

	<b>Governor's Health Care Proposal</b>	<b>AB8 (Nunez)</b>	<b>SB 48 (Perata)</b>	<b>SB 236 (Runner) CalCare</b>	<b>Assembly Republicans – 18 bills each designed to improve different areas of health care</b>	<b>SB 840 (Kuehl) Single Payer</b>
<b>Who is Eligible?</b>	<ul style="list-style-type: none"> <li>➤ Everyone</li> <li>➤ Universal Health Coverage through an individual mandate</li> </ul>	<ul style="list-style-type: none"> <li>➤ All workers will be covered and all children</li> </ul>	<ul style="list-style-type: none"> <li>➤ All workers will be covered and all children</li> </ul>	<ul style="list-style-type: none"> <li>➤ N/A</li> </ul>	<ul style="list-style-type: none"> <li>➤ N/A</li> </ul>	<ul style="list-style-type: none"> <li>➤ Everyone</li> <li>➤ Universal Coverage through a single payor system</li> </ul>
<b>Who is NOT eligible?</b>	<ul style="list-style-type: none"> <li>➤ Undocumented Adults</li> </ul>	<ul style="list-style-type: none"> <li>➤ Self-employed and not working individuals</li> </ul>	<ul style="list-style-type: none"> <li>➤ Self-employed and not working individuals</li> </ul>	<ul style="list-style-type: none"> <li>➤ N/A</li> </ul>	<ul style="list-style-type: none"> <li>➤ N/A</li> </ul>	<ul style="list-style-type: none"> <li>➤ Non-residents of CA</li> </ul>
<b>What insurance will they purchase/be eligible for?</b>	<p><i>Kids:</i></p> <ul style="list-style-type: none"> <li>➤ Below 100% FPL: to enroll in Medi-Cal</li> <li>➤ 101%-300% FPL: to enroll in Healthy Families</li> <li>➤ Above 300%: must enroll in minimum level of private coverage through parents</li> </ul> <p><i>Adults:</i></p> <ul style="list-style-type: none"> <li>➤ Below 100% FPL: to enroll in Medi-Cal</li> <li>➤ 101-250% FPL: to enroll in subsidized insurance through state purchasing pool operated by MRMIB</li> <li>➤ Above 250% FPL must purchase coverage; minimum coverage is \$5K Deductible Plan with out of pocket limits of \$7500/individual</li> </ul>	<p><i>Kids:</i></p> <ul style="list-style-type: none"> <li>➤ All kids covered under Healthy Families Program up to 300% FPL</li> </ul> <p><i>Adults:</i></p> <ul style="list-style-type: none"> <li>➤ All parents and working adults covered under Medi-Cal up to 100% FPL and 133% FPL for parents</li> <li>➤ Expanded Healthy Families for working adults to 300% FPL</li> <li>➤ Ability for working adults to 'wrap-around' Healthy Families/ Medi-Cal benefits/coverage if eligible</li> <li>➤ Working families and individuals</li> </ul>	<p><i>Kids:</i></p> <ul style="list-style-type: none"> <li>➤ All kids covered under Healthy Families Program up to 300% FPL</li> </ul> <p><i>Adults:</i></p> <ul style="list-style-type: none"> <li>➤ All parents and working adults covered under Medi-Cal up to 100% FPL</li> <li>➤ Expanded Healthy Families for working adults to 300% FPL</li> <li>➤ Health coverage available to all working Californians through the pool</li> <li>➤ California residents, including self-employed and their dependents above 400% would be mandated to purchase minimum</li> </ul>	<ul style="list-style-type: none"> <li>➤ N/A</li> </ul>	<p><i>Adults:</i></p> <ul style="list-style-type: none"> <li>➤ CalPers members will be eligible for high deductible health plans and HSAs to lower costs (AB 1377)</li> <li>➤ Pilot program for Medi-Cal patients; they can receive benefits through health savings accounts (AB 1635)</li> <li>➤ Participation will be voluntary</li> <li>➤ Individuals will be enrolled for a 12 month period</li> </ul>	<ul style="list-style-type: none"> <li>➤ Universal Health Coverage through newly created California Health Insurance System (CHIS)</li> </ul>

