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Health Reform's Newest Moment in Time

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HEALTH REFORM'S NEWEST MOMENT IN TIME

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Major changes in social policy have evolved over many years, but paradoxically there are "moments in time" when large-scale changes seem to occur quickly, triggered by an unlikely convergence of events. During the height of the presidential campaign of 2008, it appeared that such a "moment in time" had come for universal health care insurance.[1] The growing ranks of the uninsured, combined with a broad public sense that the United States health system is broken, fueled public and political support for national health insurance reform. Both Republicans and Democrats staked out major positions on health insurance reform that reflected wide ideological divides and offered an interesting range of approaches to health insurance reform.[2] As the new Obama administration takes shape, it is difficult to imagine the strong campaign pledges to provide universal health insurance will be abandoned. However, the ever-present challenges of health insurance reform to balance access, quality, and costs have been confounded by grim economic realities manifested by a swelling federal deficit and a period of global recession.[3] Has the most recent "moment in time" for national health insurance eluded us? Or is there a sufficient political will to finally shape a major overhaul of health policy to move this issue in the face of the ever-present "slim odds."[4]

This presentation is a reflection on national health insurance at the beginning of the Obama administration. I will con-

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1. Editorial, *The Candidates Health Care Plan*, N.Y. TIMES, Oct. 28, 2008, at A30.

2. Jonathan Oberlander, *The Partisan Divide-The McCain and Obama Health Plans for U.S. Health Care Reform*, 359 NEW ENG. J. MED 781, 781-784 (2008).

3. Drew Altman, *Keeping the Health Reform Coalition Together*, THE KAISER FAMILY FOUNDATION (Nov. 11, 2008), http://www.kff.org/pullingittogether/111108_altman.cfm; *see also* Joe Carlson, *It's All Downhill From Here*, MODERN HEALTHCARE, Nov. 17, 2008, at 6-7.

4. Edward M. Kennedy, *Health Care Can't Wait*, WASH. POST, Nov. 9, 2008, at B08, *available at* http://www.washingtonpost.com/wp-dyn/content/article/2008/11/07/AR2008110703145.html.

sider briefly some of the historical background that has shaped the issue, provide an explanation of the present goals of universal health insurance coverage, and review the core elements of the president's plan, which emerged in the course of the 2008 election. In addition, I will highlight features of other approaches to national health insurance, such as those based on a tax system. I will consider the challenges that face health insurance reform efforts and suggest three targeted reforms that could expand health insurance coverage. Finally, I will focus on the theme of the Revius Ortique Symposium, namely, "Is Health Insurance a right?" The recognition of such a right, which has been external to the recent debates over health reform, may be a meaningful touchstone in shaping the future of this area.

A HISTORICAL PERSPECTIVE

The goal of enacting a universal national health insurance plan began in the twentieth century. Starting with the efforts of organized labor in the early 1900s, national health insurance has been a recurrent theme in domestic policy that was driven by social equity and a persistent concern over the costs of medical care. Interestingly enough, in 1932, a private organization composed of representatives of key health care organizations known as the Committee on the Costs of Medical Care (CCMC) drafted a report which laid out a template for a voluntary national health plan that, to an extent, resonates today. The CCMC Report made five key recommendations: include the use of comprehensive medical group practices as a foundation for reorganizing the delivery system, strengthen public health services, pay costs through nonprofit insurance and taxation, develop better service coordination, and expand emphasis on health education and disease prevention.[5] While the 1932 CCMC Report was rejected by organized medicine and fell victim to the Great Depression, it clearly voiced ideas that would have set American health care on a far different course than the one experienced for the past seven decades. This is not to say that the dream of constructing a comprehensive national health program ended with the Great Depression. On the contrary, every president from Roosevelt forward, with the excep-

5. *See* CAN. MED. ASS'N. J., 198-199 (Feb. 1933).

tion of Ronald Reagan, developed some type of national health insurance proposal.

