

# The prognosis for reform

By ROBERT WEINER  
and JORDAN OSSERMAN

The differences between the House and Senate health care reform bills aren't just for wonky policy experts. They translate to real differences in Americans' lives.

Three committees in the House have completed action, and two in the Senate are moving legislation. There will be votes in both chambers soon after the August recess. The House bill will combine the amended versions from its committees. The Senate still is pondering the differing versions from the Finance and Health committees. Senate leadership probably will name one of those the main bill and the other a "substitute," which can be voted on as an amendment.

After both chambers pass their versions, lawmakers will name a conference committee to create a final, single bill that will go back to both floors for final passage before going to President Obama.

House leaders have completed negotiations with conservative "Blue Dog" Democrats, and all three committees will include a not-for-profit public option, designed to make private insurance companies compete harder and cheaper. However, the public option will not use Medicare reimbursement rates. All prices will be negotiated with insurance companies. The bill's "cost" thus was reduced by \$100 billion over 10 years, which simply means that Americans still will pay high premiums.

In the Senate, the Kennedy-Dodd bill from the

*House, Senate health bills vary greatly.*

Health Committee has a public option. The Baucus-Grassley bill, worked out among three Democrats and three Republicans on the Finance Committee, provides all coverage only through existing insurance companies. While coverage would improve, it would be a gift to the drug companies and would co-opt reform.

All of these bills would cover most of the 47 million Americans who lack insurance, stop denials for preexisting conditions, allow job portability, cover the "doughnut hole" in prescription-drug coverage that is a problem for the 3 million Floridians on Medicare and emphasize prevention of illnesses. There would be "no caps" on coverage for "people we know with cancer or diabetes," House Speaker Nancy Pelosi, D-Calif., says. Twenty-five million "underinsured" Americans would receive full coverage, with no co-pays for preventive care. Under the House legislation, the minimum-wage mom who realized only at stage IV that she had breast cancer would receive an early mammogram.

However, the cost to consumers would depend on whether the House or Senate bill prevails and what kind of compromise is engineered in the conference committee. The House public option, for example, would cut as much as \$265 billion from for-profit companies' "overhead" over 10 years — the money that pays high salaries and bo-

nuses for insurance executives and administrators.

With no public option, the Senate Finance Committee bill would not ensure lower premiums. The House bill requires large employers to provide coverage. Members of the Senate Finance Committee want only "incentives" that would allow a corporation such as Wal-Mart to continue denying insurance to 48 percent of its employees.

It's no surprise that Sen. Max Baucus, D-Mont., is promoting a bill that instead of doing no harm to patients would do none to business. Five of his former staffers work for health care and insurance companies. He has received \$2.8 million in campaign money from health companies and \$1.2 million from insurers.

Seventy-six percent of Americans support the public option. Without consumer pressure over the next three months of votes in Congress, however, real change will be whittled away. Florida has particular sway as a battleground state renowned for its senior power. It's time for everyone to become active in the debate. Otherwise, the insurance companies will control the outcome.

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