

As the debate over health care reform continues, I want to take this chance to clear up some of the confusion about the terms that are being thrown around. With three bills in the House, and two more in the Senate, plus many additional ideas and proposals under discussion, there are bound to be terms that need explanation. Today I want to talk to you about the public option, triggers, and pilot programs.

The “public option” is a component of the House’s current health care bill, and the plan that the President announced on Wednesday. It’s also the part of the health care reform plan that I feel strongest about and hope very much to make part of the final bill that goes to the President’s desk for his signature. The public option is a not-for-profit health insurer, which would be administered by the federal government but required to be self sustaining through premiums. This component of the plan is key to creating competition that would keep insurance companies honest, and premiums for Americans affordable.

Like most of the proposed health care reforms, the public option would begin to be available in 2013. Some Members of Congress have proposed that the public option should only be created if certain criteria are met, rather than having a set date for creation. The criteria for the trigger vary, but are generally tied to the performance of private insurance companies, and the cost of their premiums.

As I said I have always supported the public option, and believe that as the House bill is currently written it will be most effective if it includes that language.

Congress has passed a type of health care legislation in the past with a trigger – it was two years ago when we voted to allow Americans to reimport prescription drugs from countries where they are sold for cheaper than in America. The Senate attached a trigger to this reform that placed unreasonably strict requirements on the Secretary of Health and Human Services it would take effect. I am wary that in our latest effort to reform health care, the trigger might do the same thing and delay needed relief for many Americans.

I am aware that many Americans will continue to suffer without health care in the time between when we act and when most of the provisions of health care reform will take affect. I applaud the President’s proposal to help cover at risk Americans during this interim period.

I have also been discussing with my colleagues other potential solutions that could help bridge this gap. One possibility is to implement pilot programs for the public option in states that wish to undertake them. These pilot programs would help us learn what approaches work for a public option, and help uninsured Americans get the medical care they need until the federal plan is launched.

This plan, which is just one of many options under discussion, is not related to the calls for a trigger. I will continue to explore it, and any other reasonable proposal put forth in good faith that will help Americans with the crushing cost of health care.