



Making Healthcare Sausage in Congress

Proving that where there's a will (among 58 or so senators and 38 percent of the American public), there's a way to forcibly implement some sort of overhaul of the healthcare insurance industry and the dispensing of medical treatment in our country, Tuesday night the Team of Ten — a “dream team” of senators representing the left and middle of the Democratic Party — called Senate Majority Leader Harry Reid (D-Nev.) and told him that they had successfully brokered a deal that should satisfy all sixty members of the Democratic caucus in the Senate. If such an agreement holds, then the Mr. Reid would have the sixty votes he needs to end a Republican filibuster and put the question of the measure to an up or down vote by the whole chamber.



Despite the drama and “breaking news” alerts, it was no surprise that from the whole hog of healthcare legislation set before them, the Team of Ten was able to carve out a palatable enough selection of provisions that would please even the finickiest among their cohorts.

The biggest bone of contention prior to Tuesday night's proclamation was the so-called “public-option.” This aspect of the bill as originally scripted would have created a bundle of health insurance policies and programs funded by various tax increases and would have fashioned a “healthcare exchange” wherein corporate providers would have competed against the government in a managed marketplace.

Thanks to the deft and experienced hands of Senators Schumer (D-N.Y.) and Pryor (D-Ark.) on the carving knife, the bill was deboned and is now safe for sixty senators to just swallow whole. The federal fillet promises new and more widely available Medicare plans and the completely government-funded option that remains in the bill is significantly less robust than in previous iterations of the measure.

One of the most controversial and costly changes made to the bill is in the form of an enormous widening of the pool of applicants that will become eligible for Medicare. Currently, Medicare plans are available to those 65 and over. Under the new proposal, however, anyone 55 and over will be offered Medicare benefits. This would expand the system to cover an additional three million Americans. While this seems at first blush to be a charitable extension of a helping hand to many who are unable to obtain health insurance elsewhere, under closer inspection, it is, as Senator John Barrasso (R-Wyo.) explained, “putting more people in a boat that's already sinking.”

As was reported here earlier in the week, with the exception of the Medicare makeover, the federal option that remains is nearly identical to the Federal Employees Health Plan (FEHP) and as such will consist of a smaller range of lower-cost health policies offered by non-profit groups funded and formed by private insurers and administered by the federal Office of Personnel Management.



Written by [Joe Wolverton, II, J.D.](#) on December 9, 2009

Given the power of the Office of Personnel Management and its years of experience in managing the benefit packages enjoyed by Congress and other federal employees, the cost of policies under its control ostensibly would be lower. Besides, although it's being touted by the most media outlets as the defeat of the public-option, the buying and selling of policies promulgated under this provision will be management by the federal government and premiums paid for them will be subsidized by the federal government. All in all, still a very *public* public-option.

Even with this agreement all but signed and sealed, Senator Reid still needs all 60 members of his caucus to vote in favor of the measure in order to deliver it to the president's desk. With the public option roadblock cleared, the biggest obstacle to making President Obama's Christmas wish come true was the issue of how abortion would be treated in the bill. And subsequently, how the author of the abortion amendment, Democrat Senator Ben Nelson of Nebraska, would vote if his colleagues rejected his anti-abortion rider.

The amendment offered by Nelson and co-sponsored by Senator Orrin Hatch (R-Utah) mirrored the language of the Stupak amendment that was attached to the version of healthcare legislation passed in November by the House of Representatives. Essentially, the Stupak measure proscribes the use of any federal dollars from subsidizing elective abortion. The amendment proposed by Senator Nelson would have prohibited any woman benefiting from government subsidies from purchasing a health insurance policy that would cover abortion. As we reported previously, Senator Nelson manifested his resolve in this matter by declaring without reservation that, "If it [the final Senate healthcare bill] doesn't have Stupak language on abortion in it, I won't vote to move it off the floor. That's not negotiable. No wiggle room."

Just before dinner on Wednesday evening the Senate voted 54-45 to reject the Nelson Amendment (S. Amdt. 2962) and thus retained the more flexible abortion restrictions currently contained in the bill. Despite this loss, it seems Senator Nelson found some room to wiggle after all, for when questioned by reporters if he planned to live up to his word and join a GOP filibuster to prevent the bill from being voted on, Senator Nelson replied, "We'll see what develops. I'll look at anything." And to make his newfound flexibility clearer, the fearless foe of federally-funded abortion added, "I don't want to be stubborn or close-minded." So much for staunchness.

With the invigorating breeze of felicity wafting through the senate and under the animating sun of compromise, there are only a few "i"s to dot and "t"s to cross before a massive restructuring of the healthcare industry in America is placed before senators for a roll call vote. All the formerly vociferous foes of "socialized medicine" and "federally-funded abortion" have now held their fingers in place and tied the bill with a pretty white bow of surrender. The package has now been sent to the Congressional Budget Office where there is little doubt that, despite its revelation that millions of American will lose their employer-subsidized healthcare after implementation of the new law, the numbers will add up and America will have a nearly \$2 trillion healthcare behemoth under the tree by Christmas and a groaning pallet full of new taxes and bills to pay for it starting in the New Year.

Photo of Senate Majority Leader Harry Reid : AP Images



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