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Introduction

The history of national health care in the United States has been on the political scene for the last century. Several times it looked like government-funded health care would become a reality, but each time it has failed. (The Henry J. Kaiser Family Foundation, 2009, p. 1).

In other countries, national health care has had much greater success. Germany can trace national health insurance back to 1883. The reason that national health care took root in Europe was income stabilization. These first programs were not universal but were ways to buy political allegiance of the workers (Physicians for a National Health Program, 1999, p. 1).

In the United States, there were no public programs for health care until the early 20th century. In the early 20th century, reformers were trying to improve the social conditions of the working class. Unlike the working class in Europe, these same groups in the U.S. did not have broad support for national health insurance (Physicians for a National Health Program, 1999, p. 1).

National health care became part of the Progressive Party presidential platform in 1912. The American Association of Labor became convinced that national health care would become a reality in 1915. The American Association of Labor even had the support of the American Medical Association for a national health care program. After 1920, the American Medical Association became opposed to a national health care program (Kooijman, 1999, p. 23).

The American Association of Labor encouraged the individual states to draft bill for national health care insurance in 1915. National health care insurance almost became a reality in New York and California. During the first two decades of the 20th century, national health care insurance was little more than an 'intellectual movement' in most parts of the United States (Kooijman, 1999, p. 41-48).

Health insurance was not as urgent a problem as the economic recovery was during the depression years. Economic problems were more important and politicians thought issues like unemployment compensation and welfare benefits were far more important in the 1930's. The New Deal

programs in the 1930's revolved around economic recovery not national health insurance (Kooijman, 1999, p. 48-49).

When Truman became President after the death of President Roosevelt, he had different ideas on health care insurance. He thought health care should be a single universal program. When the Republicans took over control of Congress in 1946, they had no interest in a national health insurance. They thought it was nothing more than a socialist movement, but President Truman was determined to have a universal health care program. The Republicans were successful with the help of the American Medical Association in defeating any plans of President Truman of having universal health insurance (Physicians for a National Program, 1999, p. 5).

There was little done in the 1950's towards a national health care program after World War II. Most Americans felt private insurance provided enough coverage for the American people. When President Johnson became President after the death of President Kennedy, the idea of a national health insurance became part of Johnson's "Great Society". Finally, a bill for Medicare and Medicaid became part of the Social Security Act. When President Johnson signed Medicare and Medicaid into law, former President Truman sat beside him. Although it was not a universal health care program, former President Truman lived to see the first important health care reform of the 20th century (The Henry J. Kaiser Family Foundation, 2009, p. 2-5).

National health insurance became more of a bipartisan movement in the 1970's, but there were so many competing ideas that no legislative bill resulted in all the debate in Congress on a national health care program. A poor economy and inflation became more important issues in Congress by the close of the 1960's. When Jimmy Carter ran for the presidency, he supported a national health care program, but after he took office, he realized the U.S. economy at the time could not support a national health care program (The Henry J. Kaiser Family Foundation, 2009, p. 2-6).

Although numerous social and political reforms during the late 19th and 20th century attempted to achieve national health care, it never became a reality. When Bill Clinton became President in the early 1990's, thoughts were that he would be the President to achieve a national health care insurance.

The Clinton Administration Health Care Reforms

Health Care reforms are not new ideas talked about in Congress. The last time that health care reform had a big push was back in 1993 when Bill Clinton was the President of the United States. The reason why President Clinton was pushing for health care reform was because when he was running for the Presidency of the United States he ran on a platform for health care reform. However, there is more to the story that President Clinton ran on a platform for health care reform. According to Derek Bok (1998), in 1991 "Harris Wofford rode the health care issue to a surprise victory over Richard Thornburgh in an interim race for Senate in Pennsylvania." In other words, Bill Clinton wanted to run on a platform that would give him a better chance to win the Presidency. Once Clinton won the Presidency, it seemed like Bill had the perfect chance to have the health care system within the United States overhauled. Derek Bok (1998) went on to say that Bill was true to his word. He moved quickly to address the issue by announcing early in 1993 that he would assemble a task force of experts to review the subject and construct a plan that he could propose to Congress." President Bill Clinton even took an unusual step and decided to put his wife Hillary Clinton in charge of the task force.

