

Getting Ready for Health Reform 2020: What Past Presidential Campaigns Can Teach Us

Jeanne M. Lambrew
Senior Fellow
The Century Foundation

ABSTRACT

ISSUE: The candidates for the 2020 presidential election are likely to emerge within a year, along with their campaign plans. Such plans will include, if not feature, health policy proposals, given this issue's general significance as well as the ongoing debate over the Affordable Care Act.

GOAL: To explain why campaign plans matter, review the health policy components of past presidential campaign platforms, and discuss the likely 2020 campaign health reform plans.

METHODS: Review of relevant reports, data, party platforms, and policy documents.

FINDINGS AND CONCLUSIONS: Proposals related to health care have grown in scope in both parties' presidential platforms over the past century and affect both agendas and assessments of a president's success. Continued controversy over the Affordable Care Act, potential reversals in gains in coverage and affordability, and voters' concern suggest a central role for health policy in the 2020 election. Republicans will most likely continue to advance devolution, deregulation, and capped federal financing, while Democrats will likely overlay their support of the Affordable Care Act with some type of Medicare-based public plan option. The plans' contours and specifics will be developed in the months ahead.

This report is the first in a series on health reform in the 2020 election campaign. Future papers will delve into key reform design questions that candidates will face, focusing on such topics as: ways to maximize health care affordability and value; how to structure health plan choices for individuals in ways that improve system outcomes; and how the experience of other nations' health systems can inform state block-grant and public-plan proposals.

KEY TAKEAWAYS

- ▶ Campaign plans are used by supporters and the press to hold presidents accountable. Though voters are unlikely to believe that politicians keep their promises, roughly two-thirds of campaign promises were kept by presidents from 1968 through the Obama years.
- ▶ Health policy will likely play a significant role in the 2020 election, with Republicans focused on deregulation and capped federal financing and Democrats backing the Affordable Care Act and a Medicare-based public plan option.

INTRODUCTION

During the 2020 presidential campaign, which begins in earnest at the end of 2018, we are sure to hear competing visions for the U.S. health system. Since 1988, health care has been among the most important issues in presidential elections.¹ This is due, in part, to the size of the health system. In 2018, federal health spending comprises a larger share of the economy (5.3%) than Social Security payments (4.9%) or the defense budget (3.1%).² Moreover, for the past decade, partisan disagreement over the Affordable Care Act (ACA) has dominated the health policy debate. If health care plays a significant role in the 2018 midterm elections, as some early polls suggest it will,³ the topic is more likely to play a central role in the 2020 election.

This report on health reform plans focuses on policies related to health insurance coverage, private insurance regulation, Medicare and Medicaid, supply, and tax policy. It explains why campaign plans are relevant, their history since 1940, the landscape for the 2020 election, and probable Republican and Democratic reform plans. The Republican campaign platform is likely to feature policies like those in the Graham-Cassidy-Heller-Johnson amendment: a state block grant with few insurance rules, replacing the ACA's coverage expansion. The Democratic platform will probably defend, improve, and supplement the ACA with some type of public (Medicare-like) health plan. The exact contours and details of these plans have yet to be set.

IMPORTANCE OF CAMPAIGN PLANS

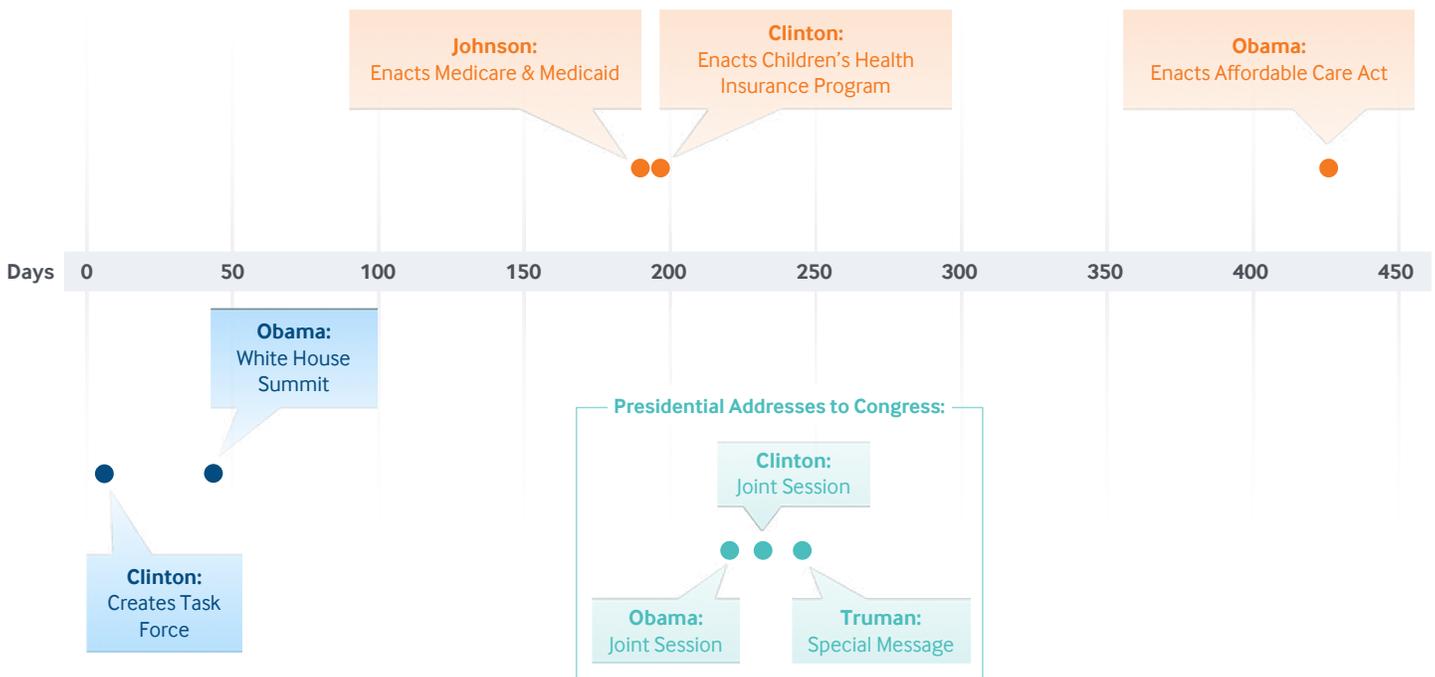
Campaign promises, contrary to conventional wisdom, matter.⁴ During elections, they tell voters each party's direction on major topics (e.g., health coverage as a

choice or a right in 1992). In some cases, candidates or party platforms include detailed policies (reinsurance in Republicans' 1956 platform, prospective payment in Democrats' 1976 platform). Campaign plans tend to be used to solidify party unity, especially in the wake of divisive primaries (2016, e.g.).⁵ Election outcomes are affected by such factors as the state of the economy, incumbency, and political competition rather than specific issues.⁶ That said, some exit polls suggest that candidates' views on health policy can affect election outcomes.⁷

Campaign plans also help set the agenda for a president, especially in the year after an election. Lyndon B. Johnson told his health advisers, "Every day while I'm in office, I'm gonna lose votes. . . . We need . . . [Medicare] fast."⁸ Legislation supported by his administration was introduced before his inauguration and signed into law 191 days after it (Exhibit 1). Bill Clinton, having learned from his failure to advance health reform in his first term, signed the bill that created the Children's Health Insurance Program (CHIP) 197 days after his second inauguration. Barack Obama sought to sign health reform into law in the first year of his first term, but the effort spilled into his second year; he signed the ACA into law on his 427th day in office. These presidents, along with Harry Truman, initiated their attempts at health reform shortly after taking office.

