



A Senate Push for a Public-private Health Insurance Option

As the first snow of the season fell on Washington, D.C., there was a flurry of activity inside the Capitol Building, as well. As Republicans made motion after motion, trying to send the entire legislation back to committee where it would essentially languish, Democrats propped up the measure with mostly symbolic gestures designed to demonstrate fiscal responsibility and compassionate care for the elderly and the working poor.

Just as the dark clouds of abortion and the “public option” threatened the skies above the Capitol and augured the precipitous demise of the likelihood of Yuletide passage of President Obama’s healthcare initiative, one lawmaker after another tacked riders onto the main bill in hopes of knocking off the sharp, jagged corners from the monumental legislation and making it sufficiently smooth to roll into the Oval Office by New Year’s.

The current occupant of the White House made an extraordinary visit to his fellow Democrats on Capitol Hill Sunday. President Obama’s mere presence at the Capitol indicated how seriously he and the Democratic Senate leadership take the battle underway for the future of healthcare in America. For his part, President Obama supports a government-administered and funded plan — an undiluted “public option.” As is widely known, there are several Democrats in the Senate wary of establishing an Obama fashioned federal healthcare bureaucracy. They would prefer some sort of hybrid that would have more universal appeal and survive the gauntlet of moderates whose support is fundamental to the passage of any meaningful legislation.

Unfortunately, for President Obama, his time on Sunday would probably have been better spent praying for divine intervention as his pep talk was for the most part a sermon to the converted, and those determined to oppose the bill for a variety reasons left the confab unconvinced and still set on withholding an affirmative vote unless the significant obstacles are dealt with in a manner they find satisfactory.

The aforementioned “public option” is the first of two seemingly insuperable hurdles in the bill’s track toward becoming law. Simply stated, the public option is a range of medical insurance policies that would be funded by the federal government and overseen by the Secretary of Health and Human Services. These policies would be made available to everyone regardless of income, and the premiums





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would be subsidized to various levels according to an insured's qualifications. The policies provided in this public option would compete with private insurance in a "health exchange," a sort of manufactured economy wherein those espousing this scheme assert that the government would be an equal partner with its corporate competitors.

As one would imagine given the fact that the sprawl of this plan and its avalanche of appurtenant subsections and slew of subordinate clauses fills over 2,000 pages, and does so with the density of purposefully perplexing parliamentary prose, the borders of this new program are ill-defined and unscouted. This is what worries some lawmakers who fear that given the decades of unchecked accumulation of power and extension of empire, what is described simply will be applied bluntly.

Not to be vexed by the immovable object(ion) of some Senators, the unstoppable force of single-payer supporters began anew on Monday, negotiating with their peers with Sisyphean determination. Those chosen to broker a deal between the two sides quickly recognized that both camps held fiercely to tracts of territory that they would not surrender. There are those who told the intermediaries that they would never vote for any bill with a public-option provision; likewise, there was a cadre of Senators who refuses to vote for any measure without such a program. Into the fray then entered the Team of Ten trailing a peace offering consisting of a host of hybrids.

Five Senators identified by Majority Leader Harry Reid (D-Nev.) as liberal (pro-public option) joined five Senators Reid reckoned were moderate (pro-something else) to compose a dream team of lawmakers with clout and credibility sufficient to cobble together a package palatable to the 60 Senators whose votes are necessary to overcome the predictable Republican filibuster once the final version of the bill is brought onto the floor for roll call.

The Team of Ten includes Charles Schumer of New York; Tom Harkin of Iowa; John Rockefeller of West Virginia; Sherrod Brown of Ohio; and Russ Feingold of Wisconsin in the Left corner, and Ben Nelson of Nebraska; Blanche Lincoln of Arkansas; Mary Landrieu of Louisiana; Mary Pryor of Arkansas; and Thomas Carper of Delaware. Reid asked Joe Lieberman of Connecticut to be the sixth man on the moderate bench, but so far Senator Lieberman has refused to participate.

The table set by these celebrity chefs of compromise is chock full of insurance options in a variety of flavors. The most tempting proposal as of Tuesday is a public-private amalgam that has drawn praise from a broad spectrum of authorities. The plan is a "quasi-hybrid" based on the Federal Employees Health Benefit Program (FEHP), a system providing coverage to more than eight million civil-service employees (including many Congressmen) and their dependents.

Sensing the wide appeal of the FEHP, the Team of Ten has settled on the most delectable details of the plan in the formulation of their own offering. According to reports of those familiar with the negotiations, the plan would provide a panoply of private policies overseen by the Office of Personnel Management (as is the FEHM). The Office of Personnel Management would additionally be tasked with negotiating with the corporate providers on behalf of the insureds, again as is done within the FEHM.

Those so feverishly flogging this proposition as the magic bullet that will quell all the qualms of those adamantly opposed to the imposition of a new federal entitlement in the guise of "free" medical care are either misinformed or misguided. The unvarnished truth is that, without a single exception, every variation of a national healthcare scheme — including the "quasi-hybrid" plan — that is or will be deliberated by the Senate or the House of Representatives is unquestionably unconstitutional and a violation of the strictly limited powers enumerated in our founding document. The only measure



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compliant with constitutional strictures would be one demanding that Congress retreat to within the borders of power as drawn by our Founding Fathers and enshrined in Article I of that sacred charter.



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