After many months of planning and deliberating, the task force that Bill Clinton assembled produced its health care reform report. The report that was produced was more than 1000 pages, and it included a very complex plan that would give basic health care to all of the citizens of the United States. According to Derek Bok (1998),

for most people, coverage would come from employers, financed by payroll taxes and delivered through carefully regulated competition among large non-profit health maintenance organizations, such as the Kaiser Plan and Blue Cross, or for-profit prepaid plans of the kind that were springing up across the country. For those who were not employed, the government would pay the cost of membership in a health maintenance

organization. To negotiate with the health care providers on behalf of consumers, monitor their performance, and ensure their suitability, the Clinton Plan proposed the creation of new public organizations called health care alliances.

The health care reforms that were proposed in 1993 included health care coverage for every citizen of the United States. The coverage was either being paid by their employer paying for the coverage or the government footing the bill on the unemployed workers. After the report was produced, President Clinton gave a speech on September 22, 1993 giving the details of his proposed health care reforms. President Clinton (1993) tried to persuade the lawmakers “to fix a health care system that was badly broken, [and] giving every American health security-- health care that is always there, health care that can never be taken away.” After President Clinton’s speech and with Hillary Clinton by his side, it looked very promising that the health care reforms would indeed become a reality for American citizens. Since Hillary Clinton was the head of the task force, she would also play a big role in trying to get the health care reforms passed in 1993. Derek Bok (1998) stated that “during the days that followed, Mrs. Clinton appeared before Congress to respond to detailed inquiries from one committee after another.” Hillary did very good and answered the questions that were asked by the lawmakers and as a result she won applause for the way that she presented herself (Bok, 1998). It seemed like with the publicity that was given to the reforms and the many people that wanted the reforms that it would indeed be passed into law.

It looked early in the debate that the United State’s health care system would be reformed. Early in the process, the health care reforms were given a lot of media attention over the debates. However, shortly into the process of pushing for the reform to the health care system many problems started to rise. One of the problems that arose out of the health care reform was there were so many different lawmakers trying to push for their own version of the health care reforms. Derek Bok (1998) stated that as an increase in the many different “competing proposals grew, “substantive news coverage declined, and the barrage of interest group claims and counter-claims became more strident.” Another major problem that the media did not help with was that they did not report on the agreements between the Republican and Democrat parties on the health care reforms. According to Derek Bok (1998), the media did not normally

“mention the several areas of agreement between Republicans and Democrats, such as the need for some kind of insurance pools and for some means of allowing workers to take their health insurance with them when they changed jobs.” As a result of this, many Americans started to get confused over the health care reforms. In other words, Congress and interest groups were so obsessed with getting the upper hand of the health care reforms the main issues were lost in the fight. Americans across the country started to lose interest in the health care reforms. Some Americans even suggested that the proposed health care reforms be scrapped and the entire process needed to start over from scratch (Bok, 1998).

One of the main reasons why the health care reforms ran into problems was due to the fact that interest groups against the reforms spent very heavily on advertisements against the reforms. Newspapers, TV stations and radio talk shows gave a lot of time and space to the health care reforms. According to Derek Bok (1998), “more than \$100 million is said to have been spent on the legislative campaign by the many interest groups concerned with health care reform.” A good bit of the TV ads that were run were against the health care reforms. One ad that was run that helped get the message out that the health care reforms were not a good idea portrayed a husband and wife. The husband and wife were Harry and Louise and the ads were very good at getting a message out stating that the reforms would be run by many new bureaucrats. With these advertisements being run, it led to a large part of the American public to not trust the health care reforms.