In addition, campaign plans are used by supporters and the press to hold presidents accountable. For instance, candidate Obama's promises were the yardstick against which his first 100 days,⁹ first year,¹⁰ reelection prospects,¹¹ and presidency were measured.¹² Though only 4 percent of likely voters believe that most politicians keep their promises, analyses suggest that roughly two-thirds of campaign promises were kept by presidents from 1968 through the Obama years.¹⁵

Exhibit 1. Health Reform Events by Days After Inauguration



Data: Author's analysis.

HEALTH AS A CAMPAIGN ISSUE (1912–2016)

The United States has had public health policies since the country's founding, with its policy on health coverage, quality, and affordability emerging in the twentieth century. Teddy Roosevelt supported national health insurance as part of his 1912 Bull Moose Party presidential bid.¹⁴ Franklin Delano Roosevelt included "the right to adequate medical care and the opportunity to achieve and enjoy good health" in his 1944 State of the Union address, although it was not mentioned in the 1944 Democratic platform.¹⁵ Harry Truman is generally credited with being the first president to embrace comprehensive reform. He proposed national health insurance in 1945, seven months after F.D.R.'s death, and campaigned on it in 1948 as part of a program that would become known as the Fair Deal, even though it was not a plank in the Democratic platform. Legislation was blocked, however, primarily by the American Medical Association (AMA), which claimed that government sponsoring or supporting expanded

health coverage would create "socialized medicine."¹⁶ Health policy became a regular part of presidential candidates' party platforms beginning about this time (Exhibit 2).

After Truman's failure, the next set of presidential candidates supported expanding capacity (e.g., workforce training, construction of hospitals and clinics) and making targeted coverage improvements. In 1960, John F. Kennedy campaigned on a version of Medicare legislation: extending Social Security to include hospital coverage for seniors. It was opposed by the AMA as well, whose spokesman, the actor Ronald Reagan, claimed socialized medicine would eventually limit freedom and democracy.¹⁷ It took the death of Kennedy, the landslide Democratic victory in 1964, and persistence by Lyndon B. Johnson to enact Medicare and Medicaid, in 1965. This was about 20 years after Truman introduced his proposal; President Johnson issued the first Medicare card to former President Truman.

Exhibit 2. Presidential Candidates' Health Priorities Since 1940

Year	Republican	Democrat
2016	Donald Trump Repeal and replace the Affordable Care Act with tax deductions and health savings accounts; no preexisting condition denials for people with continuous coverage; small-business purchasing pools; interstate shopping; convert Medicare to premium support and Medicaid to state block grants; medical malpractice reform [Trump supported negotiation for Medicare drug prices; not in the platform]	Hillary Clinton Build on the Affordable Care Act's financial assistance; promote state waivers for universal coverage; allow 55-to-64-year-olds to buy into Medicare; lower drug prices (including negotiation); replace "Cadillac tax"; expand capacity (health centers, workforce)
2012	Mitt Romney Repeal and replace the Affordable Care Act with tax deductions and health savings accounts; no preexisting condition denials for people with continuous coverage; small-business purchasing pools; interstate shopping; convert Medicare to premium support and Medicaid to state block grants; medical malpractice reform	Barack Obama Implement the Affordable Care Act; expand capacity (workforce)
2008	John McCain Create individual-level health insurance tax credits (replacing employer tax exclusion); interstate shopping; medical malpractice reform; promote Medicare coordinated care and reduce fraud	Barack Obama Cover all Americans through private insurance and a public plan, tax credits and other subsidies, and shared responsibility (individuals, employer); guarantee access and prohibit rating based on preexisting conditions; ensure benefits similar to those of members of Congress; lower costs (e.g., increase competition, change reimbursement incentives, create independent review organization, lower prevalence of lawsuits); lower drug prices (including negotiation); expand capacity (workforce)
2004	George W. Bush Provide tax credits and premium tax deduction for plans linked to health savings accounts; create association health plans; medical malpractice reform	John Kerry Provide tax credits; expand Medicaid/CHIP eligibility; create Patient Bill of Rights; ensure benefits similar to those of members of Congress; lower costs through reinsurance; lower drug costs through negotiation and reimportation
2000	George W. Bush Expand private plans in Medicare; add a drug benefit through private plans; allow small-business purchasing pools; interstate shopping; tax credits, deductions, and medical savings accounts for coverage; medical malpractice reform	Al Gore Cover all children; help workers between jobs stay covered; allow 55-to-64-year-olds to buy into Medicare; create Patient Bill of Rights; add a voluntary drug benefit in Medicare; create a Medicare Lock Box for surpluses; promote competitive bidding in Medicare
1996	Robert Dole No preexisting condition denials for people with continuous coverage; provide premium tax deduction for self-employed; expand medical savings accounts; allow families < 200% FPL to buy into Medicaid; block grant Medicaid; medical malpractice reform; reduce Medicare costs and fraud	Bill Clinton Help workers between jobs stay covered
1992	George H. W. Bush Create individual-level health insurance tax credits and deductions; require insurers to cover preexisting conditions; allow small-business purchasing pools	Bill Clinton Lower costs through managed competition; cover all Americans ("pay or play" employer mandate); cover people with preexisting conditions
1988	George H. W. Bush Lower costs through competition, choice, wellness; promote quality care; provide tax breaks for self-employed coverage; medical malpractice reform	Michael Dukakis Ensure every family has basic health insurance; create a national health program to restrain costs while assuring quality
1984	Ronald Reagan Lower costs; tax breaks for self-employed premiums; promote personal responsibility for health	Walter Mondale Lower health care costs (limit reimbursement, encourage competition); support states in ensuring that people in need get health care
1980	Ronald Reagan Lower health care costs; provide tax incentives for health costs; deregulate health programs	Jimmy Carter Lower costs through national insurance program that regulates private insurers, includes comprehensive benefits, encourages alternative delivery systems; expand Medicaid to all low-income children; expand capacity (workforce, public hospitals, health centers)
1976	Gerald Ford Offer catastrophic coverage to all; lower health care costs (e.g., promote outpatient care, reduce fraud)	Jimmy Carter Cover all Americans through mandatory, national health insurance financed by employer–employee payroll taxes and general revenue; lower health care costs through shift to outpatient care, limits on duplicative technology, prospective payment; expand capacity (workforce, health centers)
1972	Richard Nixon Expand private coverage through an employer mandate and program for low-income people; eliminate the Part B premium; expand capacity (workforce, health maintenance organizations, outpatient services)	George McGovern Replace all federal programs with mandatory, national health insurance system that includes comprehensive benefits; require maternity coverage; establish national eligibility standard for Medicaid; eliminate Medicare Part B premium and expand benefits (drugs, vision, hearing, dental); lower costs through national health insurance system
1968	Richard Nixon Lower health care costs by encouraging outpatient care; create tax deductions for drug costs for seniors; expand capacity (workforce, hospitals, hospital modernization, health planning, health centers)	Hubert Humphrey Lower health care costs through outpatient care, comprehensive group practices, nonphysician workforce use; extend Medicare to people with disabilities and add a drug benefit to Medicare; establish national standard for Medicaid eligibility for mothers and children; expand capacity (workforce, hospitals)
1964	Barry Goldwater Create tax credits for seniors' health costs; state grants for low-income and disabled seniors	Lyndon Johnson Cover hospital care for seniors; expand capacity (workforce, hospitals)
1960	Richard Nixon Cover seniors through private insurance; state grants for low-income and disabled seniors; expand capacity (workforce)	John F. Kennedy Cover hospital care for seniors; expand capacity (workforce, hospitals, health centers)
1956	Dwight Eisenhower Expand capacity (workforce); support voluntary private insurance through reinsurance and pooling arrangements	Adlai Stevenson Expand capacity (workforce, hospitals)
1952	Dwight Eisenhower Expand capacity (hospitals)	Adlai Stevenson Expand capacity (workforce, hospitals); lower health care costs (follow recommendations of Commission on the Health Needs of the Nation)
1948	Thomas Dewey Expand capacity (hospitals); support quality	Harry Truman Expand capacity (workforce, hospitals, health centers) (Note: proposed universal national health insurance plan in 1945)
1944	Thomas Dewey Study programs for maternal and child health, people with disabilities; expand capacity (hospitals)	Franklin D. Roosevelt [No proposals]
1940	Wendell Willkie [No proposals]	Franklin D. Roosevelt Expand capacity (hospitals, health centers, workforce)

Data: Author's analysis.

