

Editorial

CURRENT STATE OF HEALTH CARE REFORM: DYSFUNCTIONAL GOVERNMENT, DIVIDED COUNTRY

By Richard H. Savel, MD, and Cindy L. Munro, RN, PhD, ANP



Our large country is brimming with diverse ideas. As a nation, we were founded on freedom of speech and the freedom to express these ideas. Our form of self-government specifically allows for different points of view and, in theory anyway, works to create laws based on rational debate. Recently, however, rational debate about how access to health care should be regulated and paid for in this country appears to have deteriorated into immature fighting and childish bickering.

On October 1, 2013, lack of willingness to compromise among lawmakers led to a federal government shutdown, causing the furlough of some 800 000 federal employees (including the sibling of one of the coauthors of this editorial, R.H.). In that instance, the government's process for creating laws broke down, damaging our nation's reputation and hurting many US citizens.

In this editorial we will focus on 2 issues that have been much in the headlines: first, the growing discontent and disgust the American people feel toward their federal government and members of Congress, and, secondly, how incredibly polarized this country is regarding health care reform.

The Affordable Care Act

Unfortunately, to understand this problem requires discussion of the workings of our government. For members of multidisciplinary critical care teams, most of whom are focused on caring for patients and solving important clinical problems, the drama may seem pedantic, confusing, even puerile. Nevertheless, a rudimentary understanding and explanation seems called for. As we already know from reports in traditional and new media outlets, this conflict centers on funding and implementation of the Patient Protection and Affordable Care Act, also known as the Affordable Care Act (ACA) or Obamacare.

A complete description of the ACA and all its provisions goes beyond the scope of this article, but we will provide relevant background on the federal statute, which was signed into law March 23, 2010.

In brief, the ACA is the most fundamental change to the structure of health care regulation since the introduction of Medicare and Medicaid. The primary aims of the ACA are to decrease the number of uninsured, expand access to affordable health care, dissolve the concept of charging higher insurance rates for people with preexisting conditions, and decrease overall costs of health care by focusing on quality rather than quantity. Specifically, at the state level, health insurance exchanges have been

© 2014 American Association of Critical-Care Nurses
doi: <http://dx.doi.org/10.4037/ajcc2014289>

Downloaded from <http://ajccjournal.org/ajcconline/article-pdf/23/2/100/97665/100.pdf> by guest on 11 August 2022

“ At this point it becomes clear why many citizens are disgusted with the federal government. ”

set up in which individuals and small businesses can compare policies and purchase insurance on the open market. Finally, the ACA mandates that all people must secure health insurance or incur a penalty.

A Country Divided

The potential benefits of ACA are described above. The law arguably represents the first real step in the United States toward universal health care. But US citizens by no means speak with one voice on the issue, with opinion typically falling along party lines. Data from a poll in 2012¹ revealed that 75% of Democrats favored the law, whereas only 27% of independents and 14% of Republicans did. Those who oppose the ACA say that it has the serious potential to hurt small business and could increase the deficit, though the Congressional Budget Office projected that the ACA would lower Medicare spending as well as the deficit.²

As a separate philosophical issue, some are against the overarching idea of universal health care. These citizens view health care insurance as a commodity like any other, and say the federal government should not mandate its purchase. This disagreement represents a fundamental rift in our country that resists an easy, amicable solution—at least if current events in Congress are any indication.

The question of the constitutionality of the ACA was argued before the Supreme Court in 2012. On June 28, 2012, in a 5 to 4 vote, the court upheld most of the law in the decision titled *National Federation of Independent Business v Sebelius*. As part of the majority decision, the ruling stated that mandating purchase of insurance—the “individual mandate”—was legal since it is considered a tax. But the court ruled that states could not be mandated to take part in the Medicaid expansion.^{3,4} The ruling has led to certain states essentially opting out of the Medicaid expansion part of the ACA, potentially leading to coverage gaps in those states.

About the Authors

Richard H. Savel is coeditor in chief of the *American Journal of Critical Care*. He is director, surgical critical care at Maimonides Medical Center and professor of clinical medicine and neurology at the Albert Einstein College of Medicine, both in New York City. **Cindy L. Munro** is coeditor in chief of the *American Journal of Critical Care*. She is associate dean for research and innovation at the University of South Florida, College of Nursing, Tampa, Florida.

A Legislative Workaround

This takes us to October 1, 2013. On that date, the fiscal year 2014 began, and the ACA officially took effect. Yet because the House and Senate could not agree on passing Continuing Appropriations Resolution, 2014 (HJ Res 59), hereafter referred to as CAR 2014, the federal government shut down as of that date. The House of Representatives passed the initial version of CAR 2014 on September 10, 2013. The bill would have allowed continued funding for the US government for fiscal year 2014. The House adopted an amendment to CAR 2014 called the Scalise Amendment that defunded ACA, and the bill was then sent to the Senate. The Senate removed those measures from the bill and passed it on September 27, 2013. The House put the Scalise Amendment back in and passed it on September 29, 2013.

