

those who do not receive health insurance through their work.

Driehaus voted in favor of the Democratic plan, but his support hinges on how the House and Senate resolve the thorny issue of abortion.

A provision in the House bill, restricting insurance companies participating in the public option from offering abortion coverage, has

drawn biting criticism from abortion rights advocates. Some Democratic leaders have suggested that the provision could be modified before final passage. Driehaus said he won't back the bill if the anti-abortion provision is weakened.

Still, he said, he supports the Democratic health care reforms even if it costs him a second term.

at their own town-hall-style meetings, news conferences and business roundtables. They want to make sure they keep the support they have in the House, and even try to expand it when the House votes on final legislation after the Senate passes its version.

Contributing: The Associated Press, Bloomberg News, the New York Times, USA Today

Health Care Reform Debate

Health care law coming, and it's sorely needed

America needs health care reform, and it needs it now.

Our current system is discriminatory, inadequate, inefficient, and unsustainable.

Almost 50 million Americans are uninsured. They include those denied insurance because of pre-existing conditions, the young and healthy who choose against coverage, undocumented immigrants, and those for whom coverage is unavailable or unaffordable.

Many criticize government's role in health care. They should be grateful for it. Medicare, Medicaid and the VA care for the sickest, oldest, poorest and the most fragile among us. Without public programs these people would overwhelm the system.

Private insurance covers the healthiest among us, working people and their dependents. Insurers deny sick people and drop coverage when others become ill. Fewer than half of small businesses offer coverage, because of cost. Two-thirds of those driven into bankruptcy by medical debt have insurance, but it is inadequate.

The bill passed by the U.S. House addresses these issues. It covers 96% of legal residents under 65. Undocumented immigrants are not covered. It prohibits insurance company discrimination and reduces variation in premium rates. It expands Medicaid for those with limited resources.

The bill requires everyone to purchase insurance, guaranteeing affordability through subsidies and a new marketplace, the Exchange. Private insurance meeting minimum standards will be available. Small businesses can buy in as part of a large pool. Many will receive tax credits. Employers must offer coverage or pay a penalty, but most small employers are exempt.

The bill creates a public insurance option



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at the Exchange as an alternative to private insurance. It would increase competition and lower prices. Those who like their coverage can keep it.

The bill's 10-year cost is \$1 trillion – an average of \$100 billion a year, modest in comparison to the \$2.5 trillion spent this year by public and private payers. It would be covered by Medicare savings and a tax surcharge on wealthy Americans – those who benefited from the 2001 tax cuts.

The action now shifts to the Senate. Major differences involve the public option and financing. Public option alternatives under consideration in the Senate include a "trigger" option that goes into effect if insurance does not become more affordable; an "opt-out" option allowing states to choose not to participate; and an "opt-in" approach where states choose to participate.

The Senate would pay for reform through a combination of Medicare savings and a new tax on expensive health care plans – a tax that would be borne largely by the middle class.

The specifics of likely Senate action are unknown. But it will pass a bill. The Conference Committee will then negotiate a compromise plan that must pass both chambers. It will do so. The forces supporting reform have become inexorable.

Health care reform is ambitious and challenging. But it is essential. The status quo is unsustainable.

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