

# Postelection: Where Do We Stand on Health Care?

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**Y**ou are likely either shaking your head in disbelief or feeling relieved that the results are finally in. Depending on the outcome (this column was authored in August), the future means either four more years of a president hell-bent to *repeal and replace* Obamacare once and for all or the beginning of a new administration with a president at the helm who literally stood behind Barack Obama as he signed into law the Patient Protection and Affordable Care Act (ACA) in 2010. This edition of National Health Line outlines recommendations made on health care by the Biden–Sanders Unity Task Force in July. Its purpose is to highlight the direction to come or the missed possibilities of history.

In May, the top two Democratic party presidential candidates, Joe Biden and Bernie Sanders, announced formation of a joint task force meant to unify the party and work out what Sanders described as providing real solutions to very, very important problems (Sprunt, 2020). Each person appointed leaders from different wings of the party ranging from Representative Alexandria Ocasio-Cortez to former Secretary of State John Kerry. The task force included working groups on health care, immigration, economy, criminal justice reform, and education. The full recommendation documents can be found at <https://joebiden.com/wp-content/uploads/2020/08/UNITY-TASK-FORCE-RECOMMENDATIONS.pdf>

Biden began his run for president positioning himself as the only candidate who could beat Trump and campaigning hard on the accomplishments of the Obama–Biden years, including adoption of the ACA. During that early stage of the campaign, the message was simple—build on the framework of the ACA without veering radically toward a “Medicare for All” system. A more detailed proposal was outlined in

July 2019 (Yglesias, 2019). Some described it as just “tinkering around the edges,” whereas others said the proposal was “radically incremental” (Rovner, 2019). The major components of that plan called for reinstating the individual mandate that requires all Americans to have health insurance, a provision of the ACA revoked by President Trump and the Republicans in their tax cut deal approved in December 2017. Furthermore, the early Biden plan proposed making subsidies for insurance premiums both more generous and more available to people, assuring that no one would pay more than 8.5 percent of their income toward them. Biden proposed adding a government-sponsored health plan, or “public option,” to the marketplace and allowing those who live in states where Medicaid was not expanded to join.

As Biden was the presumptive Democratic party presidential nominee, his proposal would have been the starting point for the recommendations that would ultimately come from the Unity Task Force. Obviously, the Sanders contingent would want to see more; their candidate, after all, championed “Medicare for All,” which would clear away much of how health insurance in the United States is organized and force change to how health care is delivered. The task force released a 110-page report of recommendations covering all five working group areas (Unity Task Force, 2020). The health care components are presented in two sections: “Achieving Universal, Affordable, Quality Health Care” (pp. 28–37) and “Health Care Unity Task Force Recommendations” (pp. 89–101).

“Achieving Universal, Affordable, Quality Health Care” is a vision piece, articulating principles voiced in contrast to priorities of Donald Trump and the Republican Party. It is broken down into 10 sections:

- Responding to the Coronavirus Pandemic
- Reinvesting in Public Health
- Securing Universal Health Care through a Public Option
- Bringing Down Drug Prices and Taking on the Pharmaceutical Industry
- Reducing Health Care Costs and Improving Health Care Quality
- Expanding Access to Mental Health and Substance Use Treatment
- Expanding Long-Term Care Services and Supports
- Eliminating Racial, Gender, and Geographic Health Inequities
- Strengthening and Supporting the Health Care Workforce
- Investing in Health Science and Research

The authors summarize, “We [Democrats] are going to at last build the health care system the American people have always deserved: One that finally provides universal health care coverage; reduces prescription drug prices, premiums, and out-of-pocket costs; reins in overall health care expenses; and tackles the deep-seated inequities in our health care system” (Unity Task Force, 2020, p. 28).

In “Health Care Unity Task Force Recommendations,” the authors detail specific policies that they wish a Biden administration would adopt to address issues raised within the topical areas highlighted earlier. Their proposals begin with a specific set of “crisis coverage” measures targeting needs during the current pandemic and future such health and economic emergencies. They recommend guaranteeing free or low-cost health coverage for every American, including by expanding Medicaid, subsidizing employer health insurance for people who lose their jobs, and offering a high-quality low- or no-cost public option available without a deductible and with automatic enrollment for those who qualify throughout the COVID-19 crisis. The document also lists 12 specific provisions fleshing out their health emergency automatic support program.

Beyond the immediate crisis, the task force recommends many specific measures to achieve universal, high-quality, affordable health care in the United States, including the following:

- Expanding Medicare coverage by enabling Americans to enroll at the age of 60 (instead of the current 65)
- Instituting automatic enrollment in a public insurance option with zero premium and an opt-out for those enrolled in any social safety net program for low-income Americans, such as the Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families
- Untethering health care from employment by repealing the “firewall” blocking employee access to the marketplace, including the public option
- Eliminating the 400 percent federal poverty level subsidy cliff currently operating under the ACA.

The recommendations span many other topical domains, such as rural health, prescription drugs, bolstering the health care workforce, and tackling inequities in public health and health care. They are too numerous to list here. Please, review the entire document (Unity Task Force, 2020).

Many of the proposals come from ideas long raised and remedies long fought for. For instance, in as far back as 1927, a private 48-member committee, the Committee on the Cost of Medical Care (CCMC), formed to study and address the then growing costs of medical care (Ross, 2002). After five years of work, CCMC recommended in their report, “Medical Care for the American People,” that all basic public health services should be extended to the entire population, requiring increased financial support, full-time trained health officers and staffs, with security of tenure, and that professional education should be improved for physicians, health officers, dentists, pharmacists, registered nurses, nursing aides, midwives, and hospital and clinic administrators (Falk, 1958). These sentiments are well covered in the pages of recommendations proposed by the Unity Task Force. In addition, the recommendations include novel proposals even on these time-tested themes. For example, the task force expands on the early call to improve professional education by outlining a platform around health workers’ rights. In it they call for any health care-related employer receiving taxpayer money to pay at least \$15 an hour and offer benefits. The committee also recommends

novel measures to tackle inequities, such as an executive order directing coordination of all federal departments and agencies toward “reallocation of resources and new investments to advance equity and eliminate disparities in the United States for every category of essential support necessary for individual achievement, including but not limited to health and health care” (Unity Task Force, 2020, p. 98).

Social workers look on, now as before concerned about the health of the nation. On the horizon we may see an opportunity to engage a new administration toward this extensive set of recommendations for achieving universal, affordable, quality health care. Or, we may see the sun setting on the Biden–Sanders Unity Task Force recommendations for at least the next four years. In either case, social workers are called by the moment and by their code of ethics toward service (to help people in need and address social problems), toward social justice (to challenge social injustice), and toward competence (to practice within their areas of competence and develop and enhance their professional expertise). Be well and trudge on. **HSW**

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