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## Public Option: Hard Trigger, Powerful Bang

The not-a-vote-to-spare super majority that invoked cloture in the healthcare legislation in the Senate, thus placing deliberation of the bill on the top of the legislative agenda, reveals the pressing and unavoidable need for compromise among Democrats, some of whom are claiming to still be undecided as to whether or not they will support the bill as currently written.



On November 25, a policy paper was published that may make the coalescing of a coalition in favor of healthcare reform a little easier. According to the report released by the Urban Institute, a D.C.-based think tank focusing on the evaluation of social programs, the surest way to keep teetering Democrats on the reservation is to beef up the federally funded public-option aspect of the bill, but to make its implementation dependent on the willingness of the healthcare industry to keep its promise to lower costs of medical treatment, insurance, and prescription drugs.

The notion that such a fortified public-option would garner support for the bill may seem counterintuitive, especially considering that the public-option provision has been one of the chief points of controversy among representatives. However, it is this sort of atypical proposal that authors of the paper think will persuade reticent senators to re-evaluate the measure.

The re-branding of the public option as an example of “fiscal conservatism” is one of the study’s primary purposes, aimed at swaying more moderate members of the Democratic caucus such as Senators Ben Nelson (D-Neb.) and Blanche Lincoln (D-Ark.). Both Nelson and Lincoln, although voting in favor of cloture, have announced that they are as yet undecided as to whether to support the bill when it comes to roll call.

Apart from middle-of-the-road Democrats, there are also GOP legislators who have long espoused the inclusion in the legislation of a trigger mechanism, the tripping of which would ignite a full-blown government insurance competitor to the private healthcare industry, including doctors and hospitals.

“I would rather have a hard trigger to a strong public plan, than settle for a weak plan now that is doomed to fail,” opined Robert Berenson, one of the authors of the Urban Institute’s report. That’s easy for an academic to say who, unlike legislators voting for the legislation, would not be facing hostile and weary voters in a re-election bid a year from now. But the debate over whether or not to create a public option has, more than any other issue, accentuated the varied divides in Congress, abortion subsidies



notwithstanding.

An influential bloc of Democrats and Republicans opposes a public option. Proponents of a public option with a triggering mechanism see it as their only effective weapon against the rampant abuse of taxpayers by the insurance conglomerates, whereas opponents fear that any concession to a bill including a public-option provision would be the first step down the slippery slope leading to fully socialized healthcare along the lines of England or Canada, and the eventual ruin of the American system that is the envy of many.

One of the reliably obstinate members of the public-option resistance is Mary Landrieu (D-La.). Senator Landrieu's hard stance may have been softened in the past few days, however, as she was the well-publicized recipient of a \$100 million Christmas bonus in the form of tax breaks written into the healthcare package proffered by Majority Leader Harry Reid of Nevada. Publicly, Landrieu maintains that she remains unwaveringly opposed to any plan that pits private industry against any kind of government option in the healthcare marketplace. "The major issue to me is driving costs down. I didn't enter this issue to cover the uninsured. I entered this issue to drive costs down for the federal government, for businesses, for families," Landrieu told the online journal Politico.com.

Senator Landrieu enjoys the company of many like-minded members of the upper house. For example, Senator Olympia Snowe (R-Maine) says she's opposed to legislation establishing a publicly funded insurance option. However, she's also willing to consider a bill containing such a project if it is held in abeyance by a trigger mechanism that can only be tripped under a very well-defined and complex sequence of events.

Primarily, the scenario in which the public option would be brought into a full and flourishing life would include the failure of healthcare industry providers to meet a slate of cost-cutting metrics. Under the terms of the present iteration of the Senate bill, these industries would have at least three years to demonstrate satisfactory performance before the government would step in to regulate the segment via a series of alterations to Medicare and also offering a federally subsidized alternative. If the states and private healthcare concerns fall short of goals, then the government exchange would ostensibly counterbalance the disparity.

The three authors of the policy paper recognize that the data and suggestions contained in their study are controversial. Likewise, they understand the reluctance of many so-called moderates to warmly embrace any program even faintly redolent of socialism. The genius of their proposals, they aver, is that there is something in them to appease the demands of everyone: liberals, moderates, and conservatives. Namely, there is a potent public option; a mechanism for price-based standards that must be met by industry; and a very heavy trigger that would need to be pulled before government would be legally empowered to take veritable control of the massive healthcare arena.

Given the current fractured state of Congress, and the frantic press by the President and members of Congress steadfast in their resolve to "reform" healthcare, it is likely that the Urban Institute's findings will achieve relevance and will almost certainly frame the debate, making the public-option less of an option and more of a conclusion.



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