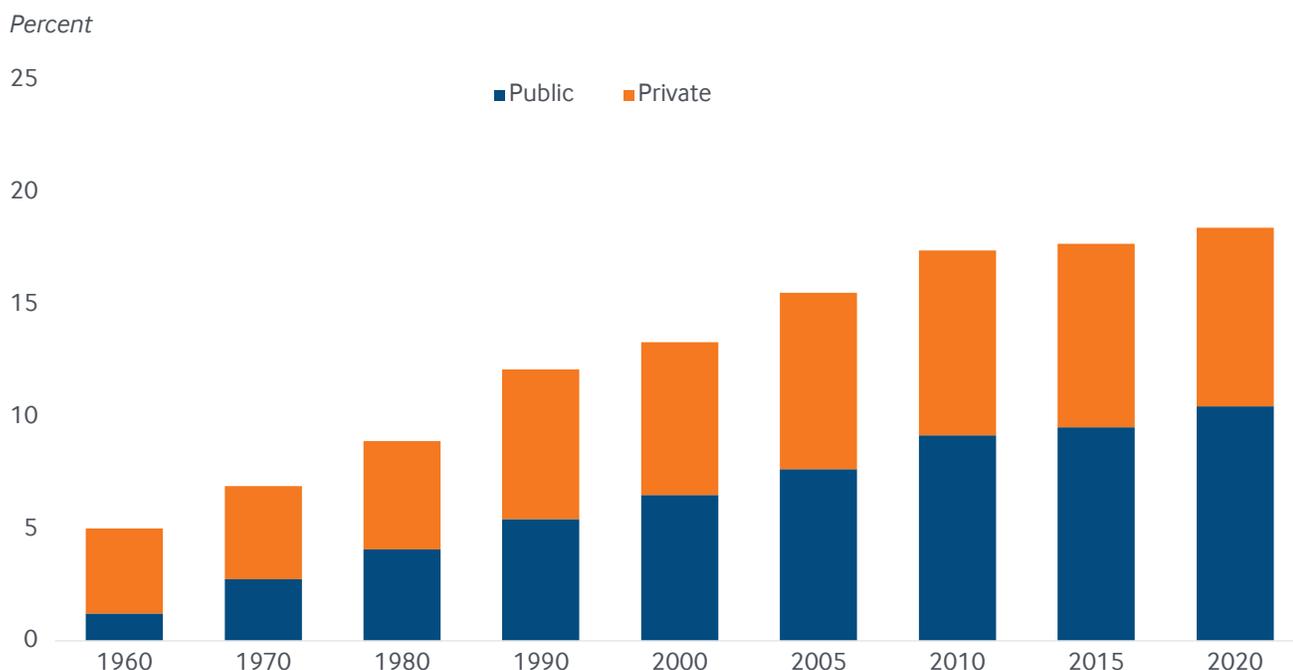
Note: This table excludes candidates from third parties (none of whom emphasized health policies). It also excludes policies related to women's health, long-term services and supports, mental health and substance use disorders, veterans' and military health, and global health.

Shortly after implementation of Medicare and Medicaid, how best to address rising health care costs became a staple subject in presidential campaigns. Between 1960 and 1990, the share of the economy (gross domestic product) spent on health care rose by about 30 percent each decade, with the public share of spending growing as well (Exhibit 3). In his 1968 campaign, Richard Nixon raised concerns about medical inflation, and subsequently proposed his own health reform, which included, among other policies, a requirement for employers to offer coverage (i.e., an employer mandate).¹⁸ Nixon's proposal was eclipsed by Watergate, as Jimmy Carter's health reform promises were tabled by economic concerns. Presidents and candidates in the 1980s set their sights on incremental health reforms.¹⁹

In 1991, comprehensive health reform helped Harris Wofford unexpectedly win a Pennsylvania Senate race. In 1992, it ranked as the second most important issue to

voters.²⁰ Democratic candidates vied over health reform in the 1992 primaries, with Bill Clinton embracing an employer “pay or play” mandate. George H. W. Bush developed his own plan, which included premium tax credits and health insurance reforms. Five days after his inauguration, President Clinton tasked the first lady, Hillary Clinton, with helping to develop health care legislation in the first 100 days. Yet, mostly because he prioritized economic and trade policy, Clinton did not address a joint session of Congress until September and did not send his bill to Congress until November of 1993. Key stakeholders (including the AMA and the Health Insurance Association of America) initially supported but ultimately opposed the legislation. In September 1994, the Senate Democratic leadership declared it could not pass a bill.²¹ Less than two months later, Democrats lost their majorities in the House and the Senate, and did not regain them for over a decade. This created a view that

Exhibit 3. Growth in Health Spending as Share of Economy (GDP)



Data: Centers for Medicare and Medicaid Services, Office of the Actuary.
Note: GDP = gross domestic product.

comprehensive reform of the complex health system was politically impossible.²² Indeed, presidential candidates in 1996, 2000, and 2004 did not emphasize major health policies. That said, by 2004, health system problems had escalated and, at least on paper, the candidates' plans addressing them had expanded.²³

In 2008, health reform was a dominant issue in the Democratic primaries and platform. Hillary Clinton supported a requirement for people who could afford it to have coverage (i.e., the individual mandate). Barack Obama limited his support to a requirement that all children be insured. Both candidates supported an employer mandate.²⁴ John McCain countered with a plan whose scope exceeded those of many Republican predecessors: it would cap the tax break for employer health benefits and use the savings to fund premium tax credits for the individual market.²⁵ Attention to health reform waned during the general election, as the economy faltered. Even so, the stage was set for a legislative battle. President Obama opened the door to his rivals' ideas at a White House summit in March 2009.²⁶ After more than a year of effort, he signed the Affordable Care Act into law.²⁷ Obama said that he did so "for all the leaders who took up this cause through the generations — from Teddy Roosevelt to Franklin Roosevelt, from Harry Truman, to Lyndon Johnson, from Bill and Hillary Clinton, to one of the deans who's been fighting this so long, John Dingell, to Senator Ted Kennedy."²⁸

Nonetheless, the partisan fight over the ACA extended into the 2012 and 2016 presidential elections. Despite the ACA's resemblance to his own 2006 reform plan for Massachusetts, Mitt Romney, as the 2012 Republican presidential candidate, vowed to repeal the ACA before its major provisions were implemented; Republicans would subsequently replace it with conservative ideas (mostly to be developed). Four years later, even though the health system landscape had dramatically changed following the ACA's implementation, the Republicans' position had not altered.²⁹ Candidate Donald Trump joined his primary rivals in pledging to "repeal and replace Obamacare" (he also embraced unorthodox ideas such as Medicare negotiation for drug prices). Democratic candidate Hillary

