



The Top Ten List of What We're Close to Winning in Health Reform

1. **Near-universal coverage for all**, largely through **group coverage** and its purchasing power.
2. **The biggest expansion of public program coverage, through Medicaid**, since its creation 40 years ago, completing a commitment for millions in and near poverty.
3. **Sliding scale subsidies tied to ability to pay, instead of costs based on how sick we are**: Low and moderate income families will not have premiums more than a percentage of income. If coverage costs more than that, they get subsidies.
4. **Assistance for small business**: Tax credits so low-wage workers at small employers get the coverage they need.
5. **Fair share financing**, including an **employer assessment** for those who don't provide health benefits, as key a principle as was setting a minimum wage.
6. **The end of most junk insurance** and bankruptcies due to medical bills, with a **cap on out-of-pocket costs**, prohibition of annual and lifetime caps on coverage, and new standards on coverage comprehensiveness.
7. **New consumer protections**: New rules and oversight on insurers that include the **abolition of underwriting**, limits on age-based rates, and on requirements on premiums dollars going to administration and profit.
8. **Tools for cost containment and quality improvement** in health care, from investments in **prevention**, to encouraging provider payments based on health outcomes, to **insurance rate review**.
9. **More sustainability and improvements for existing programs**—such as filling the prescription drug coverage “donut hole” in **Medicare** and streamlining and simplifying enrollment in **Medicaid**.
10. **Momentum to do more**, a framework to build on in the future, politically and policy-wise, in health care and beyond.



Among many things, both House and Senate bills would:

- **Provide insurance to over 30 million more people.** The House bill would expand coverage to 36 million by 2019. The Senate bill extends coverage to 31 million. Much of the expansion is through Medicaid.
- **Offer better choices through a "Health Insurance Exchange."** The bills create a marketplace where people can choose from various insurance plans on an "apples-to-apples" basis. Initially the Exchange would be open to the self-employed, people without insurance at work, and small businesses. The Exchange brings the bargaining power of large employers to individuals—and with that, lower costs and better options.
- **Outlaw discrimination based on pre-existing conditions and gender.** Insurance companies will have to stop denying coverage to people with "pre-existing conditions." They won't be allowed to charge women more than men for the same coverage.
- **Eliminate coverage limits and price-gouging.** The bills differ on details, but would place limits on how much people have to pay for health care beyond their premiums. They both cap out-of-pocket costs and ban insurance companies from setting limits on how much health care they'll cover for a person each year.

However, some areas of the bills that could still be improved are:

- **Affordability: Required insurance could still be too expensive for many.** Both bills require many Americans to have insurance. In the Senate bill, the caps on how much we're expected to pay are too high, and the subsidies for working families are too low. Many progressives are working to fix this, but it's going to be a significant fight.
- **Progressive Financing: Instead of an excise tax.** Though the House bill is financed through progressive options like a surcharge on wealthy individuals and families, the Senate bill includes an excise tax on high-cost health plans. We advocate a variety of progressive revenue options to offset a repeal or narrowing of the excise tax.
- **Employer responsibility: The Senate bill's requirement on employers has major loopholes for large employers who don't provide coverage to their workers.** Also, this complex and confusing "free rider" provision has potentially negative workforce impacts, encouraging part-time rather than full-time work. The Senate also needs to apply basic benefit standards to all employers, including large ones. The House bill has simple standard for large employers, who would either provide coverage to their workers, or pay a flat percentage (sliding scale up to 8%).
- **Immigrant inclusivity: While both bills prohibit the use of federal funds to fund coverage of undocumented workers, the Senate bill excludes undocumented workers from using their own wages and money** from being able to buy coverage in the national insurance exchange. Another issue is that the bills continue a 5 year waiting period for recent legal residents who would otherwise be eligible for Medicaid, and we support efforts to lift this restriction.
- **Abortion: While both bills adopt the current law that federal funds not be used for abortion coverage, the House bill goes beyond that in restricting reproductive rights.** The Stupak provision House bill virtually prohibits anyone purchasing insurance in the Exchange from buying a plan that covers abortion—even if paid for with their own money. The Senate leaves the issues to the states. We need to work against a rollback of reproductive rights.
- **Public health insurance option: While the House passed health care with a public option, the Senate does not include one.** We need to continue to advocate for a public health insurance option hopeful that it will be in a final bill. The public option would provide competition for private insurance—and we need to continue to support its inclusion, even after a bill is signed into law.