

Key Components of National Health Reform

Our nation's health crisis - What MOST of us can agree on:

- Everyone should have access to quality, affordable health care.
- People are uninsured because health insurance is priced out of reach.
- Some people are uninsured because insurance companies deny coverage for "pre-existing conditions."
- Insurance company abuses should be stopped. Insurance companies should be regulated so that they are not allowed to discriminate based on gender or deny coverage for pre-existing conditions. Cost-shifting abuses should be stopped.
- Health insurance should protect people from financial hardship, ruin or bankruptcy resulting from health care costs.
- Nationally, we pay too much for the little we receive in health care. Our system is inefficient because too many dollars are spent on administrative overhead, bloated CEO compensations, marketing, and other non-direct health care related costs.
- We should strengthen Medicare and expand Medicaid.
- National health reform and universal health coverage are key to economic security and would strengthen our nation.

Components of National Health Reform:

Key Component	CCHCC Comments	House Tri-Committee America's Affordable Health Choices Act of 2009 (HR 3200)	Senate HELP Committee Affordable Health Choices Act
Overall approach to expanding health coverage	<ul style="list-style-type: none"> • Affordability needs to be well defined and include all out-of-pocket costs including premiums, deductibles, and co-pays. 	<ul style="list-style-type: none"> • Creates health insurance exchange for purchasing insurance • Expands Medicaid eligibility • Creates mandates for individuals and employers • Provides subsidies to make insurance affordable • Imposes regulations on insurance companies to guarantee coverage 	<ul style="list-style-type: none"> • Creates health insurance gateway for purchasing insurance • Expands Medicaid eligibility • Creates mandates for individuals and employers • Provides subsidies to make insurance affordable • Imposes regulations on insurance companies to guarantee coverage
Medicaid expansion	<ul style="list-style-type: none"> • Support expansion of Medicaid eligibility, including to low-income individuals with no children. • Support increase in payments to primary care providers. 	<ul style="list-style-type: none"> • Expands up to 133% of federal poverty guidelines • Increases Medicaid payment rates for primary care providers 	<ul style="list-style-type: none"> • Expands up to 150% of federal poverty guidelines
Create "Exchange" for individuals to purchase affordable health insurance (insurance pooling mechanism)	<ul style="list-style-type: none"> • Should include public option • Should be strongly regulated for benefits and affordability • Should be eligible to small employers 	<ul style="list-style-type: none"> • Creates National Health Insurance Exchange for individuals and small employers • Includes public option 	<ul style="list-style-type: none"> • Creates Gateway for individuals not eligible for coverage through other means

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Public health insurance option	<ul style="list-style-type: none"> • Support public option • Should be available to ALL • Shouldn't be insurer of last resort 	<ul style="list-style-type: none"> • Includes public option for those getting insurance through Exchange 	<ul style="list-style-type: none"> • No public option
Regulation of health insurance / Consumer Protections	<ul style="list-style-type: none"> • Support the combined extensive consumer protections and regulations on health insurance in both the House and Senate bills 	<ul style="list-style-type: none"> • No annual or lifetime caps • Includes essential benefits package • Prohibits pre-existing condition exclusions • Prohibits from rescinding coverage • Prohibits gender discrimination 	<ul style="list-style-type: none"> • Includes dependent coverage up to age 26
Individual mandate/penalties	<ul style="list-style-type: none"> • Insurance must be made truly affordable if mandated 	<ul style="list-style-type: none"> • Yes, with exceptions for financial hardship 	<ul style="list-style-type: none"> • Yes
Employer mandate/penalties	<ul style="list-style-type: none"> • Benefits should be regulated • Affordability issues for employer and employee must be addressed • Penalties should not be disincentives 	<ul style="list-style-type: none"> • Yes, with benefits package requirements • Includes some hardship exemptions 	<ul style="list-style-type: none"> • Yes • Penalty is very light • Exempts small employers
Subsidies to individuals	<ul style="list-style-type: none"> • Yes, if there is mandate, there must be a way to ensure REAL affordability • Subsidies are based on premiums, but there are other out-of-pocket costs that must be considered • Lowest cost qualified plans should not be bare-bones 	<ul style="list-style-type: none"> • Yes, sliding scale subsidies for those up to 400% FPL thru Exchange. • Based on cost of 3 lowest cost qualified plans. 	<ul style="list-style-type: none"> • Yes, sliding scale subsidies for those up to 400% FPL thru Gateway. • Based on cost of 3 lowest cost qualified plans. • People with employer-based insurance, eligible if premiums exceed 12.5% of income.
Subsidies to employers	<ul style="list-style-type: none"> • Yes, especially for small employers • Oppose time limit 	<ul style="list-style-type: none"> • Yes, based on size and wages • Cannot get credit for more than 3 years in a row 	<ul style="list-style-type: none"> • Yes, based on size and wages
Medicare	<ul style="list-style-type: none"> • Should allow government. to negotiate with pharmaceutical companies • Support cutting of overpayments 		<ul style="list-style-type: none"> • No negative changes in benefits • Restructures overpayments to Medicare Advantage plans • Close Part D coverage gap