



HoMMUNC

Democratic National Convention

Chair: Sahil Gupta

Moderator: Daniel Rosenblatt

Letter from the Chair



DNC2014

Esteemed member of the Democratic Party,

It is my pleasure to invite you to the Democratic National Convention of 2014, held on October 25th in the Bronx, New York. The upcoming election season and subsequent term will be crucial to the state of the Democratic Party. If organized well, our campaigns can lead to unprecedented success for the Party. If not, the recent accomplishments of the Democrats will be left unfinished and vulnerable to dismantlement and destruction by the Republicans. For this reason, we have chosen to hold the fourth ever mid-term convention. We hope this strengthens the Party from within and bolsters its public image, preparing us for great success in future years.

At the convention, the most prominent members of the Party will discuss two urgent issues: Gun Control and the Future of ObamaCare. These topics are among the most important affecting our nation right now, as they relate to the safety and well-being of the people. The Democrats, unlike the Republicans, want to use the government to protect the lives of citizens; we want to create laws to decrease gun violence and strengthen ObamaCare. At the convention, we hope to construct a platform that address how these improvements can be made. It will be necessary to keep in mind not only the plans themselves, but also the political strategies that will be employed to realize them.

The main goal of the convention is to create unity within the Party. Therefore, while I hope you bring your individual views on the matter and that you represent you states and districts well, I also expect that allegiances to certain factions of Democrats are dropped and those who are more liberal and more centrist work together. Together, we will create an unstoppable force to improve the nation.

I look forward to seeing you at the DNC.

Best,

Representative Debbie Wasserman Shultz

Democratic National Committee Chair

Democratic National Convention

Committee Background

History of the Democratic National Convention

The first Democratic National Convention (DNC) occurred on May 21, 1832. Since then, it has served as a location for dialogue between prominent members of the Democratic Party of the United States of America. During the Convention, delegates from all 50 states vote on the primary candidates and determine who will run for presidency. The DNC is hence held every four years and is considered to be an extremely important event, as it shapes the political landscape for the election season by establishing the party platform, choosing the Presidential candidate, and rallying support behind the party.ⁱ

Role and Powers

The Democratic National Convention has two main roles. The first is to elect the Democratic candidate for presidency. Representatives who have been elected by each state during the primaries cast their vote for the Democratic candidate for Presidency at the Convention. Second, the Party establishes its platform for the upcoming election season. It sets goals for itself and informs the nation of its hopes for the future of the nation. The powers of the convention do not extend passed those of the Democratic Party.

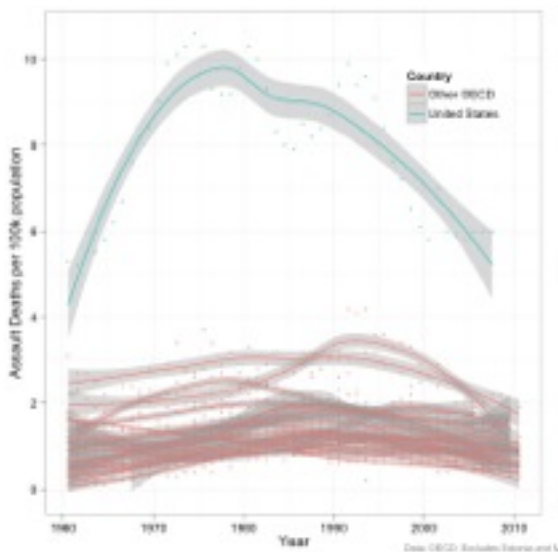
Committee Procedure

Topic A: Gun Control

Statement of the Issue

Gun control is the active regulation of the creation, sale, possession, and use of certain or all firearms.ⁱⁱ The practice is intended to increase the security of

civilians and is present in most countries in the world.ⁱⁱⁱ The United States of America, compared to others developed nations, has a relatively weak system of gun control legislation, perhaps due to the Second Amendment's vague protection of "the right of the people to keep and bear arms."^{iv} Further, in recent years, Supreme Court decisions have extended this right to the individual.^v



Meanwhile, increased gun violence has sparked outrage across the nation, and many view the U.S.'s relatively relaxed gun regulation as primitive and dangerous. Proposed gun control legislation is predicted by many to prevent a large

proportion of the violent crimes committed in the country today.^{vi} Hence, the Democratic National Convention is determined to protect the lives of its citizens and restrict the sale of firearms to dangerous people and to ban the distribution of weapons that can only serve the purpose of war. However, the Republican Party, supported by powerful organizations like the National Rifle Association (NRA), hopes to maintain the relaxed system of controls, citing the possession of arms as an individual right.^{vii}

As the election season approaches, the Democratic Party must agree upon an official stance on gun control. It should address the overall public campaign, the extent of the specific regulations, the differences between federal and state laws, and the manner in which the party can pass and implement the controls.

