



Health Care Reform: Overview of Key Successes and Ongoing Challenges

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- Private Insurance Reform
- Public Insurance, Medicaid & Medicare Reform
- New Investments
 - Prevention and wellness, clinical workforce, health disparities, public health infrastructure and immigration issues
- HIV Specific Issues

HCR Improvements: Private Health Insurance

Increased Access

- Largely eliminates discrimination based on health status

Increased Coverage

- Establishes new mandatory benefits packages
- Establishes both an individual and employer mandate to maximize coverage

Increased Affordability

- Affordability includes premium credits and cost-sharing subsidies

Private Insurance: Ongoing Concerns

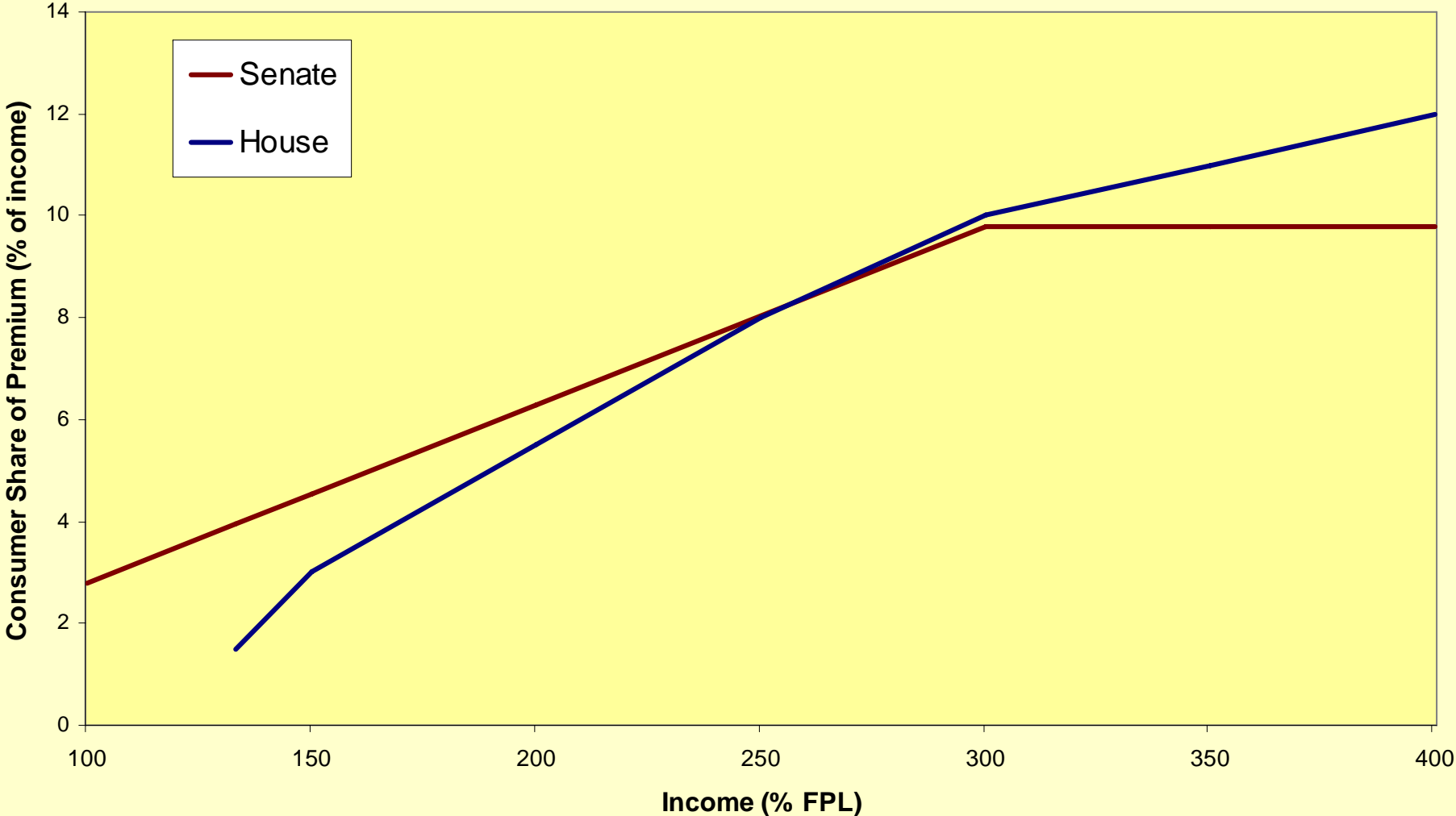
- All reforms, including premium rating rules, should apply uniformly to all insurance plans (in and out of the exchange and employer-based group plans)
(Senate bill exempts employer-based group plans)
- Policies and regulations governing state-based exchange plans should be nationally standardized
(Senate bill allows for state variation and state opt-out)
- Premium and cost-sharing credits need to be increased (Particularly in Senate bill at lower income levels)