In the 1970s there was considerable activity in the health insurance area as Senator Kennedy introduced numerous plans into Congress calling for extensive system reorganization and control of financing to more limited proposals for a system of national catastrophic health insurance.[6] It is noteworthy that the Republican Nixon administration proposed national insurance reform composed of employer mandates, a federally funded family health insurance program for poor people, and a shift away from traditional fee for service settings to move towards health maintenance organizations.[7] Some twenty years later, in the first Clinton administration, a national health insurance reform was launched in a highly detailed comprehensive proposal that was loosely based on the idea of managed competition.[8] The Clintons' National Health Security Act of 1993 rested on three primary features: a national health board to oversee the health plan structure, an employer mandate requiring subsidization of eighty percent of coverage costs, and a standardized set of benefit offerings required for all health plans.[9] The concepts, details, and lessons of those failed universal health insurance proposals, from Roosevelt to Clinton, should be carefully noted, as virtually every idea voiced in the 2008 presidential campaign and post election period stems from those earlier discussions.[10] In addition, and perhaps most importantly, the experiences of government, federal and state alike, in providing health care coverage through Medicare and Medicaid, should serve as pivotal points of reference in shaping the details of any reform initiative in health care.[11]

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6. ALAIN C. ENTHOVEN, HEALTH PLAN 157 (2002).

7. Barry Waldman, *Comments on the Nixon Plan for National Health Insurance: An Historic View*, MEDICAL CARE, Nov-Dec 1971.

8. Theda Skocpol, *The Rise and Resounding Demise of the Clinton Plan*, 14 HEALTH AFFAIRS 66, 69 (1995).

9. *Id.*

10. *Lessons Learned: The Health Reform Debate of 1993-1994*, ALLIANCE FOR HEALTH REFORM (Washington D.C.), Apr. 2008, *available at* http://www.allhealth.org/publications/uninsured/health_reform_debate_of_1993-94_81.pdf.

11. *Issues in a Modernized Medicare Program*, MEDPAC (Report to Congress, Washington D.C.), June 2005, at 41.

The Current Debate

The current debate over national health insurance, while rooted in the century old struggle to provide all citizens access to comprehensive medical care, has been driven by three primary forces: the plight of the uninsured, the concern over the rising costs and availability of affordable health services, and a general unhappiness with an increasingly dysfunctional system. More than any other issue, the lingering problem over the lack of health insurance, affecting seventeen percent of the United States population, drove the issue of national health insurance onto the stage of the 2008 presidential campaign. While two thirds of the uninsured can be classified as poor, seventy percent of this population is employed, working in jobs that do not provide health coverage or pay well enough for individuals to purchase private coverage. Particularly troubling is the disproportionate number of minorities in the ranks of the uninsured with percentages as high as thirty percent in the Latino and Native American populations, twenty percent for African Americans, but only twelve percent in the white population. Individuals who lack health insurance may obtain care in emergency rooms, but often their health care is fragmented, episodic, and obtained only at crisis points where the progression of illness may be irreversible.[12]

The problems of the uninsured are not new, and they take on even greater dimensions when viewed in conjunction with the current economic crisis as fears of unemployment increase and concerns grow over the possible movement by employers to constrict or drop health benefits.[13] In the present economy, health insurance has become a middle class concern, and that reality appears to be the vital ingredient in raising political issues about

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12. *Speaker's note:* Generally the uninsured must pay out of pocket for health care and, while some may be covered by charity care or obtain services at free clinics, there is considerable uncertainty in the ability of the uninsured to receive care. Sadly, out of pocket services may actually result in higher charges being leveled than is the case for the same services for an insured person due to volume discounting. In addition, individuals in emergency situations or active labor can receive free care under the Emergency Medical Treatment and Active Labor Act of 1986 in hospital emergency rooms, a costly and fragmented vehicle at best. *See* 42 U.S.C. § 1395 (2008).

13. Reed Abelson, *Health Care Costs Increase Strain, Studies Find*, N.Y. TIMES, Sept. 25, 2008, at C4.

reform. Unlike the poor without insurance, access to services is not the focal point of the middle class, but rather economics are the dominant concern. Individuals and families obtaining insurance through employment are faced with increased cost sharing requirements, and those purchasing individual health insurance face both costly premiums and products that provide inadequate coverage. The phenomenon of underinsurance is made only worse by the continual upward spiral of health care costs as inflation in this sector typically outpaces other areas.[14] In situations where individuals have pre-existing medical conditions, health insurance may be simply unaffordable and those with even generous coverage, who face expensive illnesses, may exhaust policy caps.[15]

Added to the problems of the uninsured and the underinsured is a growing sense that the American health system is in crisis.[16] For several years the media has been littered with accounts about how American medicine is imploding. The anecdotes and analyses from experts and members of the public alike have criticized virtually all aspects of the delivery system and some of the most vocal critics come from the ranks of the medical profession.[17] Dramatic and tragic stories of individuals bankrupted by health costs or forced to choose between food and medicine are all too familiar tales in the current American landscape.[18] Core institutions in the delivery and regulation of health care, such as Walter Reed Army Medical Center and the Food and Drug Administration, have been at the epicenter of scandals that seriously undermine confidence in this sector.[19] Frustration with conven-

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14. *National Coalition on Health Care, Health Care Facts: Costs* (2009), http://www.nchc.org/facts/cost.shtml (last visited Sept. 11. 2010).

