
A SYMPOSIUM ON HEALTH CARE REFORM—PERSPECTIVES IN THE 1990s

INTRODUCTION

Health care reform is arguably the most controversial issue facing Congress in 1994. The structure of one-seventh of the American economy is confronted with the most sweeping change since the introduction of Medicare and Medicaid in 1965. The stakes are enormous, the political interests diverse. This Symposium explores many of the issues involved.

The Clinton Administration is at the forefront of the reform effort. The President introduced the Health Security Act into Congress after months of preparation by the health care task force headed by First Lady Hillary Rodham Clinton. The primary feature of the Clinton Plan is universal coverage — all Americans would have affordable health insurance. In an address before the faculty and student body of Washington University in March 1994, the First Lady noted that the United States is the only major industrialized nation that does not provide health care for its citizens. Adoption of the Clinton Plan, she asserted, will move the United States toward “becoming the nation we should be.”

Economist Gail R. Wilensky, Health Care Financing Administrator under the Bush Administration, spoke at Washington University School of Law in April 1994. Dr. Wilensky argues that the Clinton Plan is financially suspect and, given the membership of the 103rd Congress, politically untenable. Her analysis appears in *Health Care Reform: Is 1994 the Year?*

The Jackson Hole Group, the influential health care policy think tank, provided the original theoretical framework for the Clinton Plan. The Group’s analysts stress the potential of a managed competition model. Their most recent version of the model, updated to reflect empirical experience, is contained in *Managed Competition II: A Proposal*.

A major controversial component of the Clinton Plan is the employer mandate, which would require all employers to pay for a part of their employees’ health insurance. Small business employers are, not surprisingly, opposed to this increased cost of doing business. More curious is the negative response of large

corporate employers, most of whom already provide health care benefits. Some of the reasons for the overwhelming corporate opposition to the Clinton Plan are described by Herschel V. Sellers III in *Health Care Market Reform: A Corporate Employer's Perspective*.

Changing the United States' health care delivery system does not require diving into completely uncharted waters. The health care systems of other industrialized nations offer multiple case studies of what does and does not work. Leo van der Reis, M.D., Director of the Quincy Foundation for Medical Research Charitable Trust, looks at various foreign programs and discusses the implications for the United States in *Health Care in America: In Perspective, In Reality*.

Some form of health care reform appears inevitable, but is government-provided health care truly appropriate? Professor Roberta M. Berry argues that the principles of welfare consequentialism, or "welfarism," do not readily apply to the health care context because welfarism cannot "accommodate diverse and highly valued preferences regarding the delivery of individual health services." The very foundation of health care policy analysis is thus theoretically flawed, as illustrated in *National Health Care Reform: Welfarism Out of Context*.

The financing of universal health care may be the overriding concern blocking reform legislation. Paul J. Donahue analyzes the tax structure currently employed to finance health care delivery, the theoretically appropriate tax structure, a politically expedient tax structure, and the Clinton Plan. Mr. Donahue presents a tax proposal that is both theoretically appropriate and politically attainable in *Federal Tax Treatment of Health Care Expenditures: Is it Part of the Health Care Problem?*

Many of these issues may soon become moot if Congress passes health care legislation in 1994. However, we anticipate that the discussion will not automatically cease nor will the problems be instantly solved; they will all be revisited in the near and distant future. This Symposium, in addition to aiding the current debate, is also intended to chronicle the issues of the day for tomorrow's generation of legal scholars. The editors wish to thank each of the contributors herein, and hope that our readers will learn as much as we have on the multifaceted issues within health care reform.

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