



"I strongly believe that Americans should have the choice of a public health insurance option operating alongside private plans. This will give them a better range of choices, make the health care market more competitive and keep insurance companies honest."

- *President Obama in a letter to Senators Baucus and Kennedy, June 3, 2009*

### **The National Physicians Alliance believes that health care reform must...**

- Create a genuinely inclusive and accessible system from which no one is left out.
- Give patients the choice to keep the insurance they have if they like it, choose another private plan, or choose a high quality public health insurance plan.
- Provide plans with comprehensive benefits, including preventive care, mental health coverage, and dental coverage.
- Provide health care that is affordable, with subsidies for those who need it. All out-of-pocket costs, including premiums, deductibles, and co-pays should be factored into a family's ability to afford care. There should be no limits on payments for covered services.
- Create a system of equity in health care access, quality treatment, research, and resources for all.
- Include regulation of private insurance companies to eliminate denial of coverage and unaffordable premiums for people with pre-existing conditions.
- Promote high quality, coordinated care, value, and lower administrative costs.

To see a detailed, side-by-side comparison of current bills, visit the Kaiser Family Foundation's website: [http://www.kff.org/healthreform/upload/healthreform\\_sbs\\_full.pdf](http://www.kff.org/healthreform/upload/healthreform_sbs_full.pdf). Summaries are below.

### **The House Bill: HR 3200**

**(The full House will vote on this bill and its amendments when they return in September)**

- Would enable and require all legal residents of the U.S. to have access to affordable health insurance.
- Creates a health insurance exchange where individuals can compare plans, prices, etc. The exchange would include a public health insurance plan, with a defined set of minimum comprehensive benefits, beginning in 2013. Initially, it would be available to those in the



individual insurance market or employees of firms with less than 10 employees. Availability would increase over the next 5 years until it is available to everyone.

- Insurance industry regulations would be put into place:
  - ✓ Cannot deny insurance to people with pre-existing conditions or drop coverage when a person becomes sick
  - ✓ Eliminates co-pays for preventive care
  - ✓ Places a cap on total out-of-pocket expenses and deductibles and eliminates yearly and life-time limits on how much insurance companies cover
- Provides credits and subsidies to both individuals (up to 400% of FPL=\$73,240 for a family of three in 2009) and small businesses to make coverage affordable.
- Expands Medicaid eligibility up to 133% of FPL.
- Initially would have used Medicare rates plus 5% for providers in the public plan but an amendment from the Energy and Commerce Committee requires the public plan to negotiate rates with providers.
- Providers currently participating in Medicare would be automatically enrolled in the public plan but there would be a mechanism to opt out.
- A number of provisions (loan repayments, etc.) would encourage physicians to choose a primary care field and reimbursement would increase at a faster rate for primary care physicians.
- The public plan can develop and test alternative payment systems including Medical Homes or Accountable Care Organizations (physicians linked with a hospital or integrated practice). This will focus on rewarding quality care, delivered efficiently.
- Eliminates the sustainable growth rate formula for physician reimbursement under Medicare.
- Eliminates the Medicare Part D coverage gap over 15 years.
- Supports comparative effectiveness research. Creates a Center for CER within the Agency for Healthcare Research and Quality
- Many provisions to enhance public health infrastructure and programs.
- Cost: \$1 trillion over ten years:
  - ✓ Approximately half from savings in Medicare and Medicaid (incorporating productivity improvements into Medicare market basket updates, reducing payments to Medicare Advantage plans, changing drug rebate provisions, reducing potentially preventable hospital readmissions, and cutting Medicaid DSH payments)
  - ✓ Remaining funds generated from a “surcharge” on families with incomes >\$350,000 and individuals with incomes >\$280,000.

**The situation is more fluid in the Senate. The Senate Health, Education, Labor and Pensions (HELP) Committee completed work on a bill but the Senate Finance Committee did not. Once the Finance Committee produces a bill, it will have to be merged with the HELP Committee bill into one bill that the Senate will vote on.**



### **The Senate HELP Committee Bill:**

- Create state-based American Health Benefit Gateways, administered by a governmental agency or non-profit organization, through which individuals and small employers can purchase qualified coverage. Includes a community health insurance option with a defined set of minimum comprehensive benefits.
- Expands Medicaid eligibility up to 150% of FPL.
- Regulation of private health insurance companies similar to those in the House bill, HR 3200.
- A public plan is required to negotiate payment rates with providers.
- Supports comparative effectiveness research. Creates a Center for CER within the Agency for Healthcare Research and Quality
- Includes provisions to enhance public health infrastructure and programs.
- Cost: \$615 billion over 10 years. The HELP Committee does not have jurisdiction over the Medicare or Medicaid programs or revenue raising authority, therefore financing mechanisms will be developed with the Finance Committee.

### **General talking points:**

1. The need for health care reform is urgent. Tell a story about a patient to illustrate the need for reform.
2. From the lists above, stress the principles that you feel are most important and why.

### **For Members of the House:**

1. HR 3200 is a very strong bill. While not perfect, it would go a long way to guaranteeing our patients affordable, quality health insurance. The primary care workforce provisions would help ensure that there will be enough physicians to care for our patients.
2. Creating a public health insurance option will inject necessary competition into the currently non-competitive private health insurance market.

### **For Members of the Senate:**

1. The HELP Committee bill is not as strong as the House bill but is likely to be much more favorable to our patients in terms of affordability and expanded access than what comes out of the Finance Committee.
2. Stress that the final bill should be as close to the HELP Committee bill as possible and must include a public health insurance option.

**After your visit, please send the form on the following page to**  
**[valerie.arkoosh@npalliance.net](mailto:valerie.arkoosh@npalliance.net)**

***Thank you!***



**NPA Report Back on Visit with Member of Congress**

**Date of Meeting:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**E-mail (please print clearly):** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Who did you attend with?** \_\_\_\_\_

**Office of Senator or Rep:** \_\_\_\_\_

**Person(s) with whom you met:** \_\_\_\_\_

**Contact info for that person(s)**

**Title:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

Please tell us about how the discussion went, any difficult or unexpected questions that you were asked, any information that you offered to send in follow-up, etc. Use additional pages if necessary.

Where does this Senator / Rep stand on the bill(s)?

Anything else that it would be helpful for NPA to know?

***THANK YOU FOR MAKING A DIFFERENCE***