

You put the right bill in, you get the right vote out

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It's not about the process

With the summit behind us, the press has returned to obsessing about (and misconstruing) the process by which health reform might move forward. So a few important clarifications are in order.

First, health reform will *not pass via reconciliation*. Comprehensive health reform will pass as part of the **normal Congressional order** via a majority vote in the House of Representatives (more on that vote in a minute); having passed the Senate with a super-majority of 60 votes. House Republicans will have one last chance to vote on this package and nearly everyone assumes that they will unanimously vote no.

What will also pass—by majority in both the House and Senate—are amendments to that bill. Those amendments, as outlined by President Obama, would do a number of important things: They would increase and equalize federal Medicaid payments across states, provide low- and moderate-income families with better benefits and/or premium subsidies, close that Part D “doughnut hole,” make the excise tax on high-cost plans fairer, and provide tougher oversight of health insurance premiums.

The question that will come before Congress will be on these amendments. And here's what the media should be spending more time on: If Republicans vote no in a block, they will be voting *for* the “Cornhusker kickback” and against more Medicaid dollars for their states. They will be voting *against* improving coverage for seniors with multiple chronic conditions. They will also have to cast a vote that makes it clear whether they stand with regular people or insurers on the issue of premium rate hikes. If we focus on substance over process, then voting for a package of fixes to the Senate bill should be a great vote for supporters of reform, and a tough vote for opponents.

About that vote

The President is expected to offer more specifics on the path forward later this week (probably Wednesday, so check in then for our update). But by now, it seems clear that the Republicans have no interest in tighter regulation of the insurance industry or a major effort to cover the uninsured—and Democrats have no interest in scrapping these elements of reform and starting over. So we can expect a party-line vote going forward.

There has been a lot of media speculation about whether the votes are there for reform in the Democratic caucus in this scenario. Although it's impossible to do a real vote count before a package of amendments is agreed on, both branches seem close to having the majorities they need.

Much of the recent speculation has centered on the House, where the challenge will be to find a sweet spot that will satisfy both Blue Dogs and Progressives, avoid too many defections on the abortion issue, and also attract 50 votes in the Senate.

Does that sweet spot exist? Speaker Pelosi and Majority Leader Hoyer believe the answer is yes, and have reiterated their commitment to passing reform. And the House leadership team has so far shown an uncanny ability to move difficult legislation through the House, so betting against them would be unwise.

The final votes in both chambers may be close, and certainly an all-out effort from the grassroots will be needed, (so sign this petition [to send a message in support of comprehensive reform](#) and forward this link to your friends and networks too.) But as we enter the homestretch of the health care reform debate this year, there is good reason for optimism.

About that status quo

Instead of focusing on the intricacies of Congressional procedure and speculating about the vote count, we need to focus on why reform is necessary. To that end, the Urban Institute is out with a [new issue brief](#) that shows just who loses if health reform doesn't pass. The biggest losers (out) are older adults, people with pre-existing conditions (and many of you know firsthand just how big a group insurance companies have made that), small businesses and their employees, low-income households and young adults. These are the groups for whom the current dysfunctional system works least well, and who will be most at risk of being priced out of coverage if reform doesn't pass. But ultimately, the Urban brief points out, improvements in security and stability of coverage, and in the quality of care people get, will benefit everyone.

And that's what it's all about.

—Michael Miller, director of strategic policy