the government has no right to regulate it. This ruling has presented an extra amount of leverage to

opponents of the health care law in business and insurance industries as they will be able to pour their resources into the campaigns of candidates that will work to repeal the new law and later create proposals that are more palatable to their interests.

Moving Forward

In general, the debate about the Affordable Care Act and the health care reform is going to be a prominent topic for the conceivable future. With the Republicans' significant gains in the November 2010 midterm elections and their desire to increase their gains in the 2012 elections, health care reform will continue to be a major factor in the national debate. What happens between now and then will determine the fates of both the upcoming elections and the health care reform achieved in 2010. While elections and politicians will come and go and the influence of business and special interests will also grow and wane, the need for reform in the American health care system will not. Without reform, national health expenditures are projected to consume over 30 percent of GDP and an expected 58 million to 68 million people under the age of sixty-five are expected to be uninsured.⁸⁶ If we allow the costs of health care to continue to rise along with the number of uninsured Americans, the problems we face now will only be exacerbated and will result in reverberations on other parts of the United States such as its economy, education, and standing in the world.

What can be done to prevent this? Depending upon who is asked this question will determine the answer that will be given. The Democrats have submitted their solution: the Patient Protection and Affordable Health Care Act, and are doing all they can to defend their accomplishment. Meanwhile, Republicans and their majority in the House of Representatives have voted to repeal the law and are planning to do everything they can to rollback the law by voting against funding for it and thus causing its gradual erosion into what they hope will be nothing but a footnote in history by replacing it with their own initiatives. As politicians debate this issue in the halls of government, health care advocates will be pushing for more reform while lobbyists will be investing in its repeal. This is the sort of thing that we can expect to see unfold into 2012 and possibly beyond. The hard truth is that reform is needed now. Too many people are without coverage as it is and more are losing it all the time, especially in this Great Recession where jobs are disappearing all the time along with the health care coverage that they provide. The American people are being done no favors with a debate that is beginning to look like a long, drawn-out effort. The reform of the American health care system is long overdue and people have been waiting too long for change. It is

time that we get serious about it and not let ourselves continue to succumb to partisan rhetoric and to stop neglecting the fact that many people are suffering from the lack of reform.

No one is debating the fact that the Affordable Care Act is a controversial subject and, while its future is unknown, so is the future of American health care as a whole. While there are many people who are fierce advocates for the new law and many who are bent on repealing it, there are also those who see the new law as the first step rather than being a final solution to the need for reform. One such person is former Senate Majority Leader Dr. Bill Frist (R-TN) who has recently spoken against the Republican efforts to repeal the reform law. He acknowledges that the law is not the kind that neither he nor other Republicans would have authored but said that it serves as “the fundamental platform, upon which all future efforts to make that system better...will be based.”⁸⁷ Dr. Frist said that the law “has many strong elements” that “need to be preserved...need to be promoted and need to be implemented.”⁸⁸ The fundamentals that the law establishes, Frist argues, should be built upon and added to rather than be repealed and replaced just because the way to implement them is currently unknown.

On the other side of the aisle, the president himself has not treated the Affordable Care Act like the final solution to America’s health care woes. On January 25, 2011, President Obama delivered his annual State of the Union Address and took time to briefly discuss health care. “Now I have heard rumors” the president said humorously “that a few of you still have concerns about our new health care law.”⁸⁹ Despite the fact that the health care law is one of Obama’s biggest accomplishments as president thus far, he did not defend it as something that was perfect. Instead, he welcomed anyone to join him in improving it, saying that “if you have ideas about how to improve this law by making care better or more affordable, I am eager to work with you.”⁹⁰ While he admitted that the law needed some work, President Obama made it clear that he was “not willing to go back to the days when insurance companies could deny someone coverage because of a preexisting condition.”⁹¹ The president made it clear that it was unacceptable to remain in a debate that prevents people from gaining access to health care and that we need to start discussing how to make reform work. “So I say to this chamber tonight,” said President Obama, “instead of re-fighting the battles of the last two years, let’s fix what needs fixing and let’s move forward.”⁹²

In my research I have found some reoccurring themes that concern this issue and I believe they are what continue to hamper any real progress. One such thing is the rhetoric of both sides that is contributing to the stalling of the process. This is being fueled by the business and insurance industries through their contributions and deployment of special interests on both sides of the argument. A target of the attacks is the individual mandate that

is part of the Affordable Care Act. What has been called a “simple rule” that “lies at the heart” of the law, the individual mandate prescribes that “starting in 2014, almost every American will need to carry health insurance or pay a fine.”⁹³ This requires Americans to either purchase their health coverage through their employers or to purchase it through the exchanges and if they do not, they will then be subject to a penalty for not having insurance. It also requires businesses to provide their employees with health insurance, and penalizes them if they do not. Critics of the mandate have charged that such a requirement is unconstitutional, and have yet to be given a final ruling from the courts.

