

EZRA: THE SENATE PLAN IS JUST LIKE WHAT OBAMA CAMPAIGNED ON-EXCEPT FOR ALL THE WAYS IT'S NOT

This is pretty funny. Ezra has a post up arguing that, the Senate health care bill “is very close to the health-care bill that Barack Obama promised.”

And then he proceeds to list 8 ways that the bill is not like what Obama campaigned on.

And there are, to be sure, some differences. The public option did not survive the Senate. The individual mandate, which Obama campaigned against, was added after key members of Congress and the administration realized that the plan wouldn't function in its absence. Drug reimportation was defeated, and a vague effort to have government pick up some catastrophic costs was never really mentioned.

But the basic structure of the proposal is remarkably similar. Here's how it was described in the campaign's white paper:

The Obama-Biden plan provides new affordable health insurance options by: (1) guaranteeing eligibility for all health insurance plans; (2) creating a National Health Insurance Exchange to help Americans and businesses purchase private health insurance; (3) providing new tax credits to families who can't afford health insurance and to small businesses with a new Small Business Health Tax Credit; (4) requiring all large

employers to contribute towards health coverage for their employees or towards the cost of the public plan; (5) requiring all children have health care coverage; (5) expanding eligibility for the Medicaid and SCHIP programs; and (6) allowing flexibility for state health reform plans.

We don't know what the employer mandate will look like once the House and the Senate merge their bills, and the exchanges look likelier to be run by states or regions than by the government (though there will also be a national exchange overseen by the Office of Personnel Management), but those are really the only differences. And it's not even clear they're differences.

Nor were there aggressive cost controls outlined in Obama's white paper but abandoned amid the legislative process. The Senate bill is quite a bit stronger on controlling costs than the campaign paper, which makes no mention of prudential purchasing or the excise tax on high-cost health insurance or the Medicare Commission or specific delivery-system reforms.

So let's review. Ezra lists the following things that Obama promised, but failed to deliver:

1. Public option
2. No individual mandate
3. Drug reimportation
4. Government coverage of catastrophic costs
5. Employer mandate
6. National, rather than state level, exchanges

And then adds two things that Obama didn't promise but are in the bill (and note, I agree the delivery system reforms are great improvements, but the case for the excise tax is riddled with problems and is a big attack on the unions that supported Obama in the campaign).

1. Excise tax

2. Delivery system reforms

And from that, Ezra judges, that the Senate bill is very close to the bill Obama promised!

That's the funny part. There are parts of this that aren't funny at all.

Such as when Ezra makes the argument that the plan needed mandates, but doesn't recognize that the whole mandate system depends on two other things—affordability, and competition (which is what the public option was supposed to provide)—that don't exist in this bill. Ezra avoids admitting that there is no employer mandate in this bill by saying that it might be made into a real mandate in conference (at which point it will not longer be the bill “that looks likely to clear the Senate” that he says he's writing on). And he pretends that state exchanges are the same as national exchanges (even though they have the effect of breaking the pool into smaller groups), and that the OPM option—if it is used at all—makes up for the state exchanges. He claims that no aggressive cost controls were lost in the legislative process, I guess judging that \$19.4 billion the federal government would have saved and the \$100 billion consumers would have saved through drug reimportation and the \$110 billion that could have been saved through a robust public option don't count as cost controls. And Ezra makes no mention of the assault on choice that this bill includes.

When he found himself describing eight differences, some very significant ones, then (referring to just two of them), “but those are really the only differences. And it's not even

clear they're differences," he should probably have decided against trying to make this argument in the first place.

Look, I'm sympathetic to the idea that we should pass this if only to get 30 million people health insurance (but not, necessarily, health care). I think those pitching the Senate bill are doing so in a good faith belief that the good outweighs the bad in it.

But seriously, it really hurts the cause to then turn around and claim that Obama has delivered on his campaign promise when he hasn't. Argue that this bill really helps the working poor who make up the biggest group of those who lack health care now. Argue that this bill is important enough to pass in its very problematic form and may get better over time. Argue that this is just the outcome of legislative process. Argue (as Ezra did about mandates, though I think his argument is incomplete) that these changes were necessary. But don't make a list of the fundamental differences between what Obama campaigned on and what the Senate produced and then try to claim that, "it is very hard to argue that the bill Congress looks likely to pass is fundamentally different from the approach Obama initially advocated," because you have basically just shown that, no, it is not.