History of the Topic

The Second Amendment to the United States Constitution states: “A well regulated militia, being necessary to the security of a free state, the right of the people to keep and bear arms, shall not be infringed.” At the time the amendment was written, the drafters of the Constitution were fearful of military oppression by a centralized government. The British had denied colonists the right to own firearms prior to the Revolutionary War, banning their export and disarming colonial militias; following the Constitution’s granting of significant power over the militia to the federal government, the Framers intended to prevent this from occurring again.^{viii} However, their solution in the Second Amendment, which was meant to please Anti-federalists by emphasizing the importance of militias, was vague and led to a modern interpretational dispute.^{ix}

In the simplest sense, some believe that the Second Amendment protects the

individual’s rights to arms, while others take a collective rights approach, interpreting the writing as allowing state militias to exist separate from federal control.^x This debate, while previously not controversial due to minimal gun control legislation, has recently arisen as a crucial aspect of the modern push to limit gun violence.

In 1939, the U.S. Supreme Court sided with the “collective rights” opinion regarding *United States v. Miller*. After Jack Miller and Frank Layton had brought a sawed-off double barrel shotgun across state lines, they were arrested on charges of violating the National Firearms Act. After the case was dismissed on the grounds that the law violated the defendants’ Second Amendment rights, the case was appealed to the Supreme Court. The Supreme Court ruled to reverse the district court’s decision on the grounds that the specific weapon was not “any part of the ordinary military equipment” or one

that “could contribute to the common defense” and therefore, its transport could not be protected by the Second Amendment.^{xi}

This decision was the first of its kind; it supported a form of gun control legislation. Naturally, it is frequently referenced as precedent for further firearm regulations. On the other hand, it is also commonly used as an argument against the control of weapons that could be considered essential to the preservation of a militia or individual safety.^{xii}

The precedent of *US v. Miller* stood until 2008 with the Supreme Court’s ruling on *District of Columbia v. Heller*, in which the plaintiff argued that the ban on the ownership of handguns and the stringent regulation on the possession of other firearms in Washington D.C. violated the Second Amendment. This argument was accepted by the court in a 5-4 decision that determined that “the Second Amendment protects an individual right to possess a firearm unconnected with service

in a militia, and to use that arm for traditionally lawful purposes, such as self-defense within the home.”^{xiii} The ruling did not dispute the constitutionality of many of the precedents set in *Miller v. US*, though. These included the prohibition of the possession of firearms by criminals and mentally ill, the prohibition of guns in “sensitive places such as schools,” and the illegality of holding concealed weapons in public.^{xiv}

Two years later, *McDonald v. City of Chicago* was also brought to the Supreme Court, which once again supported the right to keep and bear arms for the purpose of self-defense. The majority opinion stated that because of the incorporation doctrine of the 14th amendment’s due process clause, the right to “keep and bear arms” applies to the states and local authorities. Hence, Chicago’s 30-year-old handgun laws were deemed unconstitutional.^{xv}

As the Supreme Court rulings have seemed to limit gun control, the number of laws and regulations has significantly increased over the last 80 years. In 1934, the previously mentioned National Firearms Act taxed the industry and required sales of firearms to be recorded. Four years later the National Firearms Act of 1938 established licenses for gun dealers and restricted sale of firearms to convicts. Thirty years later, the Safe Streets Act of 1968 and the Gun Control Act of 1968 made the purchase of guns by felons, drug users, mentally ill, and those under the age of 21 illegal. In 1993, background checks were implemented through the Brady Handgun Violence Prevention Act to support the aforementioned regulations on the purchasers of guns, and in 1994 the federal government imposed a decade-long ban on the manufacture assault weapons and the use of ammunition magazine with a capacity of greater than 10 rounds. The 1994 ban was not renewed in 2004.^{xvi}

