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Passing Bill As Bad As PelosiCare Quite An Achievement For Dems

By MICHAEL F. CANNON

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House Democrats rolled three impressive feats into one when that chamber approved their health care overhaul.

First, Saturday's House vote was the first time that either chamber of Congress voted — albeit by a razor-thin, three-vote majority — to force all Americans to purchase health insurance.

Second, Speaker Nancy Pelosi, D-Calif., cajoled a majority to vote for the bill, even though a majority of the House does not support it.

Third, Pelosi did all this before the Congressional Budget Office could report that the bill costs far more than supporters claim.

Forcing Americans to purchase health insurance has been a goal of the American left since the Roosevelt administration — that's Teddy, not Franklin.

Despite Weak Support

Though Congress enacted Medicare in 1965, neither chamber had ever voted to force people under age 65 to buy health insurance.

The Clinton health plan would have done so, but it never even came up for a vote.

That makes Saturday's vote historic, especially since the House bill is more radical than the Clinton plan. It would not only make health insurance compulsory, but would also create a government program — the public option — that supporters hope will displace private health insurance.

One might expect such a radical bill to lack majority support — and indeed it does. According to public opinion polls, most of the public opposes it, as do most House members.

Pelosi got a majority of the House to vote for it anyway. Some moderate Democrats, like Rep. Jim Cooper of Tennessee, fear the enormous cost, but voted aye just to keep the process moving.

Unknown Cost

More important, some 40 pro-choice Democrats voted for the bill, and then immediately vowed to kill it. They object to an amendment offered by Rep. Bart Stupak, D-Mich., and inserted on the House floor that they say would restrict a woman's freedom to purchase private abortion coverage with her own money.

Rep. Diana DeGette, D-Colo., says, "We're not going to let this into law."

Very few of those 40 members would need to switch their votes to wipe out PelosiCare's three-vote margin of victory when the bill comes back to the House for final passage.

But if Democratic leaders alter the Stupak amendment, a similar number of pro-life Democrats (and the bill's lone Republican supporter) say

they will kill the bill.

In other words, Pelosi assembled a three-vote majority for the idea of a health care overhaul, but there may be no bill that could command a majority for final passage.

If Saturday's vote had sent the bill to the president rather than the Senate, the outcome likely would have been different. And there's even more to come that could disrupt that narrow majority.

Pelosi brought the bill to a vote before the CBO could estimate the costs it would impose on the private sector.

The CBO has estimated only the on-budget costs to the federal government (\$1.3 trillion) and state governments (\$34 billion).

If Congress forces people to purchase health insurance, that mandate imposes further costs on individuals and employers.

Federal law requires the CBO to estimate the cost of any private-sector mandates that exceed \$139 million per year, but the agency has yet to do so.

Its only statement on the issue, which came the day before the House vote, is that the bill's private-sector mandates "would greatly exceed" that threshold.

Reckless Lawmaking

Indeed, if history is any guide, the private-sector mandates will double the cost of the bill.

In both the Clinton health plan and the Massachusetts health plan, similar mandates accounted for 60% of total costs, according to the CBO and the Massachusetts Taxpayer's Foundation, respectively.

In the coming weeks, then, we can expect the CBO to report that the total cost of the House bill is not \$1 trillion, but in the \$2 trillion to \$3 trillion range.

Holding the vote before that number becomes public was an impressive feat, though not exactly responsible governance.

- Cannon is director of health policy studies at the Cato Institute and co-author of "Healthy Competition: What's Holding Back Health Care and How to Free It."

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