15. Merrill Matthews, *Op-Ed, The Uninsurable*, WASH. POST, June 16, 2008, at A25.

16. TOM DASCHLE ET AL., CRITICAL: WHAT WE CAN DO ABOUT THE HEALTH CARE CRISIS (2008).

17. Mike Morrow, *The Next American Crisis is Health Care*, TENNESSEAN, Oct. 19, 2008, http://pqasb.pqarchiver.com/tennessean/access/1695280771.html?FMT=ABS&FMTS=ABS:FT&type=current&date=Oct+19%2C+2008&author=Mike+Morrow&pub=The+Tennessean&edition=&startpage=n%2Fa&desc=The+next+American+crisis+is+health+care.

18. SICKO (Dog Eat Dog Films 2007); *see also* http://www.sicko-movie.com.

19. Steve Vogel & William Branigin, *Army Fires Commander of Walter Reed*, WASH. POST, Mar. 2, 2007, at A01; *see also* Matthew Perrone, *Dangerous Side Effects of the Brain Drain*, WASH. POST, June 8, 2008, at A02.

tional health care has lead to an explosion in alternative medicine, ironically at a time when progress in medical sciences has been rapid.[20] The sum total of such concerns and criticisms has not yielded a clear vision of how the health enterprise should be reformed. Still, this broad sense of discontentment does serve as a motivating factor in reinvigorating the ongoing health insurance debate. If progress on the insurance side is made, at some point, it will necessitate a more systematic confrontation with the supply side of health care.

Campaign 2008 Plans

To an extent, the Obama health plan presented during the presidential campaign of 2008 can be characterized as a delineation of principles, as opposed to a highly developed reform model.[21] Nevertheless, the Democratic presidential reform proposal for universal health insurance, along with the plan voiced by Republican candidate, John McCain, have been essential in moving the issue onto the national stage, and have served to broadly reopen this long standing matter of unfinished public business. Turning first to the President's plan, although it contains numerous features, the core of the proposal can be broken down into three primary components. The Obama plan rests, first, on an employer mandate that provides businesses with the opportunity to continue offering health benefits or in lieu of doing so, opt to pay a tax. The second pillar entails the creation of a National Insurance Exchange, which would screen health plans in a given state's private health insurance market for purchase by individuals who either opt out or are not included in group plans. Thirdly, the president's campaign plan called for the creation of a federal National Health Insurance Plan which would be offered across

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20. Ridgely Ochs, *Alternative Medicine Report Criticized; Study: Dissenters say Findings of White House Fail to Distinguish Between Therapies Supported by Science and Those that are Unproven or Fraudulent*, L.A. TIMES, Apr. 8, 2002, at S3; *see also* http://www.futuremedicine.com.

21. John C. Goodman, NATIONAL CENTER FOR POLICY ANALYSIS, Brief Analysis No. 628, *The Barack Obama Health Plan*, (Sept. 5, 2008), http://www.ncpa.org/pdfs/ba628.pdf. This provides an excellent summary of a complex plan. For a rather critical assessment of the president's plan, see Robert E. Moffit & Nina Owcharenko, *The Obama Health Plan: More Power to Washington*, HEALTH CARE BACKGROUNDER, Oct. 15, 2008, http://www.heritage.org/research/HealthCare/bg2197.cfm.

state lines and provide a benefit package comparable to Medicare. The new federal insurance plan would not bar individuals with pre-existing medical conditions from enrolling, and necessary subsidies would be provided to low-income individuals to allow them to obtain this coverage. The only mandate in the Obama plan is the requirement that parents purchase health insurance for their children.

