

HEALTH- CARE FUTURE



...a woman...came up behind him and touched the fringe of his garment; for she said to herself, "If only I touch his garment, I shall be made well." Jesus turned, and seeing her he said, "Take heart, daughter; your faith has made you well." And instantly the woman was made well.

MATTHEW 9:20-22A

Health-Care Reform 2009–2010:

Is it Yes or Is it No? | BY LARRY A. MITCHEL

With the passage of HR 3590, the Patient Protection and Affordable Care Act, Washington, D.C., is closer than it has ever been to a health-care reform bill (HCR). And if you thought it was easy, you weren't paying attention.

To recap: the House first passed out of Committee, then voted on the floor, a bill that was the result of the work of three House Committees of jurisdiction. Then in the Senate, first, the Health, Education, Labor, and Pensions Committee, and belatedly, the Senate Finance Committee, reported out different versions of HCR. After these two Senate bills were combined, the result, the "manager's amendment" (championed by Majority Leader Harry Reid), went to the Senate floor. After days of procedural actions, it was passed by the Senate, 60–39 (Senator Jim Bunning missing). That was just before Christmas—literally.

Over the holiday recess, staff members from the House and Senate worked on minor discrepancies, awaiting the return of the House and Senate leaders to begin work in earnest on the large disagreements between the two bodies. That work goes on up to this writing (January 18, 2010), most of it away from the glare of the media.

Among those larger items of disagreement are: financing—taxing high-cost plans (Senate) vs. taxing high-income individuals and families (House); abortion provisions (some conservative Democratic votes ride on this in both houses); a so-called "public plan" (now essentially gone from HCR); and coverage (31 million additional insureds for the Senate, 34 million for the House).

Organized labor is a critical constituency for the President and for many in Congress. So it is not surprising that the Senate proposal to tax expensive ("Cadillac") health plans, many of them tied to union contracts,

was a real sticking point. So the upper range was raised a bit—and labor signed on.

Well-connected health-care industry advocates from time to time hear elements of the negotiations, but mostly it's a black hole: information and advocacy goes in, but almost nothing escapes.

With the election of Scott Brown to the U.S. Senate from Massachusetts, the perceived balance of power in the Senate has shifted. Democrats no longer enjoy a filibuster-proof majority; and the ramifications of this to progress on the HCR legislation have been immediate and significant. Even with the President calling for renewed efforts for health-care reform in his State of the Union Speech, it is not altogether clear that the political will exists to continue the fight.

The most recent suggestion to break the impasse—without need to resort to cloture—has been a "two-track" process whereby the House voted first on a set of "budget reconciliation" measures to "fix" elements of the Senate bill they don't like. Assuming these fixes are acceptable to the Senate, these could be passed with 218 votes in the House and only 51 votes in the Senate. Then the House would pass the Senate's bill on a simple majority, the President would sign first the core bill and then immediately afterward sign the reconciliation bill changing certain elements of the core bill.

Should the bill(s) pass, one way or another, and be signed into law, then the real work begins, with enabling regulation and the inevitable industry adjustments to the new situation. We will be at this for years to come—assuming we get a bill or bills in the first place. ■

Larry A. Mitchel is director of government relations for Adventist Health, Roseville, CA. This article represents his personal views, not those of Adventist Health.