The fact is that the individual mandate is necessary for the Affordable Care Act to operate overall as planned. “In the absence of a government-run ‘single payer’ insurance program like Canada’s,” writes Alec MacGillis, “the only way to achieve universal health insurance is to require people to obtain coverage on their own, with government assistance for those who can’t afford it.”⁹⁴ Insurance works best when the risk is spread out among many people. In the modern individual insurance market, younger and healthier people are opting not to buy insurance and this has resulted in the individual insurance market being “dominated by older, sicker people who tend to use more health care” which results in higher insurance rates and lower chances that younger, healthier people will buy into it.⁹⁵ Also, for people who need treatment but do not have coverage to pay for it, health care services are required to charge those who have more coverage to recoup the losses from treating the uninsured. In order to achieve a goal of extending coverage to those with pre-existing and serious medical conditions, insurers argue that “they need to have younger and healthier people in the [insurance] pool...and the only way to make sure that those people obtain coverage is to require it.”⁹⁶

It is clear that the individual mandate is vital to the Affordable Care Act, and without it, many of the provisions will not accomplish the law’s goals. There is also the more immediate concern of the chance that people and businesses will defy the mandate and pay the penalty instead. The risk in this “comply or be penalized” strategy is that “if many younger and healthier people decide to pay the fine, instead of buying coverage, rates will increase for those who do not buy it.”⁹⁷ There is a significant risk in staking so much of the Affordable Care Act on the individual mandate because the fewer people that comply, the less decreasing of costs there will be. The reform will not have accomplished all that was hoped for. One of two things (or both of them) must be done to decrease this risk. The first is to decrease how much the individual mandate is depended on for the Affordable Care Act to work. Alternative ways to lower costs will have to be implemented. These alternatives will be costly and possibly

restrictive of the law's provisions, especially if the law's proposed expansion of eligibility for Medicaid will have to be reduced. This will in turn reduce the expansion of coverage, but may be necessary if the individual mandate does not come through. The second thing to do is to conduct a campaign to encourage people to comply in purchasing coverage. This is what was done in the state of Massachusetts where they were able to enroll 97 percent of their citizens in their health care system, and what was done by President George W. Bush in 2006 when promoting Medicare Part D as well. Such a promotional campaign is planned by the Obama administration in the years and months leading up to 2014, but I would suggest that they begin the campaign sooner so as to build broad public support for it prior to the 2012 elections. The message that needs to be conveyed is one that incentivizes obtaining coverage and shows that it would be more costly to not have insurance and that it will reduce costs not only for the individual in the long run, but also for members of his or her community and nation. Evidence of getting everyone to comply with the mandate and its success in lowering health care premiums can be seen again in Massachusetts, as according to David Leonhardt of the New York Times, "since the state added a mandate in 2006, more people have signed up, and premiums have dropped an average of 40 percent."⁹⁸

Another recommendation that I would make is to implement the Republicans' suggestion from [A Pledge to America](#) that would allow people to purchase their insurance from other states and not be restricted to only the insurance programs that are offered in the exchanges of the state where the individual lives. I agree that by allowing people to purchase insurance across state lines, competition will be increased which will in turn reduce prices and improve care. Along the same lines, the public option that was omitted from the Affordable Care Act should also be included in the exchanges as, I believe, they will have the same effect. My recommendation to include the public option is one that would most likely draw significant opposition from insurance companies due to the fact that what support the insurance industry gave to the Obama administration was contingent on it being dropped from the law. While I am confident that it would lower costs by the increase in competition between private insurers and the government-run plan, it would, at this time, contribute to the law's undoing. This does not mean it should not be considered down the road as decision-makers work together to improve the law.

Health Care as Human Right

If we want to get serious about making health coverage attainable for every American, it is essential that we adopt a new paradigm regarding health care. This paradigm is one in which health care is not viewed as a privileged resource that is available to few, but rather is considered a human right that cannot and should not be denied to any

American. To do this, we must place health care on the same level as other basic needs, such as water and food. It is essential that going forward from here, health care is considered something that every American is entitled to regardless of their economic status and place in society.

