

Medicare, Governance, and the National Debt

human capital **debt** safety net reform **trade-off**
deficit GDP **priorities** spending **Medicare**
 mandatory **budget** **Social Security** revenue **health care**
 governance **discretionary** baby boomers **economic growth**
 infrastructure

ESSENTIAL DILEMMA

What level of medical care should the federal government provide for the elderly, and what trade-offs are we willing to make to provide that care?

INTRODUCTION

Having given our pensioners their medical care in kind, why not food baskets, why not public housing accommodations, why not vacation resorts, why not a ration of cigarettes for those who smoke and of beer for those who drink?

—Barry Goldwater, 1964 (Nichols, 2011, p. 16)

Don't ever argue with me [about health]. I'll go a hundred million or billion on health or education. I don't argue about that any more than I argue about Lady Bird [Mrs. Johnson] buying flour. You got to have flour and coffee in your house. Education and health. I'll spend the goddamn money. I may cut back some tanks. But not on health.

—Lyndon B. Johnson, 1965 (*New York Times*, 2009)

In 1966, with the active leadership and support of President Lyndon B. Johnson, Congress passed the act establishing Medicare, a program of government-sponsored health insurance for those age 65 years or older. In 1972 it was amended to include the disabled. Although beneficiaries pay premiums for voluntary parts of the program, the basic benefit of Medicare, the benefit covering hospital care, is financed by a dedicated payroll tax. In 2016, that tax totaled 2.9% of an employee's salary, half of which was paid by the employee and half by his or her employer. Medicare faces dramatic shortfalls in the future as the population ages and the average per-person cost of American medical care continues to rise from an average of \$356 per person in 1970 to an average of \$10,021 in 2015¹ (Centers for Medicare and Medicaid Services, 2015)

1. When adjusted for inflation, \$356 in 1970 is equivalent to \$2,217.32 in 2015 (DollarTimes, 2016).

Today, as in the 1960s, there are many opinions about the level of medical care the federal government should provide to the elderly. Some believe this is not the proper role for the federal government, and that individuals should acquire their own medical insurance from private companies. Others believe that the federal government has a duty to provide the elderly with medical care to better ensure their basic level of health.

The debate about Medicare is about more than taxes and government spending. Ultimately, this debate gets to core questions about the kind of country we are and the kind of country we want to be. Are we a country of individuals who value free choice, comfortable with the fact that not everyone will be best served by such a system? Or are we a country that values community and shared responsibility, comfortable that some individual choices may be sacrificed?

KEY TERMS

The following terms and concepts are used in this lesson and appear in the online glossary:

Budget deficit, Medicare, National debt

STUDENTS WILL UNDERSTAND

- Medicare affects the national deficit and debt, and trade-offs made may affect groups differently.
- The rising cost of health care and, to a much lesser extent, the retirement of the large cohort of babies born after World War II make the current Medicare program unsustainable without a decrease in the cost of health care, an increase in sources of revenue, a reduction in the level of services, or some combination thereof.

STUDENTS WILL BE ABLE TO

- Analyze graphs, tables, and charts.
- Examine sources for information and interpretations, and for cases where they corroborate, complement, or contradict each other.

RELATED CURRICULUM STANDARDS

Common Core State Standards (CCSS) Initiative²

CCSS.ELA-Literacy.RI.11-12.6. Determine an author's point of view or purpose in a text in which the rhetoric is particularly effective, analyzing how style and content contribute to the power, persuasiveness or beauty of the text.

CCSS.ELA-Literacy.RI.11-12.7. Integrate and evaluate multiple sources of information presented in different media or formats (e.g., visually, quantitatively) as well as in words in order to address a question or solve a problem.

2. National Governors Association Center for Best Practices, Council of Chief State School Officers. *Common Core State Standards*. Washington, DC. Copyright 2010.

CCSS.ELA-Literacy.RH.9-10.6. Compare the point of view of two or more authors for how they treat the same or similar topics, including which details they include and emphasize in their respective accounts.

The College, Career, and Civic Life (C3) Framework for Social Studies State Standards³

D2.Civ.5.9-12. Evaluate citizens' and institutions' effectiveness in addressing social and political problems at the local, state, tribal, national, and/or international level.

