

A look at health care plans in Congress
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A look at health care legislation taking shape in the Democratic-controlled House and Senate as President Barack Obama pushes to overhaul the system, cover nearly 50 million uninsured Americans and reduce costs. Many of the details are still being negotiated and any final health care bill would have to meld proposals from the House and Senate.

HOUSE DEMOCRATS

WHO'S COVERED: Around 95 percent of Americans would be covered. Illegal immigrants would not receive coverage.

COST: Unknown.

HOW'S IT PAID FOR: Cuts to Medicare and Medicaid; \$600 billion in unspecified new taxes, likely including new levies on upper-income Americans.

REQUIREMENTS FOR INDIVIDUALS: Individuals required to have insurance, enforced through tax penalty with hardship waivers.

REQUIREMENTS FOR EMPLOYERS: Employers must provide insurance to their employees or pay a penalty of 8 percent of payroll. Certain small businesses are exempt.

SUBSIDIES: Individuals and families with annual income up to 400 percent of poverty level (\$88,000 for a family of four) would get subsidies to help them buy coverage.

BENEFIT PACKAGE: A committee would recommend an "essential benefits package" that includes hospitalization, doctor visits, prescription drugs and other services. Out-of-pocket costs limited to \$5,000 a year for individuals, \$10,000 for families. Health insurance companies can offer several tiers of coverage, but all plans must include the core benefits. Insurers wouldn't be able to deny coverage based on pre-existing conditions.

GOVERNMENT-RUN PLAN: Plan with payment rates initially modeled on Medicare to compete with private insurers.

HOW YOU CHOOSE YOUR HEALTH INSURANCE: Through a new National Health Insurance Exchange open to individuals and, initially, small employers; it would be expanded to large employers over time.

CHANGES TO MEDICAID: The federal-state insurance program for the poor would be expanded to cover all individuals with incomes up to 133 percent of the federal poverty level (\$14,404). Currently Medicaid eligibility varies by state, but childless adults are ineligible no matter how poor, and in some states parents with incomes well under the poverty line still aren't covered.

SENATE HEALTH, EDUCATION, LABOR AND PENSIONS COMMITTEE

WHO'S COVERED: Aims to cover 97 percent of Americans.

COST: About \$600 billion over 10 years, but it's only one piece of a larger Senate bill.

HOW'S IT PAID FOR: Another committee is responsible for the financing.

REQUIREMENTS FOR INDIVIDUALS: Individuals required to have insurance, enforced through tax penalty with hardship waivers.

REQUIREMENTS FOR EMPLOYERS: Employers who don't offer coverage will pay a penalty of \$750 a year per full-time worker. Businesses with 25 or fewer workers are exempted.

SUBSIDIES: Up to 400 percent poverty level.

BENEFIT PACKAGE: Health plans must offer a package of essential benefits recommended by a new Medical Advisory Council. No denial of coverage based on pre-existing conditions.

GOVERNMENT-RUN PLAN: A robust new public plan to compete with private insurers. The plan would be run by the government, but would pay doctors and hospitals based on what private insurers now pay.

HOW YOU CHOOSE YOUR HEALTH INSURANCE: Individuals and small businesses can purchase insurance through state-based American Health Benefit Gateways.

CHANGES TO MEDICAID: Medicaid would be available to individuals with incomes up to 150 percent of the federal poverty level.

SENATE FINANCE COMMITTEE

WHO'S COVERED: Around 97 percent of Americans. Illegal immigrants would not receive coverage.

COST: Around \$1 trillion over 10 years.

HOW'S IT PAID FOR: Possible sources include cuts to Medicare and Medicaid; about \$300 billion in revenue from taxing employer-provided health benefits above a certain level; and about \$300 billion in revenue from a requirement for employers to pay into the Treasury for employees who get their insurance through public programs.

REQUIREMENTS FOR INDIVIDUALS: Expected to include a requirement for individuals to get coverage.

REQUIREMENTS FOR EMPLOYERS: In lieu of requiring employers to provide coverage, lawmakers are considering penalties based on how much the government ends up paying for workers' coverage.

SUBSIDIES: No higher than 300 percent of the federal poverty level (\$66,150 for a family of four).

BENEFIT PACKAGE: The government doesn't mandate benefits but sets four benefit categories ranging from coverage of around 65 percent of medical costs to about 90 percent and insurers would be required to offer coverage in at least two categories. No denial of coverage based on pre-existing conditions.

GOVERNMENT-RUN PLAN: Unlike the other proposals the Finance Committee's will likely be bipartisan. With Republicans opposed to a government-run plan, the committee is looking at a compromise that would instead create nonprofit member-owned co-ops to compete with private insurers.

HOW YOU CHOOSE YOUR HEALTH INSURANCE: State-based exchanges.

CHANGES TO MEDICAID: 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. The expansion would be delayed until 2013, a late change to save money the start date had been 2011.

HOUSE REPUBLICANS

WHO'S COVERED: The House GOP's plan, in outline form for now, says it aims to make insurance affordable and accessible to all. There aren't estimates about how many additional people would be covered.

COST: Unknown.

HOW'S IT PAID FOR: No new taxes are proposed, but Republicans say they want to reduce Medicare and Medicaid fraud.

REQUIREMENTS FOR INDIVIDUALS: No mandates.

REQUIREMENTS FOR EMPLOYERS: No mandates; small business tax credits are offered. Employers are encouraged to move to "opt-out" rather than "opt-in" rules for offering health coverage.

SUBSIDIES: Tax credits are offered to "low- and modest-income" Americans. People who aren't covered through their employers but buy their own insurance are allowed to take a tax deduction. Low-income retirees younger than 65 (the eligibility age for Medicare) would be offered assistance.

BENEFIT PACKAGE: Insurers would have to allow children to stay on their parents' plan through age 25.

GOVERNMENT-RUN PLAN: No public plan.

HOW YOU CHOOSE YOUR HEALTH INSURANCE: No new purchasing exchange or marketplace is proposed. Health savings accounts and flexible spending plans would be strengthened.

CHANGES TO MEDICAID: People eligible for Medicaid would be allowed to use the value of their benefit to purchase a private plan if they prefer.

OBAMA CAMPAIGN PROPOSAL

WHO'S COVERED: All children and many now-uninsured adults.

COST: Estimates as high as \$1.6 trillion over 10 years.

HOW'S IT PAID FOR: Obama proposed cuts within the **health care** system and raising taxes on households making more than \$250,000 annually.

REQUIREMENTS FOR INDIVIDUALS: Unlike his Democratic primary opponent Hillary Rodham Clinton, Obama did not propose an "individual mandate." Instead

he would have required all children to be insured, making it the parents' responsibility.

REQUIREMENTS FOR EMPLOYERS: Large employers would have been required to cover their employees or contribute to the costs of a new government-run plan.

SUBSIDIES: Obama proposed giving subsidies to low-income people but didn't detail at what level.

BENEFIT PACKAGE: Insurers participating in a new health exchange would have had to offer packages at least as generous as a new public plan. All insurers would have been prohibited from denying coverage based on pre-existing conditions, and would have had to cover children through age 25 on family plans.

GOVERNMENT-RUN PLAN: A new public plan would have offered comprehensive insurance similar to that available to federal employees.

HOW YOU CHOOSE YOUR HEALTH INSURANCE: Through a new National Health Insurance Exchange where individuals could buy the new public plan or qualified private plans.

CHANGES TO MEDICAID: Would have expanded Medicaid eligibility, but didn't specify income levels.

Sources: Associated Press research, Kaiser Family Foundation, Lewin Group