Consumer Perspective on Senate Finance Committee Proposals to Expand Health Care Coverage

The Senate Finance Committee’s policy options paper on expanding health care coverage offers strong proposals to extend health insurance coverage to millions of United States residents. We praise the committee for these strong steps forward, which include:

- building on Medicaid and the Children's Health Insurance Program
- requiring insurers to sell policies to everyone, regardless of health status
- creating an insurance Exchange to help people access health insurance
- actively seeking to address racial and ethnic disparities

We believe that the committee and Congress must go further to ensure that quality affordable health care is available to all. These are our recommendations.

Insurance Market Reforms

We support the committee's proposals that would:

- create national standards for private insurance, including guaranteed issue and modified community rating
- create a Health Insurance Exchange

We recommend that the committee:

- phase out age rating and eliminate all exclusions for pre-existing conditions
- more clearly define benefits and cost-sharing for each of the four insurance levels offered through the Exchange
- require that all insurance plans meet the EPSDT standard for children's coverage
- make the Exchange the sole venue for buying individual and small group coverage
- require that each insurer pool risk among all its Exchange plans

Making Coverage Affordable

We support the committee's proposals that would:

- require all insurers in the individual and small group markets to provide a broad range of benefits
- subsidize premiums for individuals between 100 and 400 percent of the federal poverty level (FPL)
- provide tax credits for small businesses that provide insurance for employees
We recommend that the committee:
- require that all insurance plans inside and outside the Exchange cover the broad range of benefits specified by the committee
- exempt people below 200 percent FPL from paying any premiums, and require people between 200 and 300 percent FPL to make only modest contributions toward premiums
- cap the amount of out-of-pocket expenses that patients face in private plans, set lower caps for families below 300 percent FPL, and exempt these families from deductibles

Public Plan

We support the committee's proposal that would:
- establish a public plan. This would create a benchmark against which to measure private plans, and would help reduce the growth of health care costs.

Role of Public Programs

Medicaid

We support the committee's proposals that would:
- strengthen Medicaid and expand it to cover pregnant women, children and parents to 150 percent FPL and adults without dependent children to 115 percent FPL. We prefer Option 1.
- improve enrollment and retention efforts, including elimination of face-to-face eligibility interviews
- automatically increase federal support for Medicaid during economic downturns
- set a floor for provider rates
- develop prevention and wellness grant programs that improve care coordination across medical and community-based services

We recommend that the committee:
- authorize full federal funding of coverage for adults without dependent children, which the committee explicitly proposes only in Option 3
- make federal matching funds available to states that expand eligibility for pregnant women, children and parents beyond 150 percent FPL
- target some of the prevention grants to improve primary care for children and to help address racial and ethnic disparities

CHIP

We support the committee's proposals that would:
- expand coverage to children in families with incomes up to 275 percent FPL
- limit cost-sharing for low-income children

We recommend that the committee:
- allow states to cover children at levels above 275 percent FPL and still receive federal matching funds
Disproportionate Share Hospital Payments (DSH)
We recommend that the committee:
- target funds to preserve state and local safety nets that pay for all medically necessary services, and condition payment on meeting strong federal standards for providing charity care and reporting on services provided

Dual Eligibles
We support the committee's proposal that would:
- establish an Office of Coordination for Dually Eligible Beneficiaries

We recommend that the committee:
- develop methods to share savings with states that integrate Medicaid and Medicare benefits

Medicare
We support the committee's proposal that would:
- phase out the two-year waiting period for Medicare for disabled adults

Shared Responsibility
We support the committee's proposal that would:
- require businesses to contribute to health insurance for employees or pay an assessment to help fund subsidies

We recommend that the committee:
- couple an individual mandate with stronger affordability protections. Specifically, we recommend exempting anyone whose premium plus out-of-pocket expenses totals more than 9 percent of income, and setting a lower limit for families earning less than 600 percent FPL.
- reduce the proposed penalties for low-income people

Options to Address Health Disparities
We support the committee's proposals that would:
- require all private insurers in the Exchange to meet Culturally and Linguistically Appropriate Services (CLAS) standards
- award grants for enrollment and outreach, including multi-lingual help-lines

We recommend that the committee:
- require all public and private insurers and providers to meet CLAS standards
- eliminate the five-year waiting period for Medicaid eligibility for all legal immigrants
- extend consumer assistance services, including help-lines, to a broad cross-section of the population, with special focus on racial, ethnic and linguistic minorities, low income people, and other underserved groups
Submitted on behalf of:

**Alabama**
Alabama Arise
Alabama Appleseed Center for Law & Justice

**Alaska**
Alaska Center for Public Policy

**California**
Health Access

**Colorado**
Colorado Voices for Coverage
Colorado Children’s Campaign

**Connecticut**
Connecticut Children’s Medical Center
Connecticut Voices for Children

**Florida**
Florida CHAIN
Florida Legal Services
Florida Consumer Action Network
Florida ACORN

**Iowa**
Child & Family Policy Center

**Kansas**
Kansas Health Consumer Coalition

**Kentucky**
Advocacy Action Network
KY Association of Nurse Anesthetists
Kentucky Child Now
School Based Health Care Network
Louisville Metro Department of Public Health and Wellness
Kentucky Equal Justice Center
Covering Kentucky Kids and Families
NAMI Kentucky
Kentucky Council of Churches
Seven Counties Services, Inc.
Mental Health America of Kentucky
Maine
Maine Center for Economic Policy
Maine Children’s Alliance
Maine Chapter of the National MS Society
Maine Council of Senior Citizens-ARA
Maine Equal Justice Partners
The Maine Parent Federation

Maryland
Maryland Citizens Health Initiative

Massachusetts
Boston Center for Independent Living
Health Care for All

Minnesota
ISAIAH
Take Action Minnesota

Missouri
Missouri Health Care for All
Missouri Budget Project

Nebraska
Nebraska Appleseed Center for Law in the Public Interest

Nevada
Progressive Leadership Alliance of Nevada
Nevada Covering Kids and Families

New Jersey
NJ Policy Perspective
Health Professionals and Allied Employees of NJ
NJ Citizen Action
Family Voices NJ
Statewide Parent Advocacy Network

New Mexico
Health Action New Mexico

New York
Schuyler Center for Analysis and Advocacy

North Carolina
North Carolina Justice Center
Ohio
UHCAN Ohio
Ohio Consumers for Health Coverage
We Are the Uninsured
Neighborhood Family Practice

Oregon
Oregon Health Action Campaign
Oregonians for Health Security
Oregon Primary Care Association
Healthy Kids Learn Better Coalition
NARAL Pro-Choice Oregon
Oregon Center for Public Policy

Pennsylvania
Consumer Health Coalition
Pennsylvania Budget and Policy Center
Pennsylvania Health Law Project
Pennsylvania Health Access Network
Paraprofessional Health Care Institute of PA
Philadelphia Unemployment Project
Maternity Care Coalition

South Carolina
South Carolina Fair Share
South Carolina Appleseed

Tennessee
TN Health Care Campaign

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Center for Public Policy Priorities

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The Commonwealth Institute for Fiscal Analysis
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Vermont
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