

	House (HR 3962)	Senate (HR 3590)	Impact in California
Funding for High Risk Pools	Yes, \$5 Billion	Yes, \$5 Billion	Very beneficial CA high risk pool (MRMIP) funded at \$40 million now covers only 7,000 of the state's 200,000 uninsured medically uninsurable
Extension of dependent coverage for young adults through age 26 at parents' option	Yes	Yes	Helpful for young adults whose parents have coverage and can afford the costs of an additional dependent
Reinsurance program for employers' programs for early retirees (55-64)	Yes	Yes	Should be beneficial in sustaining the shrinking number of employers (private and public) offering health insurance for early retirees
COBRA continuation until 2013	Yes		Helps some employees to retain their coverage until reform begin
Grants to states for coverage of MIAs, exchanges, reinsurance and purchasing collaborative	Yes, 20% state match		Could be highly beneficial if state wants to get a head start on federal reforms
Match for coverage of MIAs and parents up to 133% of FPL		Yes, regular federal match beginning in 2011	Very beneficial if counties are willing to use up to \$1.8 billion in current spending on the MIAs as the match
Coverage of preventive services without cost sharing		Yes	Very important as cost sharing deters use of preventive services

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Prohibition on insurer rescissions unless there is clear and convincing evidence of recent subscriber fraud	Yes	Yes	Clarifies the standard for rescissions for fraud and burden of proof, helps those whose policies are being cancelled
Eliminates lifetime and annual caps on benefits	Yes	Yes	Helps the very sick who reach current limits
Medical loss ratio for insurers	Yes, 85%	Yes, 80% for group and 75% for individual policies Disclosure and tax penalties and rebates on excessive premiums	Helpful in reducing premiums of some insurers in individual and small employer markets
Sunshine on insurers' premium increases for individuals and small employers	Yes, insurers must submit justifications and annual review	Yes,	Funding for state regulators to assist in their review of information provided by plans
Administrative simplification for billing, eligibility verification, claims processes and electronic fund transfers	Yes	Yes	Very helpful for providers, subscribers and plans
Begins to close donut hole for seniors Part D prescription drug plans		Yes	Beneficial to 4+ million Californians with Medicare, funded by drug company rebates

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Scheduled 20% reduction in Medicare physician reimbursements	House repeals permanently	Senate eliminates for one year	Very important for Medicare physicians and beneficiaries House bill has not been able to get 60 votes in Senate due to \$200 billion cost
Transition to competitive bidding for Medicare Advantage	Yes	Yes (2011)	Plans might reduce benefits if not paid more than fee for service, major savings associated with this change as plans are paid 14% more than fee for service
Ten percent bonus payment for Medicare primary care physicians		Yes (2011)	
Increased payments to hospitals for quality outcomes		Yes (2012)	
Penalties for excessive rates of hospital readmissions		Yes, (2012)	
Small business tax credit		Yes, 35% for small low wage employers (2011)	Helpful in retaining private small low wage business coverage during recession
Grants to small employers for wellness program	Yes		
Enhanced \$330 funding for community health centers	Yes,	Yes	Helps FQHC clinics quite substantially with their care to the uninsured

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Extension of enhanced federal match for an additional 6 months	Yes, \$23 Billion		Vital to maintain eligibility, services and rates in state Medi-Cal health programs
Start date of major reform components (such as Exchange, mandate, premium subsidies)	2013	2014	Part of the reason, the Senate bill costs much less than the House version over 10 years