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Sen. Ron Wyden

U.S. Senator from Oregon
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Missing the Point

In December of 2006, I introduced the [Healthy Americans Act](#) to reform the nation's health care system. Some on both sides of the aisle liked my bill, while others on both sides of the aisle did not. But the time has long since passed for debating the merits of the Healthy Americans Act. While I like to think that the legislation I spent many years developing helped advance and inform last year's debate, it became pretty clear at the beginning of 2009 that the White House and the Congressional leadership of both parties wanted to go a different way.

It's correct that I wanted health reform to do more to create choices and promote competition. But instead of spending the year on the sidelines criticizing my colleagues and advocating for my personal approach, I spent the year [looking for opportunities](#) to improve the legislation that WAS advancing through Congress. The same can be said of my health advocacy today, as I continue to look for ways to improve what is now law.

For example, in writing the Healthy Americans Act and working with the [Congressional Budget Office](#) on its score, I learned that giving consumers more choices is [one of the most powerful ways to reduce health insurance costs and hold insurance companies accountable](#). While I certainly didn't get [everything that I wanted](#), I did get [a provision](#) included in the final bill that will allow a small group of Americans to convert their tax-excluded employer subsidies into vouchers that they can use to choose their own plans on the new health insurance exchanges. And I am already looking for opportunities to expand this provision so that more and more Americans are ultimately empowered to make their own health care choices.

[Another provision that I got included in the final law](#) came directly from my original legislative proposal. "Empowering States to be Innovative" ([Section 632 in the Healthy Americans Act](#) and [Section 1332 of the Patient Protection and Affordable Care Act](#)) reflects my long held view that when it comes to health policy what works best for people in Tampa Bay, Florida doesn't always work as well for the residents of Coos Bay, Oregon. My state of Oregon has, in fact, long led the country in innovating approaches that have played a major factor in Oregon having some of the highest quality and lowest cost health care in the country. So both in writing my legislation and working to improve what is now law, I wanted to make it possible for states to keep innovating new approaches.

However, for states to really be empowered to be innovative the federal government has to be willing to give states a little leeway to implement their own approaches. A state, for example, will struggle to offer a public option on its exchange if it has to follow the exact standards of the

federal law that doesn't provide for one. And, of course, no state-based approach -- no matter how innovative -- can work if everyone who participates in the state program gets fined by the federal government for failing to comply with the federal mandate.

So, in both the Healthy Americans Act and in the current health reform law, [I included a provision](#) that would allow states to gain an exemption from certain federal requirements -- such as the individual mandate, the employer penalty and the exact standards for designing the exchanges, subsidies and basic health insurance policies -- if they could find a way to do a better job of covering their state's citizens. And I have been working to help states, like my home state of Oregon, take advantage of this option and hopefully move-up the date when states can start applying for waivers. The reason for this -- as the legislators in my state will attest -- is that it's a lot less cost effective for states to implement their own approaches in 2017 if they also have to pay to implement the federally mandated approach in 2014. For those who claim this position represents a retreat from the health reform law, they are mistaken. I have been advocating virtually non-stop for states to have the right to go their own way, including during the Senate Finance Committee's mark-up up last fall when I got the provision included in the Senate bill. [My letter to the state of Oregon last week](#) was a continuation of my effort to promote state innovation in health care.

Of course, the temptation in today's gotcha political culture [is to take any senator's comments on health care as being about scoring political points and either helping or hurting the White House.](#) The truth here is that I have supported both an individual mandate and a state waiver for more than five years.

Again, both the individual mandate and the state waiver were a part of legislation that I introduced in 2006. And while this provision would allow states to opt-out of the federal health insurance mandate -- which is what some politically motivated people are calling for right now -- under my approach states will only be granted a waiver if they demonstrate they can do a better job of providing health care in their state than under the new federal law. To date, I haven't seen a single one of those states currently filing lawsuits against the individual mandate propose better ways of covering their citizens. In fact, one of the reasons I have been drawing attention to the state waiver is to highlight the insincerity of those filing lawsuits. If states aren't happy with the federal law they should be spending their energy innovating ways to do better rather than wasting taxpayer dollars on lawsuits that -- if successful -- would leave their state's citizens with nothing.

I continue to support the individual mandate unless a state can demonstrate that it will provide equal or better health care without one. I continue to prefer the individual mandate from the Wyden-Bennett bill to the one contained in the bill that passed, because it was accompanied by greater consumer choice and a rock-solid guarantee that all Americans would receive the same level of health coverage as their Member of Congress.

I voted for the Patient Protection and Affordable Care Act, not because I thought it was the best we could do, but because I thought it was a whole lot better than the current system. I still know that to be true. But in my mind, passing that law is far from "mission accomplished" and my

constituents can count on me to keep working to improve that law and our nation's health care system, regardless of which way the political winds may be blowing.