A way that the Republican Party was able to make the health care reforms unpopular by the American public was by saying that the reforms too big and too complex. This resulted with the American public to think badly about the reforms. According to James Pfiffner (1995), the “Republicans were able to label the health care plan as too large, too complex, too costly, and too much government” (pg 70). As a result, the American public started to disapprove of the reforms because they did not want a big government.

Another small problem that arose during the health care reforms of 1993 was the Whitewater scandal that came to light with Bill and Hillary Clinton. According to Derek Bok (1998), “some reporters even speculated that the health care debate was simply a smokescreen by the Clintons to divert the public’s attention from the Whitewater saga. As a result, a few Americans started to doubt that the health care reforms were being debated to better America. They felt the debates were just a way for the Clintons to divert attention off of themselves.

The Clinton’s and Congress are not the only ones to blame for the health care reforms not passing in 1993. The American public also played a role in the reforms not being passed. Derek Bok (1993) stated that

The media came to concentrate more on the political maneuvers of opposing factions, the tactics of powerful interest groups, and the clashes within the Democratic Party. It is surely because many readers and viewers found these subjects more interesting than the numbing details of alternative proposals for reform.

In other words, the media wrote and showed stories of what the public wanted to hear or see. They did not report on the alternative proposals as much because the public did not show that much of an interest on it. As a result of the American public not wanting to hear about the different proposals, Congress was not able to agree upon a proposal that the American people wanted. Another way that the American public did not help the reforms out is the role of the uninsured played. Derek Bok (1998) stated that “the poor and uninsured rarely bothered to vote, let alone make efforts to understand what was at stake and communicate their views to Congress.” As a result, Congress did not know what to do in order to help the uninsured citizens of the United States.

Even though Bill Clinton got off to a good start trying to reform the health care system, they did not pass. The problems that plagued the health care reforms helped defeat Bill Clinton’s call for reforms to the health care system. Basically, the health care reforms failed due to the divided Democrats, emboldened Republicans, heavy spending by interest groups that were against the reforms, and the

Whitewater scandal. No one knows what America would be like today if these problems were handled in a different manner.

The proposed health care reforms of 1993 would have had a pretty huge impact on the Federal budget. According to Derek Bok (1998), “since the Clinton plan was never tried, no one can be sure what results, good or bad, might have ensued.” There have been some studies that were done that have shown what might have happened if the 1993 proposal would have been passed into law by Congress.

According to the Central Budget Office (1993), passing the budget reforms would “help improve the budgetary and economic outlook in the next century (pg 22).” It could have done this by adding money to the Federal tax revenues. This could be accomplished if the Federal government passed the reforms that taxed the employer-paid portion of health insurance. The Central Budget Office (1993) stated that doing this would have added “\$262 billion over a five-year period” (pg 21). If the health care reforms that Bill Clinton proposed in 1993 would have passed, it would have made health care more affordable for American citizens.

The Obama Administration Health Care Reforms

In the early 90’s, the health care reforms did not get passed into law. However, with the economic crisis that has hit America, President Barack Obama has taken on the issue of the health care system. President Barack Obama has stated many times that the cost of health care is out of control in America. President Barack Obama stated on February 24th 2009 that

This is a cost that now causes a bankruptcy in America every thirty seconds. By the end of the year, it could cause 1.5 million Americans to lose their homes. In the last eight years, premiums have grown four times faster than wages. And in each of these years, one million more Americans have lost their health insurance. It is one of the major reasons why small businesses close their doors and corporations ship jobs overseas. And it’s one of the largest and fastest-growing parts of our budget. Given these facts, we can no longer afford to put health care reform on hold.

In other words, President Barack Obama has made it his mission to get the health care system reformed and make it more affordable for the many Americans that can't afford health care. One step that President Barack Obama can take in order to help pass the health care reform is by looking at the previous proposals that Bill Clinton put forth. By looking back at the proposed health care reforms of 1993, the current White House Administration can learn from the mistakes that were made during the Bill Clinton Administration.