D2.Civ.13.9-12. Evaluate public policies in terms of intended and unintended outcomes, and related consequences.

NCSS's National Curriculum Standards for Social Studies⁴

6. Power, Authority, and Governance. Social studies programs should include experiences that provide for the study of how people create, interact with, and change structures of power, authority, and governance.

Center for Civic Education's National Standards for Civics and Government⁵

I.A. What Are Civic Life, Politics, and Government? Why are government and politics necessary? What purposes should government serve?

II.B. and D. What Are the Foundations of the American Political System? What are the distinctive characteristics of American society? What values and principles are basic to American constitutional democracy?

III.B. and E. How Does the Government Established by the Constitution Embody the Purposes, Values, and Principles of American Democracy? How is the national government organized and what does it do? How does the American political system provide for choice and opportunities for participation?

V.B. What Are the Roles of the Citizen in American Democracy? What are the rights of citizens?

LIST OF LESSON RESOURCES

The following resources are used in this lesson and can be downloaded online:

1. "Poverty Rates by Age: 1959 to 2014"
2. Cartoon: "Threats"
3. Presidential Viewpoints on Medicare
4. Individual Responsibility, Social Responsibility, and Medicare

3. National Council for the Social Studies (NCSS). *The College, Career, and Civic Life (C3) Framework for Social Studies State Standards: Guidance for Enhancing the Rigor of K-12 Civics, Economics, Geography, and History*. Silver Spring, MD. Copyright 2013.

4. National Council for the Social Studies (NCSS). *National Curriculum Standards for Social Studies: A Framework for Teaching, Learning, and Assessment*. Silver Spring, MD. Copyright 2010.

5. Directed by the Center for Civic Education. *National Standards for Civics and Government*. Copyright 1994, Center for Civic Education.

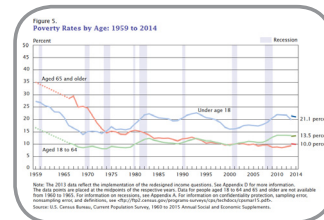
DAY 1 of 2

ENTRY

Begin by presenting students with the graph “Poverty Rates by Age: 1959 to 2014” from the U.S. Census Bureau (**Resource 1**). Ask students to work in small groups to analyze the graph and explain its data in their own words. If students have trouble understanding the graph, use the following questions and comments to guide their analysis:

- ▶ What information does the graph provide?

[The graph depicts changes in the percentage of citizens living in poverty between 1959 and 2014. The data are divided into three age ranges: under 18 years, 18 to 64 years, and 65 years and older.]



See Resource 1 online

- ▶ Describe the relationship among the three lines.

[The lines are moving in similar directions. The percentage of Americans age 65 years and older living in poverty dropped the most overall and had the steepest decline during the 1960s and 1970s.]

Tell students that in 1966 Congress passed the act establishing Medicare, a program of government-sponsored health insurance for those age 65 years and older, then ask:

- ▶ From the information provided in this graph, what can we hypothesize about the effect of Medicare’s passage in 1966?

[Medicare probably played a part in reducing the poverty rate of Americans age 65 years and older.]

Ask students what they know about Medicare. Use the material in the introduction to this lesson and in the “Overview of Medicare” included with this packet to help student understanding. Probe for understanding with questions such as:

- ▶ Where does the funding for Medicare come from?

[Medicare is funded by payroll taxes and by premiums deducted from Social Security benefit checks. As of 2016, employers paid 1.45% of the Medicare payroll tax, and workers paid another 1.45% of their salary. However, this covers only about one-third of the cost of Medicare. The rest comes from the premiums and general funds, such as those authorized by Congress and interest earned on the trust fund investments.]

- ▶ What are some potential issues for Medicare due to the funding mechanism?

[With funding based at least partially on current workers, it faces similar issues to Social Security in terms of a growing number of people reaching retirement age and a correspondingly shrinking number of current workers.]

After the mini-lesson, ask students what more they can now say about the graph in Resource 1. Ask students to consider the implications of Medicare spending growing faster than our economy. Help students recognize that the source of this money is not unlimited, and money spent on Medicare cannot be spent on other areas like education or defense. Explain to students that this represents a difficult decision that we face as a nation concerning how to allocate our funds. Tell students that they will be investigating this dilemma throughout the course of this lesson.

