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Senate Bill is Start of Health Debate
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Senate Majority Leader Harry Reid (D-Nev.) recently announced that the U.S. Senate will — gasp — work weekends to complete the debate on the health care bill. Despite the havoc this will wreak on important fundraising and foreign travel opportunities, senators will have to suffer through a weekend-less period of undetermined length, perhaps a month or even longer. One senator, Ben Nelson (D-Neb.), when asked by POLITICO when the debate might end, answered, “When there are 60 votes.”

While the Democrats search for the magical combination that will give them the elusive 60 votes needed to overcome a filibuster, the Republicans will try to throw procedural and substantive roadblocks into the discussion that could at the very least delay a final vote.

If unsuccessful, Democrats would have to return to the drawing board, most likely after the 2010 midterm elections. At that point, they would probably have a smaller vote margin in Congress, as the president’s party historically loses seats in midterm elections. Still, the ranks of the uninsured are not going away and will expand in the next few years, so Congress would have to revisit the issue, regardless of how unpleasant the whole legislative rigmarole might be.

But even if the Democrats succeed in the next couple of months in passing a health care overhaul, Congress will quite likely have to reopen the issue anyway. The Senate Democratic bill carries a high cost — \$848 billion over the first 10 years. Since these costs will not go into effect until 2014, the actual cost over the first 10 years, beginning in 2014, is \$1.8 trillion. Furthermore, some of the mechanisms used to make the bill appear deficit neutral are unrealistic, specifically the cuts in doctor fees, which the Congressional Budget Office doubts politicians will actually carry out. If, as the CBO surmises, Congress lacks the political wherewithal to keep the bill deficit neutral, we will have to reopen the issue because we will not be able to afford the additional spending that the bill requires.

So either way, we will need to take another run at this issue in the relatively near future, very likely with a note of sobriety injected into the process. If round two comes after a Democratic loss, the failure and makeup of the new Congress stand a good chance of making the next attempt less far reaching. But even if round two comes after a legislative win for the Democrats, the realization that the bill’s unsustainable costs prompted a reopening might also keep Congress from again overreaching on the cost side of things.



Given the unpleasant likelihood of having to take on this issue again whatever happens, Congress should take some steps next time to make both the process and the substance more productive. From a process perspective, the traditional approach of letting the House go first is not conducive to creating a good product. Whichever party controls the House, it is a majoritarian body that limits minority rights. The House Rules Committee determines which amendments will be in order and thereby limits the scope of the debate on the House floor.

The Rules Committee met for more than six hours before the House debate and ruled only two amendments to be in order — the Republican alternative bill and the Stupak limitation on federal funding for abortions. Unsurprisingly, the House-passed product was an unrealistic bill that appealed more to partisans than to the moderates needed to pass something in the Senate.

The Senate is far more freewheeling from an amendment perspective, and the 60-vote requirement usually makes the governing party earn some support from the opposition. The Democrats' 60-vote majority this time actually made bipartisanship more difficult, as Democrats could — and did — use the threat of going it alone to avoid real compromises. Next time around, starting discussions with a bipartisan group of moderates — like the Senate gang of 14 who made the deal on judicial nominations a few years ago — could increase the likelihood of success, unlike the current attempts to pick off one member of the opposition and call the result bipartisan.

From a substance perspective, getting early bipartisan agreement will very likely make it easier to take some of the necessary but politically difficult steps to reduce costs, such as reductions in Medicare's growth rate, a cap on the tax deductibility of "Cadillac" insurance plans and medical malpractice reform. If both parties can get multiple members signed on to these proposals, it will make partisan bomb throwing more difficult down the road.

While the current conversations won't solve our problems — and win or lose the health reform vote, I don't believe they will — they are establishing a road map of what not to do in the future. Tackling health care in a more realistic, more bipartisan way is really the only way forward. Round one looks like a loss. But round two could have a shot at success.

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