

Health Care Reform in the 2008 Presidential Primaries

Samuel S. Flint and Stephen H. Gorin

As noted previously in this journal, health care reform has again become a central political issue (Gorin & Moniz, 2007). This article examines the health care debate in the presidential primary campaigns and considers implications for future health policy. As of this writing, no candidate on either side has officially won their party's nomination. Consequently, we focus on the positions of the three leading candidates, Democrats Barack Obama and Hillary Clinton and the Republican John McCain. Although the eventual nominees are likely to refine their proposals for the general election, we can discern the broad outlines of the positions they will present to the voters in November.

The 2008 presidential primary contests have been hardly run-of-the-mill. For the first time since 1928, the field does not include an incumbent president or vice president. Senators will be the standard bearers for both parties ensuring the first election of a member of that body as president since 1960. And the Democrats are poised to select either a woman or an African American to head their ticket. Change is the buzzword for the 2008 campaign, and whatever the outcome, change seems ensured. What changes can we expect to see in the health care system?

There is widespread consensus across party lines regarding the major problems plaguing the U.S. health care system. Simply stated, the system serves too few, costs too much, harms too many, and is too inefficient. Although "increases in personal health care spending" have "slowed" in recent years, Ginsburg (2008) argues that "relief for purchasers and consumers will be short-lived" (p. 30). A decade ago, affordability was primarily a problem limited to low-income families, but it has increasingly become an issue for middle-income families (Banthin, Cunningham, & Bernard, 2008).

To address widespread delivery system inefficiency, all three candidates have advocated similar solutions: conversion to electronic medical records,

greater treatment transparency and consumer information, further shift toward pay-for-performance for providers, improved chronic disease care management, greater emphasis on preventive care, and unspecified "malpractice reform" (Collins & Kriss, 2008).

The three leading candidates also agree that subsidies to purchase private insurance for low-to-moderate-income families are needed and would best be distributed through the income tax system, although the proposed subsidy levels vary greatly. They also agree that affordable, new private insurance options should be made available at the state, regional, or national level for the uninsured population and those in the individual private insurance market (Collins & Kriss, 2008). Finally, converting to a single-payer system is perceived as either undesirable or politically impossible. This is where the candidates' consensus ends.

On the fundamental issue of extending coverage to the 47 million people without insurance, an enormous gulf exists between the two political parties. Republicans have long opposed efforts to expand public coverage. President George W. Bush has developed a proposal that at best would have a minimal impact on the insured population and could make matters worse (Gorin, 2007). More recently, the president has strenuously opposed efforts to expand the State Children's Health Insurance Program (SCHIP) (Gorin & Moniz, 2007).

All the Republican presidential candidates have followed suit, including Senator McCain, who advocates "a genuinely conservative vision for health care reform," which does not rely on "state power to mandate care, coverage or costs" (<http://www.johnmccain.com/Informing/News/Speeches/8f5febd6-cdca-4136-b0d8-a97f5287235d.htm>). He would "reform the tax codes to eliminate the bias toward employer-sponsored health insurance" and, to expand coverage, offer tax credits to

families and individuals (<http://www.johnmccain.com/healthcare/>). To make insurance more affordable, he would expand competition and “put families in charge of their health care dollars,” which is likely code for further expansions of health savings accounts and other high-deductible plans. Like the rest of the Republican candidates, he opposes a “one-size-fits-all-big government takeover of health care” (<http://www.johnmccain.com/Informing/News/Speeches/8f5febd6-cdca-4136-b0d8-a97f5287235d.htm>).

On the Democratic side, all the candidates endorsed Medicaid and SCHIP expansions. Most, including Senators Clinton and Obama, also proposed some form of employer “play or pay,” in which all but the smallest employers contribute to providing coverage to their workers or pay a tax to a publicly funded plan to subsidize coverage for the remaining uninsured population (Collins & Kriss, 2008). However, there are significant differences between Senators Clinton and Obama on the question of whether the employer mandate should be supplemented by an “individual mandate”—a requirement that all Americans obtain public or private health insurance coverage. An individual mandate is a cornerstone of the Clinton plan; Senator Obama would mandate coverage for children only. This distinction is not trivial.

Senator Clinton has asserted that the Obama proposal is not a universal plan because it leaves 15 million Americans without coverage (<http://facts.hillaryhub.com/archive/?id=5908>). This estimate has been supported by Gruber (2008), who projected 23 million people would remain uninsured by making insurance accessible to all but not mandating its purchase. Reducing Gruber’s estimate by the number of uninsured children covered by Senator Obama’s children’s mandate results in roughly the same number as Senator Clinton’s claim. Not surprising, Senator Obama disputes Senator Clinton’s assessment (http://www.barackobama.com/factcheck/2007/11/30/post_2.php).

Mandates have been criticized as ineffective and unfair. In terms of “efficacy,” Glied, Hartz, and Giorgi (2007) argued that they “can be an effective tool in expanding health insurance;” although “compliance... can be quite low,” depending on the context, it can be “nearly perfect” (pp. 1612, 1619). These authors conclude that to “reach” everyone, it will be necessary to “make coverage more nearly automatic.”

