

**What the Senate Health Insurance Bill Passed Out of the Health, Education,
Labor and Pensions (HELP) Committee on July 15th Will Do:
(this information is from a news release issued by them)**

Title I, Subtitle A:

(§ 2701, 2702, 2703) -- will reform the individual and group health insurance markets in all 50 states

(§2709) -- All individual and group coverage policies will be required to continue offering dependent coverage for children until the child turns age 26

(§ 2719) -- Health insurers will not be permitted to limit eligibility based on the wages or salaries of employees.

Subtitle B:

(§ 3101) -- Each state will have an Affordable Health Benefit Gateway (The Gateways will use risk adjustment mechanisms to remove incentives for plans to avoid offering coverage to those with serious health needs.)

(§ 3103) -- Develop a one-time, temporary, and independent commission to advise the Secretary in the development of the essential benefit package.

Subtitle C:

(§ 3111) -- The premium credits would be on a sliding scale up to 400% of the poverty line (\$88,080 for a family of 4), with those at lower end receiving more.

Subtitle D:

All individuals will be required to obtain health insurance coverage.

The minimum penalty to accomplish the goal of enhancing participation in qualifying coverage will be no more than \$750 per year.

(§ 6055) -- Health plans providing qualified health insurance will file a return containing information regarding health insurance coverage. The IRS shall notify individuals who file income tax returns and are not enrolled in qualifying coverage and shall include information on services available through the Gateway. Employers must provide written notification informing employees about the Gateway.

(§ 3115) --Employers with more than 25 employees who do not offer qualifying coverage or who pay less than 60 percent of their employees' monthly premiums are subject to a \$750 annual fee per uninsured full-time employees and \$375 per uninsured part-time employees. For employers

subject to the assessment, the first 25 workers will be exempted. Beginning in 2013, the penalty amounts will be adjusted using the Consumer Price Index for urban consumers. Employers with 25 or fewer employees are exempt from penalties and are eligible for program credits in section 3112.

Subtitle G:

(§ 185, 3021) -- Standards and protocols shall be developed to promote the interoperability of systems for enrollment of individuals in federal and state health and human services programs. These standards shall allow for electronic data matching, and electronic documentation. The Secretary may require State or other entities to incorporate such standards as a condition of receiving federal health IT funds.

Title II; Subtitle B:

[§ 212] -- Community Health Teams will be established to support the development of medical homes by increasing access to comprehensive, community based, coordinated care.

[§ 213] -- The Secretary, through the new Patient Safety Research Center within AHRQ, will provide grants to support local health providers for medication management services.

[§ 214] -- Access to the emergency medical system will be facilitated and a mechanism to ensure that patients are directed to the most appropriate medical facility will be established. Inter-facility resources will be tracked and coordinated in real time.

[§ 221] -- Statutory authorization for federal women's health offices

[§ 222] -- This section includes a provision to ensure timely updating of standards for electronic data interchange.

Title III, Subtitle C:

[§ 324] -- Authorizes a demonstration program to improve immunization coverage. Under this program, CDC will provide grants to states to improve immunization coverage of children, adolescents, and adults through the use of evidence-based interventions. States may use funds to implement interventions that are recommended by the Community Preventive Services Task Force, such as reminders or recalls for patients or providers, or home visits.

New Agencies/Programs Established:

- 1.) Governmental agency or non-profit organization to regulate Health Benefit Gateways (§ 3101)
- 2.) U. S. Preventive Services Task Force (§2708)
- 3.) Health Resources and Services Administration (§2708)
- 4.) Chief Actuary of the Centers for Medicare and Medicaid Services (§ 3103)