Cartoon: “Threats”

As students learned in the introductory discussion, the rising cost of medical care presents an important dilemma that we must address as a country. What trade-offs are we willing to make to provide that care?

Present students with the cartoon “Threats” (**Resource 2**) and ask them to consider its meaning. After students have studied the cartoon for several minutes, ask what they notice, drawing them out on the detail of what they see. If students jump to an interpretation of the cartoon, ask them for the basis of the interpretation and ask other students if they agree or disagree.

If students are having difficulty getting into the cartoon, ask them more directed questions, such as:

- ▶ Who are the individuals in the cartoon?

[From left to right, the individuals are Saddam Hussein, President of Iraq from 1979 until he was deposed in 2003 by a U.S.-led coalition; Osama bin Laden, al Qaeda mastermind of the terrorist attacks of September 11, 2001; and an unnamed elderly American woman.]



- ▶ Why is the elderly woman holding a sign that reads “Entitlements”?

[The sign indicates that the woman receives Social Security and/or Medicare benefits.]

- ▶ Why might this artist equate elderly Americans who receive government entitlements with Saddam Hussein and Osama bin Laden?

[The artist could be insinuating that the rising federal debt we are accruing is a result of entitlement spending and as dangerous as threats to our country from war or terrorism. On the other hand, the artist could be drawing an intentionally extreme connection to lampoon the political rhetoric surrounding entitlement spending.]

Ask students if they believe the public would generally agree or disagree with the artist’s opinion. Ask them what more they would need to know before deciding if they agree or disagree with either interpretation of the artist’s opinion. Although an investigation is beyond the scope of this lesson, discuss with students what more they would want to know (1) about the sources of the current budget deficit, and (2) about the relative risk the federal debt represents to our security. Tell students that they will revisit this cartoon at the end of the lesson to see if their understandings have changed.

Ask students to provide hypotheses as to why the cost of health care has increased so much in the last 40 years, even accounting for inflation. Through discussion and, if time allows, reference to news stories analyzing the subject, encourage students to focus on the most likely possibilities, such as increases in administrative costs in health care (single-payer systems have much easier administrative and claims systems); increases in medical malpractice suits, which often lead to overtesting (so-called “defensive medicine”); and the rising costs of new pharmaceuticals and procedures and tests requiring expensive equipment and significant research. Conclude by asking students what more they would need to know in order to test their hypotheses.

Presidential Viewpoints on Medicare

Divide students into groups and distribute “Presidential Viewpoints on Medicare” (**Resource 3**). Explain to students that the information they just received should be thought of as possible answers to the essential dilemma of this unit.

Inform students that they will use these statements to summarize different beliefs about Medicare. Students should reference these statements as they work with their group to respond to the handout “Individual Responsibility, Social Responsibility, and Medicare” (**Resource 4**). As the students work, move from group to group, answering questions and clarifying points of confusion. Resource 4 includes a Teacher’s Guide to potential student answers.

DAY 2 of 2

Reports from Discussion Groups

Ask students to review the handout “Individual Responsibility, Social Responsibility, and Medicare” that they examined yesterday and clarify any points of confusion within each group. When each group is comfortable with their answers, ask for volunteers to share an answer with the class. Write students’ answers on the board as they respond, and ask other groups to add to their classmates’ answers as you proceed through the handout. After each question, clarify any misconceptions and reinforce the recurring themes from the students’ explanations.

Affordable Care Act of 2010

Ask students what they know or have heard about the Affordable Care Act (often called “Obamacare” in the media). Encourage multiple answers and examples, including what they may have heard on the media or from their parents. Gather student responses and ask them to try to pinpoint one answer to the question “What are the basic points of the Affordable Care Act?”. It’s very likely they will be unable to answer that without media hype or rhetoric.

Provide students with the information that the Affordable Care Act (ACA) was signed into law in 2010, creating a firestorm of epic proportions between the two main political parties in the United States. The law has three main parts: improving the quality and lowering the costs of health care with prescription discounts for different parts of the populace and small business tax credits, increasing access to health care through the insurance marketplace, and providing new consumer protections such as required access to medical care through insurance for pre-existing conditions (U.S. Department of Health and Human Services, n.d.).

