

National Healthcare Reform

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Past Presidents Who Fought for Reform



Theodore Roosevelt



John F. Kennedy
(pic from thefamouspeople.com)



Harry S. Truman
(pic from flash-pack.com)



Bill Clinton
(pic from historyspace.com)

Background

- On November 17th, 2009 – The House passed its version of Federal Health care reform
- On December 24th, 2009 – The Senate passed its version of Federal Health care reform
- On January 19th, 2010 – The election of Republican Scott Brown to replace the late Massachusetts Senator Edward M. Kennedy threatened to stop passage of the bill.
- To pass the bill now, the House would need to approve the Senate's version without changes, to avoid a filibuster.



Ted Kennedy

Photo from philadelphia-reflections.com

Background Cont'

- On the evening of March 21st, The Patient Protection and Affordable Care Act (HR 3590) and the Reconciliation bill (HR 4872) were passed by the US House of Representatives
 - 219-212 with no Republican support
- Tuesday, March 23rd President Obama signed HR 3590 into law
- On March 25th, the Senate passed Reconciliation bill, with amendments. That same night the House voted and concurred in the Senate Amendments
- On March 30th the President signed the Reconciliation bill
- Cost to Federal Government **\$938 billion** over the next 10 years; will reduce deficit by **\$143 billion** over a decade

The Winners

- Uninsured Americans, Americans with pre-existing conditions, and those who have been sick and cut off from insurance – 32 million more Americans will have insurance & be protected from losing it
- President Obama
- House Speaker Nancy Pelosi –after the health care summit, Pelosi met almost continually with her caucus to ensure passage



Winners Cont'

- Labor Unions
- Pharmaceutical Industry – Avoided negotiations over drug prices as part of the bill.
- Public Option Foes: No public option was signed; however Obama is still fighting to have one
- Louisiana – Got \$300 million in federal subsidies for Medicaid
- Pro Life Democrats – No abortion funding in bill

The Losers

- Swing State Democrats – Republicans have vowed that this healthcare bill will be a fighting point on the next election cycle. Many Democrats risked their careers to pass this bill.
- Bipartisanship – This healthcare reform bill was passed without a single Republican vote. (Medicare and Social Security when passed had large bipartisan support)
- Tea Party Movement – Failed to get enough pressure and votes to keep reform from passing

Losers Cont'

- High Wage Earners – Individuals earning more than \$200,000 and couples earning more than \$250,000 will have a new Medicare payroll tax starting in 2013
- Death Panels – Were never a part of the legislation and didn't catch enough hype to scare people
- State Budgets – Reform is likely to add to states deficits
- Public Option Advocates
- American Medical Association – No SGR fix and No Tort Reform

Effect on Individuals

- 1.7 million people will be enrolled in Medicaid and 3.2 million will have to buy private insurance or use the Health Insurance Exchange (out of 5.1 million uninsured, eligible Californians)
- Americans will have access to the same insurance available to Members of Congress
- Patients may continue to see the physician of their choice
- Allows parents to keep children on their insurance until child is 26 years old
- Medicaid will be expanded to families who earn less than 133% of the poverty level (that is \$29,327 for a family of four)

Effect on Insurance Companies

- 85% of revenue must be directed back toward direct patient care rather than overhead and profit
- Must reduce billing hassles through administrative streamlining and simplification
- CANNOT deny coverage to individuals with pre-existing conditions and CANNOT stop coverage when individual gets sick

Effect on Physicians

- 50% rate increase over 5 years for primary care physicians
- 50% rate insurance over 5 years for general surgeons practicing in rural areas over
- Bonuses for physicians who run medical homes or coordinate care



Time Line

2010

Individuals with pre-existing conditions will have access to insurance

Small business will begin to receive tax credits for providing insurance to employees

Mandates insurance companies to give children with pre-existing conditions access to insurance

All new health plans must provide dollar coverage for preventative care

Allows parents to keep their children on their insurance until they reach the age of 25

Provides funding for new community health centers and provides better funding for primary care practitioners who work in under privileged areas

Mandates health plans to create an efficient appeals process for individuals

Creates a web site for individuals, and small businesses to obtain important information

Begins rebates to close Medicaid Part D "Donut Hole"

