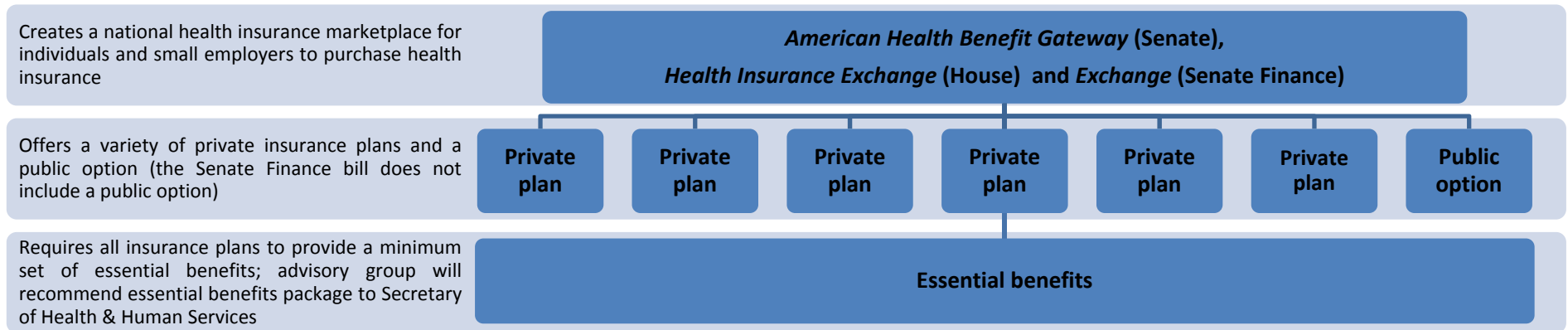


Federal Health Care Reform Framework



Health Care Reform Proposals Pending in Congress as of September 21, 2009¹

Access to affordable health care is a basic human right. It is essential to living a dignified life. As Congress considers the following three major health care reform proposals, we are called to advocate for affordable health care that truly protects and supports the life, dignity and health of all people.

Catholic Principles on Health Care Reform	Current Senate Bill <i>Affordable Health Choices Act</i>	Current House Bill (H.R. 3200) <i>America's Affordable Health Choices Act</i>	Current Senate Finance Bill <i>America's Healthy Future Act of 2009</i>
Cover all people	All three bills have the potential to provide affordable health insurance to our 49.1 million uninsured neighbors by: expanding Medicaid and Children's Health Insurance Plan (CHIP) eligibility; offering individuals and families with low to moderate incomes subsidies to purchase health insurance; and requiring individuals to obtain health care coverage through an individual mandate.		
Exclude mandated coverage for abortion	Grants the Medical Advisory Council the ability to recommend to Secretary of Health and Human Services Kathleen Sebelius that abortion be included as an essential health care benefit.	Grants Secretary of Health and Human Services Kathleen Sebelius the ability to mandate coverage for elective abortion (<i>abortion in instances where pregnancy is not due to rape or incest, and is not necessary to save the life of the mother</i>) in the public option.	

¹ The Senate Committee on Finance is scheduled to begin marking up *America's Healthy Future Act of 2009* on September 22, 2009. Committee members filed 564 amendments to the Chairman's Mark.

