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4 Senators' Concerns Reflect Health Care Challenge

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WASHINGTON — Senator John D. Rockefeller IV of West Virginia is upset that a health care bill poised for approval by the Finance Committee would turn nearly a half-trillion dollars over to insurance companies, whose profits he says are “out of sight.”

Senator [Olympia J. Snowe](#) of Maine worries that the bill would require people to buy insurance they cannot afford. Senator [Blanche Lincoln](#) of Arkansas fears that the bill would be too costly for the government.

And Senator [Ron Wyden](#) of Oregon warns that the bill would lock many workers into health plans selected by their employers, without allowing them to shop for better, cheaper plans, an alternative that could help drive down costs for everyone.

Those senators — three Democrats and one Republican, Ms. Snowe — have not indicated how they will vote on the Finance Committee legislation and said Tuesday that they were agonizing over the decision.

White House officials and the committee chairman expect the Democrats to support the bill, if only to advance it to the next stage of the legislative process, the Senate floor, for what is likely to be a raucous, riveting and unpredictable debate.

Taken together, the four senators represent the spectrum of concerns Democrats will face in trying to assemble the 60 votes they need to get a bill through the full Senate using regular procedure. Satisfying each of them, without alienating the others, is the challenge facing Democratic leaders.

The committee chairman, Senator [Max Baucus](#), Democrat of Montana, predicted Tuesday that Mrs. Lincoln, Mr. Rockefeller and Mr. Wyden would be with him “when the final votes are cast” in committee. Other Democrats said, with less certainty, that they expected Ms. Snowe to support the bill in committee as well.

While the four senators do seem genuinely undecided, by declining to commit in advance they also maximize their leverage: their ability to win changes in the legislation later on.

“I’m pondering,” Mr. Rockefeller said. “It’s an imperfect bill, with a lot of pluses and minuses.”

Mr. Rockefeller said the committee had improved the bill over the last two weeks by preserving the [Children’s Health Insurance Program](#) and by preventing taxes on expensive insurance policies for some people in high-risk occupations, like coal miners

Mrs. Lincoln, Mr. Rockefeller and Ms. Snowe said that in deciding how to vote, they would be influenced by a cost estimate soon to be completed by the [Congressional Budget Office](#). [President Obama](#) has insisted that whatever final legislation emerges from Congress must not add to the [federal budget](#) deficit and must slow the growth of health spending in the long term.

On health care, Mr. Rockefeller illustrates the views of liberal Democrats. Under the bill, he said, insurance companies would receive more than \$460 billion over 10 years to help pay for the coverage of low- and middle-income people. Congress, he said, must create a new government-run health plan, to compete directly with private insurers. The Finance Committee last week rejected his proposal to create such a [public option](#).

Although she is a Republican, Ms. Snowe’s views reflect the concerns of many centrist Democrats. She worries that some middle-income families will find insurance unaffordable, even with federal subsidies. And she wants to give the private insurance market an opportunity to work, under new federal rules, before setting up a government plan in states where affordable coverage proves unavailable.

Centrist Democrats like Senator [Thomas R. Carper](#) of Delaware have similar ideas. Rather than setting up a

single national government health plan, they would prefer to let states decide what to do.

Senator Ben Nelson of Nebraska, describing himself as a “Jeffersonian Democrat, someone who believes the laboratories of democracy typically work,” said it might make sense for states to act as a testing ground for a public option. That way, Mr. Nelson said, if the public option failed, it would do so on a small scale, and problems might be easier to fix.

But reflecting divisions that could lie ahead on the Senate floor, Mr. Rockefeller said this approach was unacceptable to him. State health plans would not be strong enough to compete effectively with big private insurance companies, he said.

Mrs. Lincoln, who is up for re-election next year in a state that voted heavily Republican in the 2008 presidential race, said she and her constituents in Arkansas would focus on the cost of the legislation and its effect on the country’s fiscal condition.

“We have got probably one of the lowest median incomes in the country,” Mrs. Lincoln said. “We have got people who know what it means when you spend beyond your means and you hit difficult economic times.”

Mrs. Lincoln said her constituents were “enormously alarmed about the amount of debt that we have.” And she said she worried that the cost of the bill could rise further as a result of amendments that might be added by her Democratic colleagues on the Senate floor.

As for how she would vote in the committee, Mrs. Lincoln said the budget office analysis would be crucial. “I am going to wait and see what the scores are,” she said.

Mr. Wyden noted that the committee’s bill would not offer additional options to the overwhelming majority of Americans who already have insurance. His concern is shared by some Democrats and also by many Republicans, who say the bill does not do enough to let the marketplace spur competition, and he said he would continue fighting on the Senate floor to make changes to the measure.

“Democrats from the president on talk about how the American people ought to have choices like a member of Congress,” Mr. Wyden said. “Now under consideration is an idea that millions and millions won’t get any choice at all, let alone what a member of Congress gets.”

“When you think about where this is headed,” he added, “you are still seeing additional patches added to the crazy quilt that is American health care.”

Sheryl Gay Stolberg contributed reporting.

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