It should be noted that much of this legislation followed traumatic experiences related to gun violence that pushed the public opinion to favor gun control: Americans were alarmed by gang violence in the 30's, the assassinations of President John F. Kennedy, Robert Kennedy and the Rev. Martin Luther King Jr. in the 60's, the attempted assassination of President Ronald Reagan and the Stockton schoolyard shooting in the 80's.^{xvii}

The Democratic Party led the movement to establish gun controls in the 20th century; the party controlled the Presidency, Senate, and House of Representatives during the passing of all of the aforementioned regulations.^{xviii}

Current Situation

Since a peak in 1993, the gun homicide rate is down 49%; most of this success occurred in the 90's, but the rate continued to decrease slowly in the 2000's. However, despite the decreased gun

violence, mass killings involving firearms have shaken the nation recently. Five of the eleven deadliest mass shootings in the nation's history have occurred since 2007.^{xix} Most notably, on December 14th, 2012 Adam Lanza fatally shot 20 elementary school students and six teachers at the Sandy Hook Elementary School in Newtown, Connecticut. Other recent tragedies have included shootings at a Navy Yard in 2013, an Aurora movie theater in 2012, a Binghamton immigration services center and Ford Hood in 2009, and the Virginia Tech campus in 2007.

Following these mass killings, concerns over the mental health services in the nation arise. Many question whether the tragedies could have been prevented if the shooters had received proper medical attention, or, at least, if their acquisition of weapons had been restricted.

Meanwhile, 60% of gun related deaths are caused by suicides. Unlike other forms of gun related deaths, suicides have

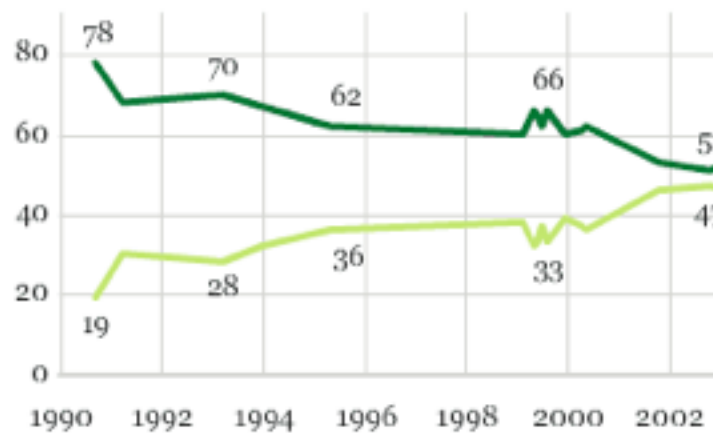
only decreased slightly over the past 20 years.^{xx} While this aspect of gun violence is often forgotten, it is a significant concern that could be addressed in and perhaps solved by gun control legislation.

These terrible statistics reveal an unsettling fact: America is exceptional in its problem with gun violence. It has the highest rate of gun ownership per capita,

Gun Laws

In general, do you feel that the laws covering the sale of firearms should be more strict, less strict, or kept as they are now?

■ % More strict ■ % Less strict/Kept as now



GALLUP

the most assault deaths per capita, and the second most gun homicides per capita.^{xxi} It can only be compared to Mexico, a nation

that is overwhelmed by drug cartel violence that borders on war.^{xxii}

Public opinion on the gun control plays an important role in shaping the politics of the issue. The amount of people who support gun control has significantly decreased in past years. At 57% in 1993, the amount of Americans who would like gun ownership to be controlled reached a peak in 2000 at 66% and declined to around 50% in recent years. Following the shooting in Newton, though, a Washington Post – ABC poll revealed a slight increase; 52% were in support of increased gun control, and 57% on the ban of the sale of assault weapons, marking the first time in President Obama’s term that gun control supporters outweighed the opposition.^{xxiii}

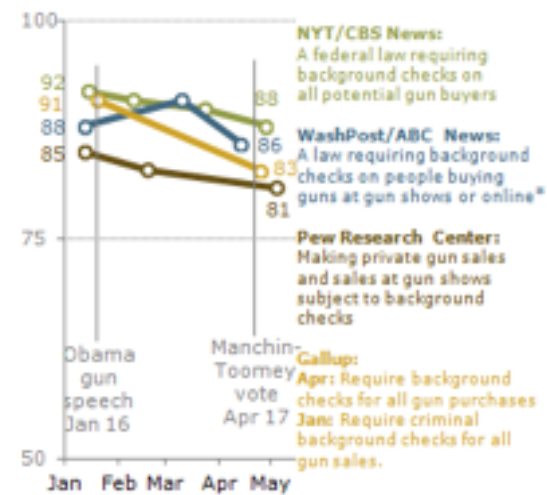
As time passed though, the effects of the Newton shooting wore off, and the support for gun rights remained strong. One of the only aspects of the issue that receives strong uniformity is regulations at gun shows; 91% of Americans believe that

background checks should be required at gun shows and 81% expanded background checks in general.^{xxiv}