- 5.) National Committee for Quality Assurance
- 6.) Federally Qualified Health Centers (FQHCS)
- 7.) National Health Service Corps (U.S. Public Health Service??)
- 8.) Key National Indicators System. (§187)
- 9.) National Voluntary Insurance Program (§ 3201)
- 10.) CLASS Independence Advisory Council (§ 3203) -
- 11.) A CLASS Independence Fund Board of Trustee
- 12.) inter-agency Working Group
- 13.) Agency for Health Care Research and Quality (AHRQ) [§ 203]
- 14.) A Patient Safety Research Center is established in AHRQ
- 15.) Community Health Teams
- 16.) Assistant Secretary for Preparedness and Response
- 17.) Center for Health Outcomes Research and Evaluation within AHRQ
- 18.) An Advisory Commission representing diverse interests [§ 219]
- 19.) National Prevention, Health Promotion and Public Health Council [S 301]
- 20.) Prevention and Public Health Investment Fund [S 302]
- 21.) Clinical and Community Preventive Services (expands efforts of The U.S. Preventive Services Task Force and The Community Preventive Services Task Force) [§ 303]
- 22.) The Right Choices Program (temporary program until universal insurance coverage is made available through the Gateway) [§ 311]
- 23.) School-based Health Clinics [§ 312]
- 24.) Healthy Aging, Living Well Program geared toward the pre-Medicaid aged
- 25.) Coordinated Environmental Public Health Network
- 26.) National Health Care Workforce Commission (§ 411)
- 27.) One national and multiple regional centers for health workforce analysis are established (re medical workforce analysis) (§ 413)
- 28.) Establishes a Ready Reserve Corps within the Commissioned Corps (§ 430)
- 29.) Creates a program to support the development, evaluation, and dissemination of model curricula (§ 437)
- 30.) Youth public health program (re: recruit high school students into medical field)
- 31.) U.S. Public Health Sciences Track (re: training medical students)
- 32.) Centers of Excellence program (§ 451)
- 33.) Area Health Education Centers (AHECs) and Programs
- 34.) Primary Care Extension Program
- 35.) Center for Primary Care, Prevention, and Clinical Partnerships under AHRQ (§ 455)
- 36.) Establishes new positions: Senior Advisor for Health Care Fraud and Senior Counsel for Health Care Fraud Enforcement
- 37.) Health Care Program Integrity Coordinating Council (PICC)

38.) Community Preventive Services Task Force

Secretary of Health and Human Services or President Will:

(§ 2704) -- Health insurers offering group or individual policies will be required to publically report the percentage of total premium revenue that is expended on clinical services, quality and all other non-claims costs as determined by the Secretary of Health and Human Services.

(§2709) -- according to regulations to be established by the Secretary of HHS (re dependent children up to age 26)

(§ 2711) -- according to regulations to be established by the Secretary of HHS (re minimum qualifying coverage)

(§ 2719) -- The Secretary will develop standards for Gateways plans to provide summaries of benefits in a standard format.

(§ 131, 132, 133) -- The subtitle applies if significant changes are made to the existing health insurance plan, according to regulations to be established by the Secretary of HHS.

(§ 3101) -- Each state will have a Health Gateway, established by the state or Secretary of HHS

(§ 3101) -- For qualified health plans sold through the Gateway, the Secretary will issue regulations regarding marketing, network adequacy, and understandability for consumers.

(§ 3101) -- The Secretary will establish policies to facilitate enrollment, including use of electronic enrollment tolls, and provide grants to enhance community-based enrollment and public education campaigns, and policies for the certification of qualified health plans.

(§ 3102) -- The Department of HHS will oversee the financial integrity of Gateways

(§ 3103) -- The Secretary shall establish the essential health care benefit design

(§ 3103) -- The Secretary shall establish an affordability standard and procedures for updating this standard linked to the Consumer Price Index for urban consumers.

(§ 3105) -- The Secretary shall contract with qualified nonprofit entities to administer the community health insurance plan.

(§ 3203) -- CLASS Independent Benefit Plan. -- The Secretary of HHS will develop two alternative benefit plans within specified limits. The monthly maximum premiums will be set by the Secretary to ensure 75 years of solvency.

(§ 3204) -- Enrollment and Disenrollment. The Secretary will establish procedures to allow for voluntary automatic enrollment by employers, as well as alternative enrollment processes for self-employed, employees of non-participating employers, spouses and others. Individuals may

choose to waive enrollment in CLASS in a form and manner to be established by the Secretary. Premiums will be deducted from wages or self-employment income according to procedures established by the Secretary.

[§ 201] -- The Secretary of HHS is directed to establish a national quality strategy and implement its priorities.

[§ 202] -- The President is directed to create an inter-agency Working Group to coordinate, collaborate and streamline federal quality activities around the national quality strategy.

[§ 212] -- The Secretary is directed to create a program to fund Community Health Teams.

[§ 219] -- The Secretary of HHS shall establish a new Center within the AHRQ that will promote health outcomes research and evaluation that enables patients and providers to identify which therapies work best for most people and to effectively identify where more personalized approaches to care are necessary for others.

State Participation.

(§ 3104)-- States have three options regarding their preferred participation in the Gateway. An “establishing state” is one that proactively seeks such status to launch its Gateway as early as possible and which meets the requirements of the law. A “participating state” requests that the Secretary establish an initial Gateway once all necessary insurance market reforms have been enacted by the state into law, and other requirements have been met. In a state that does not act to conform to the new requirements, the Secretary shall establish and operate a Gateway in the state after a period of six years, and such state will become a “participating state.” Until a state becomes either an establishing or participating state, the residents of that state will not be eligible for premium credits, an expanded Medicaid match, or small business credits.