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The Need for Reconciliation Is a Sign of a Bad Bill

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“Budget Reconciliation” may be the most popular phrase on Capitol Hill right now. This special legislative process allows certain bills to be passed in

the Senate with a simple majority, so long as they impact the budget.

With the Senate evenly divided — and the vice president holding the tie-breaking vote — Democrats used budget reconciliation to pass President Joe Biden’s \$1.9 trillion coronavirus relief package.

Democrats argued the need to pass aid was too urgent to wait for normal procedure. But some lawmakers now suggest they’ll also try to use the budget process to overhaul the prescription drug market, as well. They plan to do this by reviving a bill passed by the House — but not the Senate — back in 2019, known as H.R. 3.

Here’s the thing about reconciliation, though: The fact that Democrats even need it is a sign of a bad bill. Under the normal process, bills need at least 60 Senate votes to become law. With the current congressional makeup, that would mean all the Senate Democrats plus at least 10 Republicans. Such a split would compel the kind of debate — and compromise — that often leads to better laws. Through budget reconciliation, though, the party in power can pass occasional budget-related legislation without negotiation.

H.R. 3 is a bad bill. While it would reduce Medicare spending on prescription drugs by \$456 billion over ten years, those savings would come at a steep price. Indeed, the Senate nixed the bill in 2019 because it will reduce patient access to lifesaving treatments and stifle innovation.

Under H.R. 3, Medicare would cap the price of 250 common medications at an amount pegged to the average price in other developed nations. Basically, it would import the price controls used in these foreign government-run medical systems.

We all want lower costs, obviously, but independent experts confirm that would mean fewer new medicines.

According to the Congressional Budget Office, the bill would lead to 38 fewer new drugs coming to market over the next two decades. Patients hoping to see cures for cancer or Alzheimer’s disease in their lifetimes will be out of luck. The consideration of this measure is shocking considering the COVID-19 pandemic is still raging. We stand at a point in human history where all of our creativity, ingenuity, and innovation has been brought to bear on a virus that has locked us inside, in many cases alone and without hope. We’ve incurred great suffering and pain — economic and health — and we’ve likely damaged the future of many, many children, mostly Black and Brown, who cannot escape the cold clutches of government closures.

And what have we learned? Science wins. Human investment in research and partnerships paid off in that multiple vaccines were developed in record time. We are witnessing history every time a shot is put into an arm.

The simple fact is our political leaders haven’t come clean with Americans. We can impose price controls on drugs, and that will lower government spending — at least in the short term. But we will also have less hope in return. We will have fewer products and less innovation. Or we will have less access and more cost-sharing. No one disputes this, politicians are just hoping we don’t notice.

So what are we willing to give up? That's the real Covid question. If you ask Speaker Pelosi, we can have our cake and eat it too — price controls without a downside. Americans know the truth is more complicated. We want real problem solvers, not half-baked solutions.

There are plenty of ways to reduce what patients spend on drugs without stalling medical progress that could win bipartisan support. The whole purpose of Congressional debate is to arrive at the wisest and most effective policy. Instead of an ill-conceived law rammed through without debate. American patients deserve a solution that works for the long term. Will Democrats deliver?

About the Author

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Joel White is president of the Council for Affordable Health Coverage, a coalition of organizations seeking to lower the cost of healthcare for all Americans. Prior to CAHC, Joel spent 12 years on Capitol Hill as professional House staff, most recently as the Staff Director for the Ways and Means Health Subcommittee. He wrote this for InsideSources.com.

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