Despite the apparent public support, on April 17th 2013 a gun control bill failed in the Senate. It needed 60 votes but received only 54, as some Democrats joined Republicans and voted against. The bill would have expanded background checks, banned assault weapons, and banned high-capacity magazines. Following the rejection of the bill, President Obama stated it was “a pretty shameful day for Washington.”^{xxv} A month after the bill failed, a Pew Research poll showed that 73% of Americans would want the bill passed if reintroduced.^{xxvi}

Across Surveys, 80% or More Favor Background Checks

Percent who favor...



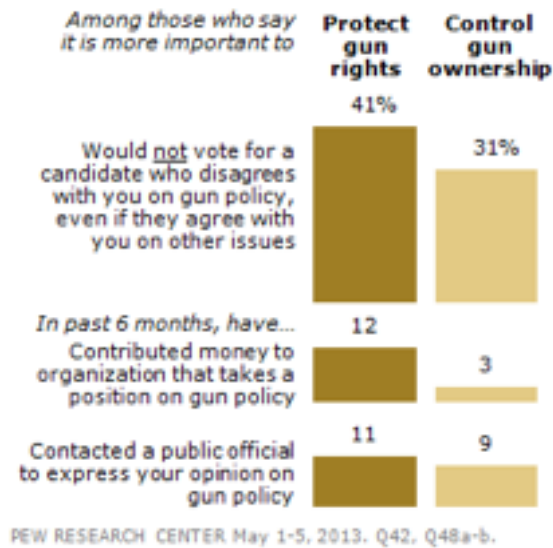
Many view the lack of government action on the gun control as a result of the powerful gun rights lobbying by organization like the NRA. The NRA, which has boasts 4 million members, spent over \$3 million on lobbying against gun control in 2012 and over \$500,000 on the day of the Senate vote alone – April 17th.^{xxvii} Some even claimed that the NRA had misled the public and politicians about the effects of the bill. In effect, it is clear the NRA and other like organizations have influenced the Republican Party's actions significantly. However, a recent poll showed that Republicans differ from the NRA in certain cases: 68% of Republicans support the restriction of gun ownership for convicted stalkers and 59% support those for domestic abusers.^{xxviii}

In order to pass gun control legislation, the Democrats will have to either compromise with the NRA lobbyists or try to form a majority with those who are willing to separate themselves from

NRA politics. Considering the latter is unlikely, perhaps politicians should turn their focus to bipartisan compromises on less controversial proposals – such as minimizing background check loopholes.

Additionally, it is important to note that, in general, those who oppose gun control feel more passionately about and are more influenced by the issue than those who support it. ¼ of gun rights supporters have donated to their cause, while only 6% of gun control supporters have. Further, 41% of those who oppose gun control say they would not vote for a candidate with a different opinion, while 31% of gun control supporters say that is the case.^{xxix} Hence, with rather equal amount of supporters for each cause, it seems that gun control opponents have an advantage because of their prioritization of the matter.

Gun Policy More of a Voting Issue for Gun Rights Proponents



Proposed Solutions

The Democratic Party outlined its stance on firearms in both its 2008 and 2012 official platform. The brief statements were as follows:

2008: We recognize that the right to bear arms is an important part of the American tradition, and we will preserve Americans' Second Amendment right to own and use firearms. We believe that the right to own firearms is subject to reasonable regulation, but we know that what works in Chicago may not work in

Cheyenne. We can work together to enact and enforce common-sense laws and improvements – like closing the gun show loophole, improving our background check system, and reinstating the assault weapons ban, so that guns do not fall into the hands of terrorists or criminals. Acting responsibly and with respect for differing views on this issue, we can both protect the constitutional right to bear arms and keep our communities and our children safe.^{xxx}

2012: We recognize that the individual right to bear arms is an important part of the American tradition, and we will preserve Americans' Second Amendment right to own and use firearms. We believe that the right to own firearms is subject to reasonable regulation. We understand the terrible consequences of gun violence; it serves as a reminder that life is fragile, and our time here is limited and precious. We believe in an honest, open national conversation about firearms.