Affordability – Consumer Share after Premium Subsidy

- Premium Credits (as % of annual income)

	Senate	House
100% FPL	2.8% (in 2014)	
133% FPL	2.8% (in 2013)	1.5%
150% FPL	4.6%	3%
200% FPL	6.3%	5.5%
300% FPL	9.8%	10%
400% FPL	9.8%	12%

Affordability: Consumer Share of Insurance Premiums



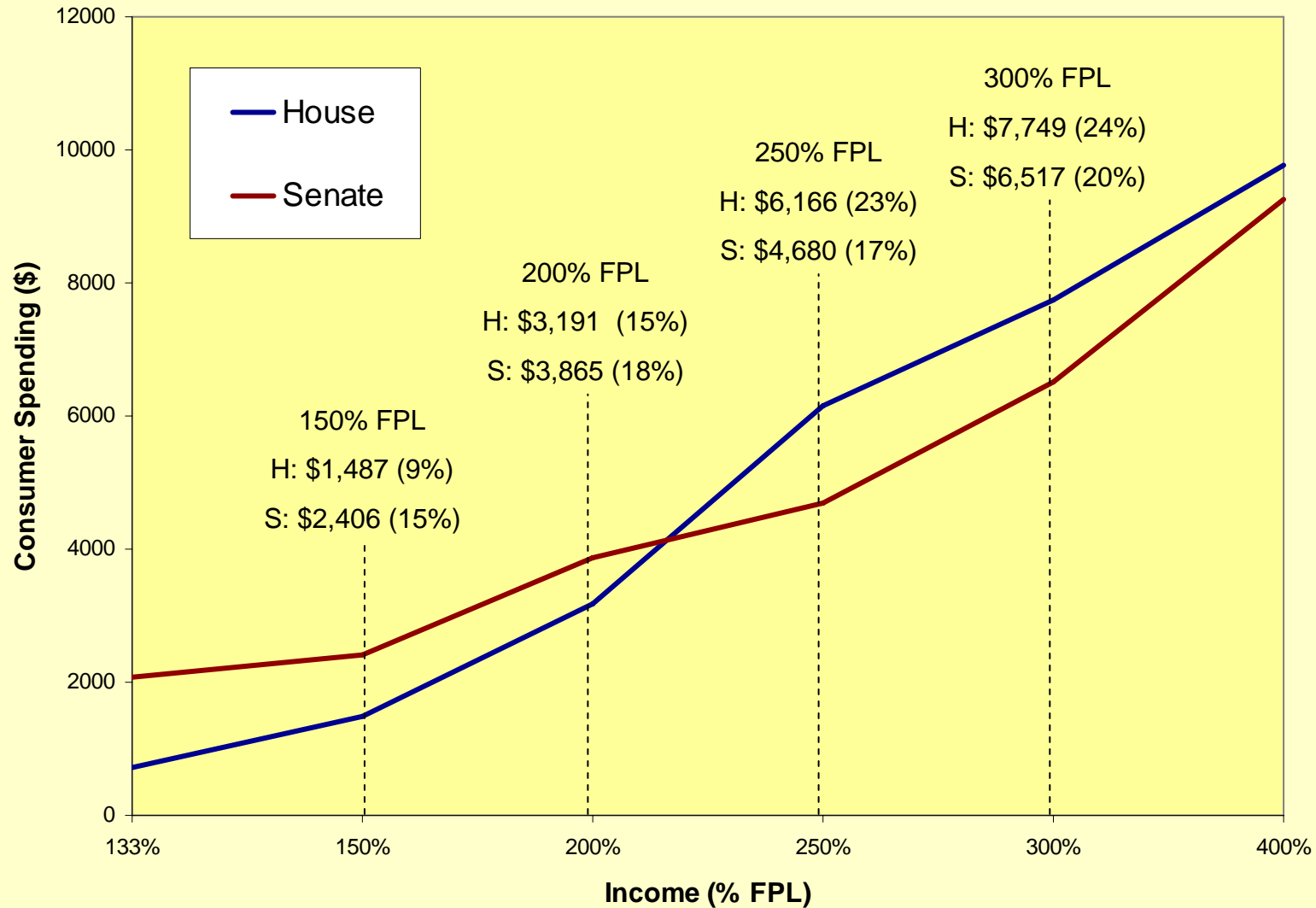
Affordability – Consumer Share after Cost-Sharing Subsidies