Additionally, a series of measures, drawn from current health policy initiatives, such as medical homes, pay for performance, pricing transparency, quality of care reporting, and patient safety measures, are built into the plan. Arguments were made that the Obama proposal would save money through an increased focus on prevention and use of information technology in a new health infrastructure, joined together with savings from a roll back on Bush tax cuts. It was estimated that this campaign plan would increase overall health care costs by 1.17 trillion dollars, and reduce the ranks of the uninsured by 26.6 million individuals.[22]

The counter point to the Obama plan during the campaign was the health insurance proposal posited by Arizona Senator John McCain.[23] Reducing the McCain proposal to its core, two primary ideas emerge: 1) the elimination of the federal tax exclusion for employer sponsored health insurance, and the provision of tax credits to allow individuals and families to purchase private health insurance, or 2) offset the new health benefit tax. While the Republican health campaign plan did not require individuals to opt out of employer coverage, it represented a dramatic movement away from workplace health benefits towards a consumer directed private health insurance market based system. For low-income individuals who were priced out of the private insurance market, the McCain plan proposed the creation of state subsidized plans offering coverage for individuals without prior insurance, or those excluded from coverage because of pre-existing conditions. Cost estimates of the Republican presidential

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22. The Lewin Group, *McCain and Obama Health Policies: Costs and Coverage Compared*, Oct. 8, 2008, http://www.lewin.com/content/Files/The_Lewin_Group_McCain-Obama_Health_Reform_Report_and_Appendix.pdf.

23. David Blumenthal, *Primum Non Nocere-The McCain Plan for Health Insecurity* 359 NEW ENG. J. MED. 1645, 1645-47 (2008).

plan for overall spending were set at 2.5 trillion dollars, with reductions in the number of uninsured totaling 21.1 million.[24]

On to 2009

With the presidential campaign of 2008 behind us, there is a temptation to focus only on the President's election proposal for health insurance and naturally dismiss the McCain proposal. While it seems fair to argue that the Republican tax credit idea is "off the table," the use of the tax code as a lever to incentivize coverage and to administer compliance with health reform is still very alive. In fact, it is interesting to note that in the early days of the Presidential campaign Senators Wyden (D. OR) and Bennett (R. UT) introduced a health insurance reform plan called the Healthy Americans Act (Senate Bill 334) that, like the McCain plan, supports abolishing the favorable tax treatment of employee health benefits.[25] Senate Bill 334 calls for the phasing out of the employer based system and replacing it with an employer tax; modeled on the Federal Employee Health Benefits Plan, insurance products would be federally regulated and plan offerings standardized. A particularly significant feature of Wyden-Bennett is the abolition of Medicaid and SCHIP. The two Senators characterize Medicaid and SCHIP as second tier health care, and in place of these programs, individuals would receive a subsidy to purchase health insurance in the private market, identical to other citizens. Wyden-Bennett mandates individuals to purchase health insurance, and for the IRS to become the overseer of this obligation.[26]

Days after the 2008 election, Senator Max Baucus (D. MT), Chairperson of the Senate Finance Committee, announced a very detailed health reform proposal, which mirrored the Obama cam-

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24. *Id.*

25. Ron Wyden, *The Healthy Americans Act,* http://wyden.senate.gov/issues/legislation/details/?id=27248423-2e83-ae03-a11fe572837f.

26. Nina Owcharenko, HERITAGE FOUNDATION, WEB MEMO NO. 1849, *Lawmakers Should Approach Wyden-Bennett Health Bill With Caution,* Mar. 13, 2008, http://www.heritage.org/Research/Reports/2008/03/Lawmakers-Should-Approach-Wyden-Bennett-health-Bill-with-Caution.

paign plan.[27] Baucus recommended an expansion of Medicaid and SCHIPs, an insurance pooling of private insurance plans, creation of a new national health insurance plan with benefits comparable to Medicare, but without pre-existing condition limitations. Similar to the Obama plan, the Baucus initiative relies on employers to continue offering workplace coverage, or pay a tax in lieu of such offering. Under the Baucus plan, unlike the President's plan, there is a requirement that individuals must purchase health insurance, which was a matter of contention during the election campaign of 2008.[28] The Baucus plan acts as a bridge from campaign politics to the legislative battleground, and, taken together with the Wyden-Bennett plan, most of the potential variables in any universal health insurance program have been put forth. What is particularly noteworthy about the Baucus plan is the acknowledgement that in the short term a universal health insurance proposal, which results in system reforms and financing changes, will increase taxpayer costs. Baucus argues that an unwillingness to face increased tax burdens will only serve to exacerbate our problems, leading to a doubling of the national expenditures on health, a greater competitive disadvantage for U.S. businesses, and the continued growth of the ranks of the uninsured.