		<p>Prohibits abortion coverage from being required as part of the essential benefits package.</p> <p>Prohibits the Health Benefits Advisory Committee from recommending to Secretary of Health and Human Services Kathleen Sebelius that abortion be included in the essential benefits package.</p> <p>Private plans are not required to cover abortion; nor are they prohibited from covering abortion.</p> <p>Requires at least one health insurance plan in each Exchange that covers elective and non-elective abortion (<i>abortion in instances where pregnancy is due to rape or incest, or is necessary to save the life of the mother</i>); and requires at least one health insurance plan in each Exchange that does not cover elective abortion.</p>	<p>Prohibits elective abortion coverage from being mandated as part of the minimum benefits package.</p> <p>Private plans are not required to cover abortion; nor are they prohibited from covering abortion.</p> <p>Requires at least one health insurance plan in the Exchange that covers elective and non-elective abortion; and requires at least one health insurance plan in the Exchange that does not cover elective abortion.</p>
<p>Uphold longstanding laws that restrict abortion funding</p>	<p>If abortion is included as an essential health care benefit, federal funds will subsidize abortion in the public option (community health insurance option).</p> <p>Federal funds, in the form of premium credits, will subsidize abortion in private plans.</p>	<p>If the Secretary of Health and Human Services mandates coverage of elective abortion in the public health insurance option, federal funds will subsidize abortion.</p> <p>States that affordability credits (federal funds) cannot pay for elective abortion. Requires private plans covering elective abortion to segregate funds, and specifies that an enrollee's private premium dollars must pay for the cost of the elective abortion. Outlines an accounting method to segregate public funds</p>	<p>States that tax and cost-sharing credits (federal funds) cannot pay for elective abortion. Requires private plans covering elective abortion to segregate funds, and specifies that an enrollee's private premium dollars must pay for the cost of the elective abortion. Instructs the Secretary of Health and Human Services to create an accounting</p>

		<p>from private funds, thereby giving the impression that federal funds will not subsidize elective abortion. However, this is incorrect. Federal taxpayer funds will subsidize the operating budget and provider networks that expand access to abortion. Therefore, federal funds will subsidize abortion in private plans.</p>	<p>method to segregate public funds from private funds, thereby giving the impression that federal funds will not subsidize elective abortion. However, this is incorrect. Federal taxpayer funds will subsidize the operating budget and provider networks that expand access to abortion. Therefore, federal funds will subsidize abortion in private plans.</p>
<p>Uphold longstanding laws that protect conscience rights</p>	<p>Only prohibits health insurance plans from discriminating against health care providers or entities because of their unwillingness or willingness to <i>perform</i> abortions. Prohibition does not apply to emergencies.</p>	<p>Prohibits health insurance plans from discriminating against health care providers or facilities because of their unwillingness or willingness to provide, pay for, provide coverage of, or refer for abortion.</p> <p>States that the House bill does not affect federal laws regarding: conscience protection; the willingness or refusal to provide abortion; or discrimination on the basis of the willingness or refusal to provide, pay for, cover, or refer for abortion, or to provide or participate in training to provide abortion.</p>	<p>States that the Senate Finance bill does not affect federal conscience protections and abortion-related anti-discrimination laws.</p>
<p>Specifically address the needs of people who are poor & vulnerable</p>	<p>Expands Medicaid to all individuals (pregnant women, children, parents, and adults without dependent children) with incomes up to 150% of the Federal Poverty Level (FPL) (\$16,245 for an individual; and \$33,075 for a family of four).</p>	<p>Expands Medicaid to all individuals (pregnant women, children, parents, and adults without dependent children) with incomes up to 133% of the FPL (\$14,404 for an individual; and \$29,327 for a family of four).</p> <p>Extends Medicaid coverage to childless adults enrolled in qualified health coverage six months prior to becoming Medicaid eligible.</p>	<p>In 2014, expands Medicaid to all individuals (pregnant women, children, parents, and adults without dependent children) with incomes up to 133% of the FPL (\$14,404 for an individual; and \$29,327 for a family of four).</p> <p>Extends Medicaid coverage to childless adults. Adults with incomes between 100% and 133% of the FPL (between \$10,830 and \$14,404) can either obtain coverage through Medicaid or through the Exchange.</p>

Individuals eligible for CHIP can either enroll in CHIP or a plan through a Gateway.

Offers individuals and families with incomes between 150% and 400% of the FPL (between \$16,245 and \$43,320 for an individual; and between \$33,075 and \$88,200 for a family of four) premium credits on a sliding scale.