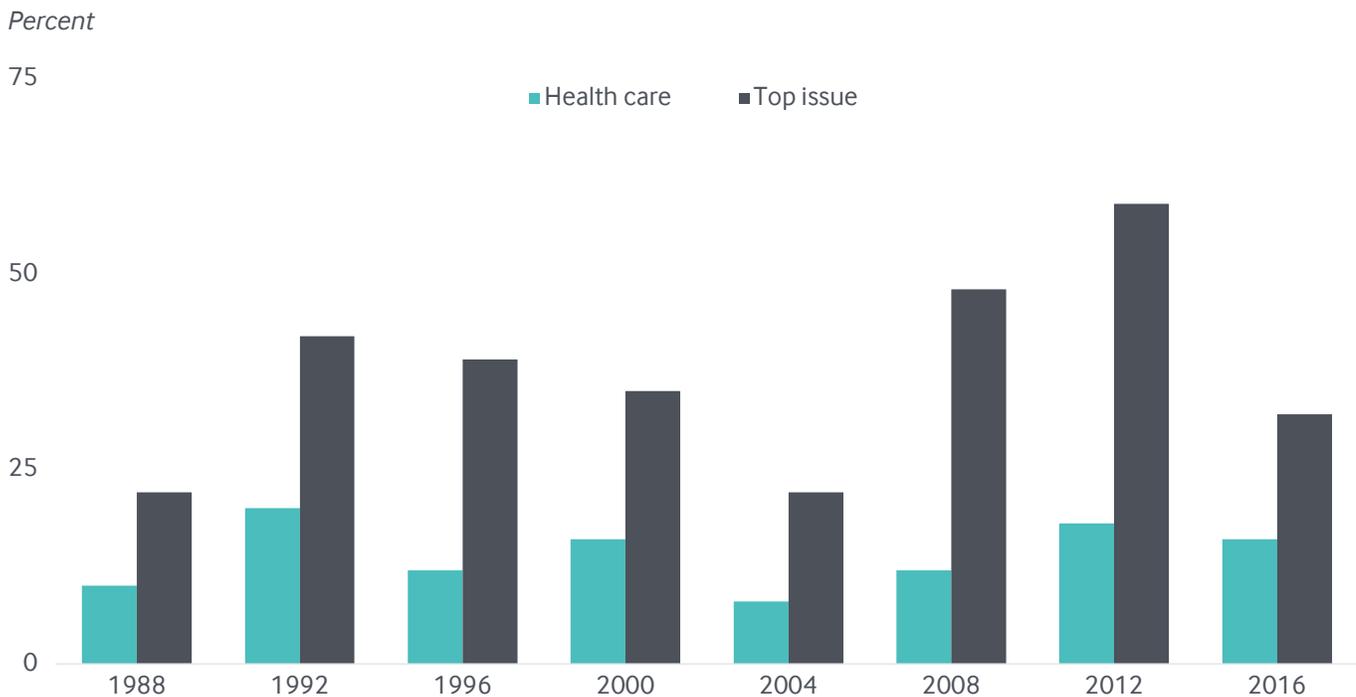
Clinton proposed a wide array of improvements to the ACA rather than a wholesale replacement of it with a "Medicare for All" single-payer proposal, as did her Democratic primary rival, Bernie Sanders.³⁰ The intra-party differences among primary candidates in 2016 increased attention to the party platforms relative to previous elections.³¹ But despite continued voter interest (Exhibit 4), differences in health policy were not credited with determining the outcome of the 2016 election.

SETTING THE STAGE FOR 2020

President Trump's attempt to fulfill his campaign promise to repeal and replace the ACA dominated the 2017 congressional agenda. In January 2017, the Republican Congress authorized special voting rules toward this effort, while President Obama was still in office. On the day of his inauguration, Trump signed an executive order to reduce the burden of the law as his administration sought its prompt repeal.³² Yet among other factors,³³ the lack of a hammered-out, vetted, and agreed-upon replacement plan crippled the Republicans' progress.³⁴ Speaker Paul Ryan had to take his bill off the House floor on March 24, 2017, because it lacked the necessary votes; the House passed a modified bill on May 4. Senator Mitch McConnell's multiple attempts in June and July to secure a majority in favor of his version of a health care bill failed on July 26, when Senator John McCain cast the deciding vote against it. In September, Senators Lindsey Graham, Bill Cassidy, Dean Heller, and Ron Johnson failed to get 50 cosponsors for their amendment, the prerequisite for its being brought to the Senate floor.³⁵ The Republicans subsequently turned to tax legislation and, in it, zeroed out the tax assessment associated with the ACA's individual mandate. At the bill's signing on December 22, Trump claimed that "Obamacare has been repealed,"³⁶ despite evidence to the contrary.³⁷

A different type of legislative effort began in mid-2017: bipartisan attempts to improve the short-run stability of the ACA's individual market. This was in part necessitated by the Trump administration's actions pursuant to the Inauguration Day executive order: reductions in education efforts, marketing funding, and premium

Exhibit 4. Most Important Issues in Elections



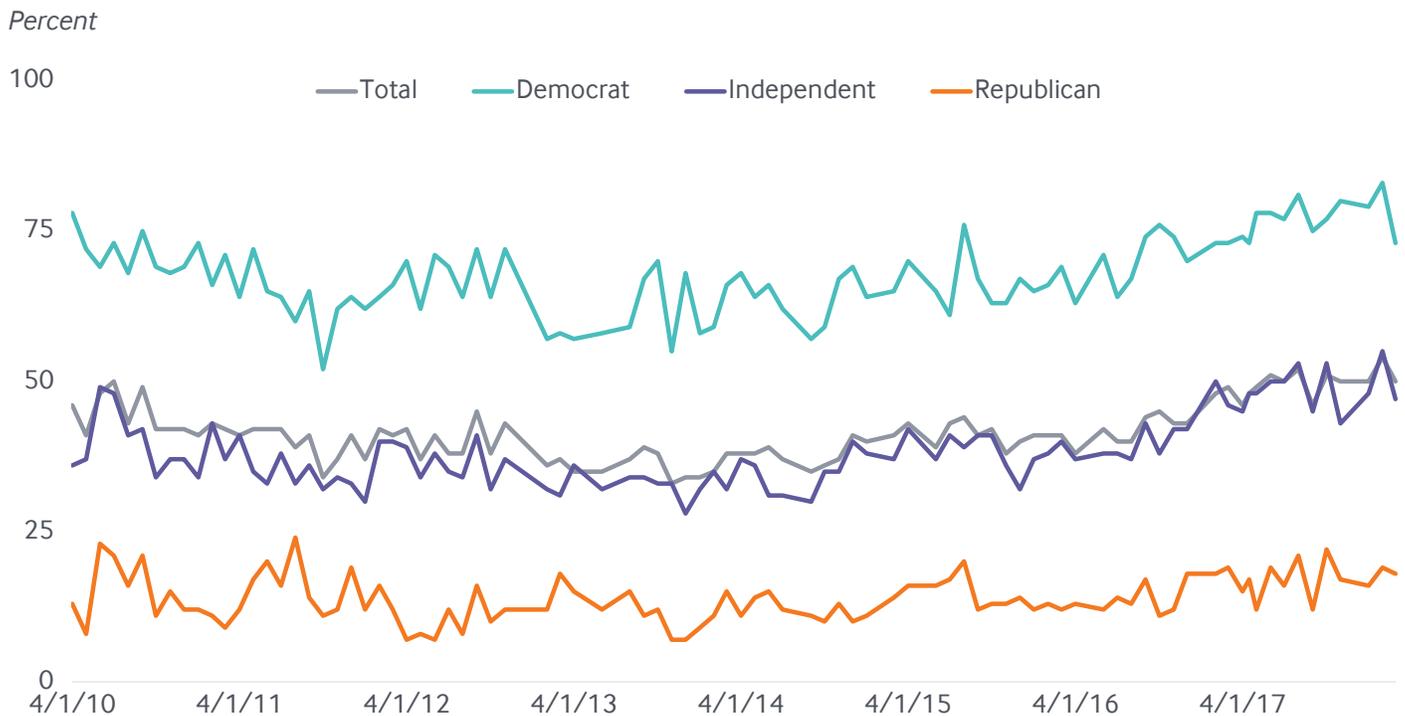
Data: Robert J. Blendon et al., "Voters and Health Reform in the 2008 Election," *New England Journal of Medicine* 359, no. 19 (Nov. 6, 2008): 2050–61, <https://www.nejm.org/doi/full/10.1056/NEJMSr0807717>; and Robert J. Blendon, John M. Benson, and Logan S. Casey, "Health Care in the 2016 Election — A View Through Voters' Polarized Lenses," *New England Journal of Medicine* 375, no. 17 (Oct. 27, 2016): e37, <http://www.nejm.org/doi/full/10.1056/NEJMSr1606159>. Note: Top issues were jobs, economy (1988, 1992, 2008, 2012, 2016); and family, moral, ethical values (1996, 2000, 2004).