The election of November 2008, which has transformed the Washington political landscape, provides hope that the long standing frustration over national health insurance reform may be overcome, as the politics for such change appear favorable. There are, of course, many reasons for caution as the new Obama Administration faces obstacles sparked by the current economic recession. These obstacles include a trillion dollar deficit, new obligations created by a massive $700 billion bailout package, and the continued costs of waging two wars.[29] Still, health reform was a major pillar of the 2008 presidential election debate, and a

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27. Max Baucus, *Call to Action: Health Reform 2009* (Nov. 12, 2008), http://www.finance.senate.gov/newsroom/chairman/release/?id=a36a2265-d36a2265-d3ea-41c3-904c-d02620103acb.

28. Laura Meckler, *Baucus to Push Health-Care Overhaul*, WALL ST. J., Nov. 12, 2008, at A6.

29. Robert Laszewski, THE HEALTH CARE BLOG, *Despite Democratic Control, Major Health Reform Still Unlikely*, (Nov. 8, 2009), http://www.thehealthcareblog.com/the_health_care_blog/2008/11/despite-democra.html.

need for action is widely shared by politicians and the public alike. While speculating on health policy reform is risky at best, it would seem that the time for constructing a universal health insurance proposal is ripe, if the funding component can be phased in over several years. The structure of universal health insurance reform will be ironed out over 2009, and as such, all ideas that have been voiced, currently or in the past, will likely be revisited.

With the excitement of the new administration, the idea of incremental health reform should not be the starting point for universal health insurance reform.[30] Still, fallback positions must be considered. Significant reforms can be made independent of a massive universal coverage bill.[31] Three reforms can be highlighted that would have a dramatic impact on health care delivery and access to services. The first of these reforms is the creation of an enlarged health care workforce of physicians, nurses, and allied health workers devoted to primary care and preventive health.[32] Insurance availability, while critical alone, does not intrinsically address access to care. Our system will remain closed to significant numbers of citizens without creative approaches to human resource needs. Secondly, the infrastructure of health care must be remodeled in a way that rests on information technology as the foundation for both clinical and administrative services. This is not to suggest that the physicality of patient care should be minimized, but rather the brick and mortar elements of health delivery must be shaped around Internet Technology (IT). E-health goes far beyond record keeping and clinical support; it can also serve as the bases for telemedical services that can address health care shortages in urban and rural areas. Thirdly, the emergency medical system must be attended to as hospital emergency rooms around the country are suffering from strains as increased pressures have placed them on the front lines of acute and trauma medicine.[33] Certainly other big initiatives such as

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30. Janet Hook & Noam Levey, *Daschle Choice Signals Reform*, L.A. TIMES, Nov. 20, 2008, at A1.

31. M. Gregg Bloche, *A Graveyard for Grand Theory*, 6 HEALTH AFFAIRS 1534, 1534-1536 (Nov./Dec. 2007).

32. M. Renee Zerehi, *Primary Care Provides Patients with Better Outcomes at Lower Costs*, (Oct. 25, 2008), http://www.acpoline.org.

33. Shahram Lotfipour, et al., *The Crisis in Emergency and Trauma Care in California and the United States*, 7 CAL J. EMERGENCY MED. 81 (2006).

consumer health education, related improvements in health prevention, expansion of ongoing quality and safety improvements, coordination of care vehicles such as medical homes, etc. should be pursued. Although increasing the number of primary care providers, developing an effective IT, and strengthening emergency medical systems are challenging and costly, they should be embraced independently, or as key elements of a universal coverage reform package.[34]

THE TOUCHSTONES OF HEALTH REFORM AND THE RIGHT TO HEALTH INSURANCE

The major goals of universal health insurance are clear to identify: insurance coverage for all and a comprehensive health policy that provides a reasonable array of high quality services with an affordable premium. Implementing these goals raise complexities that contribute to the current and future challenges. For example, there is a critical need to provide coverage for individuals who are uninsurable due to existing illness, and current proposals call for the creation of a comprehensive public program without exclusions for pre-existing conditions. Presumably, the new public program would need to be heavily subsidized as the nature of the plan strains principles of risk spreading. Rather than social insurance, this would make the health benefit a type of public aid program. Furthermore, slating a new federal health plan against Medicare or the Federal Employee Health Benefits Plan (FEHP) sets a very high floor of coverage. This does not suggest universal coverage can be achieved without including the needy members of society; however, achieving such a goal will be expensive and require flexibility in approaches outside of established models. In the context of any proposal, costs, quality, and access issues will manifest in both predictable and surprising ways. This will require significant managerial and political skill to address.

