

The Clinton Legacy and Health Reform Martin Goldsmith

In January 1993, President Clinton appointed The President's Task Force on National Health Reform, under the leadership of First Lady Hillary Rodham Clinton. After many months of work the Task Force recommended the restructuring of the American healthcare system. This restructuring included guaranteeing every American a comprehensive package of benefits and the creation of health insurance buying cooperatives (health alliances.) The Task Force's work was, in large measure, incorporated into legislation (Health Security Act.). The Act was so vigorously opposed that it failed to get to the floor of either chamber for a vote. A good bit of the opposition can be attributed to: the GOP's reaction to the 1990 Senatorial election in Pennsylvania (Wofford v Thornburgh), the unprecedented lobbying effort by special interest groups, the Clinton Administration's missteps and miscalculations and the discomfort with the role of the First Lady.

Without question The President's Task Force on National Health Reform stimulated the first national healthcare conversation. Civic, religious, social and political groups, all across the country, discussed the Task Force's recommendations. The Task Force's work also triggered a rapid expansion of private sector healthcare ("market-driven" reform.) This increased private sector activity has been described as a reaction to the Clinton Administration's "big government" approach to healthcare reform. It is, more likely, a reaction by corporate executives and entrepreneurs to the unprecedented attention given by the Task Force to the size of the health care economy, its growth potential and its purported inefficiency. Among the most important "market-driven" reforms, none had more impact than the growth of managed care (e.g. HMOs.) While accurately criticized for decreasing the percent of premium going to direct healthcare services, the managed care movement brought a brief respite from spiraling healthcare cost increases and introduced service rationing, disease management and capitation payment to the national healthcare scene. And, while not specifically objectives of the Clinton Administration, these practices, because they are so critical to the success of any future reform, are part of the Clinton healthcare legacy.

The Clinton Administration, in its second term, abandoned the pursuit of a major healthcare system overhaul and adopted a more incremental approach to reform. In doing so, it strongly affirmed the government's role as healthcare consumer protector (by establishing a Patient's Bill of Rights and gaining the passage of The Health Insurance Privacy and Accountability Act-HIPAA), improved the financial health of Medicare and increased the number of insured children

Lastly, and perhaps most importantly, President Clinton may have made single-payor, universal coverage healthcare reform the "Vietnam" of all domestic issues. So politically untouchable is this highly regarded solution to the American healthcare crisis that even with the high cost of health care negatively impacting family life, job growth and America's competitive position, it will likely be impossible to adopt legislation that will provide healthcare coverage for all Americans and contain the extraordinary increases in healthcare costs.