President Barack Obama reflected on past attempts at health care reform when he addressed Congress on September 10, 2009. In his address, President Obama stated:

I am not the first President to take up this cause, but I am determined to be the last. It has now been nearly a century since Theodore Roosevelt first called for health care reform. Since then, nearly every President and Congress, whether Democrat or Republican has attempted to meet this challenge in some way. A bill for comprehensive health reform was first introduced by John Dingell Sr. in 1943. Sixty-five years later, his son continues to introduce that same bill at the beginning of each session (The New York Times, 2009).

Unlike previous health care reforms, President Obama's plan is focused on all Americans. Obama's plan extends beyond just covering the uninsured. His focus on stability and security for all Americans may be crucial in obtaining the support needed to pass legislation. President Obama stated "It will provide more security and stability to those who have health insurance. It will provide insurance to those who don't. And it will lower the cost of health care for our families, our businesses, and our government" (The Obama Plan, n.d.). His plan goes beyond just addressing the millions of Americans who lack any type of health care coverage. His plan is to reform the way health care is delivered today.

President Obama's plan for those who have health insurance is to provide stability and security by doing the following: ending discrimination against those with pre-existing conditions, limiting premium discrimination based on age and gender, preventing insurance companies from dropping coverage when people are sick, an out-of-pocket capitation, elimination of extra charges for preventative care, protecting Medicare coverage for seniors and eliminating a Medicare gap in coverage for

prescription drugs (The Obama Plan, n.d.). Addressing the needs of insured Americans is a step in the right direction to gain support for health care reform. Rather than focusing only on low-income families and welfare recipients, President Obama's plan addresses the faults in the current health care system that are bankrupting middle income families who are insured and are doing the right thing. Insurance companies who deny coverage due to pre-existing conditions or drop coverage due to illness are not protecting Americans. These actions only benefit the insurance companies. President Obama's plan extends beyond finding a way to provide health care coverage for all Americans; he is also attempting to regulate the private insurance industry. From the perspective of the average American, Obama is attempting to protect citizens from the insurance companies. Ultimately, this is to provide stability and security for all Americans.

Addressing the issue of uninsured Americans has been an issue for almost a century. President Obama's plan also seeks to provide quality affordable choices for all Americans by doing the following: creating a new insurance marketplace-the Exchange- that allows people without insurance and small businesses to have options in plans that are competitively priced, providing new tax credits to help people buy insurance, providing tax credits and affordable options for covering employees to small businesses, offering a public health insurance option, and offering a low-cost coverage through a national "high risk" pool to protect people with pre-existing conditions until the new Exchange is created (The Obama Plan, n.d.). As mentioned previously Derek Bok found (1998), that President Clinton's health care plan would be delivered "through carefully regulated competition among large non-profit health maintenance organizations. President Obama's plan does not involve working with previously established health maintenance programs but rather the creation of a new insurance marketplace called the Exchange. President Clinton's proposal called for the creation of health care alliances to negotiate and monitor performance of the health maintenance organizations that was to be financed by payroll taxes and employers. President Obama's plan attempts to stimulate competition by using the Exchange where people can comparison shop based on price, benefits, and quality. In his plan, the Exchange would begin in 2013. (The Obama Plan, n.d.).

Two Acts have been proposed in Congress. H.R. 3962, the Affordable Health Care Act was passed by the House of Representatives. The Patient Protection and Affordable Care Act was proposed by Senator Reid. The bills are quite similar with the biggest difference in how each are financed. The New York Times (2009, November 11) detailed the differences in the plans in the table that follows:

