

Provisions of Health Care Overhaul Bills Compared

The bill introduced by Senate Finance Chairman Max Baucus, D-Mont., would cost \$774 billion over 10 years, and, according to Baucus, be fully offset. All House and Senate versions of the bill would allow the purchase of insurance through exchange markets, bar lifetime limits on health care benefits, and prohibit denial of coverage based on pre-existing conditions. However, there are major differences among the bills.

	SENATE VERSIONS		HOUSE VERSIONS <i>Three House committees marked up the same legislation (HR 3200)</i>		
	Senate Finance <i>proposed Sept. 16</i>	Health, Education Labor and Pensions <i>approved July 15</i>	Ways and Means <i>approved July 17</i>	Education and Labor <i>approved July 17</i>	Energy and Commerce <i>approved July 31</i>
Employer mandate <i>Penalizes employers who don't offer insurance</i>	No. Starting in 2013, employers with more than 50 workers must repay the government for tax credits for employees.	Yes; exempts employers with 25 or fewer employees.	Yes; exempts employers with payroll under \$250,000	Yes; exempts employers with payroll under \$250,000	Yes; exempts employers with payroll under \$500,000
Fines <i>Would be administered to those who don't get insurance</i>	Yes; includes hardship exemption	Yes; includes hardship exemption for those unable to find affordable coverage	Yes; includes hardship exemption	Yes; includes hardship exemption	Yes; includes hardship exemption
Individual mandate <i>Requires everyone to have health insurance</i>	Yes, with exceptions	Yes	Yes	Yes	Yes
Offsets	<i>See box, p. 26</i>	Not specified	Combination of surtax on wealthy Americans and cost cuts within programs such as Medicare	Not specified	Not specified
'Public option' <i>A government-run health insurance plan designed to compete with private insurers</i>	No. Proposes nonprofit, consumer-owned co-operatives that would offer alternatives to existing insurance plans.	Yes; the government would negotiate payment rates with health care providers	Yes. Public option provider rates would be 5 percent higher than Medicare rates for the first three years. After that, the administration would set rates.	Yes. Public option provider rates would be 5 percent higher than Medicare rates for the first three years. After that, the administration would set rates.	Yes; the government would negotiate payment rates with health care providers
Subsidies <i>Government funds to assist in the purchase of health insurance</i>	Yes. Would give tax credits to small businesses and low and middle-income families; undocumented immigrants ineligible	Yes	Yes	Yes	Yes; lower subsidies for low-income families than other House versions
Other	<ul style="list-style-type: none"> ■ Expands Medicaid to those at 133 percent below poverty level or less ■ Medicare would reward providers and hospitals for quality care ■ Low- to moderate-income Part D recipients would pay half price for brand-name drugs during "donut hole" gap in coverage ■ Individual or small-employer policies must offer certain coverage and meet requirements of one of four benefit categories 	<ul style="list-style-type: none"> ■ 12 years of data exclusivity for biologic drugs ■ Emphasizes prevention and wellness ■ Voluntary insurance program for community-based assisted-living services 		<ul style="list-style-type: none"> ■ Emphasizes prevention and wellness ■ Opens insurance exchange to families that spend more than 11 percent of their income on health care, to some retirees, and to more small businesses 	<ul style="list-style-type: none"> ■ 12 years of data exclusivity for biologic drugs ■ Authorizes government to negotiate prices for Medicare Part D prescription drugs