

# HEALTH CARE COMPARED

By Dawn L. Hoffman and Michael J. Rehg

As Congress returns to work today, law-makers are working on similar bills of how to overhaul health care in the U.S.

There are three bills in the House and Senate that have been passed by three major representatives of interest.

The other two passed by the House are Health, Education, Labor and Pension (H.R. 3200) and another bill, H.R. 3201.

Both bills have been passed by the government of the House and the Senate. Both bills establish health care for people who are uninsured or underinsured.

And both bills would be subject to a vote on the floor of the House and the Senate.

The House is expected to vote on the bill in September, while the Senate is expected to vote on the bill in October.

The House Committee on Health, Education, Labor and Pension (H.R. 3200) will probably be introduced with the health care bill, but it is not certain if it will be passed.

The House Committee on Health, Education, Labor and Pension (H.R. 3201) will probably be introduced with the health care bill, but it is not certain if it will be passed.

The House Committee on Health, Education, Labor and Pension (H.R. 3200) will probably be introduced with the health care bill, but it is not certain if it will be passed.

The House Committee on Health, Education, Labor and Pension (H.R. 3201) will probably be introduced with the health care bill, but it is not certain if it will be passed.

The House Committee on Health, Education, Labor and Pension (H.R. 3200) will probably be introduced with the health care bill, but it is not certain if it will be passed.

The House Committee on Health, Education, Labor and Pension (H.R. 3201) will probably be introduced with the health care bill, but it is not certain if it will be passed.

## HOUSE

## SENATE

### CONSUMER CHOICE

A new health insurance exchange would allow people without health insurance to compare shop among private and public plans for coverage. While it would be national exchange, states could choose to opt out of it.

The "affordable health benefits gateway" will allow consumers to shop 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 health care — generally people without coverage — would be able to choose from a pool of private-sector or government-run plans, subject to the standards and consumer protections as private plans.

Virtually the same as the House.

### CONSUMER OPTION

Most consumers would choose an insurance plan from a list they will pay a penalty of 2.5 percent of their adjusted gross income above or below level. If consumers can't create a financial hardship, they would not be penalized.

Most consumers would choose a plan. Consumers would be available for people with no access to affordable coverage. If they do not, if they pay less than 60 percent of employees' monthly premium, they would be left with a \$700 annual hospital uninsured lifetime penalty and \$375 per uninsured patient per employee.

### EMPLOYER RESPONSIBILITY

Employers with payroll of more than \$500,000 must provide coverage to employees and their families. If they can't 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 payroll of more than \$500,000 must provide coverage to employees and their families. If they do not, if they pay less than 60 percent of employees' monthly premium, they would be left with a \$700 annual hospital uninsured lifetime penalty and \$375 per uninsured patient per employee.

### AFFORDABILITY

Would offer credits to low- and moderate-income people. Credits would be based on income, and would end when income is 400 percent of federal poverty level, or \$49,000 per individual or \$98,000 for a family of four.

Provides credits similar to those in House bill.

### EQST

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

Congressional Budget Office estimates cost of \$615 billion over 10 years.

### TAXES AND SAVINGS

\$944 billion would come from a health care surcharge of tax. For married couples, the surcharge would be 1 percent on 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 payroll of less than \$500,000 are exempt from having to provide coverage. Those with payroll 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 those 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 REFORM

Comparisons cannot exclude coverage of treatments for pre-existing conditions, cannot cap lifetime cost annual benefits of change higher than because of health status, gender and other factors. Penalties 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 federal poverty level.

Medicaid coverage to all individuals below 130 percent of the federal poverty level.

### MORE ONLINE

Senate Health, Education, Labor and Pension Committee legislation: [http://hdp.senate.gov/HL/P/press/2009\\_07\\_15\\_11.pdf](http://hdp.senate.gov/HL/P/press/2009_07_15_11.pdf)

House Energy and Commerce Committee legislation: <http://hrp.rpt.com/EE/legislation>

Medicaid.gov: <http://www.cms.gov/MedicaidGenInfo/>

### HOW TO REACH YOUR ELECTED REPRESENTATIVES

#### SENATE

Sen. Richard Burr  
217 Russell Senate Office Building, Washington, DC 20510  
(202) 224-3194; [burr@senategov](mailto:burr@senategov)

