

AUCD Side by Side of House and Senate Health Care Bills

August 6, 2009

	Senate HELP Bill (passed July 15)	Senate Finance Draft (still being negotiated)	Tri Committee House Bill (Passed E&C Committee July 31)
Exchange	Yes. State-run exchanges offer qualified plans to individuals not offered employer insurance or under a federal program and qualified small businesses	Yes. State-run exchange offer plans to qualified individuals and small groups	Yes. National Exchange, though states may opt to run their own; qualified plans offered to individuals not offered employer insurance or under a federal program and qualified small businesses.
Public Option	Yes. Community health insurance option that will operate on a level playing field with private insurers	No. Consumer-owned, Non-profit Cooperatives	Yes. Public option rates will most likely operate on a level playing field with private insurers (previous deal with Blue Dogs--payments to be linked to Medicare rates). States may opt to create cooperatives in addition to the public option
Subsidies Offered through Exchange	Between 150 - 400% FPL on sliding scale	Between 133 - 300% FPL on sliding scale	Between 133 - 400% FPL on sliding scale (possibly lower through deal with Blue Dogs)
Employer Mandate	Yes. Employers must pay 60% of family premiums or pay \$750 for each employee who is not offered coverage (\$350 per part time employee); Employers do not pay a fee on first 25 employees	No. Employers who do not provide insurance will have to contribute to cost of the government subsidy provided to workers not receiving employer insurance	Yes. Employers must pay 65% of family premiums or pay a penalty based on payroll. Sliding payroll tax from 2% - 8% depending on size; small businesses with less than \$500,000 on payroll exempted
Medicaid Expansion	Not Under Committee Jurisdiction (Base assumption 150% Federal Poverty Level-FPL)	Likely. Everyone at 100 percent of poverty would be eligible. Between 100 and 133 percent, states or individuals have the choice between coverage under Medicaid or a 100 percent subsidy in the exchange	Yes. To households earning less than 133% FPL (Not just traditional Medicaid populations)
Medicaid Reform	Not Under Committee Jurisdiction	Uncertain	Auto-enrollment of infants born to mothers on Medicaid; Transfer of Medicaid eligible individuals into Exchange under certain conditions; Gradually increasing reimbursements rates for primary care, Increased FMAP for states providing adult Medicaid preventative services

CHIP Reform	Not Under Committee Jurisdiction	Uncertain	CHIP will expire (2013) and former CHIP eligible children will go into Exchange. CHIP waiting period is diminished for children under 2 until CHIP expires
Medicare Reform	Not Under Committee Jurisdiction	Uncertain	Strikes Sustainable Growth Rate as the reimbursement rate formula (SGR is based on economic inflation, not medical inflation); Possible independent commission to determine Medicare rates
Funding Options/revenue raisers	Not under jurisdiction	Medicare and Medicaid Savings; Tax on insurance companies on generous 'Cadillac' insurance plans.	Medicare and Medicaid Savings; Surcharge tax on wealthy Americans (Individual income over \$280,000, family income over \$350,000,)
Insurance Regulations	Guarantee issue (no preexisting conditions); modified community rating (2:1); no rescissions, no lifetime or annual limits on insurance	Guarantee issue (no preexisting conditions); modified community rating (7.5:1); no rescissions	Guarantee issue (no preexisting conditions); modified community rating (2:1); no rescissions; no lifetime or annual limits on insurance
Prevention	National Strategy created by interagency council and task forces; Prevention and Public Health Investment Fund; Focus on school and community-based programs; Focus on CDC research; No Cost Sharing (co-pays) for preventive services	Medicare and Medicaid incentives; 1% increase in FMAP for states covering all preventative services; tax incentives for prevention in smaller businesses	National Prevention and Wellness Strategy; Focus on expansion of community-based programs; No cost sharing (co-pays) for preventive services; Increased FMAP for states providing adult Medicaid preventive services
Long-term Care	Modified CLASS Act included (payment rates set by long term solvency analysis)	Considering Options to expand Medicaid options for Home and Community Based Services	CLASS Act included by amendment in Energy and Commerce; not included in Ways and Means or Education and Labor
Accessibility	Requirement of Accessible Medical Diagnostic Equipment	Uncertain	Requirement of Accessible Medical Diagnostic Equipment
Autism Reform	None	Uncertain	Doyle (D-PA) Amendment to E&C (provides grants for interdisciplinary training and services related to autism)