tax credits, among others.³⁸ On October 12, 2017, the president signed a second ACA executive order, directing agencies to authorize the sale of health plans subject to fewer regulatory requirements.³⁹ On the same day, his administration halted federal funding for cost-sharing reductions, a form of subsidy, claiming the ACA lacked an appropriation to make such payments. Concerns that these actions would increase premiums, reduce insurer participation, and discourage enrollment prompted coalitions of bipartisan lawmakers to introduce bills. Most notable was a bill by Senators Lamar Alexander and Patty Murray; their proposal, released October 18, 2017, had 12 Republican cosponsors and implicit support from all Democrats, giving it the 60 votes needed in the Senate to overcome a filibuster.⁴⁰ Yet the version that Senator McConnell ultimately brought to the floor for a vote, in March 2018, included changes that repelled Democrats, preventing its passage.⁴¹ Partisans on both sides have blamed this failure, in part, for emerging increases in health insurance premiums.

Indeed, benchmark premiums in the health insurance marketplaces rose by an average of over 30 percent in 2018 and are projected to increase by 15 percent in 2019, largely because of policy changes.⁴² Some data suggest that the growth in health care costs may be accelerating as well.⁴³ This may have contributed to an increase in the number of uninsured Americans. One survey found that the number of uninsured adults, after falling to a record low in 2016, had risen by about 4 million by early 2018.⁴⁴ These statistics could heighten candidates' interest in health policy in 2020.

Public opinion, too, could help health reform gain traction. Tracking polls suggest that concerns about health care persist, with 55 percent of Americans worrying a great deal about the availability and affordability of health care, according to a poll from March 2018.⁴⁵ Interestingly, while the partisan differences of opinion on the ACA continue, overall support for the ACA has risen, reaching a record high in February 2018 (Exhibit 5).

Exhibit 5. Favorable View of ACA by Political Party



Data: Henry J. Kaiser Family Foundation, *Kaiser Health Tracking Poll: The Public's View on the ACA* (KFF, May 10, 2018), <https://www.kff.org/interactive/kaiser-health-tracking-poll-the-publics-views-on-the-aca>.

This concern about health care has entered the 2018 midterm election debate. It is currently a top midterm issue among registered voters, a close second to jobs and the economy.⁴⁶ Some House Republicans who formerly highlighted their promise to repeal and replace the ACA no longer do so in light of the failed effort of 2017.⁴⁷ Democrats, in contrast to previous elections, have embraced the ACA, unifying around its defense in the face of Republican “sabotage.”⁴⁸ The debate also has been rekindled by Trump’s decision to abandon legal defense of key parts of the ACA.⁴⁹ Regardless of what happens in the courts, this signifies his antipathy toward the law. Barring a midterm surprise, the next Congress is unlikely to succeed where the last one failed. As such, “repeal and replace” would be a repeat promise in Trump’s reelection campaign.

LIKELY 2020 CAMPAIGN PLANS

Against this backdrop, presidential primary candidates and the political parties will forge their health care promises, plans, and platforms. Common threads from past elections are likely to be woven into the 2020 debate. The different parties’ views of the balance between markets and government have long defined their health reform proposals.⁵⁰ Republicans will most likely still be against the ACA as well as uncapped Medicare and Medicaid spending, and for market- and consumer-driven solutions. Democrats will most likely blame Republicans’ deregulation for rising health care costs; defend the ACA, Medicare, and Medicaid; and advocate for a greater role for government in delivering health coverage and setting payment policy. Potential policies for inclusion in candidates’ plans have been introduced in Congress (Exhibit 6). But major questions remain, such as: how will these campaign plans structure choices for individuals and employers, promote efficient and high-quality care, and learn from the experience of local, state, national, and international systems?

Exhibit 6. Potential Elements of Health Reform Plans for the 2020 Campaign

Republicans	Democrats
Major Affordable Care Act provisions	
Replace marketplace tax credits and cost-sharing subsidies with a flat dollar tax credit or state block grant	Extend marketplace tax credits and cost-sharing subsidies up the income scale
Repeal private insurance reforms and let states replace them	Expand private insurance reforms (e.g., apply to short-term health plans)
Replace the ACA Medicaid expansion with a block grant	Allow states that newly expand Medicaid to access higher federal funding in initial years
Medicare	
Cap Medicare spending for new enrollees (premium support)	Expand Medicare benefits (e.g., annual out-of-pocket limit, hearing and dental benefits)
Raise age eligibility for Medicare	Lower age eligibility for Medicare, or otherwise extend eligibility to younger Americans
Medicaid	
Cap Medicaid spending per enrollee (per-capita cap)	Expand Medicaid benefits (e.g., substance use disorders)
Prescription drugs	
Allow more restrictive formularies in Medicare and Medicaid	Allow Medicare to negotiate for drug prices
Reduce rebates to insurers, pharmaceutical benefit managers	Reduce rebates to insurers, pharmaceutical benefit managers
Increase price transparency	Increase price transparency

Data: Author's analysis.

Likely Republican Campaign Plan: Replace the ACA with Devolution and Deregulation

President Trump has indicated he will run for reelection in 2020.⁵¹ His fiscal year 2019 budget included a proposal “modeled closely after the Graham-Cassidy-Heller-Johnson (GCHJ) bill.” It would repeal federal financing for the ACA’s Medicaid expansion and health insurance marketplaces, using most of the savings for a state block grant for health care services. It would also impose a federal per-enrollee spending cap on the traditional Medicaid program. States could waive the ACA’s insurance reforms.⁵² The congressional bill also would repeal the employer shared responsibility provision (i.e., the employer mandate) and significantly expand tax breaks for health savings accounts, among other policies.⁵³ The framework for this proposal — repealing parts of the ACA, replacing them with state block grants, reducing regulation, and expanding tax breaks — is similar to the 2016 Republican platform.