We can focus on effective enforcement of existing laws, especially strengthening our background check system, and we can work together to enact commonsense improvements – like reinstating the assault weapons ban and closing the gun show loophole – so that guns do not fall into the hands of those irresponsible, law- breaking few.^{xxx}

During President Obama’s first term, Congress made no progress on gun control. Following the Sandy Hook school shooting, the President created a new proposal. It entailed 23 executive actions, some of which were official proposals and others goals. He looked to increase safety through both congressional legislation and executive actions in a plan with four goals: to eliminate loopholes in background checks, to make assault weapons and high-capacity magazines illegal, to increase preventative measures in schools, and to enhance the nation’s mental health

system.^{xxxii} More specifically, the plan hopes to:

- Increase transparency within the mental health system
- Prevent the sale of weapons to the mentally unstable
- Limit of magazines to 10 rounds
- Improve police procedures
- Promote gun violence research
- Establish emergency response plans in school

(The text of the plan can be viewed here: http://www.whitehouse.gov/sites/default/files/docs/wh_now_is_the_time_full.pdf)

One year after his original proposal, President Obama announced two new executive actions. The first, through the Department of Justice, clarified the mental states that are deemed unsafe for possession of firearms. The other, put forward by the Department of Health and Human Services, gives leeway to medical institutions in providing “limited

information necessary to help keep guns out of potentially dangerous hands.”^{xxxiii}

On the other side, many Republicans and NRA activists call for armed guards in schools to protect against mass shootings.^{xxxiv}

Because of the aforementioned strength of gun rights lobbying, many of the proposed liberal solutions have been and will continue to be difficult to implement. On July 24th, 2014 President Obama encouraged gun control advocates to speak up. “Honestly this is not going to change unless the people who want to prevent these kinds of mass shootings from taking place feel at least as passionate, at least as mobilized and well-funded as the NRA and the gun manufacturers are,” he said.

Questions to Consider

1. What goals regarding gun control should the Democratic Party set for

itself in the upcoming term? What specific laws and programs should be implemented?

2. How should the party approach the issue during the 2014 and 2016 campaign seasons?
3. How can the government reach bipartisan compromise on the issue? Should this be a main focus?
4. Should Congress take action on gun control, or should the President use executive orders and actions?
5. Should Democrats push to pass federal regulation or to improve legislation at a state level?
6. In what ways can gun control supporters become more politically active? How can the Democratic Party help achieve this?
7. How should the Party “market” gun control? In what way should it be presented to the public?

Resources

Democratic Party Platform 2008:

http://www.presidency.ucsb.edu/papers_pdf/78283.pdf

Democratic Party Platform 2012: [http://](http://assets.dstatic.org/dnc-platform/2012-National-Platform.pdf)

assets.dstatic.org/dnc-platform/2012-National-Platform.pdf

President Obama's Executive Actions:

http://www.whitehouse.gov/sites/default/files/docs/wh_now_is_the_time_full.pdf

Topic B: The Future of ObamaCare



Statement of the Issue

On Tuesday, March 23rd, 2010 President Obama signed the Patient Protection and Affordable Care Act, known more commonly as ObamaCare, into

law.^{xxxv} The bill would provide health insurance and health care coverage to the entire nation, solving problems with Medicare and Medicaid in the process. Many have benefitted from this new system, but more than four years later, problems with the implementation of the plan remain. These include lawsuits, Internet glitches, bureaucracy, and conflicts between state and federal controls.

President Obama will surely be remembered for his actions on health care. But in 2016 and onward, it is the job of the Democratic Party to maintain this legacy as a positive one and finish what President Obama started by defending and strengthening the President's health care reforms.

