

National Health in America: Then, Now -- When? Health Care Policy in American History

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Health Care Policy in American History

- Pre-20th Century
 - Hospitals for criminals/indigent/poor people
 - Medicine based on physician care
 - First US intervention in healthcare = 1798
- End of 1800s
 - First nationalized health insurance – Germany 1883.
 - Medical progress (Germ theory/science-based medicine)
 - Science-based public health

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- 1910s
 - Payment = private affair between patient and doctor
 - In the 1910s, initial push was for “sickness insurance” tied to industry jobs.
 - Reformers concentrated on state-based systems of compulsory insurance.

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■ 1910s – 1920s

- By 1920, “compulsory health insurance” efforts 15 states have largely died
- AMA formally declares its opposition.
- “Socialized medicine” becomes the rallying cry of the opposition.

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- Health Care reform and the Depression (1920s – 1930s)
 - Committee on Economic Security fails to get national health insurance in 1935 Social Security Act.
 - Technical Committee on Medical Care pushes a second time for national health insurance in 1938
 - Southern Democrats aligned with Republicans oppose this and other expansions of New Deal social reforms.

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- The emergence of partial solutions (1920s – 1930s)
 - In the 1920s, the Committee on the Costs of Medical Care, proposed group medicine and voluntary insurance.
 - Hospital insurance (1929)
 - Group medicine/medical insurance

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- Period of medical expansion (1940s – 1950s)
 - Increased medical specialization
 - Increased hospital use and construction
 - Increased medical research
 - Increased medical regulation

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- Changing funding mechanisms (1950s – 1960s)
 - Failed Truman Effort (1948/9)
 - 1949 Court rules health insurance benefits = subject for collective bargaining
 - Elderly Care

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- Johnson, Kennedy, and the rise of Medicare/Medicaid (1965 – 1966)
 - Medicare
 - Medicaid

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- Nixon/Kennedy & Social/Health Security debate (1971 – 1974)
 - Kennedy/Griffiths/Corman Health Security Act
 - Nixon Comprehensive Health Insurance Plan (CHIP)
 - Long-Ribicoff plan
 - Kennedy/Mill Compromise
 - HMO Act (1973)

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- The Reagan-Era Pendulum (1980s)
 - Pay freezes and shrinking reimbursements
 - Medicare Catastrophic Coverage Act (1988)

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- The Clinton Plan (1993)
 - Brief Details
 - Why it failed
 - Other issues

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- The Bush Years (2003)
 - The Medicare Prescription Drug, Improvement, and Modernization Act (2003)

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- American Healthcare in perspective
 - According to the OECD, the US spends far more on health care than expected (when compared to other nations and even when adjusted for relative wealth).
 - The US spends twice as much on health care as on food, and more than Chinese consumers spend on all goods and services.
 - US life expectancy compares unfavorably with other OECD countries.

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■ Conclusion

- Historically, health care reforms have not always led to the catastrophes opponents have suggested.
- Historically, "shifting coalitions defeated almost every attempt at compromise."
- Historically, short-term issues of political/professional/commercial self-interest have constrained this debate.
- The role of language and emotive symbols in this policy world cannot be overestimated.
- No reform that ignores professional concerns about personal and professional autonomy will work in the US.
- Most talk about "regulation" and "rationing" ignores the ways that third parties and economic factors already regulate and ration our medicine
- American history shows that opportunities for substantial reform are few and far between, and ought not be wasted.