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	\$10K/Family	required to accept employer offered coverage	coverage, Exemptions for retirees and those to whom it pose a financial hardship (premium exceeds 5% of income)			
<b>Is there a purchasing pool?</b>	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Administered by MRMIB for individuals 100-250% FPL</li> </ul>	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ CA Cooperative Health Insurance Purchasing Program (CAL-CHIPP) administered by MRMIB</li> </ul>	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ "The Connector" to be administered by MRMIB</li> </ul>	<ul style="list-style-type: none"> <li>➤ No</li> </ul>	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ State Health Insurance Exchange established (AB 1072) to allow workers to buy their own policies at reduced costs</li> <li>➤ Small Business purchasing pool (AB 1607)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Establishes California Health Insurance System (CHIS)</li> </ul>
<b>Benefits</b>	<ul style="list-style-type: none"> <li>➤ Subsidized Insurance: will include Knox Keene benefits plus prescription drugs</li> <li>Minimum coverage of \$5000 deductible plan with maximum out of pocket limits of \$7500/individual and \$10,000/family</li> </ul>	<ul style="list-style-type: none"> <li>➤ Standard coverage, which includes doctors' visits, hospital coverage, labs and prescription drugs</li> <li>➤ Will include emphasis on wellness, prevention and primary care</li> </ul>	<ul style="list-style-type: none"> <li>➤ Inpatient and Outpatient care, labs and prescription drugs</li> </ul>	<ul style="list-style-type: none"> <li>➤ Realign Medi-Cal benefits to mirror private benefits</li> </ul>	<ul style="list-style-type: none"> <li>➤ Removing benefit requirements so that individuals can choose health insurance benefits (AB 1214)</li> <li>➤ Medi-Cal patients benefits will be reduced to resemble private coverage</li> <li>➤ Voluntary deductible will be between 100-110% of</li> </ul>	<ul style="list-style-type: none"> <li>➤ All services except for long term care in nursing homes</li> </ul>

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					the total contribution to the Health Opportunity Account ➤ After the initial one year enrollment, individuals can use the money from the Health Opportunity Account to pay for job training or tuition expenses	
<b>How much will it cost?</b>	➤ Estimated Total Cost \$12B	➤ Estimated Total Cost: \$8.3B	➤ Estimated Total cost: \$10.9B	➤ N/A	➤ N/A	➤ \$178B ➤ \$95B in new taxes to replace premiums, copays and deductibles
<b>How will it be financed?</b>	<i>Redirected Funding:</i> ➤ Redirection of \$2B funding from current county and DSH hospital money to the state ➤ AIM Program will disappear→funding will be absorbed by purchasing pool <i>New Funding:</i> ➤ Creation of Health Care Services Fund: ➤ “Pay or play,” Employers with more than 10 employees: will contribute 4% of gross	<i>New Funding:</i> ➤ 3 way cost share – employee-employer-federal waiver ➤ Employer “pay or play”– cover almost 60% of total cost of health coverage per individual employee ➤ Employers will pay 7.5% of total payroll <i>except</i> those in operation less than 3 years or payrolls less than \$100K ➤ Employees will	<i>New Funding:</i> ➤ 3 way cost share – employee-employer-state ➤ Employer “pay or play”– cover almost 60% of total cost of health per individual employee ➤ Employers will pay 7.5% of total payroll <i>except</i> those in operation less than 3 years or payrolls less than \$100K ➤ Employees will	<i>Redirected Funding:</i> ➤ Reallocate much of \$2 billion provided to Disproportionate Share Hospitals (DSH) to create and expand primary care clinics. ➤ Use Prop 99 funds for the MRMIP wait list. ➤ Reallocate \$500 million from First Five to	<i>New Funding:</i> ➤ Implementing Health Opportunity Accounts to draw down Federal Match- this will deposit up to \$2500/adult enrollee and \$1000/child enrollee in an account to pay for the costs of out of pocket care ➤ Unused money per year will roll over into subsequent years	<i>Redirected Funding:</i> ➤ Creation of Universal Healthcare Fund under CHIS All federal, state and county monies currently spent on health care will be reallocated to the Fund. <i>New/Redirected Funding:</i> ➤ Taxes replace premiums, copays and deductibles ➤ Companion legislation SB 1014