This can be achieved through a variety of methods. In the end, though, the Party must address a few specific points:

- Lowering Premiums
- Contraceptive Coverage
- Medicaid Expansion

- State v. Federal Exchange

History of the Topic

The first example of health insurance in the U.S. is found in 1929 in Dallas. Baylor Hospital began a basic program of prepayment for medical serviced in conjunction with the local teachers union. The number of these sorts of program grew rapidly, and in 1931 the Farmer's Union Co-operative Health Association was established. For members of the organization, treatment was guaranteed, but the charge for membership would not fluctuate whether services were or were not required.^{xxxvi}

In the times of the Great Depression, the government considered socialization of the health care industry. In 1932, the Wilbur Commission, a government body led by Secretary of the Interior Dr. Ray Lyman Wilbur, announced its support for socialized medicine. Its exhaustive studies found that millions of

Americans had no access to health care, and the body proposed a system of community centers, paid for by taxes and insurance, to prevent and treat illness.^{xxxvii} However, President Franklin D. Roosevelt did not draft legislation based on these proposals, partly due to strong opposition from the medical community, which argued that socialized insurance would harm the level of care.^{xxxviii}

Over the next decade, the presence of health insurance increased dramatically, but still the government had no sort of interference. The first serious discussion about changing this system occurred under President Harry S. Truman. On September 2nd, 1945 President Truman released an 186-page report outlining a decade long overhaul of the health care system. His plan included compulsory coverage and enlargement of the health care network through the addition of hospitals, doctors, and nurses.^{xxxix} However, this plan did not pass as legislation, and the outbreak of the

Korean War hindered any further progress.^{xi} Despite the program's failure, its introduction was itself a milestone; for the first time, the government seriously considered action to aid the Americans suffering from limited or nonexistent access to health care.

Once again, the popularity of health insurance increased, and by 1951, 77 million Americans were insured in some way. This accounted for half of the nation.^{xli} Still, coverage was limited, and while 50% were ensured, 50% weren't – and many were suffering. So in 1960, President John F. Kennedy proposed a plan similar to that of the Truman administration, but in the same manner, the medical industry's influence in government prevailed.^{xlii}

The most significant step came in 1965. Following the success of the Democrats in the 1964 elections, President Lyndon B. Johnson was ready and able to make sweeping social reforms. On July

31st, he signed into law a bill that created the Medicare and Medicaid programs.^{xliii} Together, these programs provide aid to the elderly, to the disabled, and to those who cannot afford other forms of coverage, and they still function today. Currently, the relationship between these two programs and ObamaCare is crucial to the health care overhaul's success.



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Medicare provides health insurance for anyone 65 years and older, those under 65 who have certain disabling medical conditions, and those with significant kidney damage or failure, termed End-Stage Renal Disease (ESRD). The program has four components: hospital insurance, medical insurance, Medicare Advantage,

and Medicare prescription drug coverage. For patients who paid taxes while working, the baseline coverage of Medicare (hospital insurance) is free. The rest of the program incorporates varied payments and coverage, but for full coverage it is suggested that a private, supplementary insurance is used.^{xliv}

Medicaid is a program that assists those with limited income in order to cover the costs of medical services. According to its website, benefits of Medicaid include: inpatient and outpatient hospital services, home health services, x-ray services, and nurse midwife services, among many others.^{xlvi} However, Medicaid is a joint federal-state service, meaning each state has different rules regarding eligibility, the application process, and services.^{xlvii} Currently, the Medicaid program covers 60 million Americans, and this number is expected grow with the expansion of Medicaid under Obamacare.^{xlviii}

While talks of a large-scale reformation of the health insurance system occurred, little was done in the years following 1965 to achieve this. Certain pieces of legislation were passed though, to more closely regulate the industry. In 1974, the Employee Retirement Income Security Act, named Erica, incentivized self-insurance through exceptions to state regulations; in 1986, the Emergency Medical Treatment and Active Labor Act was passed, meaning hospitals had the legal responsibility to help all emergency room patients; the same year, Cobra was passed, granting employees the right to use of their health care plans for a year and a half after loss of work; in 1988, President Ronald Reagan passed the Medicare Catastrophic Coverage Act to prevent economic burden on patients, a bill that was soon repealed because of public outrage over the expanded taxes; Under the Clinton administration, after the failed Health Security Act, the Children's Health

Insurance Program was established; and in 2003, the Bush administration expanded Medicare to the field of prescription drugs.^{xlix}

These acts combined worked to stabilize the industry, increase coverage for the elderly, poor, and disabled, and further regulate medical products and services. During the time when these bills were being enacted, the price of healthcare rose dramatically. With large spikes in price, especially in the 1930's and the early 2000's, private insurance became inaccessible and government programs less effective. One of the largest causes of this price change was technology; as computers, the Internet, and advanced medical technologies were created, the medical world quickly adapted in order to provide the best care possible. But the cost of the new functions, along with increased bureaucracy within hospitals and insurance providers, translated to expensive bills.¹

