

Bipartisanship's empty promise

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One of the most overrated demands we make of policymakers is the insistence on bipartisan solutions to the big problems that confront us in these difficult and uncertain times. The presumption is that some level of compromise is inherent in our two-party system and, thus, policy making should embody remedies from both sides of the aisle.

Pleas for a more bipartisanship temperament suffer from the mistaken idea that the parties agree on broad policy goals and simply differ on the specifics on how we go about attaining those objectives. In other words, bipartisan solutions assume bipartisan agreement on what ails us in the first place.

Yet, on a number of major issues, such as growing income inequality to taxation policy to the very legitimacy of government's role in society and the marketplace, nothing could be further from the truth.

The passage and early implementation of national health reform legislation provides no better example of the empty promise of bipartisanship.

Earlier this year, despite unanimous Republican opposition in both houses of Congress, President Obama signed historic reform legislation that signals the greatest gains in health insurance coverage in over 40 years. A major reason for the absence of bipartisan support for Affordable Care Act and lack of urgency from the GOP is the simple fact that Democrats and Republicans are worlds apart on the magnitude of our health care systems' shortcomings.

Since the Nixon Administration, no national Republican health reform proposal has had goal of universal coverage (the fact that the ACA contains a number of elements first proposed by President Nixon 1971 is an irony apparently lost on most Republican lawmakers). Even fewer have contained meaningful measures to both control health care spending and reduce the federal deficit – particularly any measures that would affect benefits to Medicare enrollees or physician reimbursement from the Medicare program.

In 2009, for example, legislation sponsored by soon-to-be majority leader John Boehner was organized around Republican principles of expanded use of health savings accounts, malpractice reform, and purchase of health insurance across state lines. The Congressional Budget Office reported that this proposal would reduce the federal deficit by \$68 billion over the next decade but would only insure an additional 3 million Americans by 2019.

By contrast, the Affordable Care Act is projected to expand coverage to over 30 million currently uninsured individuals in the US over the next decade. Leaving aside the contentious price tag, degree to which reform will reduce the federal deficit, and millions who will remain uninsured, the ACA nonetheless represents a commitment of Democratic policymakers to the goal of health insurance coverage for all Americans.

The accepted necessity of putting aside partisan differences and reaching common ground should not be confused with the clear need to address the utter lack of civility that also typifies our nation's politics – I'm still recovering from the merciless and idiotic Reid-Angle campaign commercials we were forced to endure this fall.

The corrosive tenor of our state and national politics, though, should not be confused with the fact that we are split on where we are and where we want to be as a nation.

Over the past decade and prior to the passage of the ACA, the number and percent of uninsured grew dramatically. In Nevada, the ranks of uninsured adults increased from 20.1 percent in 1999 to 24.4 percent in 2009.

Likewise, middle-income individuals and families in Nevada have been losing ground as the cost of health insurance continues to grow faster than incomes. Between 2003 and 2009, the average family health insurance premium in Nevada grew by 44 percent, the family average deductible grew by 53 percent, and the average premium as a percent of median household income grew to nearly 19 percent.

Warts and all, the ACA not only begins to address these massive problems of access and cost, the legislation moves us in the direction of universal coverage, tighter regulation of the commercial insurance industry, and growing efforts to link provider reimbursement to performance and patient safety – policy aims simply not shared by Democrats and Republicans.

In the end, on the big issues of access and coverage, I honestly don't feel that Republicans are heartless souls who don't share my values. Rather, I believe that the goal of universal coverage and related ideal of health care as a fundamental right simply aren't on the GOP radar screen to begin with.

Why should we expect bipartisan agreement on health reform when we don't even agree on the magnitude of the problem in the first place?

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