

Summary of the Senate Health Reform Bill (H.R. 3590)

IMMEDIATE IMPROVEMENTS (2010)

- Help getting coverage: New coverage options for people with pre-existing conditions; a website to help identify coverage options in each state; uniform policy documents to make it easier to shop for coverage.
- Help keeping coverage: Prevent people from being dropped from coverage by insurers (rescissions); extend dependent coverage to age 26.
 - Help paying for coverage: Eliminate lifetime and unreasonable annual benefit limits; caps insurance profits and overhead expenses; temporary reinsurance program for early retirees.

AFFORDABLE COVERAGE

- Coverage options:
 - Keep the plan you have, whether it's through your employer or purchased individually.
 - Coverage through your employer. If a large employer fails to offer coverage that meets basic standards (high-deductible minimum), and an employee accesses health insurance tax credits through exchange, the employer pays a fine.
 - Coverage in an Exchange, including multiple plans at four different levels of coverage, plus premium assistance tax credits for families (sliding scale up to 400% FPL). The Exchange is open to individuals without other coverage and businesses with up to 100 workers and includes private plans and, unless your state intervenes, a new public health insurance option.
 - Coverage outside an Exchange from regulated plans that can't discriminate based on health status or other health-related factors.
 - Expanded Medicaid eligibility to persons with income under 133% FPL.
- Beginning in 2014, all legal residents required to have health insurance or pay a penalty of \$95 in 2014, \$350 in 2015, \$750 in 2016 and beyond (indexed for health care inflation). Exemptions if coverage is too expensive or for other reasons.
- Secretary of HHS defines a package of "essential health benefits" to be covered in individual, small group, and Exchange plans.
- Immigrants: Legal residents eligible for assistance with premiums and cost-sharing through the exchange. Retains five-year wait for Medicaid benefits for adults. Undocumented persons are ineligible to purchase coverage in the Exchange or to receive premium assistance credits.

LOWER COSTS

- No more deductibles or co-pays for preventive care in all plans.
- In an individual would not pay higher premiums based on pre-existing conditions, gender, or occupation. Higher premiums based on age are still allowed but limited.
- Annual cap on out-of-pocket expenses and prohibits deductibles greater than \$2,000 for individuals and \$4,000 for families in small business plans.

ACHIEVING EQUITY IN HEALTH OUTCOMES

- Investments in the primary care workforce, with bonuses to providers practicing in provider-shortage areas.
- Increase the diversity of health professionals and strengthen cultural competence among all providers.
- Additional funding for needed data collection and research that helps to identify and eliminate disparities.
- Begins a national strategy to improve health care quality, patient outcomes, and population health.

FUNDING SOURCES

- A 40% tax on health benefits that cost more than \$23,000 for a family policy or \$8,500 for an individual policy, with higher benefits allowable in certain high-cost states and for older workers and those in riskier professions.
- Medicare HI tax.
- Other provider taxes.