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	<p>payroll to purchasing pool</p> <ul style="list-style-type: none"> <li>➢ 4% assessment on hospitals' gross revenue</li> <li>➢ 2% assessment on doctor' gross revenue</li> <li>➢ Section 1115 Federal Waiver for indigent adults with incomes under 100% of FPL</li> <li>➢ Federal Medicaid match</li> <li>➢ Individual contribution will range from 3-6% of gross income for adults 100-250% FPL</li> </ul>	<p>contribute between \$51-\$112 /month depending on income – 1/3 total cost</p> <ul style="list-style-type: none"> <li>➢ Federal Medicaid match</li> </ul>	<p>contribute between \$51-\$112 /month depending on income – 1/3 total cost</p> <ul style="list-style-type: none"> <li>➢ Federal Medicaid match</li> </ul>	<p>children's health care initiatives.</p> <ul style="list-style-type: none"> <li>➢ Reallocate \$300 million spent on unspecified state only medical programs for the undocumented to community clinics.</li> </ul> <p><i>New Funding:</i></p> <ul style="list-style-type: none"> <li>➢ Federal government will be asked to pay \$2.2 billion cost of providing health care services to undocumented immigrants.</li> </ul>		<p>would require all individuals to contribute a portion of their income through taxes (between 3-4% of income)</p> <ul style="list-style-type: none"> <li>➢ Individuals who earn more than \$200K would pay an additional 1%</li> <li>➢ SB 1014 would require all employers to contribute 8% of total payroll</li> <li>➢ Federal waivers are required for allocation of federal dollars to the state Health Care Fund.</li> </ul>
<b>Delivery Networks/ Access to Care</b>	<ul style="list-style-type: none"> <li>➢ Increasing Medi-Cal rates for doctors and hospitals to Medicare levels</li> <li>➢ Comparable increase in health plan rates</li> </ul>			<ul style="list-style-type: none"> <li>➢ Emphasis on expansion of community clinics and urgent care</li> <li>➢ Expand delivery of care through community clinics and health centers for</li> </ul>	<ul style="list-style-type: none"> <li>➢ Eliminating the barrier to neighborhood health clinics (AB 1643)</li> <li>➢ Raising Medi-Cal rates for doctors to Medicare levels (AB 1312)</li> <li>➢ Encouraging doctors to provide</li> </ul>	

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				uninsured individuals	more charity care through tax breaks ➤ Increasing the number of well-trained nurses	
<b>Are there tax incentives?</b>	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Align state tax laws with federal laws to allow state tax deductible contributions to Health Savings accounts</li> <li>➤ Employers required to establish Section 125 plans allowing employees to spend pre-tax dollars on health expenses</li> </ul>	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Employers required to establish Section 125 plans allowing employees to use pre-tax dollars on health expenses</li> </ul>	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Employers required to establish Section 125 plans allowing employees to use pre-tax dollars on health expenses</li> </ul>	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Tax deductibility for individuals who purchase insurance</li> <li>➤ Provides employer tax incentives to purchase insurance</li> <li>➤ Employers encouraged to establish Section 125 plans allowing employees to use pre-tax dollars for health expenses</li> <li>➤ Provides a tax credit to doctors and hospitals who pursue health IT</li> </ul>	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ HSA's for Individuals (AB 84 &amp; 245)</li> <li>➤ HSA's for business (AB 85)</li> <li>➤ State tax breaks for health care, dental, and vision expenses (AB 1040)</li> <li>➤ Tax credits for doctors who provide charity care (AB 1592)</li> </ul>	<ul style="list-style-type: none"> <li>➤ No</li> </ul>
<b>What will be done to</b>	<ul style="list-style-type: none"> <li>➤ Restrictions on scope of practice</li> </ul>	<ul style="list-style-type: none"> <li>➤ Electronic Medical Records</li> </ul>	<ul style="list-style-type: none"> <li>➤ Managed competition through</li> </ul>	<ul style="list-style-type: none"> <li>➤ Make hospital and</li> </ul>	<ul style="list-style-type: none"> <li>➤ Encouraging Medi-Cal patients to</li> </ul>	<ul style="list-style-type: none"> <li>➤ Rate Setting</li> <li>➤ Certificate of</li> </ul>

