

Energy & Commerce Committee Summary of Health Care Reform Legislation

Structural Overview

- Ability to keep what you have and minimize disruption.
- Provide a National Health Exchange for individuals and the smallest employers
- Requires shared responsibility among individuals, employers, and the Federal and State Government.
- Provides affordability credits to low and middle income individuals.
- Implements delivery system reforms to promote efficiency and reduce costs.
- Invests in the health care workforce and public health.
- Slows the growth of health care costs and maintains fiscal sustainability.

National Health Exchange, Affordability Credits, Medicaid Improvements

Role of the Exchange

- New independent entity would make health insurance choices available to those without an employer offer, and smallest businesses (the first year: biz under 10 employees; second year: under 20 employees; etc). It would be open to large businesses over time.
- The Exchange would set and enforce standards for health plans; facilitate enrollment; receive/monitor complaints; and administer affordability credits.

Affordability

- Creates sliding scale affordability for use in exchange for eligible individuals with incomes between Medicaid eligibility and \$88,200 for family of 4 (400% of poverty); everyone would be protected by an annual cap on out-of-pocket spending

Choice

- Ensures choice of private and public health insurance plans; provides new options for employers; and maintains and improves Medicaid for low-income individuals and families.

New Public Health Insurance Plan

- Health exchange includes a new public health insurance plan that would be subject to the same market reforms and consumer protections as private plans.
- Plan would have geographic adjusters for prices.
- Plan would ensure transparency, accountability, cost-containment and competition in the market.
- The public health insurance plan would likely be run by HHS, and would be independent of the Health Exchange.
- It would not have government subsidies-it'll compete on its own.

Provider Participation and Payment

- The public plan would build on Medicare providers and rates, similar to the practices of private plans today.

Benefits, Insurance Market and Reforms, and Consumer Protections

- A public private independent advisory committee would recommend benefit packages based generally on the Federal Employee Health Benefit Plan.
- Several levels of benefits would be available in the Health Exchange. They would predominately differ by cost sharing but additional benefits would be available in higher cost plans.
- After several years employer sponsored health plans would either have to meet the minimum benefit standard of plans operating within the Health Exchange or allow their employees to purchase coverage in the Health Exchange.

Market Reforms and Consumer Protections

- Health insurers, both inside and outside the Exchange, would be required to adhere to new insurance market reforms and consumer protections.

Shared Responsibility- Individual, Employer & Government Requirements

- Individual Responsibility: Individuals would be responsible for having health insurance.
- Employer Responsibility: employers would have the choice to “play” by offering health insurance to employees, or contribute:
 - o Play: Employers would offer and contribute towards the health coverage of their full-time employees and their dependents.
 - o Pay: Employers who do not “play” would “pay” by contributing a percentage of payroll.

Investments in Health Care Workforce

- Expand the primary care, nursing and public health work forces through increased support for key programs.
- Create a broad, inter-disciplinary commission to examine ongoing health workforce issues.
- Support workforce diversity efforts including data collection and expansion of workforce programs.
- Remove barriers so hospitals can more easily train residents in community settings.
- Increase funding for scholarships and loan forgiveness to promote primary and nursing care.

Improving Health & Wellness

Prevention & Wellness Programs

- Reduce disparities by supporting evidence-based, community wide efforts & health empowerment zones to improve health and wellness.
- Incorporate and improve prevention services provided in Medicare, Medicaid.
- Strengthen State Departments of Public Health.
- Substantially increased support for Comm Health Centers.
- Data collection improvements; Health IT providing & collecting data to reduce disparities