



Senate Health Care Reform Package Will Secure Coverage and Improve Quality of Care

It is of paramount importance that the House pass the Senate *Patient Protection and Affordable Care Act*. This legislation moves us toward health security for all Americans and would be an historic achievement.

We recognize that the process of producing legislation has required many compromises. However, the failure to act and move reform forward would harm millions of families. **The Senate *Patient Protection and Affordable Care Act* contains many strong provisions that will benefit consumers.** It will help provide quality affordable coverage for all by creating strong consumer protections, containing health care costs, lowering costs of insurance policies, improving choice and competition and requiring greater accountability from health insurance companies.

The Senate Patient Protection and Affordable Care Act

Guarantees secure insurance coverage by:

- Preventing insurers from denying coverage to people with pre-existing conditions and by barring insurance companies from basing premiums on health conditions or gender, as many do now
- Restricting insurers from raising rates when people get sick
- Requiring insurers to devote at least 85 percent (80 percent in the individual and small market) of premiums to medical benefits. If insurance companies do not meet this threshold, they must provide rebates to consumers

Creates affordable health care options for individuals and families by:

- Significantly expanding Medicaid, including to adults who are currently ineligible in most states. This will result in newly covering 15 million people
- Providing subsidies to make health insurance more affordable for 20 million low- and moderate-income families
- Requiring insurers to cap out-of-pocket costs for all families and by eliminating lifetime caps on benefits and medical services
- Assisting small businesses in purchasing health benefits for employees
- Extending funding for the Children's Health Insurance Program (CHIP) until 2015

Allows individuals and families to make informed choices about health insurance by:

- Creating Exchanges, marketplaces to compare and purchase certified health plans. The Exchange will make it easier for consumers to find the best plan that meets their needs
- Funding the immediate startup of state-based consumer assistance offices dedicated to answering questions about insurance options, assisting with enrollment, and helping to navigate the health care system

Improves quality of care by:

- Promoting access to primary and preventive care; strengthening infrastructure by rewarding care coordination, innovation and efficiency within the delivery system
- Shifting the health care system toward more patient- and family-centered care
- Developing pathways to test and evaluate payment and delivery system reforms to improve quality and lower long-term costs
- Including consumer representation in many of the key quality efforts
- Establishing a national strategy to improve delivery of care, patient outcomes and population health, including reduction of racial and ethnic disparities
- Expanding funds for prevention initiatives and targeting racial and ethnic disparities

Strengthens Medicare by:

- Limiting cost-sharing for seniors enrolled in Medicare Advantage and by creating a new office dedicated to improving policies for some of the frailest and sickest elderly. It also promotes integrated care for beneficiaries who are dually eligible for Medicare and Medicaid
- Beginning to close the Medicare Part D “doughnut hole,” or coverage gap. The bill increases the threshold at which Medicare Part D beneficiaries enter the coverage gap by \$500, and it provides a 50 percent discount on the prices of drugs in the doughnut hole