Trump may continue to express interest in lowering prescription drug costs. In 2016 and early 2017, he supported letting Medicare negotiate drug prices⁵⁴ —

a policy excluded from the 2016 Republican platform and his proposals as president. His 2019 budget seeks legislation primarily targeting insurers and other intermediaries that often keep a share of negotiated discounts for themselves.⁵⁵ On May 11, 2018, he released a “blueprint” to tackle drug costs, including additional executive actions and ideas for consideration. Polls suggest that prescription drug costs rank high among health care concerns.⁵⁶

One policy initiative in the recent Republican platforms but not embraced by the president is Medicare reform. The idea of converting Medicare’s defined benefit into a defined contribution program and raising the eligibility age to 67 was supported by Vice President Mike Pence when he was a member of Congress and by Speaker of the House Paul Ryan.⁵⁷ Major Medicare changes were excluded from the 2017 ACA repeal and replace proposals. In contrast, versions of Medicaid block grant proposals appeared in various bills, including the GCHJ amendment, as well as numerous Republican presidential platforms.

Historically, presidents running for reelection have limited competition in primaries. Those challengers, by definition,

emphasize their differences with the incumbent, which may include policy. It may be that John Kasich will run on maintaining the ACA Medicaid expansion but otherwise reforming the program (his position as governor of Ohio throughout 2017). Or, Rand Paul could campaign on his plan to repeal even more of the ACA than the Republicans' 2017 bills attempted to do. Incumbents tend to have slimmer campaign platforms than their opponents in general and primary elections, since their budget proposals, other legislative proposals, and executive actions fill the policy space (see Reagan, Clinton, George W. Bush, Obama). Exceptions include George H. W. Bush, who in 1992 developed a plan given voters' concerns about health; and Nixon, who offered a proposal for health reform at the end of his first term.

Likely Democratic Campaign Plan: Improve the ACA and Add a Public Plan

It is possible and maybe probable that the ultimate Democratic Party platform in 2020 will resemble that of 2016: build on the ACA and include some sort of public plan option. Legislation has been introduced during this congressional session that builds on the law by extending premium tax credits to higher-income marketplace enrollees (e.g., Feinstein, S. 1307), lowering deductibles and copayments for middle-income marketplace enrollees (e.g., Shaheen, S. 1462), providing marketplace insurers with reinsurance (e.g., Carper, S. 1354), and strengthening regulation of private market insurance (e.g., Warren, S. 2582). Some proposals aim to increase enrollment following the effective repeal of the individual mandate, by, for example, raising federal funding for education and outreach, and testing automatic enrollment of potentially eligible uninsured people (e.g., Pallone, H.R. 5155). These proposals would have different effects on health insurance coverage, premiums, and federal budget costs.⁵⁸

The Democrats will inevitably discuss a public plan in their platform, although the primary contenders will most likely disagree on its scale (e.g., eligibility) and design (e.g., payment rates, benefits).⁵⁹ In September 2017, Senator Bernie Sanders introduced the Medicare for All Act (S. 1804). It would largely replace private insurance

and Medicaid with a Medicare-like program with generous benefits and taxpayer financing. "Medicare for more" proposals have also been introduced: Medicare Part E (Merkley, S. 2708), an option for individuals and small and large businesses; Medicare X (Bennet, S. 1970), which is available starting in areas with little insurance competition or provider shortages; and a Medicare buy-in option, for people ages 50 to 65 (Higgins, H.R. 3748). A Medicaid option (Schatz, S. 2001), similar to Medicare Part E, offers a public plan choice to all privately insured people, aiming to capitalize on the recent popularity of that program. Publicly sponsored insurance plans have long been included in Democratic presidents' platforms, although the government's role has ranged from regulating the private plans (Carter, Clinton) to sponsoring them (Truman, Obama). It may be that the candidate who prevails in the primaries will determine whether the Democratic platform becomes "Medicare for all" or "Medicare for more."

This may be the extent of Medicare policies in the 2020 Democratic platform. Relatively high satisfaction and low cost growth in Medicare have limited Democratic interest in Medicare policy changes in recent years. Similarly, Democrats have not introduced or embraced major reforms of Medicaid. However, the public concern about prescription drug costs has fueled Democratic as well as Republican proposals, some of which target the drug companies (e.g., addressing "predatory pricing," allowing Medicare rather than prescription drug plans to negotiate the prices for the highest-cost drugs).⁶⁰

DISCUSSION

Predictions about presidential campaigns have inherent limits, as many experts learned in the 2016 election. Events concerning national security (e.g., conflict), domestic policy (e.g., a recession), or the health system (e.g., a disease outbreak) could alter the policy choices of presidential candidates. New ideas could emerge, or candidates could take unconventional approaches to improving the health system. And, while campaign plans have relevance, the long history of attempts at health reform underscores that by no means are promises preordained.

That said, perennial policies and recent political party differences will likely figure in 2020. Republican presidential candidates, with few exceptions, have adopted a small government approach to health reform: shifting control to states, cutting regulation, preferring tax breaks and block grants over mandatory federal funding, and trusting markets to improve access, affordability, and quality. Democratic presidential candidates have supported a greater government role in the health system, arguing that market solutions are insufficient, and have defended existing programs like Medicare, Medicaid, and, now, the ACA. Some will probably support the government's taking a primary role in providing coverage given criticism of the efficacy and efficiency of private health insurers. The direction and details of the campaign plans for 2020 will be developed in the coming months and year. Given such plans' potential to shape the next president's agenda, now is the time to scrutinize, modify, and generate proposals for health reform.

NOTES

1. Robert J. Blendon et al., "Voters and Health Reform in the 2008 Election," *New England Journal of Medicine* 359, no. 19 (Nov. 6, 2008): 2050–61, <https://www.nejm.org/doi/full/10.1056/NEJMSr0807717>; and Robert J. Blendon, John M. Benson, and Logan S. Casey, "Health Care in the 2016 Election — A View Through Voters' Polarized Lenses," *New England Journal of Medicine* 375, no. 17 (Oct. 27, 2016): e37, <http://www.nejm.org/doi/full/10.1056/NEJMSr1606159>.
2. Congressional Budget Office, *The Budget and Economic Outlook: 2018 to 2028* (CBO, Apr. 2018), <https://www.cbo.gov/system/files/115th-congress-2017-2018/reports/53651-outlook.pdf>.
3. Jacob Pramuk, "It's Not All About Trump: Democrats' Midterm Chances Ride on Health Care and Social Security, Too," *CNBC*, Apr. 16, 2018, <https://www.cnbc.com/2018/04/16/not-just-trump-health-care-social-security-could-define-2018-midterm-elections.html>.
4. Thomas E. Mann, "Party Platforms Provide Glimpse into Future," Brookings Institution, Aug. 15, 2000, <https://www.brookings.edu/opinions/party-platforms-provide-glimpse-into-future/>.
5. Daniel DiSalvo and James W. Ceaser, "Do Party Platforms Still Matter?" *Atlantic*, July 13, 2016, <https://www.theatlantic.com/politics/archive/2016/07/party-platform-national-convention/491147/>.
6. James E. Campbell, *The American Campaign: U.S. Presidential Campaigns and the National Vote*, 2nd ed. (Texas A&M University Press, 2008).
7. Scott Clement and Emily Guskin, "Exit Poll Results: How Different Groups of Virginians Voted," *Washington Post*, Nov. 8, 2017, https://www.washingtonpost.com/graphics/2017/local/virginia-politics/governor-exit-polls/?utm_term=.d4c2c174a3c1.
8. David Blumenthal and James Morone, *The Heart of Power: Health and Politics in the Oval Office* (University of California Press, 2010).