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<b>control rising costs?</b>	<p>removed in order to promote certain delivery models such as retail clinics</p> <ul style="list-style-type: none"> <li>➢ Pilot for 24-hour care merging workers compensation and traditional health insurance</li> <li>➢ Health plans will be required to offer "healthy actions" rewards and incentive packages</li> <li>➢ Evidence Based Practices</li> <li>➢ Promotion of Health Information Technology (HIT) and Electronic Medical Records (EMR)</li> <li>➢ Link future Medi-Cal rate increases with performance standards</li> <li>➢ Adjust seismic safety requirements for hospitals</li> <li>➢ Quality assurance monitoring</li> <li>➢ Health Promotion</li> <li>➢ 85% of hospital and health plan revenue must be spent on</li> </ul>	<ul style="list-style-type: none"> <li>➢ Chronic disease management for asthma, diabetes, and heart disease</li> <li>➢ Pay for performance for state-funded health coverage programs</li> <li>➢ Uniform benefit design to simplify administrative costs</li> <li>➢ Transparency of costs and prices</li> </ul>	<p>choice of health plan</p> <ul style="list-style-type: none"> <li>➢ Ability to buy into Medi-Cal managed care</li> <li>➢ Emphasis on evidence-based practices</li> </ul>	<p>provider pricing information more available to consumers.</p> <ul style="list-style-type: none"> <li>➢ Prioritize seismic upgrades for hospitals at greatest risk.</li> </ul>	<p>become more active participants in their care</p> <ul style="list-style-type: none"> <li>➢ Providing 24 hour care (AB 1619)</li> <li>➢ Financial incentives will be granted to those practicing preventative health</li> <li>➢ Create patient awareness of the high cost of medical care</li> <li>➢ Transparency of provider rates</li> <li>➢ Provide health 'counselors' and health education</li> <li>➢ Health transactions will be conducted electronically without cash</li> </ul>	<p>Need for capital expenditures</p> <ul style="list-style-type: none"> <li>➢ Streamlining administration: estimated \$29B of cost savings in administrative costs</li> <li>➢ All preventative care covered by CHIS</li> <li>➢ Electronic billing and reporting systems</li> <li>➢ Postponing new benefits and possibly a reduction in existing benefits</li> <li>➢ Providers gain the right to collectively negotiated rates and fees</li> <li>➢ Adjusting provider reimbursements to correct for inappropriate utilization.</li> <li>➢ Limiting provider reimbursements above a specified amount of aggregate billing</li> <li>➢ Bulk purchasing of pharmaceuticals and medical</li> </ul>