In the coming months, as federal health insurance legislation unfolds, the well-worn adage, "the devil is in the details," will be heard. No matter how critical the details of legislation and im-

34. For another version of the elements of a compromised health reform initiative, see, Katherine Baicker, *Formula for Compromise: Expanding Coverage and Promoting High Value Care*, 27 HEALTH AFF. 658, 658-666 (2008).

plementation are, the broad goals of universal health care access must remain constant, and details should never be seen as more than a means to an end. As such, the preamble of universal health insurance legislation cannot be casually constructed as the benign foreground of reform, but should clearly articulate the touchstones by which the public should measure the successes and failures of this emerging effort. In articulating touchstone elements, it is worth considering whether the cause of universal coverage would be promoted by elevating health insurance to the status of a right for every citizen. Could an expansion of law, legislating health insurance as a universal entitlement, be a helpful addition to the national goals of reform? Although the passage of universal health insurance presumes a new form of entitlement, and is a step in public policy from which the federal government would be unlikely to retreat, making a legal declaration of a health insurance right might be deemed unnecessary. On the contrary, legislating a right to health insurance would serve as a necessary foundation for a new entitlement and elevate the obligations of the government to sustain this effort.

The concept of "the right to health insurance" may strike some as an odd refinement of a more traditional and broader dialogue about the jurisprudence surrounding the notion of a right to health.[35] For many years, there has been an ongoing discussion about whether there is a legal right to health in the United States. Some scholars have argued that a liberal reading of the Constitution can be applied to include a right to health as fundamental. Frequently, broader jurisprudential analyses are applied to the right to health issue drawing on international law as a foundational element in such a rights' construct. While the spirit of promoting a fundamental right to health is a noble one, the legal argument is, at best, difficult, and at worst, a highly impractical sojourn. If health is going to be elevated to a legal right, the most likely way to do so is through express federal legislation and not constitutional law.

If a basic right to health could be shaped legislatively, the question becomes what meaning such a right would have. The fact remains that health is such a broad concept that it becomes

35. *See* Benjamin Mason Meier & Larisa M. Mori, *The Highest Attainable Standards: Advancing a Collective Human Right to Public Health*, 37 COLUM. HUM. RTS. L. REV. 101 (2005).

an obligation that stretches from individual health care to matters of population and environment, and could constitute a public obligation beyond the capacity of government. In order to avoid the breath and ambiguities inherent in a generically stated right to health, a narrowing of such right to health insurance can be seen as being more focused on an individual entitlement to medical service coverage, and a public mandate to ensure coverage is provided. This does not suggest that a legislated declaration of a right to health insurance will abrogate ambiguity. As the goal of articulating a right to health insurance is access and coverage, such a right would become more than a literal mandate to provide insurance, which would be positive, but would become a touchstone principle against which future law and regulation would be measured.

CONCLUDING REMARKS

Many reasons can be posited as to why a universal health insurance bill will fail in 2009, but perennial failure of health reform is unacceptable, as the inadequacies of a health care system that fails to meet the needs of all citizens should no longer be tolerated.[36] There is no doubt that significant health insurance reforms will be a complex, costly, and long-term challenge, as Medicare and Medicaid have already demonstrated.[37] Lack of meaningful reform, however, poses greater risks for individual and population health, and only serves to invigorate the inequities of a market dominated system. Key elements of reform, such as coverage mandates, regulation of insurance, the nature of the employer's role, the use of tax policy, and insurance subsidization, etc, will be hard fought. However, at the end of the day, this matter is about universality and access, and the mechanisms for achieving these goals must be subject to compromise, as health system evolution will require flexibilities in approach to sustain universal coverage. We can only hope that the courage, leader-

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36. Mike Lillis, *Is Health Reform Another Victim of Wall Street's Madness?* WASH. INDEP., Oct. 13, 2008, http://washingtonindependent.com/12045/healthcare.

37. Globe Spotlight Team, *A Healthcare System Badly Out of Balance*, BOS. GLOBE, Nov. 16, 2008, at A1. This article demonstrates the complexities of reimbursement in a system dominated by powerful actors. Such a reality will not be an easy one within which to craft health insurance reform.

ship and political will needed to seize "this moment in time" will be sustained and that, finally, the long public failing in American health care governance will be addressed.