Key Issues	House Version	Senate Version
Individual Mandate	<ul style="list-style-type: none"> Includes mandate Penalizes by assessing a tax equal to 2.5% of adjusted gross income over certain thresholds 	<ul style="list-style-type: none"> Includes mandate Penalty starting at \$95 a year per person in 2014, rises to \$350 in 2015 and \$750 in 2016, with a maximum of \$2,2250 per family No penalty if the cost of the cheapest plan is over 8% of household income
Employer Contribution	<ul style="list-style-type: none"> Requires employers with a payroll over \$500,000 to offer coverage or pay a new federal tax Penalty of up to 8% of wages in payroll taxes 	<ul style="list-style-type: none"> Does not require employers to offer coverage but a company with 50 or more workers would pay a penalty (\$750 per worker) if it doesn't offer coverage and if any workers obtain subsidized coverage through the Exchange
Insurance Exchange	<ul style="list-style-type: none"> Creation of a national insurance exchange States can operate their own exchanges 	<ul style="list-style-type: none"> States for their own exchanges and can join together to form regional exchanges
Public Plan	<ul style="list-style-type: none"> The plan would negotiate payment rates with hospitals and doctors 	<ul style="list-style-type: none"> The plan would negotiate payment rates with hospitals and doctors States could adopt laws to opt out of the public plan
Subsidies for Individuals	<ul style="list-style-type: none"> Available to individuals with incomes up to 400% of the federal poverty level 	<ul style="list-style-type: none"> Available to individuals with incomes up to 400% of the federal poverty level
Subsidies for Employers	<ul style="list-style-type: none"> Employers with 25 or less workers and average wages of \$40,000 or less qualify for tax credits Credits not allowed for employees making more than \$80,000 per year 	<ul style="list-style-type: none"> Employers with 25 or less workers and average wages of \$40,000 or less qualify for tax credits
Expand Medicaid	<ul style="list-style-type: none"> Cover all with incomes less than 150 % of the federal poverty level 	<ul style="list-style-type: none"> Cover all with incomes less than 133% of the federal poverty level
Defining Benefits	<ul style="list-style-type: none"> Cover 70% of the cost of benefits The Exchange will offer 3 plans covering up to 95% 	<ul style="list-style-type: none"> Cover 60% of the cost of benefits The Exchange will offer 3 plans covering 70-90%
Insurance Regulation	<ul style="list-style-type: none"> Premiums for older people can't be more than 2 times the premium as young adults 	<ul style="list-style-type: none"> Premiums for older people can't be more than 3 times the premium as young adults
Dependent Coverage	<ul style="list-style-type: none"> Children can stay on their parents plan until age 26 	<ul style="list-style-type: none"> Children can stay on their parents plan until age 25

Key Issues continued	House Version	Senate Version
Long Term Care	<ul style="list-style-type: none"> • Premiums would cover the full cost at an average of \$50 per day • Workers must contribute for 5 years before collecting benefits 	<ul style="list-style-type: none"> • Premiums would cover the full cost at an average of \$75 per day
Abortion	<ul style="list-style-type: none"> • Health plans could choose to cover abortions • Those who receive subsidies cannot choose a plan that covers election abortions • The public plan would not provide abortion coverage 	<ul style="list-style-type: none"> • Health plans could choose to cover abortions • Those who receive subsidies can choose a plan that covers election abortions. Insurers would have to segregate federal subsidies into separate accounts and only use premium money and co-payments to cover abortions • The public plan can provide abortion coverage only if it segregates federal dollars like the private plans
Illegal Immigrants	<ul style="list-style-type: none"> • Can buy insurance from the Exchange but can't get subsidies to help with the cost 	<ul style="list-style-type: none"> • Cannot buy insurance from the Exchange even if they can afford the cost without the subsidies
Total Cost of Coverage	<ul style="list-style-type: none"> • \$1,052 trillion • Expected to reduce deficits by \$139 billion • 36 million to gain coverage • 18 million uninsured 	<ul style="list-style-type: none"> • \$846 billion • Expected to reduce deficits by \$130 billion • 31 million to gain coverage • 23 million uninsured
Paying for the Proposal	<ul style="list-style-type: none"> • 5.4% surtax on high income people, couples with an adjusted gross income of more than \$1 million and individuals over \$500,000 per year. This surtax will raise \$460 billion from 2011-2019 • 2.5% excise tax on medical devices raising \$20 million form 2013-2019 • Squeeze \$404 billion out of projected Medicare growth and other federal programs over 10 years. • \$117 billion in cuts from Medicare Advantage plans 	<ul style="list-style-type: none"> • 40% excise tax on so-called Cadillac health plans. This excise tax will raise \$149 billion from 2013-2109 • Annual fees on health care companies. Expected to raise \$100 billion from 2010-2019 • Squeeze \$436 billion out of projected Medicare growth and other federal programs over 10 years. • Increase Medicare payroll tax rate from 1.45% to 1.95% for workers with incomes of more than \$250,000 per year. Expected to raise \$54 billion from 2010-2019 • 5% tax on elective cosmetic medical procedures