This is not a new way of thinking and the United States would be far from the first to adopt such a viewpoint. In fact, the United States would be one of the last to do so as it has seen every other first-world nation around it adopt these sentiments. In this world, “virtually all other industrialized nations have concluded that health care is a right that nations owe their people and have created taxpayer-funded public or combination public-private systems to provide it.”⁹⁹ These nations with some form of a universal health care system include Germany, Canada, Russia, China, and most of Europe. The first was Germany who implemented its system as early as 1883. Then, following World War II, Britain decided that health care should be “guaranteed as a right,” and was especially owed to a nation that had endured seven months of the Nazi’s incessant bombing of Britain.¹⁰⁰ Canada believed that by guaranteeing health care as a right, it would foster a national bond between its citizens who were spread out across the geographically-large country.¹⁰¹

As we can see, those who have decided to adopt universal health care systems have done so for various reasons but many of them have come to the same conclusion: health care should be a fundamental human right that belongs to all of a nation’s citizens. So it begs the question: why has America not adopted this view along with its fellow industrialized nations? What is holding us back? It has been suggested that America has found it difficult to discuss health care as a right because of “historical struggles to harmonize a racially and ethnically diverse society,” and other nations have been successful because “it’s easier for a smaller, homogeneous nation to discuss using taxpayer dollars to offer health care to all.”¹⁰²

This may well be the case in our situation. As we observe the diversity that is inherent in America, we often overlook the plights of our fellow Americans and the various challenges that each of us face. We become involved in our own busy lives and we fail to see how others around us suffer because of their economic status or lack thereof. It sometimes requires an event that places us in a situation in which we observe people struggling due to their lack of a necessity. This is something that happened to one of America’s most outspoken proponents for universal health care. The late U.S. Senator Edward M. Kennedy (D-MA), elected in 1962 to occupy the Senate seat his brother John had vacated when he was elected president, became known for making health care a life-long cause. His commitment to such public issues began developing before he was in the Senate, but it was when his son,

Edward Kennedy, Jr., was diagnosed with and treated for a bone tumor in his leg in 1973. Senator Kennedy was inseparable from his son as he underwent the treatment to battle the cancer (which would cost the young Edward his leg), spending many long hours with him as it “took precedence over every other activity” of Senator Kennedy’s life at that time.

It was during this ordeal that Senator Kennedy would see the developing of his life-long work in the Senate for universal health care. In his memoir, True Compass, Senator Kennedy wrote that “while Teddy was asleep or in treatment, I wandered the halls and the waiting rooms, and sought out other parents who, like me were keeping vigil over their terribly ill sons and daughters.”¹⁰³ He found that these parents feared for their children’s lives and the many uncertainties that they faced. The uncertainty about their children’s fates “was only one terrible part of a larger nightmare.”¹⁰⁴ The larger nightmare these families faced was the numerous medical bills that they would incur from the treatments their children required for any hope of survival. Senator Kennedy wrote:

I will never forget sitting down and listening to those parents. Suddenly they were faced with finding a way to scrape up three thousand dollars for each treatment. The treatments were necessary every three weeks for two years. These families were terrified. They could not begin to afford it. They would tell me of being reduced to a grim, almost macabre calculus: How much of a chance, they would ask the doctors, did their children have if they purchased the resources for only one year? Or eight months? Or six months? They were not being stingy. They were bargaining based on how much they could afford.¹⁰⁵

And to add to their worries, these parents were not given any guarantees for success. “In a few cases,” wrote Senator Kennedy, “debt or bankruptcy was compounded by the knowledge that the child would never recover: the illness had no cure, because funding in that field remained inadequate.”¹⁰⁶

Senator Kennedy took these experiences to his work in the Senate and began directing his efforts toward the numerous Americans that were uninsured or underinsured. He attempted to influence his fellow legislators by taking them to see what he saw and experienced, putting faces to the Americans who suffered from their lack of health insurance. Senator Kennedy recalled that “the field hearings did not produce instant, dramatic results...I never assumed that they would. I had no illusions about the battle for health care. But now that battle had my complete attention.”¹⁰⁷ This battle would become a prominent struggle of his while in the Senate and he was often faced with disappointment and discouragement as he saw his efforts dashed as each failed effort went into history. It was only after his passing in 2009 that the giant step toward his dream of health care for all Americans would be achieved in the Patient Protection and Affordable Care Act that was voted on and passed in the following year.

It was in Senator Kennedy that we saw the embodiment of understanding the need for the expansion of health care reform and commitment to getting this country closer to such a goal. He committed himself to such a dream not because he needed it for himself, but rather because he saw his fellow Americans suffer from the lack of such a commodity. He believed that health care was not something that should be so hard to obtain when it is so important for Americans to be able to live prosperous lives and become all that they can be as individuals. This makes health care a basic need of Americans, one which all Americans should have a right to, regardless of their economic resources. The United States has always promoted the idea that we as Americans have the unalienable right to Life, Liberty, and the Pursuit of Happiness. We need to recognize that all Americans should have an unalienable right to health care so that each American can live a healthy Life, have Liberty from having to sacrifice basic needs, and be able to be in Pursuit of Happiness as healthy, thriving individuals. If the United States adopts this mindset, one that this country is so familiar with and has allowed us to overcome other inequalities throughout history as well as cast aside the partisan divisions that prevent progress from being made, we will be able to take on health care in such a way that, instead of first tearing down and attempting to start again from nothing, we will improve and build upon the progress that has already been made.

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