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Introduction to Healthcare Reform Symposium

John F. Seiberling

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HEALTH CARE REFORM - A SYMPOSIUM

INTRODUCTION

by

JOHN F. SEIBERLING*

To anyone approaching the subject for the first time, the problem of ensuring that all Americans receive adequate health care would seem to be a relatively simple one. Certainly the resources are there, in the form of medical science and technology, health care infrastructure, and highly skilled professional personnel. And, for the present, at least, the national economy is capable of paying for it.

All the other industrialized countries - most notably Britain, Germany, and Japan - have had successful universal health care programs in effect for decades. Even the United States has had a successful national health insurance program in effect for many years, but only for senior citizens. Logically, one may ask why Congress can't simply broaden the coverage and the funding and extend Medicare to cover the rest of the population.

In 1971, as a "freshman" Member of Congress, and following what I thought to be the inescapable logic of the situation, I signed on as a co-sponsor of Senator Ted Kennedy's bill to set up a national health insurance program. The bill would have offered universal health care coverage paid for by a payroll tax, with the Federal government as the sole insurer.

As I quickly found out, the issue was far less simple than it seemed. The bill had a formidable set of opponents, including not only the insurance industry but also the health care provider "industry" - doctors, hospitals, pharmaceutical manufacturers, and their respective trade associations. Some labor organizations and a few employers favored it, but the voting public was largely apathetic. Faced with powerful opposition and lacking any strong public pressure or Presidential leadership, Congress, as might be expected, took no action.

Today, two decades later, the situation is even more complex. Advances in medical science and technology have greatly increased not only the benefits but, combined with the absence of effective cost controls, have enormously escalated the cost of providing health care. In response, employers have cut back employee health care benefits. Massive layoffs and "downsizing" by businesses have raised unemployment or the fear of unemployment, including loss of health

* A.B., Harvard College 1941; LL.B. Columbia Law School 1949; Associate, Law Firm of Donovan, Leisure, Newton & Irvine, 1949-1954; Attorney, The Goodyear Tire & Rubber Company, 1954-1971; Representative to Congress, 14th District of Ohio, 1971-1986; Partner, Law Firm of Goldman, Seiberling, Davis & Tsamas, 1988-1989; Visiting Professor, The University of Akron School of Law, 1987, 1990; Director, Center for Peace Studies, The University of Akron, 1991- present.

care coverage, among millions of workers and their families. At the same time, the limited "safety net" of Federal-state health care for the poor, Medicaid, has suffered curtailments and shortfalls just as the need was increasing. This, in turn, has created a crisis in emergency medical care in the major urban centers.

Even though most of the population still have some form of health insurance, they face the frequent aggravation of ever more complex and time-consuming paper work, bureaucratic red tape, and buck-passing from multiple insurers. Doctors and hospitals too are complaining of the growing administrative costs, not to mention the astronomical cost of malpractice insurance.

As a result of all this, two of the prerequisites for legislative action that were lacking two decades ago are now present: public pressure and Presidential leadership. However, there is now an additional obstacle not present two decades ago: the horrendous Federal deficit, which severely limits the ability of the government to fund any national health insurance plan. The fact that no relatively painless means of financing a plan is available has greatly complicated the task of reaching a consensus on the form such plan should take. Achieving it will require all of the will and wisdom our society can muster.

Given these difficulties and the importance of the issue, the University of Akron School of Law and the Law Review are providing a major public service by bringing together in symposium key legislators, health care experts, and scholars to focus their knowledge and creative thinking on this epic set of problems. We may hope that by the timely publication of these papers the Law Review will significantly help the nation move nearer to a satisfactory solution.