The House and Senate show the biggest differences in the public plan, employer contributions, abortion, illegal immigrants and how to pay for the plan. The Senate is more lenient with abortions but won't allow illegal immigrants to buy insurance from the Exchange. The Senate also allows states to opt out of a public plan. The House plans on paying for the plan with a 5.4% surtax on high income people whereas the Senate will impose an excise tax on high cost insurance plans provided by employers and also will

increase the Medicare pay roll tax rate on high income people. H.R. 3962 will cost the government over \$1 trillion. The proposal in the Senate will only cost \$846 million. The House expects to reduce the deficit by \$139 billion compared to the Senate which expects \$130 billion. Both plans will still leave over 18 million uninsured Americans.

The Act proposed in the House of Representatives passed. However, the Senate is still debating the proposals. Former President Bill Clinton believes that overhauling the health care system is easier now than during his administration. In an interview on CNN's "Larry King Live," Clinton said, "The politics and the economics are much better now and the policies are better." When Clinton was pushing for national health care reform, doctors, insurance companies and small business owners lobbied against his proposal. The Obama Plan has taken this into consideration. The plan does not target small employers. Private health insurance companies will still be needed but more regulated. The biggest factor in the success of health care reform is likely to be the composition of Congress. During the Clinton administration, there were more Republicans in Congress than there are in the current administration. That alone could be the vital key in adopting national health care reform.

Even though H.R. 3962 passed in the House, national health care reform is far from being a reality. Economist Intelligence Unit: Country ViewsWire (2009, November 9) stated:

If the political horse-trading over the House bill has been intense, it is likely to pale in comparison with the difficulty of generating a bill acceptable to the Senate. The size of the Democratic Party's majority in the House enabled it to pass the bill there without the support of 39 dissenting Democrats and with only a single vote from a Republican legislator—but even then it only squeaked through. The Democrats have no such margin of error in the Senate, where power is more finely balanced. The Democrats need to secure 60 out of 100 votes to avoid a Republican filibuster that would stall the vote in procedural maneuvering. To do this, they will need the support of all 58 Democratic senators and two Democratic-friendly independents. If they fail to secure this, they will need the votes of Republican senators to make up the difference.

The struggle to get the bill passed in the Senate will take political maneuvering. Legislators can't ignore that many Americans are against the proposed health care reform. In a poll by Quinnipiac University,

52% of Americans oppose Congress's health care plans and 56% disapprove of Obama's handling of the issue (Kondracke, 2009). If the senators listen to their constituents, it will be very challenging to pass the current bill up for debate. With the national deficit at an all time high and Americans not fully supporting the current proposed national health care reform, Obama's administration may still have a better chance at success than the Clinton administration because of the power of the Democratic party and less negative media coverage.

Conclusion

Many people in the political world think the United States is on the verge of having a chance at national health care. In the United States today, 46 million people are uninsured and millions more are under-insured (Physicians for a National Health Program, 1999, p. 1).

There are many reasons why health care reform has failed and some of these are: "the complexity of the issues, ideological differences, the lobbying strength of special interest groups, a weakened Presidency, and the decentralization of Congressional power". (Physicians for a National Health Program, 1999, p. 1). The United States has never achieved national health insurance, but it has achieved many reforms such as Medicare, Medicaid and the Children's Health Insurance Program. Is 2009 the year that America will achieve health care reform, or will it once again fail? Hopefully, our leaders will be able to achieve a health care program that will provide each citizen with basic health insurance.

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