Sen. Kay Hagan  
521 Wilson Senate Office Building, Washington, DC 20510  
(202) 224-6242; [hagan@senategov](mailto:hagan@senategov)

#### HOUSE

Rep. Howard Coble (6th District)  
2408 Rayburn House Office Building, Washington, DC 20515  
(202) 225-2065; [coble.house.gov](mailto:coble.house.gov)

Rep. Virginia Foxx (5th District)  
1200 Longworth House Office Building, Washington, DC 20515  
(202) 225-2071; [haz02.house.gov](mailto:haz02.house.gov)

Rep. Brad Miller (13th District)  
1127 Longworth House Office Building, Washington, DC 20515  
(202) 225-2032; [miller.house.gov](mailto:miller.house.gov)

Rep. Mel Watt (12th District)  
2304 Rayburn House Office Building, Washington, DC 20515  
(202) 225-1510; [watt.house.gov](mailto:watt.house.gov)

## Health

Continued from Page A1

Congress mostly entrenched in its position and mostly divided along party lines.

"I got an earful," Rep. Howard Coble said. The Greensboro Republican did not look kindly to Democratic proposals for health reform before the break, and the response from his constituents reinforced that notion, he said.

Most of the constituents I represent who took the trouble to contact us... they are opposed to the current proposal on health reform," Coble said. Sentiments ran 2-to-1 against reform proposals, he said, adding he thought the outcry would force congressional leaders to slow the pace of health reform. Slowing down and "starting over" were themes of a health care forum Republican Sen. Richard Burr hosted in Charlotte. The forum featured Sen. John McCain of Arizona and Senate Republican Leader Mitch McConnell of Kentucky.

Those who favor reform fear that "slowing down" is a backdoor way of killing health care reform.

Meanwhile, in appearances throughout the state over the past few weeks, Democratic Sen. Kay Hagan has said some sort of health reform bill needs to get done. "At the end of the day, I think we're going to have health care reform," Hagan said in late August.

What that reform ends up looking like may change between the end of the August process and the time any bill passes. For example, Hagan wasn't sure whether the Senate would insist on a single "public option" provider as a way to provide health insurance to those without it or if a bill could go forward that might rely on states to provide uninsured citizens with coverage.

With the Senate legislation still in flux, much of the attention positive and negative over health reform has focused on a House version of the bill, which itself is likely to change.

"People understand that they would lose their own insurance, they're not being fooled by what the president was saying," said Rep. Virginia Foxx, adding that she had distributed copies of the House version of the bill to libraries throughout her district.

The president, the Banner Elk Republican said, has been telling people that they could keep their existing coverage.

"That's not what the bill says at all," Foxx said. "The bill says all private health insurance goes away in five years."

That's an oversimplification of the bill's language, according to the nonpartisan FactCheck.org run by the Annenberg Public Policy Center. After five years, employer-based health plans will have to meet certain minimum standards and some might have to change. And some employers may drop coverage and pay a penalty so their employees can buy private health coverage through a government portal or opt into the much-discussed "public option" plan.

"What we're talking about is a set of rules for health insurance that is less strict than the rules North Carolina has for our insurance," Miller said.

### MORE ONLINE

FACHECK.ORG: Studies describe the "nonpartisan, nonprofit consumer advocate" for voters that works to reduce freedom of deception and confusion in U.S. politics. The Annenberg Public Policy Center's project office, Annenberg Public Policy Center of the University of Pennsylvania, is to fact check the bill. Twenty-six fact sheets about the bill are available on the website: <http://www.factcheck.org/factcheck>

POLIFACT.COM: PoliticalFact.com's Pulitzer Prize-winning Web site that vets daily by politicians and others. Issues a "truth-o-meter" to depict their own veracity of claims from "True" down through several levels such as "half true" down to "pint on lie." KY: PoliticalFact.com's list of fact checks on the health care debate: <http://www.polifact.com/truth-o-meter/subject/health/>

Like their Senate counterparts, North Carolina's House Republicans seemed to have their opposition to reform efforts solidified by their time in Washington, as well as their time in the state. "The more I've studied it, the more I think the bill can work," Miller said.

Reporting from the Associated Press is included.

Contact Mark Birker at (703) 852-4549 or [mark.birker@news-press.com](mailto:mark.birker@news-press.com)