

SENATOR ROCKEFELLER HIGHLIGHTED SUCCESSSES IN THE SENATE FINANCE HEALTH CARE BILL

Senator Rockefeller fought for and won a number of successful efforts to include additional provisions in the Senate Finance Committee Bill. These include:

PROTECTIONS FOR WORKERS IN HIGH-RISK PROFESSIONS, INCLUDING COAL MINERS:

The Senate Finance Committee passed Rockefeller's modified amendment, F1, to protect retirees, coal miners and other high-risk workers from an excise tax on their health insurance plans. This will prevent them from experiencing a reduction in their health benefits. Senator Rockefeller will continue to fight to protect families on the Senate floor and in conference with the House of Representatives.

PROTECTING CHIP COVERAGE FOR CHILDREN:

The Senate Finance Committee passed Rockefeller's amendment, C21, which would protect the integrity of the CHIP Program and guarantee children the necessary protections all children deserve and need. The amendment reversed the Senate Finance Committee's original plan to force families to navigate two systems for coverage, putting many children at risk of falling through the cracks. And, the 14.1 million children expected to be enrolled in CHIP in 2013 would have been forced into untested private coverage in the exchange.

SIGNIFICANT REFORM MEASURES THAT HELP SENIORS:

The Senate Finance Committee accepted a modified version of Rockefeller's amendment, C25, which protects those individuals eligible for both Medicaid and Medicare (also called dual-eligibles). The legislation establishes the Federal Coordinated Health Care Office (CHCO) within the Centers for Medicare & Medicaid Services (CMS) to address the unique needs of dual-eligibles, a highly vulnerable population.

The Senate Finance Committee accepted Rockefeller's modified amendment, D7, to improve Medicare Prescription Drug Programs by eliminating cost sharing under Part D for full-benefit, dual-eligible beneficiaries receiving care under home and community based services. In addition, the modified amendment would develop and implement a Medicare plan complaint system to improve the process for reporting and tracking complaints made by beneficiaries. The appeal process will be improved with the creation of a single, uniform appeals process, a toll-free number and an internet website.

ACCOUNTABILITY AND OVERSIGHT FOR INSURANCE COMPANIES:

The Senate Finance Committee accepted a modified version of Rockefeller's amendment, C12, to improve the transparency of information to help consumers make informed choices of the health coverage they buy. In addition, the amendment would develop standard definitions for common insurance terms (such as premium, deductible, co-insurance, co-payment, out-of-pocket limit, preferred provider, non-preferred provider, out-of-network co-payments), and common medical terms (such as hospitalization, hospital outpatient care, emergency room care, physician services, prescription drug coverage, durable medical equipment, home health care, skilled nursing care, rehabilitation services, hospice services, and emergency medical transportation).

This amendment would also require insurance carriers to develop several possible health care scenarios (for example, Breast Cancer) in describing their plans to consumers. This label would be consumer-friendly and easy to read, similar to the format of the well-recognized and understood nutrition label, and would include information regarding a minimum estimated out-of-pocket cost-sharing and significant exclusions or benefit limits for such scenarios, and a personalized statement for enrollees outlining their claims.

IMPROVING HEALTH CARE QUALITY:

The Senate Finance Committee accepted a modified version of Rockefeller's amendment, D8, to require special needs plans (SNPs) to be certified by the National Committee for Quality Assurance (NCQA) beginning in 2012 in order to better serve targeted populations. The Senate Finance Committee accepted Rockefeller's amendment, D1, adding key members to the Interagency Working Group on Health Care Quality.

The Senate Finance Committee accepted a modified version of Rockefeller's amendment, D3, which improves health information technology by adding free clinics to the list of providers eligible for Medicare and Medicaid health information technology incentive payments under the American Recovery and Reinvestment Act.

ADEQUATE PREMIUM SUBSIDIES TO HELP CUSTOMERS AFFORD THE COVERAGE OFFERED IN THE HEALTH INSURANCE MARKETPLACE:

The Senate Finance Committee, with Rockefeller's support, included a number of provisions to make quality health care coverage more affordable, including tax credits to help low and middle income families purchase insurance in the private market, and tax credits for small businesses to help them offer insurance to their employees.

APPLYING INSURANCE MARKET REFORMS TO THE SELF-INSURED MARKET:

The Senate Finance Committee accepted a modified version of Rockefeller's amendment, C3, to eliminate annual and lifetime limits for all plans participating in state exchanges and preclude group health plans (also called self-insured plans) from imposing unreasonable annual or lifetime limits on coverage.

Senator Rockefeller has maintained that all insurance market reforms should also apply to the self-insured market.