Have students work with a partner to discuss the following questions, then come back for a brief group discussion.

- ▶ Why has the ACA been such a politically divisive law?

[Answers should focus on issues already discussed within this lesson and relate to the essential dilemma: What level of medical care should the federal government provide for the elderly, and what trade-offs are we willing to make to provide that care?]

- ▶ Has the implementation of the ACA changed the power of the federal government?

[Students could answer yes or no, but need to provide evidence to support their position. This will provide background for the next topic, responding to the essential dilemma.]

- ▶ In what ways does the ACA seem to be similar to Medicare with regard to the role of the federal government and trade-offs in the budget, deficits, and debt? In what ways is it different?

[Student answers will vary, but similarities may include that the additional consumer protections and availability of insurance through federal and state marketplaces expand the role of the government, place greater responsibility for health care on the government, and require the federal government to shoulder a greater share of the cost of health care. Also similar to Medicare, potential benefits of the expanded scope of government include reducing risks for the most vulnerable by sharing them across society and using the large market power of the government to potentially contain the costs of health care. The ACA differs from Medicare in that, for the most part, the federal government is not directly providing insurance or paying providers, but instead is facilitating exchange through a series of mandates and subsidies for individuals and insurers.]

Responding to the Essential Dilemma

To help students begin to develop their own opinions on this subject, ask them to do a “5-minute write” in response to the essential dilemma of this lesson: What level of medical care should the federal government provide for the elderly, and what trade-offs are we willing to make to provide that care?

When students have finished writing, divide them into small groups and ask them to share what they wrote with their classmates. Explain to students that this is not a debate; rather, it is a way for students to learn about the opinions of their fellow classmates and further develop their own opinions on this

topic. After each student has shared her or his opinion, the groups should discuss the ideas presented, guided by the following questions:

- ▶ What ideas did your group raise about the level of medical care that the federal government should provide for the elderly and how this care should be funded? What reasons were provided in support of these ideas?

[Students' answers could include President Clinton's discussion of Medicare as a "common commitment" to all Americans, President Bush's depiction of Medicare as a "binding commitment of a caring society," or President Obama's belief that Medicare provides Americans with "fundamental security."]

- ▶ After hearing your classmates' arguments, were you persuaded to modify your current opinions? Why or why not? Where do points of compromise exist between the various ideas shared in your group?

[Students' answers will vary, but should focus on commonalities and areas in which compromise could be reached between their potentially disparate ideas.]

- ▶ What additional information would you need to make an informed decision about the level of medical care the federal government should provide for the elderly and the trade-offs you are willing to make to provide that level of care? Where would you go to find that information?

[Students' answers might include discussion about how much money is currently allocated for Medicare spending, what percentage of the federal budget that money represents, and how those numbers are expected to change in the coming years. Students could use census data to determine population trends, government and private industry perspectives on the trajectory of health care costs, Congressional debates about budgetary trade-offs, and so on. Note: Teachers could use the "Overview of Medicare," included with this packet (and available online), and the Understanding Fiscal Responsibility economics lesson "Medicare and the National Debt" to address many of these questions.]

After each group has discussed their ideas, ask for volunteers to summarize their deliberation for the rest of the class. Ask other groups if their experiences were similar or different, and discuss their responses with the class. Conclude this part of the activity by asking students to share what additional information they would need to make a more informed decision about the essential dilemma of this lesson. (*Note: Students' answers to this question could point to opportunities for future lessons on this topic.*)

CLOSURE


When students have completed their discussion of the options, turn their attention back to the cartoon they examined at the beginning of the lesson and ask them to revisit their comments. Lead students in a brief discussion guided by the following questions:

- ▶ Is slowing the growth rate of Medicare spending a threat to the well-being of the elderly, as well as a challenge to the value the United States traditionally places on caring for the vulnerable?
- ▶ Is increased spending on Medicare a threat to the United States as a country with a sound fiscal policy?

- ▶ What steps could be taken to address the dilemma these dueling threats present?

