

HEALTH CARE COMPARED

Here's a general look at the similarities and differences between legislation from House and Senate committees aiming to reform the nation's health care system.

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As Congress returns to work this fall, lawmakers have two broad, similar outlines of how to overhaul health care waiting. One includes legislation crafted by three House of Representatives committees. The other was passed by the Senate Health, Education, Labor and Pensions Committee, and neither had much, if any, Republican input.

Both alternatives back a "public option," where government insurance would compete with private plans. Both establish health care "exchanges" where consumers would shop for the best deals. And both bar insurers from refusing to cover people because of pre-existing conditions.

The House is expected to vote on a plan in mid-September, while Senate prospects are less certain.

Still to come is legislation from the Senate Finance Committee, likely later in September. Its

legislation will probably be combined with the health committee's bill — but no one is sure when or how.

That committee's action could go a long way in determining whether anything gets passed this year. Six negotiators, three from each party, have been talking privately for weeks, trying to iron out a compromise that can win bipartisan support.

Chances are it won't include the public option, and it's unlikely to have many of the taxes contained in the bills.

The negotiators' task will be even more difficult when Congress returns, thanks to some sharp criticism and loud protests this summer by opponents of the Democrats' health care plans.

Notably, Sen. Mike Enzi, R-Wyo., said in a recent GOP weekly radio address that the Democratic proposals are too costly.

Several questions loom: How directly involved will President Barack Obama get? Will the death of Sen. Edward Kennedy be a calming influence on

senators and give them a new push to move ahead? Are Republicans emboldened by polls and people at town meetings showing increasing skepticism?

Senate Finance Committee Chairman Max Baucus, D-Mont., recently told the Associated Press, "I think the chances are still good" for an agreement and the negotiators plan to keep talking.

Should those talks fall apart, Democrats could wait until mid-October to seek a Senate vote on a plan. Thanks to a rules change, only 51 votes would be needed to move health care legislation forward, instead of the usual 60 needed to break a filibuster. Democrats currently control 59 Senate seats.

Party leaders are wary of using the rule, though, fearing any plan passed under those circumstances will have a distinctly partisan hue.

At the moment, that partisan tone colors the legislation that's been passed by committees so far. Here, in general terms, is how current legislation looks:

HOUSE

SENATE

CONSUMER CHOICE

■ A new "health insurance exchange" would allow people without other health insurance to comparison shop among private and public insurers for coverage. While it would be a national exchange, states could choose to operate their own if they follow federal rules.

■ The "affordable health benefit gateway" will allow comparison shopping for people without other coverage. The gateways can be established by the federal government or states, which also can form regional gateways.

PUBLIC OPTION

■ Consumers eligible for the exchange — generally people without coverage — will be able to choose insurance from the private sector or a government-run plan, subject to the same standards and consumer protections as private plans.

■ Virtually the same as the House.

CONSUMER OPTIONS

■ Most consumers must choose an insurance plan. If not, they will pay a penalty of 2.5 percent of their adjusted gross income above a certain level. If a consumer can demonstrate financial hardship, they would not be penalized.

■ Most consumers must choose a plan. Exemptions would be available for people with no access to affordable coverage or those who would incur "exceptional financial hardship." Minimum penalty for not getting coverage would be \$750 per year.

EMPLOYER RESPONSIBILITY

■ Employers with payrolls of more than \$500,000 must provide coverage to employees and meet minimum benefit and contribution standards. Or they can contribute funds to the Health Insurance Exchange Trust Fund, which provides subsidies to people having trouble affording coverage. Employers would pay up to 8 percent of their payroll.

■ Employers with more than 25 workers must offer coverage. If they do not, or if they pay less than 60 percent of employees' monthly premiums, they would be hit with a \$750 annual fee per uninsured full-time employee and \$375 per uninsured part-time employee.

AFFORDABILITY

■ Would offer credits to low- and moderate-income people. Credits would decline with income, and would end when income hits 400 percent of federal poverty level, or \$43,000 per individual or \$88,000 for a family of four.

■ Provides credits similar to those in House bill.

COST

■ About \$1.04 trillion over the next 10 years, according to Congressional Budget Office.

■ CBO estimates cost at \$615 billion over 10 years.

TAXES AND SAVINGS

■ \$544 billion would come from a health care surcharge, or tax. For married couples, the surcharge would be 1 percent of income between \$350,000 and \$500,000; 1.5 percent for income between \$500,000 and \$1 million and 5.4 percent above \$1 million. Other savings are projected to come from reduced health care costs.

■ Not clear precisely how bill would be funded; still under consideration by the Finance Committee.

SMALL BUSINESS

■ Businesses with payrolls of less than \$500,000 are exempt from having to provide coverage. Those with payrolls between \$500,000 to \$750,000 must provide partial help, and others would be subject to penalties if they did not provide coverage. Also, a new small business tax credit would be created to help firms that wanted to provide coverage.

■ Employers with 25 or fewer full-time workers would be exempt from having to provide coverage. Also includes a small business tax credit.

INSURANCE REFORMS

■ Companies cannot exclude coverage of treatments for pre-existing conditions, cannot cap lifetime or annual benefits or charge higher rates because of health status, gender and other factors. Premiums can be adjusted for age, geography and family size.

■ Virtually the same.

MEDICAID

■ Expands coverage of Medicaid, a federal-state program that generally provides health care to those who cannot afford it, to all individuals below 133 percent of the nation's poverty level. (Find more on Medicaid at: <http://www.cms.hhs.gov/MedicaidGenInfo/>)

■ Expands Medicaid coverage to all individuals below 150 percent of the nation's poverty level.

FOR MORE INFORMATION ONLINE

- Kaiser Family Foundation: <http://healthreform.kff.org/>
- Families USA: www.familiesusa.org/august-recess-tool-kit/
- Senate Health, Education, Labor and Pensions Committee's legislation: http://help.senate.gov/Maj_press/2009_07_15_b.pdf
- House Energy and Commerce Committee's legislation: <http://tinyurl.com/ECClegislation>

