

# The Concept of Four Pillars: The Fine Balance of Principles and Politics

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How policy makers can get to yes on  
long-term-care reform.

The fate of the Affordable Care Act (ACA) continues to twist and turn with the ever-changing political atmosphere. In 2017, the ACA was on the brink of being repealed through many iterations of repeal-and-replace proposals from congressional Republicans. Additionally, since its start, the Trump Administration has proposed and implemented many regulations, guidance, and executive orders to undermine the ACA. And now with the Democratic movement toward Medicare For All, we are at the dawn of a new version of repeal and replace. Although these many policy proposals are vastly different, there is movement afoot to address the current challenges and limitations of the healthcare delivery system.

Within the healthcare space, long-term care is an area that has continually challenged policy makers. However, it is important to note that the ACA included a provision to begin the process of addressing long-term care—a provision referred to as the CLASS Act. This piece of the ACA was

repealed in 2013—and nobody has yet dared try to replace or tackle it. It wasn't unnecessary, it's just that CLASS tried to address the hardest part of living: the challenge of disability and the eventuality of the aging process. The CLASS

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Act was a small down payment on the intractable yet neglected problem in American healthcare—long-term care.

## Long-Term Care and Four Pillars for Reform

The question of how to care for Americans with disabilities of all ages who need support with the basic activities of daily life—eating, dressing, keeping track of their medicine—has stymied policy makers for decades. The costs are daunting, and time after time, legislative fixes have

→**ABSTRACT** The Affordable Care Act's (ACA) fate remains uncertain amid today's ever-changing political atmosphere. In 2017, the ACA faced repeal via proposals from congressional Republicans, as well as from actions taken by the Trump Administration. And with the current Democratic movement toward Medicare For All, there may yet be a new version of repeal and replace. These policy proposals notwithstanding, there now is movement toward addressing the current challenges and limitations of the healthcare system—especially with regard to long-term care (LTC). As LTC has continually challenged policy makers, this article proposes that any new financing reform efforts must be supported by four basic principles—"pillars" that strike a fine balance between principles and politics. | **key words:** long-term care financing, LTC reform, politics, Medicare For All

founded before they even got off the ground. These days, many older adults and people with disabilities who find themselves needing daily services and supports, including nursing care, essentially have to impoverish themselves before the government can step in.

That is wrong, both financially and morally. With the number of older Americans forecasted to double in the coming years, the debate over the future of healthcare also should include consideration of the need for long-term care, both medical care and the social determinants of health important to promoting person-centered functionality. We both were deeply involved in

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***No one should have to impoverish themselves in order to receive long-term-care services.***

the legislative debates over the ACA, as well as in previous attempts to find a system to support long-term care, one of us on the Republican side and one on the Democratic side. We think any new effort to solve the problem of long-term-care financing needs to follow some basic principles tied to what we've learned over years of trying, and must respect political realities.

Our suggested principles, or four pillars for reform, include the following:

- ✓ A new system should provide high-quality healthcare services and supports across the life span and across payers;

- ✓ The system should encourage and incentivize equitable risk for providers, giving them incentives to reduce the intensity of long-term-care use;

- ✓ As providers move toward providing care across the continuum and bearing greater risk, there also needs to be a level of assignment of beneficiaries that allows risk-bearers to have control of data and the achievement of quality outcomes that matter to people; and

- ✓ Reform must be based on full availability and participation—much like it is in Medicare.

These four pillars won't solve all the challenges we face, but they are building blocks toward an infrastructure that looks out for the consumer's best interests within a more efficient, quality-driven system of care and treatment.

At the same time, we offer some political realities that will make or break any long-term-care reform activities and solutions, as follows:

- ✓ They will have to be developed from a bipartisan perspective. This requirement is becoming increasingly hard to achieve in the current polarized political atmosphere. However, the mental health parity law is a good example of a bipartisan commitment to an issue, and that legislation has stood the test of time.

In comparison, the ACA was not bipartisan and continues to be steeped in controversy. Additionally, it is important to note that the 2017 failed repeal-and-replace proposals, as well as the newly introduced Medicare For All proposals, also are one-sided. The issue of long-term care has no political or socioeconomic divide—it is about all Americans.

- ✓ They must encompass roles for public and private systems, and those respective components have to be integrated in a logical way.

- ✓ Financing will have to be based on premiums and tax revenues.

- ✓ Major new entitlements like Medicare and Social Security don't come along too often. As we learned with the ACA and in the healthcare debate in recent years, we should aim high but be ready to compromise, and look realistically at smaller steps that will get us there.

- ✓ Personal experience goes a long way in influencing politicians' views. The impact of personal stories cannot be underestimated. Legislators need to hear from their constituents about what a "day in their life" is like without having access to the services and supports they need to protect their dignity and ability to participate in the world at large.

- ✓ Good legislation on tough topics needs a champion. It is not easy to pass legislation—particularly legislation that attempts to reform

a system of care. You need a bipartisan team of committed legislators and staff who have the resilience to fight the mediocrity that has plagued this issue, and push solutions to the finish line.


### **Policy Principles Must Be Agreed Upon**

An important first step, regardless of who is in the majority in Congress, is to first agree on basic policy principles. These principles articulate the reason to come together on an issue, and the intent and goal of the legislative effort. Principles become crucial during times of controversy, as they are the reference point for resolving conflict.

In establishing principles for long-term-care legislation, we must start with accepting that there is a role for social and health programs in caring for people with disabilities, and families should not have to do it all alone. Most impor-

tantly, people should not have to impoverish themselves to get the help they need.

At the end of the day, this is not about program and benefit design. The place to start is with asking about the needs, concerns, and preferences of the people who will be using and paying for long-term-care-services—those answers should drive program design.

Elected officials in Washington will have to listen to these constituents and build solutions that support their ability to get the services and supports they need to lead their best lives. Long-term-care services and supports are not a special interest concern—they are about *all* of us. 

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