Current Situation

Creating ObamaCare

In the 2008 Presidential elections, then candidate Barack Obama campaigned on a platform that promised the sweeping health care reform for which Democrats had fought in the previous decades. Once elected, President Obama and his administration did not waste time before creating the plan; on March 5th, 2009 the White House began the discussion in a health care summit. The next six months were filled with political maneuvers and heated debate, as Republicans attempted to amend the proposed legislation, the Affordable Health Choices Act. On November 7th, the House of Representatives passed its Affordable Health Care for America Act 220 votes to 215.^{li} Meanwhile the Senate struggled to pass its own bill, but in the end, was able to do so despite the loss of Senator Edward Kennedy, who had fought for health care reform for much of his life.^{lii} Finally, after

a process of merging the bills between the two bodies of Congress, President Obama signed the bill into law on March 23th, 2010.^{liii} ObamaCare was finally a reality. The political battles, however, did not end with the passing of the legislation. In 2011, multiple court cases challenged the constitutionality of ObamaCare. On August 12th, the 11 Circuit Court of Appeals ruled that the individual mandate – the requirement to purchase health insurance – “exceeds Congress’s enumerated power.” On November 8th, an appeals court ruled the bill was constitutional. In the end, on June 28, 2012, the Supreme Court ruled 5-4 that individual mandate was, in fact, constitutional. The decision did not completely uphold the law, though; the expansion of Medicaid was deemed a form of coercion of states and illegal.^{liv} After many of the legislative and judicial hurdles had been passed, the effects of the law could go into place.

How ObamaCare Works

Karen Pollitz, a senior fellow at the Kaise Family Foundation, provides a concise explanation of the main goals of ObamaCare:

“Obamacare – also known as the Affordable Care Act, or the ACA – is a law enacted to ensure that all Americans have access to affordable health insurance. It does this by offering consumers discounts (known as tax credits) on government-sponsored health insurance plans, and by expanding the Medicaid assistance program to include more people who don't have it in their budgets to pay for health care. The ACA also changed some of the rules insurance companies have to follow. For example, in the past if you had diabetes or some other preexisting medical condition, you could be turned down for insurance or your cost for coverage would be astronomical. Now you can't be turned down for any reason and the hope is that

costs will be contained.”^{lv} *^{lvi}

How ObamaCare Works

The health reform bill entails multiple changes that go into effect over time. These include (among many others):*

- *“Individual mandate”* – Requirement to have coverage: Those without receive a penalty fee or a 2.5% tax
- *Employer Mandate* – Companies with more than 200 employees must enroll employees into health insurance plans, lesser requirements for coverage for small companies
- *Expansion of Medicaid* – Those with incomes up to 133% of Federal Poverty Level (FPL) are eligible for Medicaid
- *Premium and Cost-Sharing Subsidies* – Government provides credits to be used in government-supported health care Exchanges and to reduce deductibles, copayments, and out-of-pocket charges
- *Increased Taxes* – Taxes related to insurance and taxes on other sectors for financing purposes
- *Health Insurance Exchanges* – creation of state-run, online, regulated exchanges through which approved insurance is purchased; four benefit categories provide varying levels of insurance
- *Improvement of Health Care Services* - the following guidelines affect all forms of health insurance
 - Patient’s Bill of Rights and other consumer protection prevents insurance company’s abuse
 - Prohibition on declining insurance because of pre-existing conditions
 - Dependant coverage for children continues until 26 years of age
 - Increased research into safer medical practices, grants to prevent malpractice
 - Plans must include preventative care

Many of these programs and regulations have already gone into effect, as January 1st, 2014 marked the opening of the Health Insurance Marketplace. However, the program has not run as smoothly as possible, and certain aspects of implementation can be improved.

Areas of Improvement

Lowering Premiums

One of the most controversial aspects of ObamaCare is the price of premiums. Critics claim that the cost of purchasing insurance from the government exchanges save consumers no money, and for many middle class families, the premiums simply don't fit into the budget. On top of this, premiums in ObamaCare are expected to rise in future years as the system grows. From 2014 to 2015 the price for the Silver Plan is expected to rise from 3,800 to 3,900, and increases are expected to be even sharper in the future.^{lvii} The success of the Affordable Care Act will be

mitigated if these prices continue to climb, so it is the job of the current and future governments to keep the premiums as low as possible.

