

A Christmas Present for Obama and All Americans

This morning I ate my breakfast and watched history being made as the US Senate (well, the Democrats in the US Senate) cast their votes for passage of health care reform. My old boss, Congressman John Dingell, now in his 80s, had also risen early to drive in and watch the vote from the visitors' gallery.

“This morning is not the end of the process,” Senate Lead Harry Reid reminded his colleagues and progressives dissatisfied with the Senate bill. “It’s only the beginning.”

The chamber erupted in laughter several times during the vote, most notably when Reid initially cast the wrong vote and Sen. Bernie Sanders (I-VT) missed the first round of roll call, running into the chamber in the middle of the vote.

Sen. Robert Byrd (D-WV), the longest serving Congressperson in the nation’s history, cast his vote saying, “Mr. President, this is for my friend Ted Kennedy. Aye.”

It was the first time there had been a Senate roll call vote on Christmas Eve in more than a century.

The last such vote came in 1895, according to Senate records, on a motion to refer to the Committee on Military Affairs a bill to repeal a law that banned former Army officers who had subsequently joined the Confederate army from employment in the U.S. Army.

The grueling debate over the Democrats’ health care bill ([HR 3590](#)) has kept the Senate in continuous session for 24 days so far. That falls short of the record of 26 days set in 1917 in the debate leading up to Congress’ April 6 declaration of war against Germany, which marked the U.S. entry into World War I.

As previously reported, there was little commity in the chamber during these 24 days, and we can expect a continuing campaign of misleading advertisements, rants from media shock jocks and the GOP to continue. The latest focus is a misguided push to declare health care reform unconstitutional on the basis that no-one should be forced to have health insurance.

Now the hard work begins to get a compromise between the House and the Senate in a timely fashion. The Center for American Progress has compile this list of issues:

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	House Bill (\$894 billion/10 years)	Senate Bill (\$871 billion/10 years)	Recommendation
1. Making Insurance More Affordable	<p>- Expands Medicaid to 150% Federal Poverty Line.</p> <p>- Offers subsidies to Americans between 150 – 400% FPL on sliding scale; spend 1.5%-12% of income on premiums. Cost-sharing credits are available to individuals and families with incomes up to 400% FPL</p>	<p>- Expands Medicaid to 133% Federal Poverty Line.</p> <p>- Offers subsidies to Americans between 133 – 400% FPL on sliding scale; spend 2.8%-9.8% of income on premiums. Cost sharing is only available for individuals and families with incomes between 100-200% FPL.</p>	<p>Conference report could adopt the House’s Medicaid expansion and use the savings to reduce premium payments and out-of-pocket spending for individuals with incomes between 150% and 200% FPL. The Conferees can also adopt the Senate’s subsidy levels for individuals and families above 250% FPL.</p>
2. Greater Oversight Of Insurers	<p>Creates a national exchange but permits states to establish state-based exchanges if they meet national standards and demonstrate the capacity to administer an exchange.</p>	<p>Creates state-based exchanges.</p>	<p>A national exchange would allow the federal government to implement the law uniformly and relieve the states from taking-on additional regulatory functions. Conferees should also consider moving up the implementation year to 2013.</p>
3. More Funding For Prevention	<p>Includes \$34 billion over 5 years in public health investment, including \$15.4 billion for a Prevention and Wellness Trust Fund.</p>	<p>Includes \$15 billion over 10 years in public health investment 10 years.</p>	<p>Conference should retain a Prevention and Wellness Trust with a dedicated funding stream that will increase the use of effective preventive services.</p>
4. Increase	<p>Increases primary</p>	<p>Does not include</p>	<p>Conferees should increase</p>

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Primary Care Payments To Medicaid Providers	care payment rates to Medicare rates.	this provision	payments to Medicaid providers to ensure that the expanded population can access a broad network of providers.
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5. Financing	5.4% surtax on individuals earning more than \$500,000, couples earning more than \$1 million; Medicare savings.	Excise tax, increases the payroll tax on individuals who earn more than \$200,000 and families earning more than \$250,000 a year, taxes on insurers, pharmaceuticals, and medical devices, tax on tanning booths; Medicare savings; Medicare Commission	The Conference report should add a piece of the House's surtax or increase other taxes on higher-income Americans and increase the threshold on the excise tax.
6. Employer Responsibility	Large employers who don't offer coverage would pay a fee equal to 8% of their payroll. This raises \$135B/10 yrs.	Large employers who don't offer coverage would pay a penalty of \$750 per full-time employee if any worker receives a subsidy in the exchange. This raises \$28 billion/10 yrs.	To prevent employers from dropping coverage, the conferees — rather than adopting the Senate's policy — should increase the financial obligation of employers and apply it across full and part-time workers.
7. Filling The Doughnut Hole	Completely closes the Medicare Part D 'doughnut hole' by 2019.	Does not fully close the Medicare Part D 'doughnut hole.'	The conferees should completely close the doughnut hole using extra dollars from pharmaceutical industry.
8. Protecting Older Americans From Higher Premiums	Allows rating variation between 2:1.	Allows rating variation between 3:1.	The House's rating would make coverage more affordable for older Americans.
9. LGBT Equality	Expands pre-tax employer-provided health insurance benefits to heterosexual and	Does not include this provision	Employees with partner health benefits now pay on average \$1,069 per year more in taxes than would a married employee with the same

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	same-sex domestic partners		coverage. The conference report should make coverage more affordable and equitable by adopting tax equality.
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10. Retain COBRA Continuation Until Exchanges Are Established	Individuals eligible for COBRA continuation coverage may retain COBRA coverage until the Exchange is established.	No such provision exists.	The House language would ensure greater continuity in care and give Americans the choice of staying on COBRA until they have more affordable choices.
11. Tighter Regulations Of High-Risk Pools	Premiums for high risk-pools will be set at no higher than 125% of the prevailing rate for comparable coverage, rates could vary no more than 2:1 due to age. Annual deductibles will be limited to \$1,500 for an individual and maximum cost sharing will be limited to \$5,000 for individuals.	Premiums could vary no more than 4:1 due to age. Maximum cost sharing will be limited to \$5,950 for individuals.	The House language would provide Americans who can't find coverage in the individual market with more affordable interim coverage.