9. Karen Travers, "President Obama Reaches 100th Day," *ABC News*, Apr. 29, 2009, <https://abcnews.go.com/Politics/Obama100days/story?id=7452957&page=1>.
10. Alex Spillius, "Barack Obama: Review of Pledges Kept and Promises Broken in First Year," *Telegraph*, Jan. 20, 2010, <https://www.telegraph.co.uk/news/worldnews/barackobama/7030526/Barack-Obama-review-of-pledges-kept-and-promises-broken-in-first-year.html>.
11. Stephanie Condon, "Obama's 2008 Promises: Kept or Broken?," *CBS News*, Sept. 4, 2012, <https://www.cbsnews.com/news/obamas-2008-promises-kept-or-broken/>.
12. Kim Soffen, "After 8 Years, Here Are the Promises Obama Kept — and the Ones He Didn't," *Washington Post*, Jan. 23, 2017, <https://www.washingtonpost.com/graphics/politics/obama-promises/>.
13. Timothy Hill, "Trust Us: Politicians Keep Most of Their Promises," *FiveThirtyEight* (blog), Apr. 21, 2016, <https://fivethirtyeight.com/features/trust-us-politicians-keep-most-of-their-promises/>.
14. Beatrix Hoffman, "Health Care Reform and Social Movements in the United States," *American Journal of Public Health* 93, no. 1 (Jan. 1, 2003): 75–85, <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.93.1.75>.
15. Franklin D. Roosevelt, "State of the Union Message to Congress" (Franklin D. Roosevelt Library, Jan. 11, 1944), http://www.fdrlibrary.marist.edu/archives/address_text.html.
16. Karl E. Meyer, "Editorial Notebook; 'Socialized Medicine' Revisited," *New York Times*, Aug. 2, 1993, <https://www.nytimes.com/1993/08/02/opinion/editorial-notebook-socialized-medicine-revisited.html>.
17. David Leonhardt, "When Medicare was Defeated (Again and Again)," *Economix* (blog), *New York Times*, Sept. 2, 2009, <https://economix.blogs.nytimes.com/2009/09/02/when-medicare-was-defeated-again-and-again/>.
18. Shanoor Seervai and David Blumenthal, "Lessons on Universal Coverage from an Unexpected Advocate: Richard Nixon," *To the Point* (blog), Commonwealth Fund, Nov. 2, 2017, <http://www.commonwealthfund.org/publications/blog/2017/nov/nixon-and-universal-coverage>.
19. "50 Years of Medicare: How Did We Get Here?" (timeline) (Commonwealth Fund, Jan. 14, 2015), <http://www.commonwealthfund.org/medicare-timeline/>, from David Blumenthal, Karen Davis, and Stuart Guterman, "Medicare at 50 — Origins and Evolution," *New England Journal of Medicine*, published online Jan. 14, 2015, <http://www.commonwealthfund.org/publications/in-the-literature/2015/jan/medicare-at-50-origins-and-evolution>; and Henry J. Kaiser Family Foundation, *Timeline: History of Health Reform in the U.S.* (KFF, 2011), <https://kaiserfamilyfoundation.files.wordpress.com/2011/03/5-02-13-history-of-health-reform.pdf>.
20. Blendon et al., "Voters and Health Reform," 2008.
21. Adam Clymer, "National Health Program, President's Greatest Goal, Declared Dead in Congress," *New York Times*, Sept. 27, 1994, <https://timesmachine.nytimes.com/timesmachine/1994/09/27/357707.html?action=click&contentCollection=Archives&module=LedeAsset®ion=ArchiveBody&pgtype=article>.
22. Theda Skocpol, "The Rise and Resounding Demise of the Clinton Plan," *Health Affairs* 14, no. 1 (Spring 1995): 66–85, <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.14.1.66>.
23. Sara R. Collins, Karen Davis, and Jeanne M. Lambrew, *Health Care Reform Returns to the National Agenda: The 2004 Presidential Candidates' Proposals* (Commonwealth Fund, Oct. 2004), <http://www.commonwealthfund.org/publications/fund-reports/2003/sep/health-care-reform-returns-to-the-national-agenda--2004-presidential-candidates-proposals>.
24. Michael Cooper, "It Was Clinton vs. Obama on Health Care," *New York Times*, Nov. 16, 2007, <https://www.nytimes.com/2007/11/16/us/politics/16facts.html>.
25. Sara R. Collins et al., *The 2008 Presidential Candidates' Health Reform Proposals: Choices for America*, (Commonwealth Fund, Oct. 2008), <http://www.commonwealthfund.org/publications/fund-reports/2008/oct/the-2008-presidential-candidates-health-reform-proposals--choices-for-america>.

26. Robert Pear and Sheryl Gay Stolberg, "Obama Says He Is Open to Altering Health Plan," *New York Times*, Mar. 5, 2009, <https://www.nytimes.com/2009/03/06/us/politics/06web-health.html>.
27. James A. Morone, "Presidents and Health Reform: From Franklin D. Roosevelt to Barack Obama," *Health Affairs* 29, no. 6 (June 2010):1096–100, <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2010.0420>.
28. Barack Obama and Joseph R. Biden, "Remarks by the President and Vice President at Signing of the Health Insurance Reform Bill" (Obama White House Archives, Mar. 23, 2010), <https://obamawhitehouse.archives.gov/the-press-office/remarks-president-and-vice-president-signing-health-insurance-reform-bill>.
29. Yuval Levin, "The Republican Health Care Debate," *National Review*, Jan. 17, 2017, <https://www.nationalreview.com/2017/01/republican-health-care-debate-guide-perplexed-americans/>.
30. Sara R. Collins and Sophie Beutel, "The Health Care Reform Proposals of Hillary Clinton and Donald Trump," *To the Point* (blog), Commonwealth Fund, Sept. 23, 2016, <http://www.commonwealthfund.org/publications/blog/2016/trump-clinton-presidential-health-care-proposals>.
31. DiSalvo and Ceaser, "Do Party Platforms Still Matter?," 2016.
32. Exec. Order No. 13,765, 82 Fed. Reg. 8351 (2017).
33. Jeanne M. Lambrew, "Lessons from the Latest ACA Battle," *New England Journal of Medicine* 377, no. 22 (Nov. 30, 2017): 2107–09, <https://www.nejm.org/doi/full/10.1056/NEJMp1712948>.
34. Dylan Scott and Sarah Kliff, "Why Obamacare Repeal Failed," *Vox*, July 31, 2017, <https://www.vox.com/policy-and-politics/2017/7/31/16055960/why-obamacare-repeal-failed>.
35. Rachel Rouben, "Timeline: The GOP's Failed Effort to Repeal Obamacare," *The Hill*, Sept. 26, 2017, <http://thehill.com/policy/healthcare/other/352587-timeline-the-gop-effort-to-repeal-and-replace-obamacare>.
36. CBS Interactive, "Is Obamacare Repealed, as Trump Said?" *CBS News*, Dec. 21, 2017, <https://www.cbsnews.com/news/did-trump-repeal-obamacare-fact-checking-new-tax-bill-aca-individual-mandate/>.
37. Congressional Budget Office, *Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2018 to 2028* (CBO, May 2018), <https://www.cbo.gov/system/files/115th-congress-2017-2018/reports/53826-healthinsurancecoverage.pdf>.
38. Haeyoun Park, "We're Tracking the Ways Trump is Scaling Back Obamacare. Here Are 12," *New York Times*, Oct. 12, 2017, <https://www.nytimes.com/interactive/2017/10/12/us/trump-undermine-obamacare.html>.
39. Exec. Order No. 13813, 82 Fed. Reg. 48385 (2017).
40. Caitlin Owens, "Alexander, Murray Announce 24 Cosponsors for Health Bill," *Axios*, Oct. 19, 2017, <https://www.axios.com/alexander-murray-announce-24-cosponsors-for-health-bill-1513306319-580e8f17-a1c2-4e9f-bec1-8e1d38560b53.html>.
41. Caitlin Owens, "How the Senate's Bipartisan ACA Effort Went Off the Rails," *Axios*, Mar. 22, 2018, <https://www.axios.com/how-bipartisan-aca-bill-died-1521587596-f4ed51d5-a377-48f1-a0db-bbec805c44ce.html>.
42. CBO, *Federal Subsidies*, 2018.
43. Altarum Center for Value in Health Care, *Health Spending Shows Early Signs of Acceleration* (Altarum, Apr. 13, 2018, https://altarum.org/sites/default/files/uploaded-related-files/SHSS-Spending-Brief_April_2018.pdf.
44. Sara R. Collins et al., "First Look at Health Insurance Coverage in 2018 Finds ACA Gains Beginning to Reverse," *To the Point* (blog), Commonwealth Fund, May 1, 2018, <http://www.commonwealthfund.org/publications/blog/2018/apr/health-coverage-erosion>.
45. Jeffrey M. Jones, "U.S. Concerns About Healthcare High; Energy, Unemployment Low," *Gallup*, Mar. 26, 2018, <http://news.gallup.com/poll/231533/concerns-healthcare-high-energy-unemployment-low.aspx>.