Individuals with incomes less than 400% of the FPL will pay no more than 12.5% of their incomes for their yearly premium (\$5,415); and individuals with incomes less than 150% of the FPL will pay no more than 1% of their incomes for their yearly premium (\$163). Individuals eligible for Medicaid will not be eligible for premium credits to purchase health insurance through a Gateway.

Requires CHIP enrollees to obtain coverage through an Exchange after the Secretary of Health and Human Services Kathleen Sebelius certifies comparability of coverage and uninterrupted transition.

Offers individuals and families with incomes between 133% and 400% of the FPL (between \$14,404 and \$43,320 for an individual; and between \$29,327 and \$88,200 for a family of four) affordability premium and cost-sharing credits on a sliding scale.

For affordability premium credits, individuals with incomes less than 400% of the FPL will pay no more than 12% of their incomes for their yearly premium (\$5,198); and individuals with incomes less than 133% of the FPL will pay no more than 1.5% of their incomes for their yearly premium (\$216).

For affordability cost-sharing credits, individuals with incomes less than 400% of the FPL will have a cost-sharing burden of no more than 30% of medical costs; and individuals with incomes less than 133% of the FPL will have a cost-sharing burden of no more than 3% of medical costs.

Requires states to maintain current income eligibility levels for currently eligible children. Following the expiration of CHIP in 2013, expands CHIP eligibility to 250% of the FPL.

Initially offers individuals and families with incomes between 133% and 400% of the FPL (between \$14,404 and \$43,320 for an individual; and between \$29,327 and \$88,200 for a family of four) premium tax credits on a sliding scale. In 2014, individuals and families with incomes between 100% and 133% of the FPL (between \$10,830 and \$14,404 for an individual; and between \$22,050 and \$29,327 for a family of four) will also be eligible for credits.

Individuals with incomes less than 400% of the FPL will pay no more than 13% of their incomes for their yearly premium (\$5,631); and individuals with incomes at 100% of the FPL will pay no more than 3% of their incomes for their yearly premium (\$325).

Offers individuals and families with incomes between 100% and 200% of the FPL cost-sharing subsidies. Individuals with incomes between 100% and 150% of the FPL will have a cost-sharing burden of no more than 10% of medical costs; and individuals with incomes between 150% and 200% of the FPL will have a cost-sharing burden of no more

<p style="text-align: center;">Safeguard the health of all immigrants</p>	<p>Requires all individuals to purchase health insurance.</p>	<p>Requires all individuals to purchase health insurance.</p>	<p>than 20% of medical costs.</p> <p>Requires legal immigrants to purchase health insurance. Exempts illegal immigrants from individual mandate.</p> <p>Prohibits undocumented immigrants from purchasing health insurance through the Exchange.</p> <p>Permits undocumented immigrant parents to purchase health insurance for their children who are US citizens or lawfully residing immigrants.</p>
	<p>Does not specifically address availability of premium credits to immigrants.</p>	<p>Offers affordability premium and cost-sharing credits to legal immigrants. Prohibits undocumented immigrants from accessing credits.</p>	<p>Offers premium tax credits and cost-sharing subsidies to legal immigrants. Prohibits legal residents from receiving credits and subsidies if their legal status will expire within one year. Prohibits undocumented immigrants from accessing credits and subsidies.</p>
	<p>Undocumented immigrants and legal immigrant adults with less than five years residency are not eligible for Medicaid.</p>	<p>Undocumented immigrants and legal immigrant adults with less than five years residency are not eligible for Medicaid.</p>	<p>Undocumented immigrants and legal immigrant adults with less than five years residency are not eligible for Medicaid.</p> <p>Exempts undocumented immigrants from the calculation of the FPL for purposes of the bill.</p> <p>Creates an eligibility verification system for the purposes of preventing undocumented immigrants from accessing the Exchange and obtaining credits and subsidies.</p>

Prepared by the Minnesota Catholic Conference (MCC), the public policy voice of the Catholic Church in Minnesota.