HEALTH INSURANCE REFORM SIDE-BY-SIDE COMPARISON

H.R. 3200 AS INTRODUCED VS. AFFORDABLE HEALTH CARE FOR AMERICA ACT

	H.R. 3200 AS INTRODUCED	AFFORDABLE HEALTH CARE FOR AMERICA ACT
FISCAL RESPONSIBILITY Over First 10 Years & Over Second 10 Years	Reduces the deficit by $6 billion over first 10 years.	Reduces the deficit by $30 billion over first 10 years without CLASS Act and $103 billion over first 10 years with CLASS Act. Continues to reduce the deficit over second 10 years.
GEOGRAPHIC VARIATIONS In Medicare Payments and Payment Reform	No provision.	Provides that Institute of Medicine, through two studies, will make recommendations on how to fix the Medicare payment system, regarding geographic variations as well as changing the system to reward value and quality. CMS will implement IOM recommendations unless disapproved by Congress.
LOWERING COSTS OVER THE LONG-TERM Payment and Delivery Reform	Includes several provisions on lowering costs over the long-term including payment and delivery reforms, such as creating a pilot program for Accountable Care Organizations, for Medical Homes, and for Payment Bundling.	Includes more extensive provisions on lowering costs over the long-term, such as requiring HHS to set specific benchmarks for expansion of the Accountable Care Organization, Payment Bundling, and Medical Home pilot programs. If pilots prove successful, HHS is directed to expand them on a large-scale basis. Promotes quality not quantity with financial incentives for collaborative care, primary care, and prevention and wellness.
INNOVATION CENTER At CMS	No provision.	Establishes a Center for Medicare Innovation to empower the Centers for Medicare and Medicaid Services (CMS) to pursue additional payment and delivery system reforms.
PREVENTION AND WELLNESS	Authorizes several new prevention and wellness programs, subject to appropriations.	Creates a Prevention and Wellness Trust Fund, providing $34 billion in mandatory funding over the next 10 years, for such programs as community-based prevention programs and a child obesity program. Establishes a grant program to help small employers create or strengthen workplace wellness programs.
SMALL BUSINESSES Exemption from Shared Responsibility Requirement	Exempts small businesses with payrolls below $250,000 from shared responsibility requirement; provides only graduated penalty for firms with payrolls between $250,000 and $400,000.	Exempts 86% of businesses from requirement--those with payrolls below $500,000; provides only graduated penalty for firms with payrolls between $500,000 and $750,000.
SMALL BUSINESSES Access to Affordable Group Rates in the Health Insurance Exchange	In 2013, firms with up to 10 employees can enter the Exchange; in 2014, firms with up to 20 employees; and in 2015 and beyond, Commissioner can allow larger employers as appropriate.	In 2013, firms with up to 25 employees can enter the Exchange; in 2014, firms with up to 50 employees; in 2015, firms with up to 100 employees; in 2015 and beyond, Commissioner can allow larger employers as appropriate.

HEALTH CARE SURCHARGE	The wealthiest 1.2% of Americans would pay a surcharge on the portion of their income above $280,000 (individuals) and $350,000 (couples). This would affect top 4.1% of those with small business income.	The wealthiest 0.3% of Americans would pay a surcharge on the portion of their income above $500,000 (individuals) and $1 million (couples). This would affect the top 1.2% of those with small business income.
DONUT HOLE Closing the Medicare Part D Donut Hole	Reduces the donut hole by $500 and institutes a 50% discount for brand-name drugs in the donut hole, effective 2011. Phases out the donut hole by 2023.	Reduces the donut hole by $500 and institutes a 50% discount for brand-name drugs in the donut hole, effective 2010. Phases out the donut hole by 2019.
Rx NEGOTIATION HHS Negotiation of Drug Prices	No provision.	Requires the Secretary of HHS to negotiate drug prices on behalf of Medicare beneficiaries.
MEDICAL MALPRACTICE REFORM	No provision.	Establishes a voluntary state incentives grant program to encourage states to implement "certificate of merit" and "early offer" alternatives to traditional medical malpractice litigation.
ANTI-TRUST EXEMPTION for Health Insurers	No provision.	Ends blanket exemption from anti-trust laws.
YOUNG AMERICANS Coverage of Young People on Their Parents' Policy	No provision.	Requires health plans to allow young people to remain on their parents' insurance policy up to their 27th birthday.
INTERIM HIGH RISK POOL Immediate Help for the Uninsured	No provision.	To fill the gap before the Exchange is available, creates an insurance program with financial assistance for those uninsured for several months or denied policy due to pre-existing conditions.
COBRA EXTENSION	No provision.	Allows individuals to keep their COBRA coverage until the Exchange is up and running.
SUNSHINE ON PREMIUM INCREASES	No provision.	Effective immediately, discourages excessive price increases by insurance companies through review of rate increases.
CLASS ACT Voluntary, Public Long-Term Care Insurance Program	No provision.	Creates a long-term care insurance program to be financed by voluntary payroll deductions to purchase community-based services and supports for adults who become functionally disabled.
INDIAN HEALTH CARE Indian Health Care Improvement Act Reauthorization	No provision.	Reauthorizes the Indian Health Care Improvement Act, whose last authorization expired in 2001, and includes key provisions to better ensure access to quality health care for Native Americans.
STATE LINES State Health Insurance Compacts	No provision.	Allows for the creation of State Health Insurance Compacts – permitting states to enter into agreements to allow for the sale of insurance across state lines when the state legislatures agree.