	Senate	House
100% FPL	10%	3%
133% FPL	10%	3%
150% FPL	20%	7%
>200% FPL	35%	15%
>250% FPL	35%	22%
>300% FPL	35%	28%
>350% FPL	35%	30%
>400% FPL	35%	30%

Affordability - Cost-Sharing Spending Caps

	Senate	House
<150% FPL	\$1,667 individual \$3,333 family	\$500 individual \$1,000 family
150-200% FPL	\$1,667 individual \$3,333 family	\$1,000 individual \$2,000 family
200-250% FPL	\$2,500 individual \$5,000 family	\$2,000 individual \$4,000 family
250-300% FPL	\$2,500 individual \$5,000 family	\$4,000 individual \$8,000 family
300-350% FPL	\$3,333 individual \$6,667 family	\$4,500 individual \$9,000 family
350-400% FPL	\$3,333 individual \$6,667 family	\$5,000 individual \$10,000 family
> 400% FPL	\$5,000 individual \$10,000 family	\$5,000 individual \$10,000 family

Total Out-Of Pocket Cost to Consumer: Premium and Cost-Sharing



HCR Improvements: Public Health Insurance

- Both include a public health insurance option?
 - House – a national public option
 - Senate - ???
- Both increase Medicaid eligibility*
 - Senate - below 133% FPL
 - House – below 150% FPL
- House only - Increases Medicaid reimbursement rates to providers
- Both address Medicare “donut hole” issue
 - Senate - \$500 gap reduction and 50% discount
 - House - Phases out donut hole over 10 years

* Current Medicaid restrictions based upon citizenship apply, including 5-year ban for legal immigrants

Public Health Insurance: Ongoing Concerns

- Protect and/or strengthen the public option
- Increase the income eligibility for Medicaid to 150%FPL (as in the House bill)
- Raise Medicaid rates to providers (as in House bill)
- Fully fund the Medicaid expansion
- Ensure all Medicaid beneficiaries have access to same new mandatory minimum benefits package
- Fully close the Medicare Care Part D gap quickly
- Codify protections for 6 protected classes

Other HCR Key Improvements

New Investments

- Prevention and wellness
- Health disparities
- Clinical workforce serving vulnerable populations
- Public Health Infrastructure

New Investments

Ongoing Concerns

- Insufficient investment in prevention & wellness, health disparities, public health infrastructure and public health infrastructure
- House & Senate fail to address legal immigrant 5 year exclusion
- House: Stupak anti-choice language
- Senate:
 - Abstinence-only education
 - Data collection does not include gender identity and sexual orientation
 - Possible Stupak (Nelson) amendment (DEFEATED as of 12/15/09)

HCR Improvements: HIV Specific Issues

- **Voluntary, Routine HIV Testing**
 - House - for at-risk populations
 - Senate - not addressed
- **ADAP as TrOOP in Medicare Part D**
 - In both House and Senate
- **Integration of Ryan White Providers**
 - Both House and Senate plans require integration of 340b providers
- **Early Treatment for HIV Act (ETHA)**
 - House only

HIV Specific: Ongoing Concerns

- Senate fails to include ETHA
- Neither bill includes broad private and public insurance mandate for HIV screening
- Neither bill codifies Medicare Part D coverage of all antiretrovirals

Summary: What Isn't Addressed

Private Health Insurance

- Affordability –still too expensive

Public Health Insurance

- Public plan option is too weak (Senate???)
- No new mandated Medicaid benefits – state variation continues
- Senate fails to increase Medicaid reimbursement rates to providers
- Senate fails to phase out Medicare Part D “donut hole” and House 10 year “donut hole” phase out too long

HIV Specific

- Senate fails to include ETHA; no broad HIV Screening; no 6 protected classes

Other Insufficient Key Improvements

- Insufficient investment in prevention, wellness and disparities
- House and Senate fail to address legal immigrant 5 year exclusion