One proposed way to lower premiums is quite simple: increase competition. It is estimated that the monthly cost of insurance would have been 11.1% in 2014 lower if every private insurer had joined the exchange created by the Affordable Care Act. Currently, 94% of counties have five or fewer insurance providers to choose from.^{lviii} Clearly, the government must attract new providers, so the rates can lower and health care can truly be accessible. Additionally, premiums can be lowered by decreasing the price of care. This is addressed within the Affordable Care Act, but a strengthening of this section of the legislation or the implementation of a similar strategy at the state level could prove helpful in keeping premiums at a minimum.

Contraceptive Coverage

On June 30th, 2014 the Supreme Court ruled that corporations with a minimum of 50% of stock controlled by fewer than 6 people are not required to fund contraceptive coverage if it conflicts with the religious beliefs of the ownership.^{lxi} This was a major setback to ObamaCare as employees who may not share the religious beliefs of the owners no longer receive the promised medical care.

Despite this decision, the Democratic Party is determined to provide contraceptive coverage to those who need it. Unfortunately, many organizations do not want to fill out a form to call upon third parties to provide contraception, because they say that this too goes against their beliefs. However, the Obama administration has expressed its hope for an alternate plan, one that would give corporations the ability to opt-out, in order to make coverage a possibility.^{lx}



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Medicaid Expansion

Because of the aforementioned Supreme Court ruling, states are not required to expand Medicaid, and currently 24 states have not done so. This creates a significant problem for those whose income levels are too low to receive subsidies at the federal level but too high to receive benefits from the unadjusted Medicaid at the state level. For universal coverage to be achieved, this gap must be closed.^{lxii}

Some Republican Governors have recognized the problem. Indiana Governor Mike Pence announced in May 2014 that his state would implement reforms to help the people stuck in the gap. The plan,

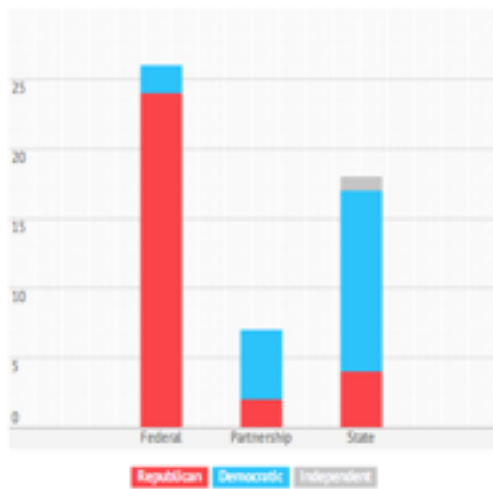
however, has Republican reforms including the use of private insurance and methods to encourage of seeking employment.^{lxiii} While some of the plans implemented in red states are not in line with all of the Democratic ideologies, it is important that Democrats in government push for this Medicaid expansion in all 50 states. How they incentivize this process, though, is yet to be determined.

State v. Federal Exchange

The Affordable Care Act presents states with the option of creating their own exchange, creating a joint federal-state exchange, or allowing the federal government to control the entire process. The overall program has been created with the intent of having state-run marketplaces. The federal government provides funds for research and marketing to states who maintain their own marketplace. Further, these states have the ability to expand coverage beyond the level of the federal

insurance plans. Therefore, if each state created its own health insurance marketplace, the overall level of health care in the nation would improve.^{lxiv} Yet, this is not the case. The Federal government will run 26 of the state's exchanges during the 2015 enrollment. 7 more will have partnered exchanges. Besides limited expansion opportunities, this also presents a logistical problem for the federal government; the amount of exchanges that must be set up under federal control is, from a technological standpoint, risky. There may not be enough time to prepare the websites for high levels of activity.^{lxv}

State health exchanges by party affiliation of governor



Source: Kaiser Health News, NCSL



made with infogram

Questions to Consider

1. Most of the effects of the Affordable Care Act have been instituted. Are there legislative reforms or amendments needed to strengthen its original goal?
2. How can the government lower premiums in upcoming years?
3. In what ways can employees of companies with religious affiliation gain access to contraceptive coverage? How can the government protect the rights of both the employer and employee?

4. Should the government incentivize the expansion of Medicaid at a state level? How?
5. Should the federal government attempt to minimize the number of states using the Federal Exchange system?
6. How should the Democratic Party work with Republicans to improve ObamaCare despite calls for repealing the legislation?

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