

# Health Policy, Politics, and Partisanship

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Recently, I was reviewing student evaluations of a health policy course I regularly teach to nursing graduate students. As usual, several of the students included written comments, which I always read and consider carefully. I was surprised to see that two students had, among their other observations, written that they felt the course was politically biased—that it favored Democratic views—and that they believed students with other views felt unable to express them in class.

I have taught for many years, and I had never received comments like these. Of course, I have strong views about many things, especially on policy and politics. While I don't attempt to hide my views, I am generally careful about how and when I express them to my classes. I want my students to think for themselves—to learn to understand the issues, weigh the evidence, and reach their own conclusions.

So as I read these two students' comments, I thought to myself—What happened? Did I do something different this time around? Did I give the impression that some views or perspectives were unwelcome in my class?

As I thought about their comments, something occurred to me—something that probably should have been obvious all along. Health policy, and especially health reform (a major focus of the course) have themselves been transformed into partisan issues: Supporting health reform is popularly viewed as a Democratic position; opposing it is viewed as a Republican position.

The origins of this “partisanization” of health reform stem largely from a general political polarization and, with it, broader efforts to oppose current Administration policies. They provided the basis for a Republican victory in securing a majority in the House of Representatives in 2010. They fueled continuing calls to repeal the Affordable Care Act (ACA), the health reform law enacted in 2010 and to block its implementation, or at least the implementation of major parts of it. In the 2012 elections, opposition to “the health reform law” was again a rallying cry for Republican candidates at every level.

Health reform has become a partisan and politically polarized issue largely by default. It is disturbing to think that supporting expansion of health care coverage to tens of

millions of uninsured Americans is viewed as solely a “Democratic” position. At the same time, it is difficult not to let this polarization have an impact on how the issues are framed. For example, when I discussed a proposal to reduce federal funding for Medicaid and to turn it into a block-grant program, I characterized it as being proposed by the Republican majority in the House of Representatives. That was intended as a statement of fact, not of anti-Republican animus. But I can see how, in the current political environment, it could be perceived otherwise.

President Obama's reelection, coupled with the Supreme Court's May 2012 decision upholding the ACA's individual insurance mandate (*National Federation of Independent Business v. Sebelius*, 2010), reinforce the fact that the ACA remains the law of the land. Increasing attention is focusing, as it should (and must) on implementation of the health reform law, not on whether it or not it should have been enacted. This doesn't mean that there is national consensus on health reform or that political polarization has ended, but perhaps it will allow for a greater focus on the issues.

The challenges facing the U.S. health care system—expanding access, reducing costs, ensuring quality, and transforming how care is delivered—affect everyone, regardless of political affiliation. Everyone—including every nurse, and certainly every nurse preparing for an advanced role—needs to understand the issues surrounding health reform. The political context of those issues should serve to clarify rather than obscure them.

And those are among the first things I plan to tell my next group of health policy students.

David M. Keepnews, PhD, JD, RN, NEA-BC, FAAN  
*Editor-in-Chief, PPNP*

## References

- Affordable Care Act, Public Law 111-148 and 111-152 (2010).  
*National Federation of Independent Business v. Sebelius*, 567 U. S. \_\_\_\_\_, 132 S. Ct. 2566 (2012).