Senator Obama has argued that it is unfair to require individuals to buy coverage they cannot afford. In response, Senator Clinton notes that her plan will incorporate subsidies and cost control mechanisms that will significantly reduce the cost of coverage; moreover, Senator Obama mandates coverage for children. Krugman (2008) believes mandates are a necessary component of reform. He argues that by “demon[izing] the idea of mandates,” Senator Obama “has sabotaged his own prospects” of reform should he be elected president.

The foregoing discussion illustrates the difficulty faced by candidates when addressing health issues. Nuanced health policy debates that make real-world differences just don’t lend themselves to eight-second sound-bites. Nonetheless, one health policy issue affects virtually everyone and rivals the uninsured issue with respect to importance to voters, namely escalating health care costs and the ability of middle-class Americans to pay for needed care.

A November 2007 national survey conducted by *Consumer Reports* found that more than four in five Americans are concerned about being able to afford care in retirement, despite Medicare and its recent prescription drug benefit expansion. Two-thirds of Americans worry that a major illness or injury could bankrupt them, and a comparable proportion fear losing their employer-sponsored health insurance (“Six prescriptions for change,” 2008).

In another survey from November 2007, which targeted likely primary voters, cost concerns slightly overtook the uninsured as the most pressing health policy issue on voters’ minds (Blendon et al., 2008). It is interesting that this poll also found that “reducing spending in government health programs such as Medicare and Medicaid” (p. 420) was the top health priority for only 5 percent of Democrats and 12 percent of Republicans.

The reported concerns regarding health care affordability came from insured Americans who, despite coverage, fear that they too could be priced out of the market for essential care. Rowland (2007) noted that “health costs are becoming increasingly difficult for middle-class families to manage and eroding both health and financial security.” In short, concerns about health care costs are linked with concern about the economy, which has recently overtaken the war in Iraq as the predominant voter concern. Health care costs thus register twice, once independently and again as a component of overall economic insecurity (Gorin, 2005).

Despite these ubiquitous cost concerns, the willingness of Americans to pay even more for health care to reduce the number of uninsured people garners some support, albeit along party lines. Forty-six percent of Republicans and 74 percent of Democrats agreed that "paying higher taxes for all Americans to have health insurance" was acceptable (Blendon et al., 2008, p. 417). In August 2007, 41 percent of independents answered affirmatively to the question of whether they would be "willing to tax themselves further and/or pay higher private health insurance premiums to increase the number of Americans with health insurance" (Henry J. Kaiser Family Foundation, 2007). Surely a working majority could be fostered for funding coverage of the uninsured population with effective White House leadership.

This complex issue of what constitutes leadership is emerging as the critical factor in primary voters' decisions. Primary voters' exit polls have found that candidates' stands on the issues are less important than governing style and leadership ability (Seib, 2008). Senator McCain came in dead last when Republican primary voters ranked all their candidates on the question "Shares your position on issues" (Seib, 2008), yet he has a virtually insurmountable delegate lead in his party's nomination contest.

The salience of health care as a critical policy issue has never been greater. If the voters elect a candidate they trust, the door may be open for major reform of the health care system. We need a president who recognizes the centrality of affordable, accessible, quality health care as a prerequisite to life, liberty, and the pursuit of happiness. Social workers have long advocated universal coverage, and we need to be in the forefront of making health care a central issue in the November election.

IN THIS ISSUE

Turning now to this issue of the journal, Swartz and his colleagues assess the impact of open disclosure, helping, respect, and formal staff authority on the mental health of chronic dialysis patients.

Brown and her colleagues report on the experience of 12 living kidney donors and the factors influencing their decision to donate, and they examine the role of social workers in meeting the needs of living kidney donors.

Riffe, Turner, and Rojas-Guyler examine the sociodemographics of new immigrant communities in the Midwest; they note that information of this type

can be useful in meeting the needs of immigrants and communities.

Acevedo discusses a group intervention with Latino patients with HIV/AIDS in New York City. She notes the need for cultural competence in addressing the psychosocial needs of vulnerable populations and discusses the impact of cultural factors on social isolation, stigma, patient-provider communication, and related issues.

Hamama, Ronen, and Rahav examine the impact of a sibling's cancer on healthy children, with a particular focus on stress, duress responses, and self-control.

Cummings and Cassie identify and assess the met and unmet biopsychosocial services needs of older adults with severe mental illness.

In the National Health Line column, Wheeler and Patterson discuss issues related to prisoner reentry and consider implications for social workers. They note that our society's failure to address "alarming trends in incarceration and recidivism" reflects a broader neglect of the health and mental health needs of the population.

In the Practice Forum columns, Schneiderman, Waugaman, and Flynn describe an innovative MSW program for registered nurses and address obstacles and opportunities for transdisciplinary providers. Dia examines the utility of numbing cream as an adjunct to cognitive-behavioral therapy in the treatment of trichotillomania. **HSW**

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Samuel S. Flint, PhD, MSW, is assistant professor of public affairs, School of Public and Environmental Affairs, Indiana University Northwest, Gary, IN 46408; e-mail: sflint@iun.edu. *Stephen H. Gorin, PhD, MSW*, is professor, Social Work Department, Plymouth State University, and executive director, NASW New Hampshire Chapter; e-mail: sgorin@plymouth.edu.

Correction: In the February 2008 issue (Volume 33, Number 1) on the Contents page, Holly Dabelko's last name was misspelled. We regret the error.

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As reviewed and revised by
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