46. Ashley Kirzinger et al., *Kaiser Health Tracking Poll: Preview of the Role of Health Care in the 2018 Midterm Campaigns* (Henry J. Kaiser Family Foundation, May 10, 2018), <https://www.kff.org/health-costs/poll-finding/kaiser-health-tracking-poll-preview-role-of-health-care-2018-midterm-campaigns/>.
47. Paige Winfield Cunningham, “Republicans Lose Their Favorite Campaign Message: Repealing Obamacare,” *Washington Post*, Apr. 14, 2018, https://www.washingtonpost.com/politics/republicans-lost-their-favorite-campaign-message-repealing-obamacare/2018/04/14/c81f3dcc-3dbe-11e8-974f-aacd97698cef_story.html?utm_term=.00e71e448542.
48. Jennifer Haberkorn, “Democrats Run on GOP Health Care ‘Sabotage,’” *Politico*, May 15, 2018, <https://www.politico.com/story/2018/05/15/democrats-embrace-obamacare-2018-539411>.
49. Robert Barnes, “Trump Administration Shifts Positions in a Lawsuit Against the ACA. It Wasn’t First Legal About Face,” *Washington Post*, June 8, 2018, https://www.washingtonpost.com/politics/courts_law/trump-administration-shifted-positions-in-a-lawsuit-against-affordable-care-act-it-wasnt-first-legal-about-face/2018/06/08/c0dd30a8-6b33-11e8-9e38-24e693b38637_story.html?utm_term=.c5f90439b089.
50. Blumenthal and Morone, *Heart of Power*, 2010.
51. Dana Bash, “Trump Taps Brad Parscale to Run His 2020 Reelection Campaign,” *CNN*, Mar. 1, 2018, <https://www.cnn.com/2018/02/27/politics/brad-parscale-donald-trump-2020/index.html>.
52. Office of Management and Budget, *Budget of the U.S. Government: Fiscal Year 2019* (U.S. Government Publishing Office, 2018), <https://www.whitehouse.gov/wp-content/uploads/2018/02/budget-fy2019.pdf>.
53. Henry J. Kaiser Family Foundation, *Summary of Graham-Cassidy-Heller-Johnson Amendment* (KFF, Sept. 2017), <http://files.kff.org/attachment/Summary-of-Graham-Cassidy-Heller-Johnson-Amendment>.
54. Emily Stephenson, “Trump Backs Negotiating Drug Prices Under Medicare: White House,” *Reuters*, Feb. 7, 2017, <https://www.reuters.com/article/us-usa-trump-pharmaceuticals/trump-backs-negotiating-drug-prices-under-medicare-white-house-idUSKBN15M2B8>.
55. Jeanne M. Lambrew, “Trump’s Budget Neglects Promise to Lower Drug Prices,” Century Foundation, Feb. 12, 2018, <https://tcf.org/content/commentary/trumps-budget-neglects-promise-lower-drug-prices/>.
56. A. Kirzinger, B. Wu, and M. Brodie, *Kaiser Health Tracking Poll – March 2018: Views on Prescription Drug Pricing and Medicare-for-All Proposals* (Henry J. Kaiser Family Foundation, Mar. 23, 2018), <https://www.kff.org/health-costs/poll-finding/kaiser-health-tracking-poll-march-2018-prescription-drug-pricing-medicare-for-all-proposals/>.
57. Nicholas Riccardi, “Trump, Pence Don’t Agree on Key Social, Economic Policies,” *Associated Press*, July 15, 2016, <https://apnews.com/c2900d864c9f4b7d9bfc4017b577d770>.
58. Christine Eibner and Jodi Liu, *Options to Expand Health Insurance Enrollment in the Individual Market* (Commonwealth Fund, Oct. 2017), <http://www.commonwealthfund.org/publications/fund-reports/2017/oct/expand-insurance-enrollment-individual-market>.
59. Jeanne Lambrew and Ellen Montz, “How the Next Wave of Health Care Proposals Differ,” Century Foundation, Jan. 10, 2018, <https://tcf.org/content/commentary/next-wave-health-care-proposals-differ/>.
60. Erica Werner and Carolyn Y. Johnson, “Trump Made High Drug Prices His Issue. Democrats Think They Can Take It Back,” *Washington Post*, May 7, 2018, https://www.washingtonpost.com/business/economy/trump-made-high-drug-prices-his-issue-democrats-think-they-can-take-it-back/2018/05/07/aa351096-48d3-11e8-827e-190efaf1fee_story.html?utm_term=.2191c1deae3e.

ABOUT THE AUTHOR

Jeanne M. Lambrew, Ph.D., is a senior fellow at the Century Foundation and an adjunct professor at the New York University Robert F. Wagner Graduate School of Public Service. Her writing, research, and teaching focus on policies to improve health care access, affordability, and quality. Previously, Dr. Lambrew worked in the Obama administration: in the first two years as director of the Office of Health Reform at the U.S. Department of Health and Human Services (HHS); and from 2011 to January 2017 as the deputy assistant to the president for health policy. Prior to joining the Obama administration, Dr. Lambrew was an associate professor at both the Lyndon B. Johnson School of Public Affairs in Austin, Texas (2007–2008) and the George Washington University School of Public Health (2001–2007). She also served as senior fellow for health policy at the Center for American Progress (2003–2007). In 1996, she was a research faculty member at Georgetown University. Earlier, Dr. Lambrew served in the Clinton administration in the HHS Office of the Assistant Secretary for Planning and Evaluation (1993–1995), the White House National Economic Council (1997–1999), and the White House Office of Management and Budget (2000–2001). She received her master's and doctoral degrees in health policy from University of North Carolina at Chapel Hill.

Editorial support was provided by Jennifer B. McDonald.

ACKNOWLEDGMENTS

The author thanks the Century Foundation and the Commonwealth Fund for support for this work.

For more information about this report, please contact:

Jeanne M. Lambrew, Ph.D.
Senior Fellow
The Century Foundation
lambrew@tcf.org

About the Commonwealth Fund

The mission of the Commonwealth Fund is to promote a high performance health care system. The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. Support for this research was provided by the Commonwealth Fund. The views presented here are those of the author and not necessarily those of the Commonwealth Fund or its directors, officers, or staff.

