

## **Amendment 2969 – Requires Members of Congress, the President, and their staffs to be enrolled in the new government run public health insurance option.**

The Senate health care bill creates a new health care program that is expected to manage health care decisions for millions of Americans. The House of Representatives has already passed similar legislation.

Patients currently in government run health care plans, such as Medicare and Medicaid, have limited access to care and often have poorer outcomes than many private plans. There is no reason to believe the new public option will be any better.

Members of Congress, who have created these public health plans for other Americans, have given themselves more than ten private health insurance plans from which to choose. As a result, they do not understand or experience firsthand the frustration and limitations on care faced by those in public plans.

This amendment would mandate that members of Congress, the President, and their political advisors and staff be enrolled in the public option in states that have one and in the exchange in states that opt out of the public option. This will ensure that those in Washington managing health care decisions for millions of Americans would have the very same standard of care.

### **Members of Congress Enjoy A Vast Selection Of Private Health Insurance Options**

While Congress has given itself a vast array of private health insurance options, the Senate health care bill creates a new government run public option for the rest of America.

Members of Congress have more than 10 private health insurance options from which to choose. All of the plans offered to members of Congress provide a wide range of covered services, including hospital, surgical,

physician, mental health, prescription drug, emergency care, and “catastrophic” benefits.<sup>1</sup>

In addition, Members of Congress can also receive health services from the Office of the Attending Physician in the U.S. Capitol as well as from military treatment facilities.

### **Congress Should Live Under The Same Rules And Programs It Imposes On The Rest Of America**

An amendment to require members of Congress and their staff to be enrolled in the public option was approved by a single vote, 12 to 11, in the Senate Health, Education, Labor, and Pensions Committee.

Most of the members of the committee who support a government run public option for the rest of America voted against placing themselves in the program.<sup>2</sup>

This is wrong and typical of the double standard displayed by Washington lawmakers. All too often Congress exempts itself from the laws and regulations it imposes on the rest of America.

Anywhere from 17 million to 131 million Americans will be put into the public option according to independent estimates,<sup>3</sup> yet few members of Congress or other government official are likely to be covered by the plan.

If Washington politicians expect millions of other Americans and their families to be insured under this program, they should subject themselves to the same plan.

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<sup>1</sup> Barbara English. “Health Benefits for Members of Congress (RS21982),” Congressional Research Service, September 25, 2007.

<sup>2</sup> The Coburn amendment was adopted by the Senate Health, Education, Labor, and Pensions Committee a vote of 12 to 11 on July 14, 2009. The amendment was opposed by Senators Bingaman, Brown, Casey, Gregg, Hagan, Harkin, Merkley, Murray, Reed, Sanders, and Whitehouse.

<sup>3</sup> The Lewin Group estimates using the Health Benefits Simulation Model, April 2009, <http://www.lewin.com/content/publications/LewinCostandCoverageImpactsofPublicPlan-Alternative%20DesignOptions.pdf>.

## **Behind Closed Doors, Senate Staff Changed Bill Language To Exempt Themselves From Being Forced Into The Public Health Option**

Earlier this year when the health care bill was marked up in the Senate Finance and Health, Education, Labor, and Pensions (HELP) Committee, amendments were approved in both committees to enroll members of Congress and their staffs in the new public option.

The amendment approved by the HELP committee required Members of Congress and their political staff to enroll in a new government run health program.

The language in the Majority Leader's bill, however, was changed to exempt staff members of Senate leadership offices and committees from enrollment in the new health insurance programs. These changes were made behind closed doors by the staff for the majority leader and committee chairmen. This staff carve-out came to light after the non-partisan Congressional Research Service analyzed the bill and confirmed the carve-out.

This amendment will fulfill the spirit of the initial amendment by ensuring that all political officials in Washington, DC –elected and unelected—live under the same rules as other Americans.

## **The Public Option Will Be More Responsive To Patients If Those In Washington Running The Program Are Covered By It**

Patients in government run health plans have fewer choices, less access, and lower quality of care.

More than one in four (28 percent) Medicare beneficiaries who were looking for a new primary care doctor had a problem finding one to treat them, according to the Medicare Payment Advisory Commission (MedPAC) survey.<sup>4</sup> Over the past two years, Medicare has denied a higher percentage of medical claims on average, than private plans. And while denying care to beneficiaries, Medicare loses \$80 billion in waste, fraud, and abuse each year.

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<sup>4</sup> "Report to Congress: Improving Incentives in the Medicare Program," Medicare Payment Advisory Commission (MedPAC), March 2009, [http://www.medpac.gov/documents/Mar09\\_EntireReport.pdf](http://www.medpac.gov/documents/Mar09_EntireReport.pdf).

Medicaid patients lack access to forty percent of physicians. Low-income Americans covered by Medicaid also have poorer health outcomes and a higher rate of infant mortality than Americans with private plans.

And the Congressional Budget Office (CBO) has concluded that the new government-run plan created by this bill “would typically have premiums that were somewhat higher than the average premiums for the private plans.”<sup>5</sup>

Why should taxpayers be forced to pay higher premiums for a government run plan than politicians pay for private health insurance subsidized by tax dollars?

Fairness would dictate that if a low-income, single mom with a sick child has to wait in line for a life saving treatment, so should the Washington politicians who devised the program.

There is no better way to ensure that the public option is responsive to the millions of Americans that will be covered under the program than by having the very politicians in charge of the system enrolled in the program.

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<sup>5</sup> “Effects of Changes to the Health Insurance System on Labor Markets,” Congressional Budget Office, July 13, 2009, <http://www.cbo.gov/ftpdocs/104xx/doc10435/07-13-HealthCareAndLaborMarkets.pdf> .