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	patient care					equipment
<b>Insurance Reforms</b>	<ul style="list-style-type: none"> <li>➤ Guaranteed issue in the individual market</li> <li>➤ Rates will be based on age and geographic region only</li> <li>➤ 85% of health plan premiums must be spent on patient care</li> </ul>	<ul style="list-style-type: none"> <li>➤ Standardization of underwriting guidelines to prevent exclusion of individuals based upon minor preexisting conditions</li> <li>➤ Extends small group market reform including guaranteed issue and guaranteed renewal to mid-sized companies</li> <li>➤ Health plans must spend 85% of revenue on patient care</li> <li>➤ Requires health plans to offer three uniform benefits designs in and out side of Cal-CHIPP</li> </ul>	<ul style="list-style-type: none"> <li>➤ Guaranteed issue in the individual market</li> <li>➤ Extends small group market reform including guaranteed issue and guaranteed renewal to mid-sized companies</li> <li>➤ Health plans must spend 85% of revenue on patient care</li> </ul>	<ul style="list-style-type: none"> <li>➤ Encourage greater availability of benefit designs that conform to federal requirements for HSAs and high-deductible health plans (HDHPs).</li> <li>➤ Requires the Department of Managed Health Care (DMHC) and the Department of Insurance (DOI) to allow plans to put more flexible and more affordable products on the market.</li> <li>➤ Require CA Public Employees Retirement System (CalPERS) to</li> </ul>	<ul style="list-style-type: none"> <li>➤ Guaranteed coverage for individuals with pre-existing conditions through MRMIP (AB 1378)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Eliminating private insurance</li> <li>➤ Creation of a single-payor health system where everyone would be provided coverage</li> <li>➤ CHIS would be the primary policy for all Californians regardless of income level</li> </ul>

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				offer HDHPs and HSAs to state employees. ➤ Permit greater flexibility for premiums in the small group market.		
<b>Improved Health Outcomes</b>	<ul style="list-style-type: none"> <li>➤ "Healthy Actions Incentives/ Rewards"</li> <li>➤ Diabetes prevention and self-management and improved screening of disease</li> <li>➤ Reducing medical errors</li> <li>➤ Electronic prescriptions by 2010</li> <li>➤ Health care safety measures</li> <li>➤ Improve patient safety</li> <li>➤ Fighting Obesity</li> <li>➤ Emphasis on fitness and wellness and health promotion from CHHS</li> </ul>	<ul style="list-style-type: none"> <li>➤ Health care provider performance measurement benchmarks</li> <li>➤ Emphasis on fitness and wellness and health promotion from CHHS</li> <li>➤ Focus on preventative health for chronic conditions</li> </ul>				<ul style="list-style-type: none"> <li>➤ Establishes a system of medical standards that rely on best available medical science with an emphasis on preventative and primary care</li> </ul>
<b>Mental Health Benefits</b>	<ul style="list-style-type: none"> <li>➤ Mental Health/Substance Abuse/Alcoholism</li> </ul>					

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	<p>benefits for those in the purchasing pool will be identical to those in the Healthy Families Program</p> <p><i>Mental Health:</i></p> <ul style="list-style-type: none"> <li>➤ Diagnosis and treatment of mental illness. Outpatient and inpatient services are provided without limit for serious mental illnesses. All non-serious mental illnesses are limited to 20 outpatient and 30 inpatient hospital services</li> <li>➤ No charge for inpatient services</li> <li>➤ \$5 per visit for outpatient services</li> </ul> <p><i>Alcohol and Drug Abuse</i></p> <ul style="list-style-type: none"> <li>➤ Inpatient: As medically appropriate to remove toxic substances from the system</li> <li>➤ Outpatient: 20 visits per benefit year</li> </ul>					

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	(Some plans may choose to increase the number of visits in a benefit year if outpatient services are determined medically necessary) <ul style="list-style-type: none"> <li>➤ No charge for inpatient services</li> <li>➤ \$5 per visit for outpatient services</li> </ul>					
<b>Changes to Women's Programs</b>	<ul style="list-style-type: none"> <li>➤ AIM will disappear as women have full coverage</li> <li>➤ MRMIB high risk pool will become obsolete and disappear because of guaranteed issue/guaranteed renewal guidelines</li> </ul>	<ul style="list-style-type: none"> <li>➤ No specific changes proposed to existing women's programs</li> </ul>	<ul style="list-style-type: none"> <li>➤ No specific changes proposed to existing women's programs</li> </ul>	<ul style="list-style-type: none"> <li>➤ No specific changes proposed to existing women's programs</li> </ul>	<ul style="list-style-type: none"> <li>➤ No specific changes have been proposed to existing women's programs</li> </ul>	<ul style="list-style-type: none"> <li>➤ All programs and funding consolidated into single payor system</li> </ul>

Sources: