

AFFORDABILITY & COVERAGE IN THE HEALTH CARE REFORM BILLS: A COMPARISON

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Issue	House bill, HR 3962	Senate bill, HR 3590	Comments
Expands Medicaid?	Yes, the <i>House</i> expands Medicaid for all citizens and adult legal immigrants residing in US longer than five years with incomes up to 150% of the federal poverty level (FPL) beginning in 2014.	Yes, the <i>Senate</i> expands Medicaid for those with incomes up to 133% of FPL. States will receive 100% federal funding for expansion from 2014 thru 2016. Marching funds are adjusted after 2016.	Medicaid is the federal health program for eligible individuals and families with low incomes and resources. It is a means tested program that is jointly funded by the states and federal government, and is managed by the states. Currently, eligibility varies by state.
Assists low-income families with premium credits?	Yes, but the <i>House</i> bill offers more assistance for families between 150-250% of the federal poverty level than the Senate bill.	Yes, but the <i>Senate</i> bill offers more assistance for families between 250-400% of the federal poverty level than the House bill.	Both the Senate and House bills provide premium credits to help low- and moderate-income households offset the cost of insurance premiums for coverage that they purchase in the new health insurance exchanges. These premium credits would be available to individuals and families whose incomes are too high to qualify for Medicaid coverage but are below 400 percent of the poverty line (about \$88,000 for a family of four). Credits would be determined by limiting a household's premium expense based on a percentage of income and the percent of income increases with an increase income.
Assists low-income families with cost-sharing?	Yes, but <i>House</i> bill provisions are more generous for lower-income families. The <i>House</i> bill would provide cost-sharing subsidies to households earning up to 350 % of the poverty line and would provide more substantial cost-sharing assistance to people below 200% of the poverty line than the Senate bill would.	Yes, under the <i>Senate</i> bill, people with incomes between 100 and 200 percent of poverty would receive coverage with an actuarial value of 80-90%. People with incomes above 200 % of the poverty line would receive <i>no</i> cost-sharing assistance under the Senate bill.	Both of the health reform bills also would provide help with families' out-of-pocket costs through lower deductibles and co-payments. This cost-sharing assistance would vary on a sliding scale so that as a family's income declined, the cost-sharing assistance that it received would increase. The degree of cost-sharing assistance that a family would receive would be reflected in the "actuarial value" of its health plan. Plans available in the exchange that had a higher actuarial value would have lower out-of-pocket costs.
Reduces number of insured? (Current percent of insured legal residents in the U.S. under age 65 is 83%)	Yes, the <i>House</i> bill covers 96% of legal residents under the age of 65 leaving 18 million people uninsured.	Yes, the <i>Senate</i> bill covers 94% of legal residents under the age of 65 leaving 23 million people uninsured.	Both bills create some sort of individual mandate to have health insurance coverage. Of those left uncovered in both bills, one-third are undocumented immigrants.