Launches a protection plan for hospitals and providers who play a critical role in families with Medicare, but do not serve many

Creates an institution whose purpose is to test the effectiveness of the program and develop strategies to improve it

Allows states to cover families who are within 133% of the federal poverty level

Puts new requirements on non-profit hospitals

Gives tax credits and incentives to individuals involved with Adoptions

Gives tax credits and incentives to new therapies

Establishes a National Health Care Workforce Commission

Encourages health care professionals by improving on loans and scholarships

Time Line

2011

PRIMARY CARE DOCTORS AND SURGEONS WHO ACCEPT MEDICARE WILL GET A 10% BONUS

ESTABLISHES A “CENTER FOR MEDICARE & MEDICAID INNOVATION” TO FIND WAYS TO REDUCE COSTS AND IMPROVE CARE

**CREATES A HEALTH INSURANCE CONSUMER ASSISTANCE PROGRAM BY AWARDING GRANTS TO STATES
IMPROVES TRANSITIONAL CARE FOR HIGH RISK MEDICARE BENEFICIARIES**

ADJUSTS THE MEDICARE GRADUATE MEDICAL EDUCATION PROGRAM TO INCREASE THE AMOUNT OF HEALTH CARE WORKERS

**ON OCTOBER 1ST, COUNTIES CAN USE MEDICAID FUNDING FOR FUNDING OF SERVICES FOR THE DISABLED
50% DISCOUNTS WILL BE GIVEN FOR BRAND-NAME DRUGS TO CLOSE THE PART D “DONUT HOLE”**

CREATES A TAX-FREE BENEFIT FOR SMALL BUSINESSES TO PROVIDE HEALTH CARE TO EMPLOYEES

Time Line

2012

ENCOURAGES PHYSICIANS TO WORK TOGETHER AND CREATE AN “ACCOUNTABLE CARE ORGANIZATION” TO IMPROVE QUALITY AND EFFICIENCY.

CREATES A TRACKING SYSTEM OF HOSPITAL READMISSIONS RATES TO DRIVE DOWN HEALTH CARE COSTS
LINKS PAYMENT TO QUALITY OUTCOMES

2013

REDUCE ADMINISTRATIVE COSTS BY CREATING A UNIFORM SYSTEM BETWEEN HEALTH PLANS

ENCOURAGES PHYSICIANS, HOSPITALS, AND DOCTORS TO WORK TOGETHER TO REDUCE MEIDCARE COSTS

TAX INCREASES FOR INDIVIDUALS MAKING MORE THAN \$200,000/YEAR AND COUPLES MAKING OVER \$250,000

EXCISE TAX IMPOSED ON MEDICAL DEVICES (INCLUDING HEARING AIDS)

FEEES IMPOSED ON INSURED AND SELF-INSURED PLANS

Time Line

2014

STOPS HEALTH INSURANCE PLANS FROM DROPPING COVERAGE BECAUSE INDIVIDUALS GOT SICK. ALSO DOESN'T ALLOW INSURANCE COMPANIES TO NOT INSURE AN INDIVIDUAL BECAUSE OF PRE EXISTING CONDITIONS

REMOVES ANNUAL LIMITS FROM INSURANCE PLANS

DOES NOT ALLOW INSURANCE COMPANIES TO DROP COVERAGE TO INDIVIDUALS WHO PARTICIPANT IN HEALTH CARE TRIALS

CREATES A HEALTH INSURANCE EXCHANGE SO SMALL BUSINESSES AND INDIVIDUALS CAN SHOP AROUND FOR GOOD INSURANCE

CREATES A "MULTI-STATE" OPTION FOR INSURANCE

CREATES A TAX CREDIT TO ENSURE PEOPLE CAN AFFORD COVERAGE. GIVES TAX CREDITS TO PEOPLE WHO ARE 400% BELOW THE POVERTY LEVEL

MAKES HAVING INSURANCE MANDATORY WITH RISK OF PENALTY

REQUIRES SMALL EMPLOYERS WITH OVER 50 EMPLOYEES TO OFFER INSURANCE OR TO PAY FEES

INCREASES MEDICAID ELIGIBILITY TO INDIVIDUALS WHO ARE IN THE 133% OF FEDERAL POVERTY

CREATES A NEW TAX ON INSURANCE COMPANIES