

Side-by-Side Analysis:

The five congressional committees with jurisdiction over health care have based their reform efforts on the guiding principles laid out by President Obama. The Obama Administration has asked for health reform that preserves choice (including the choice to keep your health insurance if you like it), expands coverage to all Americans, and bends the cost curve of health care. With these guiding principles, the committees have designed their own ways of tackling the problems plaguing our current health care system.

The Senate HELP Committee

The Senate HELP Committee was both the first committee to release their bill, as well as the first committee to pass it out of committee. Its take on reform includes both an individual and employer mandate. The noncompliance penalties are set at a fixed, relatively low rate for each.

The bill also sets up Insurance Exchanges in each state, which would offer buyers many options to purchase qualified plans (plans that meet certain minimum requirements) in a competitive and more transparent marketplace. Low income individuals would receive subsidies to help pay for insurance through the Exchange. A public option, called Community Health Plan, would be made available through the Exchange, although participation in the plan would be optional and it would operate under the same rules and standards as a private company. Participants in the Exchange would include individuals not in ERISA or federal based insurance programs and small businesses with a limited number of employees (starting at 50, but subject to the discretion of the Secretary of Health and Human Services). No insurance company would be required to join the Exchange, but all insurance companies would be required to follow new market reforms, such as abandoning the practice of denial based on preexisting conditions, as well as the practice of rescission and unfair premium rate variations.

The bill has a large focus on prevention and includes provisions for a trust fund to be used purely for prevention measures, such as increased community-based services and infrastructure improvements. It also prohibits cost-sharing for preventative procedures, such as mammograms. The bill also requires that all medical diagnostic equipment be disability accessible. Furthermore, the bill advances long term care through the inclusion of the CLASS Act, which is a voluntary insurance program through the payroll system which provides cash benefits for those in need of long term care. The bill does not deal with Medicare and Medicaid reform, as this falls under the jurisdiction of the Finance Committee.

The Senate Finance Committee

The Senate Finance Committee, on the other hand, still has yet to release a final bill. The Committee is regarded as the last chance for a bipartisan bill, and thus will probably have more moderate reforms than the HELP Committee. As the bill has yet to be released, the side-by-side was based on a draft of leaked preliminary proposals from earlier in the month and information provided to the press about the ongoing negotiations. Thus, the information provided will not necessarily be the provision in the eventually bill. All measure related to Medicare and Medicaid reform, as well as revenues to be raised fall under the Finance Committee jurisdiction, and many of these provisions are as of now, uncertain.

The House Tri-Committee

Unlike the HELP and Finance Committees of the Senate, the three House Committees (Education and Labor, Energy and Commerce, and Ways and Means) worked together to create a base bill, although each committee still performs the mark up separately. As of the present, the Education and Labor, as well as the Ways and Means Committee have completed their mark ups and passed the bill out of committee. The Energy and Commerce Committee, with its large coalition of more conservative 'Blue Dog Democrats' took a break from marking up the bill to negotiate with its Blue Dog, or conservative Democrat members, and has not yet finished its mark up procedures. Overall, the TriCommittee House bill contains many of the basic principles laid out in the Senate HELP Committee bill, but employs slightly different methods.

The House Bill also has an employer and individual mandate, though the penalties for noncompliance are not based on a fixed rate like in the HELP bill. In this bill, employer responsibility penalties can be up to 8% of its payroll, though the penalty is smaller varying on payroll size. Small businesses with a payroll under \$500,000, according to the amended Energy and Commerce bill, will be exempted. Individual penalties, on the other hand, are 2.5% of gross adjusted income, a significant penalty, though it too is waived for low income Americans.

The Exchange set up in the House bill is similar to that set up in the HELP Bill, with a focus on transparency and competition and subsidies for low income Americans. However, the public option under the House has several important differences. While the Exchange program set up by the HELP Committee is state-based, the House sets up a National Exchange, with an option for states to create their own system if they wish. Furthermore, the original House bill has the public option basing its rates to providers on Medicare rates, which would create savings. However, the Blue Dog Democrats has deep concerns that this would cause the public option to not operate on a level playing field with private insurance. The bills passed by Education and Labor, as well as Ways and Means link the public option to Medicare, but the amended Energy and Commerce bases the rates on market, as the HELP bill does. All versions of the House bill include the insurance market reforms similar to the HELP bill. They also adopt many of the same prevention programs emphasized by the HELP Committee, such as an increased focus on community-based services and a requirement for accessible medical diagnostic equipment.

The bill, furthermore, expands Medicaid to a larger group of Americans and begins to fill in the donut hole created by Medicare Part D. It does away with the current Sustainable Growth Rate formula for Medicare reimbursement, creating a new formula that bases reimbursement more on quality of care than quantity. The Energy and Commerce Committee has provisions to create an Independent Medicare Advisory Commission that would have the power to set provider reimbursement rates, which would save \$2 billion.

Although the bill had no original provisions for long term care, the CLASS Act has been added by amendment to the Energy and Commerce version of the bill. The Energy and Commerce bill also includes a measure that authorizes grants to UCEDDs for training and education initiatives and services related to adults and children with autism.