

## Blog Watch

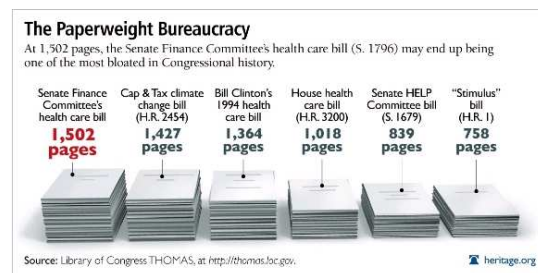
« Many Flavors Of A Public Plan

### Just Thinking About...The 'Public Option'

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OCTOBER 26TH, 2009

Looks like a final Senate health overhaul bill could be unveiled this week, and it's certain to be another monumental paper stack for commentators around the nation to parse through.



The Heritage Foundation compiled a graphic (above) comparing the size of various bills, with the Finance Committee coming it at over 1,500 pages.

Heritage's Read Hederman writes:

[W]hat really has Congress League fans talking is that, for the first time in fifteen years, a team has set a new all-time division record for gigantic, unintelligible, unaffordable over-regulatory, federal legislation.

Indeed, the big news is that S. 1796 has dethroned the previous all-time champion in the League's Health Division — the 1993 Clinton "Health Security Act" (S.1757, 103 session). For nearly a decade and a half, the record set by the 1,364-page "Clinton Bill" — or "the doorstep," as health policy experts, many of whom still keep souvenir copies on their bookshelves, affectionately know it — stood unchallenged. Not any more. With its extra 138 pages of heft, the Finance Committee bill beat the old Clinton bill record a full ten percent!

Of course, the particulars of the Senate's final bill are still in doubt, especially when it comes to the eternal "Will there be a 'public plan option'?" question.

We may know the answer sooner than anticipated: TPMDC's Brian Beutler reports that Senate Majority Leader Harry Reid, Nev., is set to give a bill combining the HELP and Finance Committee efforts to the Congressional Budget Office today for a score. According to Beutler, "A highly placed source suggests that bill is likely to include a public option with an opt out clause, despite the fact that the White House is skeptical that this is the most politically viable strategy."

But Cato's Michael Cannon calls the possibility of an "opt-out" for states "a ruse within a ruse." Cannon, who refers to a public plan option as "Fannie Med," argues: "State legislators are obsessed with maximizing their share of federal dollars. Voters will crucify officials who opt out. Fannie Med supporters know that. They're counting on it. A state opt-out provision does not make Fannie Med any more moderate. It is not a concession."

Others are reporting that lawmakers are frustrated with the White House's (lack of?) position on a public plan.

The Washington Post's Ezra Klein says, "I'm also hearing a lot of irritation from congressional Democrats at the mixed signals being sent by the White House. If the White House wants to advocate for the trigger, fine. If the White House wants to advocate for the public option, fine. But for the White House to host one meeting where they signal that it's uncomfortable with Reid's decision to push the envelope on the public option and then make a big effort to walk that meeting back after the left gets angry is confusing everybody."

The New Republic's Jonathan Cohn gives readers background for the latest controversy over the administration's preference, speaking to a Democratic aide and White House spokesperson. Cohn concludes, "it seems pretty clear (at least to me) that Obama really would prefer a strong public option—but that he, like his advisers, has serious concerns over whether such an option can pass. In other words, he wants a good public plan but he wants a bill even more—and he's not sure that the former is compatible with the latter. So he's being careful—more careful, in fact, than some of his Senate allies would like."

But health policy consultant Bob Laszewski isn't so sure that any of these iterations will result in the option's inclusion: "No doubt the hype over the public option is at an optimal level. No doubt Reid and Pelosi's opening bid will be aggressive on the public option issue. But the reality? In the Senate you will find the only health care game in town that will matter—how to get to 60 votes." According to Laszewski, there aren't enough votes for any version of a public plan.

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And [John Goodman](#) argues that health insurers won't compete in the presence of a public plan on things like quality. He lists what he'd like in a health insurer and conclude

In other words, I would like a health insurer that does not act like the Department of Motor Vehicles.

Now, ask yourself this question: How important are the above features to you? How much extra would you pay for them? If you are healthy and not using any medical services the answer is probably: not very much. And this is especially so if you know you can switch insurers every 12 months. On the other hand, if you are sick and currently using health services, my list is probably very important to you. You probably would be willing to pay something to obtain those services.

Elsewhere, a group billing themselves as "Billionaires for Healthcare" has a video of a clever demonstration that repurposes [Annie's](#) melodies in support of a public plan option insurer lobby AHIP's national conference:



Tags: [finance committee](#), [harry reid](#), [public plan](#)

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