The Senate refused to pass that version of the bill. Since the House and Senate could not reach a compromise, the federal government shut down. The government did not fully reopen for more than 2 weeks, as the brinkmanship continued to the last minute, nearly sending the United States into default on the national debt. At that point, the Senate Majority Leader and Senate Minority Leader came to an agreement to fund the government through January 15, 2014, and to suspend the debt limit until February 7, 2014. The bill was finally passed by both the Senate and the House, and was signed by the president on October 17, 2014, ending the stalemate and reopening the government.

At this point it becomes clear why many citizens are disgusted with the federal government. As many have noted, members of Congress continued to collect their paychecks while furloughed federal employees did not. Other payouts were put on hold, too, such as certain death benefits to the families of soldiers killed in combat.⁵ The National Institutes of Health (NIH) was shut down, causing incredible problems for researchers. Certain parts of the Centers for Disease Control and Prevention were shut down, and 97% of the National Aeronautics and Space Administration was furloughed. All 401 units of the National Park Service were closed. The list of agencies that were drastically reduced or shut down completely is long.^{6,7} Suffice it to say that this has been an unplanned, unpleasant jolt to the American psyche, with the potential for the United States to appear disgraced and weak to the

“ Clearly the brinksmanship in which [our lawmakers] engaged hurt individual American citizens unnecessarily. ”

rest of the world. Our international reputation was at stake in the controversy, and at minimum it was certainly besmirched.

At its heart, this agonizing debate about ACA is about personal freedom and choice in caring for what we come into this world with: our bodies. On some level, though, what bothers many Americans is not the heated, impassioned debate about how health care ought to be regulated and paid for in this country, but what we witnessed as an overwhelming dysfunction in Congress: the inability of our federal lawmakers to do their jobs without causing financial distress to American citizens.

As editors in chief of this journal and members of the health care and research communities, we have no issues whatsoever with robust debate about the best way to deliver and pay for health care. We do, however, find it inexcusable that lawmakers played games with the livelihoods of so many Americans as they worked out—or didn't work out—the process of creating and implementing our laws. Clearly the brinksmanship in which they engaged hurt individual American citizens unnecessarily.

Whether one believes that health care is a right or a privilege, and whether one believes that the ACA is a just law or an unfair one that ought to be overturned, we all should agree that the heavy-handed manner in which lawmakers hurt American citizens with the shutdown was unacceptable, demonstrating just how out of touch Congress is with the average citizen.

The statements and opinions contained in this editorial are solely those of the coeditors.

FINANCIAL DISCLOSURES

None reported.

eLetters

Now that you've read the article, create or contribute to an online discussion on this topic. Visit www.ajconline.org and click "Responses" in the second column of either the full-text or PDF view of the article.

REFERENCES

1. Zengerle P. Most Americans oppose health law but like provisions. *Reuters*. Jun 24, 2012. <http://www.reuters.com/article/2012/06/24/us-usa-campaign-healthcare-idUSBRE85N01M20120624>. Accessed February 4, 2014.
2. Elmendorf DW. CBO's 2011 long-term budget outlook. Congressional Budget Office. http://www.cbo.gov/sites/default/files/cbofiles/attachments/06-21-Long-term_Budget_Outlook.pdf. Published June 21, 2011. Accessed February 4, 2014.
3. Barrett PM. Supreme Court supports Obamacare, bolsters Obama. *Bloomberg Businessweek*. June 28, 2012. <http://www.businessweek.com/articles/2012-06-28/supreme-court-supports-obamacare-and-bolsters-obama>. Accessed February 4, 2014.
4. National Post Wire Services. Obamacare upheld by the US Supreme Court. *National Post*. June 28, 2012. <http://news.nationalpost.com/2012/06/28/obamacare-upheld-by-the-u-s-supreme-court>. Accessed February 4, 2014.
5. Michaels J. Government shutdown has impact on military bases. *USA Today*. October 1, 2013. <http://www.usatoday.com/story/news/politics/2013/10/01/bragg-hagel-obama-shutdown/2903915>. Accessed February 4, 2014.
6. Schmidt MS, Shanker T, Siddons A. Federal agencies lay out contingency plans for possible shutdown. *New York Times*. September 28, 2013. http://www.nytimes.com/2013/09/29/us/politics/federal-agencies-lay-out-contingency-plans-for-possible-shutdown.html?_r=0. Accessed February 4, 2014.
7. Kirk C. Who's been most shut down by the shutdown? *Slate*. October 1, 2013. http://www.slate.com/articles/news_and_politics/slate_labs/2013/10/federal_government_shutdown_agencies_with_the_most_furloughs.html. Accessed February 4, 2014.

To purchase electronic or print reprints, contact American Association of Critical-Care Nurses, 101 Columbia, Aliso Viejo, CA 92656. Phone, (800) 899-1712 or (949) 362-2050 (ext 532); fax, (949) 362-2049; e-mail, reprints@aacn.org.