ADDITIONAL COVERAGE IMPROVEMENTS:

The Senate Finance Committee accepted a modified version of Rockefeller's amendment, D11, which expresses the Sense of the Senate that this Congress should address long-term services and supports in a comprehensive way that guarantees seniors and disabled individuals the care they need.

The Senate Finance Committee included language in the Chairman's Mark based on Senator Rockefeller's Advanced Planning and Compassionate Care Act to require Medicaid and CHIP to provide concurrent coverage for both hospice and curative treatment for children. In addition, this provision reforms the Medicare hospice payment methodology to better correspond with the actual costs of care and requires more specific data collection.

SENATOR ROCKEFELLER HIGHLIGHTED CONCERNS WITH THE SENATE FINANCE HEALTH CARE BILL – PLEDGES TO FIGHT FOR MORE CHANGE

As Senator Rockefeller stated in his closing statement, “let me be crystal clear – this yes vote is not an endorsement of this bill as it stands today. My vote is a pledge to continue on the Senate Floor and in Conference the fight for policies that work and represent the real needs of West Virginia families.”

Rockefeller believes there is much more progress to be made in the health care reform effort as the bill moves out of Committee and on to the Senate floor and the Conference Committee – he pledges to continue the fight for the following changes:

A MEANINGFUL PUBLIC PLAN OPTION IN THE HEALTH INSURANCE MARKETPLACE:

Senator Rockefeller led a robust, vibrant debate on the public option in the Senate Finance Committee. While the public option did not secure the necessary votes in Committee, it gained momentum and support. By passing the Senate Finance Bill, Senator Rockefeller and his colleagues now have an opportunity to bring up a public option amendment on the U.S. Senate floor.

UNINSURED:

The 29 million additional lives covered in the Senate Finance Committee bill is certainly an important step in the right direction. But, it is not enough. Universal coverage has always been the goal of health reform. Leaving 16 million men, women, and children uninsured is simply wrong.

MEDICAID:

Unlike the HELP bill, this bill does not do enough to protect vulnerable populations. We need to move away from provisions that create a two-tiered Medicaid program and put low-income people at the mercy of private plans. Medicaid should be the foundation of care for our most vulnerable, not a political bargaining chip for insurance companies or for governors.

AFFORDABILITY:

Despite the improvements made by the Committee as part of mark-up, private health coverage for low- to middle-income Americans is still not affordable.

Under this bill, most households with incomes between 133 percent and 200 percent of the poverty line would pay two to four times more in premiums for insurance purchased in the state exchanges than they would under the HELP bill. And, CBO estimates that families between 200 and 450 percent of poverty would spend between 18 and 19 percent of their income on health care in 2016. Affordability is the determining factor in whether health reform succeeds or fails. The American people need real results in this area.

INSURANCE INDUSTRY:

The insurance industry gets to walk away with nearly half a trillion dollars in federal subsidies – without any requirement that they spend those federal dollars on medical care, not executive salaries and fancy offices.

We should require a minimum medical loss ratio of 85 percent for all private plans in the state exchanges. Additionally, we should include an insurance failsafe mechanism that requires insurers to pay a financial penalty for increasing consumer premiums in the states exchanges by more than inflation.

We should have included a public health insurance option – to compete with private health insurance companies and to keep them honest. CBO has now clearly stated what many of us knew – that health care cooperatives cannot compete with large private health insurers and will little to change the private marketplace.

Finally, this legislation fails to adequately regulate private insurance company by not requiring any additional reporting of information by insurers.

EMPLOYER RESPONSIBILITY:

Shared responsibility should also apply to large employers. Not only should there be a true employer mandate in this bill, but large employers that self-insure should also be required to meet insurance market reforms. Not applying the insurance market reforms to the self-insured market means that we are not improving the coverage that 46 to 55 percent of Americans have today.

MEDICARE COMMISSION:

In crafting the MedPAC Reform Act, Senator Rockefeller's goal was to establish a responsible, independent entity charged with implementing objective, evidence-based Medicare policies that protect necessary medical care for our nation's seniors and disabled.

The Medicare Commission moves in that direction but still falls short of accomplishing this goal. Including a carve-out to protect providers is not something Senator Rockefeller has ever or will support – it is fundamentally counter to these goals.

HEALTH INFORMATION TECHNOLOGY (HIT):

The incentives included in the economic recovery act for health information technology simply do not go far enough. We must make health IT affordable for all. Without this, we will not transform our system.

END-OF-LIFE CARE:

People - in consultation with their physician, family, clergy - want to be in control of deciding what care they receive at the end of life in the event that they are not able to express their wishes for themselves. This is yet another area where the status quo continues under this bill.

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