Assign students a 250-word essay addressing the essential dilemma: What level of medical care should the federal government provide the elderly, and what trade-offs are we willing to make to provide that care? The assignment can build on their 5-minute write, or subsequent discussion may have changed their mind. In either case, this is a more elaborated piece, and student work should make use of the statements they read in the handouts and incorporate the ideas developed in discussion with classmates.

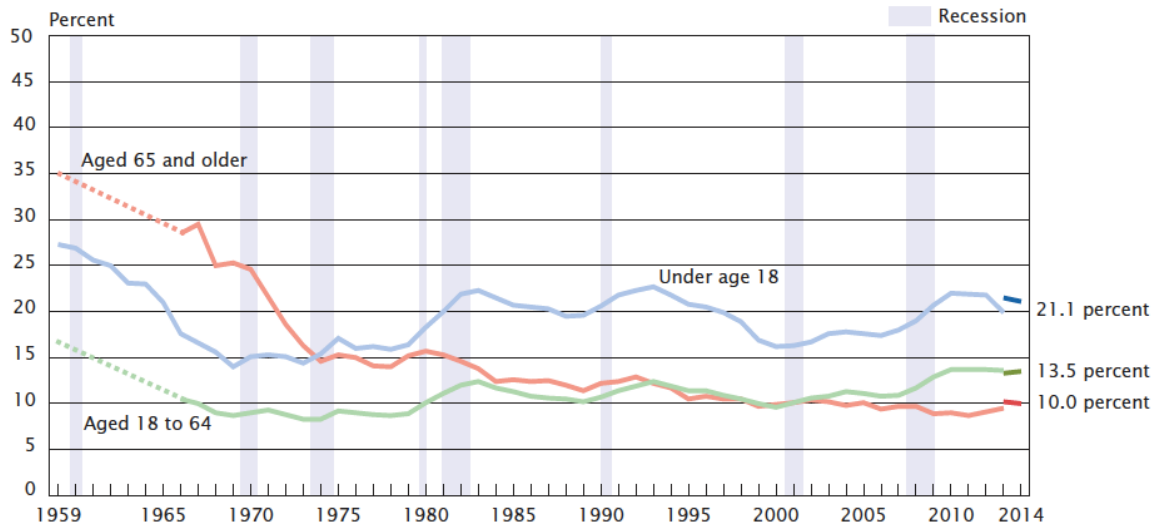
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Resource 1

“Poverty Rates by Age: 1959 to 2014”

Poverty Rates by Age: 1959 to 2014



Note: The 2013 data reflect the implementation of the redesigned income questions. See Appendix D for more information. The data points are placed at the midpoints of the respective years. Data for people aged 18 to 64 and 65 and older are not available from 1960 to 1965. For information on recessions, see Appendix A. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <ftp://ftp2.census.gov/programs-surveys/cps/techdocs/cpsmar15.pdf>. Source: U.S. Census Bureau, Current Population Survey, 1960 to 2015 Annual Social and Economic Supplements.

Source: DeNavas-Walt, C., & Proctor, B. D. (2015). Income and poverty in the United States: 2014 [Chart]. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-252.pdf>

Resource 2

Cartoon: "Threats"

TOP U.S. THREATS IN..

 OTTAWA CITIZEN
Caglecartoons.com
Syndicom.com



1991



2001



2011

Source: Cardow, C. (2011, August 3). Threats. *Ottawa Citizen*. Retrieved from <http://www.politicalcartoons.com/cartoon/76827563-85b2-4edd-ad11-63201937c851.html>

Resource 3 (1 of 3)**Presidential Viewpoints on Medicare**

All quotations, except where otherwise noted, are from The American Presidency Project (<http://www.presidency.ucsb.edu>).

William J. Clinton

Let me be clear: There will also be no new cuts in benefits for Medicare. As we move toward the 4th year, with the explosion in health care costs, as I said, projected to account for 50 percent of the growth of the deficit between now and the year 2000, there must be planned cuts in payments to providers, to doctors, to hospitals, to labs, as a way of controlling health care costs. But I see these only as a stopgap until we can reform the entire health care system. If you'll help me do that, we can be fair to the providers and to the consumers of health care. Let me repeat this, because I know it matters to a lot of you on both sides of the aisle. This plan does not make a recommendation for new cuts in Medicare benefits for any beneficiary.

