

Prepared by Adam Dougherty

| | President Obama Plan | S.334: Healthy Americans Act (Senators Wyden-Bennett) | Call to Action: Health Reform 2009 (Senator Baucus) | H.R.676: The United States National Health Insurance Act (Representative Conyers) |
|--|---|---|--|---|
| OVERVIEW | | | | |
| Eligibility | All citizens and legal permanent residents | All citizens and legal permanent residents | All citizens and legal permanent residents | All citizens and all residents |
| Benefits | Federal Health Benefits Plan (dental, vision?) | Federal Health Benefits Plan | Yes, established by Independent Health Coverage Council | Yes, (including long term care) |
| Purchasing Pools | Yes, optional National Health Insurance Exchange (NHIE) | Yes, through state-based pools | Yes, optional Health Insurance Exchange (HIE) | Yes, federal single-payer |
| Role of Insurance | Private and public insurers compete | Private insurers compete | Private and public insurers compete | Private insurance eliminated |
| Insurance Reforms | Yes, guaranteed issue and renewal | Yes, guaranteed issue and renewal with community-rated premiums | Yes, guaranteed issue and renewal | Eliminated |
| Other Insurance Reforms | <ul style="list-style-type: none"> - Continued family coverage up to age 25 - Transparency in plans' administrative and care costs - Prevent insurer monopoly power by requiring "minimum loss ratios" in less competitive markets | <ul style="list-style-type: none"> -Require prevention, wellness and chronic care programs - Require reporting of outcome data and loss ratio information | Limit ratings based on age | <ul style="list-style-type: none"> - Global budgets and capitation payments for non-profit HMOs - Eliminate for profit HMOs |
| Individual Mandate | Children only: parents must enroll their children | Yes, enforced by the IRS | Yes, with subsidies for individuals under 400% FPL | All residents enrolled |
| Financing | Combination of private premiums and taxes | Combination of private premiums and taxes | Combination of private premiums and taxes | Taxes |
| Favorable Tax Treatment for Employment-Based Coverage | Unchanged | Eliminated; savings used to subsidize premiums | Capped and savings used to subsidize premiums | Eliminated |

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| OVERVIEW (cont.) | | | | |
| Employer Financing and Role | Yes, all must “pay or play” (small businesses exempt) | Yes, all must make an employer payment ¹ | Yes, all must “pay or play” with contributions based on size | Payroll tax |
| Medicare/Medicaid/SCHIP | Expand coverage to parents and other adults (MIAs) (income limits undefined) | Converted into supplemental “wrap-around” of FEHB private coverage | Establish national minimum of 100% FPL for Medicaid and 250% FPL for SCHIP, offer Medicare buy-in for 55-64 age group | Absorbed into single program |
| SYSTEM REFORM | | | | |
| Reform Model | Managed competition with public plan option | Managed competition | Managed competition with public plan option | Single payor as regulator, not provider |
| Prevention Services and Disease Management Programs | Required for plans purchased through NHIE | Required | Immediate program for uninsured, Required for plans through HIE | Covered under system |
| Health IT Investment | \$20 billion over 2 years ² | HIT investment | HIT investment | HIT investment |
| Primary Care | Primary Care, Medical Home Model | Primary Care, Medical Home Model | - Medical Home Model - Prospective payment system for FQHCs - Bolstering community health centers and rural health clinics | Fee for service and free choice of providers |
| Medical Malpractice Reform | Strengthening antitrust laws to prevent insurer overcharging | Bonus payments to states implementing reform | Federal assistance for state-based alternatives and possibly a specialized health court | Not specified |

¹ Employment-based coverage likely to be greatly reduced as individuals have incentive to enroll in the pools’ private plans

² Stimulus Package Proposal

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| SYSTEM REFORM (cont.) | | | | |
| Hospital Reforms | <ul style="list-style-type: none"> - Transparency of cost, price and quality information - Pay for performance | <ul style="list-style-type: none"> - Transparency - Require reporting of outcome data | <ul style="list-style-type: none"> - Increase transparency, require collection of data on outcomes and medical error - Align payment incentives for quality - Bundling | <ul style="list-style-type: none"> - Global budgets - Restraints on capital spending |
| Cost Sharing | Premiums, copays and deductibles | Income-based “individual responsibility” premiums, copays and deductibles | Individual premiums, copays and deductibles | None |
| Financial Incentives | P4P: Performance thresholds and outcome measures in the NHIE | Cost-effective insurance plans | P4P Program, Lifestyle-based premiums, Bundled services | Non-profit system |
| Other Cost Containment Mechanisms | <ul style="list-style-type: none"> - Generics and pharmaceutical imports - Eliminate excessive Medicare Advantage subsidies - Simplified paperwork - Transparency in hospital/provider cost and quality | <ul style="list-style-type: none"> - Standardized private plans - Administrative savings from decoupling employer from healthcare infrastructure - Standardized billing/claim forms | <ul style="list-style-type: none"> - Realign payment incentives for quality - Bundled payments - More focus on fraud and abuse | <ul style="list-style-type: none"> - Global operating budgets - Conversion to non-profit system |
| Other System Redesign Features | <ul style="list-style-type: none"> - Institute for Comparative Effectiveness - Address health disparities - Require plans to collect, analyze, and report quality data | <ul style="list-style-type: none"> - Creates Health Help Agencies (??) as state-based pools | <ul style="list-style-type: none"> - Infrastructure development - Comparative effectiveness - Promoting provider collaboration and accountability | <ul style="list-style-type: none"> - All providers must be public or non-profit - Freedom of provider choice |

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| COSTS | | | | |
| Projected Costs | \$50-\$60 billion per year Over \$2000 in projected savings per insured individual | \$812.9 billion, through redirection of funds and savings, predicated on health budget neutrality | Not specified | \$1.86 trillion, predicated on health budget neutrality |
| Changes in Tax Policy | - Additional tax credits for small employers and individuals - Discontinue Bush tax cuts for incomes of \$250,000+ | Progressive federal subsidies through tax code | - Progressive subsidies for self-employed, low-income - Cap on employment based premiums excluded from wages for tax purposes | - Increased income tax on top 5% of earners - Progressive employer payroll tax - Small tax on stock and bond transactions |
| Refundable Tax Credit – Employer | Small business tax credit up to 50% of premiums | None | Small Business Tax Credit | None |
| Refundable Tax Credit – Individual | Income-based and sliding scale | Income-based, sliding scale subsidy up to 400% FPL | Income-based, sliding scale subsidy up to 400% FPL | None |
| Other Financing | | -Transitional period where employer shifts funds from insurance coverage to wage increase - Recapture DSH funds to strengthen Medicare | | Consolidation of all public programs |

Sources

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- Obama-Biden Plan to Provide Affordable, Accessible Health Care to All, 2008
- Physicians for a National Health Program, Executive Summary of The United States National Health Insurance Act (HR676),