—Address Before a Joint Session of Congress on Administration Goals (February 17, 1993)

And even as we enact savings in these programs, we must have a common commitment to preserve the basic protections of Medicare and Medicaid, not just to the poor but to people in working families, including children, people with disabilities, people with AIDS, senior citizens in nursing homes. In the past 3 years, we've saved \$15 billion just by fighting health care fraud and abuse. We have all agreed to save much more. We have all agreed to stabilize the Medicare Trust Fund. But we must not abandon our fundamental obligations to the people who need Medicare and Medicaid. America cannot become stronger if they become weaker.

—Address Before a Joint Session of the Congress on the State of the Union (January 23, 1996)

George W. Bush

The American system of medicine is a model of skill and innovation, with a pace of discovery that is adding good years to our lives. Yet for many people, medical care costs too much, and many have no health coverage at all. These problems will not be solved with a nationalized health care system that dictates coverage and rations care.

Instead, we must work toward a system in which all Americans have a good insurance policy, choose their own doctors, and seniors and low-income Americans receive the help they need. Instead of bureaucrats and trial lawyers and HMOs, we must put doctors and nurses and patients back in charge of American medicine.

Health care reform must begin with Medicare. Medicare is the binding commitment of a caring society. We must renew that commitment by giving seniors access to preventive medicine and new drugs that are transforming health care in America.

Seniors happy with the current Medicare system should be able to keep their coverage just the way it is. And just like you, the Members of Congress, and your staffs and other Federal employees, all seniors should have the choice of a health care plan that provides prescription drugs....

Resource 3 (2 of 3)**Presidential Viewpoints on Medicare**

To improve our health care system, we must address one of the prime causes of higher cost, the constant threat that physicians and hospitals will be unfairly sued. Because of excessive litigation, everybody pays more for health care, and many parts of America are losing fine doctors. No one has ever been healed by a frivolous lawsuit. I urge the Congress to pass medical liability reform.

—Address Before a Joint Session of Congress on the State of the Union (January 28, 2003)

And finally, to keep this economy strong, we must take on the challenge of entitlements. Social Security and Medicare and Medicaid are commitments of conscience, and so it is our duty to keep them permanently sound. Yet we're failing in that duty. And this failure will one day leave our children with three bad options: huge tax increases; huge deficits; or huge and immediate cuts in benefits. Everyone in this Chamber knows this to be true, yet somehow we have not found it in ourselves to act. So let us work together and do it now. With enough good sense and good will, you and I can fix Medicare and Medicaid and save Social Security.

—Address Before a Joint Session of the Congress on the State of the Union (January 23, 2007)

Barack H. Obama

Starting in 2011, we are prepared to freeze Government spending for 3 years. Spending related to our national security, Medicare, Medicaid, and Social Security will not be affected. But all other discretionary Government programs will. Like any cash-strapped family, we will work within a budget to invest in what we need and sacrifice what we don't. And if I have to enforce this discipline by veto, I will.

—Address Before a Joint Session of the Congress on the State of the Union (January 27, 2010)

We can't get to the \$4 trillion in savings that we need by just cutting the 12 percent of the budget that pays for things like medical research and education funding and food inspectors and the weather service. And we can't just do it by making seniors pay more for Medicare. So we're going to need to look at the whole budget, as I said several months ago. And we've got to eliminate waste wherever we find it and make some tough decisions about worthy priorities.

And that means trimming the defense budget, while still meeting our security needs. It means we'll have to tackle entitlements, as long as we keep faith with seniors and children with disabilities by maintaining the fundamental security that Medicare and Medicaid provide. . . .

So the bottom line is this: Any agreement to reduce our deficit is going to require tough decisions and balanced solutions. And before we ask our seniors to pay more for health care, before we cut our children's education, before we sacrifice our commitment to the research and innovation that will help create more jobs in the economy, I think it's only fair to ask an oil company or a corporate jet owner that has done so well to give up a tax break that no other business enjoys. I don't think that's real radical. I think the majority of Americans agree with that.

—Press Conference by the President (June 29, 2011)

Source: Social Security Administration. (2011). Special collection: Presidential statements. Retrieved from <http://www.ssa.gov/history/presstmts.html>

Resource 3 (3 of 3)**Presidential Viewpoints on Medicare**

We know that our country is stronger when we can count on affordable health insurance and Medicare and Social Security. When we protect our kids from toxic dumping and mercury pollution. When there are rules to make sure we aren't taken advantage of by credit card companies and mortgage lenders and financial institutions. And we know these rules aren't just good for seniors, or kids, or consumers—they're good for business, too. They're part of what makes the market work.

. . .

And as long as I'm President of the United States, I will never allow Medicare to be turned into a voucher that would end the program as we know it. We will not go back to the days when our citizens spent their golden years at the mercy of private insurance companies. We will reform Medicare—not by shifting the cost of care to seniors, but by reducing the spending that isn't making people healthier.

—Campaign Address in Ohio, May 5, 2012

And a great country keeps the promises it makes. Today, we're often told that Medicare and Medicaid are in crisis. But that's usually a political excuse to cut their funding, privatize them, or phase them out entirely—all of which would undermine their core guarantee. The truth is, these programs aren't in crisis. Nor have they kept us from cutting our deficits by two-thirds since I took office. What is true is that every month, another 250,000 Americans turn 65 years old, and become eligible for Medicare. And we all deserve a health care system that delivers efficient, high-quality care. So to keep these programs strong, we'll have to make smart changes over time, just like we always have.

Today, we're actually proving that's possible. The Affordable Care Act has already helped secure Medicare's funding for another 13 years. The Affordable Care Act has saved more than nine million folks on Medicare 15 billion dollars on their prescription medicine. It has expanded Medicaid to help cover 12.8 million more Americans, and to help more seniors live independently. And we're moving our health care system toward models that reward the quality of the care you receive, not the quantity of care you receive. That means healthier Americans and a healthier federal budget.

—Weekly Address, Medicare and Medicaid 50th Anniversary, August 1, 2015

Resource 4 (1 of 2)**Individual Responsibility, Social Responsibility, and Medicare**

Student Handout

Use the handout “Presidential Viewpoints on Medicare” to answer the following questions. For each question, provide a relevant section from the reading, along with an explanation of that section in your own words. *Important: There will be multiple (and often conflicting) answers for each question.*

- ▶ Whose responsibility is it to provide for the nation’s elderly?

- ▶ Is Medicare reform necessary? If so, how should it be reformed?

- ▶ What trade-offs must the nation make to preserve Medicare?

Resource 4 (2 of 2)**Individual Responsibility, Social Responsibility, and Medicare**

Teacher's Guide

Use the handout “Presidential Viewpoints on Medicare” to answer the following questions. For each question, provide a relevant section from the reading, along with an explanation of that section in your own words. *Important: There will be multiple (and often conflicting) answers for each question.*

- ▶ Whose responsibility is it to provide for the nation's elderly?

Students' answers could include the following:

- *The nation has a common commitment to preserve the basic protections of Medicare and a fundamental obligation to provide Medicare to those who need it. (William J. Clinton)*
- *Medicare is a binding commitment of a caring society. . . . to provide seniors access to preventive medicine and new drugs. (George W. Bush)*

- ▶ Is Medicare reform necessary? If so, how should it be reformed?

Students' answers could include the following:

- *Yes, but only as a stopgap measure until the entire health care system is reformed. (William J. Clinton)*
- *Yes, to improve our health care system, we must address one of the prime causes of higher cost, the constant threat that physicians and hospitals will be unfairly sued. (George W. Bush)*
- *Yes, we've got to eliminate waste wherever we find it and make some tough decisions about worthy priorities. (Barack H. Obama)*

- ▶ What trade-offs must the nation make to preserve Medicare?

Students' answers could include the following:

- *There must be planned cuts in payments to providers, to doctors, to hospitals, to labs, as a way of controlling health care costs. (William J. Clinton)*
- *Instead of bureaucrats and trial lawyers and HMOs, we must put doctors and nurses and patients back in charge of American medicine. (George W. Bush)*
- *Before we ask our seniors to pay more for health care . . . it's only fair to ask an oil company or a corporate jet owner that has done so well to give up a tax break that no other business enjoys. (Barack H. Obama)*