

Comparison of House, Senate and Romney Health Reform Plans			
	House #4479	Senate #2265	Romney HB #4279
Medicaid Eligibility	Raise income eligibility of children from 200% to 300% FPL; raises income eligibility of parents from 133% to 200% FPL; covers all childless adults under 65 up to 100% FPL. Raise MH Essential enrollment cap from 44,000 to 60,000. Raises CommonHealth cap from 14,000 to 15,600. Raises HIV cap from 1,050 to 1,300.	Raise income eligibility of children from 200% to 300% FPL; raises income eligibility of parents from 133% to 200% FPL; restore coverage to all lawfully present adult immigrants. Raise MH Essential enrollment cap from 44,000 to 60,000. Raises CommonHealth cap from 14,000 to 15,600. Raises HIV cap from 1,050 to 1,300.	No change
Medicaid Benefits	Restores adult dental benefits. Also creates a pilot smoking cessation program and wellness program	Restores adult dental benefits, eyeglasses and other benefits cut after Jan. 2002. Creates pilot program for smoking cessation.	No change
Medicaid Rates	In FY 07, adds \$40M for hospital & physician rate increases and \$10M for health centers. Rates tied to quality and performance benchmarks. DHCFP to prepare annual report on adequacy of rates.	Creates \$106M annual fund until 2008 to pay for transition to Medicare fee schedule. Creates health care industry payment advisory board. DHCFP to prepare annual report on adequacy of rates.	No change

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Other Medicaid Items	Prohibits more restrictive disability standard than SSI. Codifies FY 06 budget items: providing MH Essential for elderly & disabled legal immigrants with no sponsor deeming; raising HIV income ceiling to 200% FPL; requiring a public hearing before rule changes restricting eligibility or benefits. Requires report to Joint Mental Health Committee prior to change in behavioral health contracts.	Prohibits more restrictive disability standard than SSI. Codifies FY 06 budget items: raising HIV income ceiling to 200% FPL; requiring a public hearing before rule changes restricting eligibility or benefits. Requires report to Joint Mental Health Committee prior to change in behavioral health contracts.	No change
Insurance Partnership	Repeals program eff. 7/1/2007	Renames program Health Care Plus and moves to Labor & Workforce Development. Raises family income eligibility from 200% to 300% FPL and raises size of qualifying small employer from 50 or fewer employees to 75. Raises annual employer subsidy from \$400 to \$600 for an individual; \$800 to \$1200 for a couple, and \$1000 to \$1500 for a family.	No change

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Uncomp. Care Pool	Continues moratorium on UCP rule changes until 10-1-06. Replaces UCP with Health Safety Net Trust Fund eff. 10-1-2006. Allows reimbursement to acute hospitals and community health centers for health services provided to uninsured and underinsured residents of Commonwealth who meet financial eligibility criteria set by agency and for emergency bad debt. Nonemergency services to be provided by CHC unless none within 5 mi. of hospital. Moves administration to Office of Medicaid. Hospitals and CHCs to be reimbursed on Medicare fee schedule based on actual claims.	Continues moratorium on UCP rule changes until Oct. 1, 2007. Creates a penalty of 30-100% of Free Care costs for patients who have income between 300-400% of poverty, decline employer-sponsored insurance (regardless of affordability), and use partial free care. Under partial free care these individuals already pay 13-20% of gross income toward medical costs before free care begins. Also creates a penalty of 100% to 150% of Free Care costs for employers with more than 50 employees when an employee (or dependant) not offered insurance uses Free Care. Employers are prohibited from retaliating against employees for using Free Care, but size of "free rider" penalty takes into account number of "incidents" of Medicaid or Free Care use.	Replaces UCP with transitional fund eff. July 1, 2006 to reimburse hospitals and health centers for bad debt after collection efforts fail. UCP no longer available to provide inpatient care to children in CMSP, dental care to adult MassHealth recipients, coverage of drugs & deductibles for Medicare recipients or to relieve low income families of medical debt for any services.
Purchasing Pool	Creates "Insurance Connector" to market certified insurance products to individuals and small groups with 50 or fewer employees. Allows for portability & payment with pretax dollars. Plans are subject to rules applicable to small group market and must provide all mandated benefits.	Creates "Commonwealth Care Health Insurance Exchange" to market certified insurance products to individuals and small groups with 50 or fewer employees. Allows for portability & payment with pretax dollars. Plans must provide only 10 of the benefits otherwise mandated, and are not subject to cost sharing limits.	Creates "Commonwealth Care Health Insurance Exchange" to market certified insurance products to individuals and small groups with 50 or fewer employees. Allows for portability & payment with pretax dollars.

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Premium Assistance	Creates "Commonwealth Care Health Insurance Program" to offer sliding scale premium assistance for people not eligible for Medicaid with income up to 300% FPL. To be eligible must be a state resident for at least 6 months, and a US citizen or legally present non-citizen (qualified or PRUCOL). If employer offers insurance, employer must contribute its share of premium cost to program for employee to be eligible for subsidy. Insurance eligible for subsidy to be purchased through Connector & have no deductible. In first years, only MassHealth MCOs can offer insurance eligible for subsidy.	Increases premium assistance available through former Insurance Partnership , see above.	Creates "Safety Net Care Health Insurance Program" to offer sliding scale premium assistance for people not eligible for Medicaid with income up to 300% FPL. To be eligible must be a state resident for at least 12 months, and a citizen or "U.S. resident" but not a qualified alien eligible for any federal means tested benefit. If employer offers insurance, employer must contribute its share of premium cost to program for employee to be eligible for subsidy. Insurance eligible for subsidy to be purchased through Exchange & have no deductible. In first years, only MassHealth MCOs can offer insurance eligible for subsidy.
Individual Mandate	Requires all state residents to have insurance if cost is affordable as determined by Connector board, and subject to hardship exceptions. Enforced through state income tax system starting in 2007.	Feasibility study of individual mandate	Requires all state residents to have health coverage or post a \$10,000 bond. No exceptions related to affordability or hardship. Enforced through state income tax system starting in 2007.

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Employer Mandate	Requires employers with more than 10 employees to insure employees or pay fee. Fee is set at 5-7% of payroll when fully phased in subject to set off by amount paid to insure employees (eff. July 1, 2006). Eliminates \$160M surcharge now assessed against insurers for U.C.Pool & monitors insurers passing on savings to employers.	Imposes penalty on certain employers with low income workers who are eligible for the Uncompensated Care Pool , see above.	None
Insurance Market Changes	Merge non-group and small group markets. Allows insurers to offer low-cost plans for young adults. Moratorium on additional mandated benefits. Allows coverage of children up to age 25 or 2 years after ceasing to be dependent.	Merge non-group and small group markets. Reinsurance available for non-group and very small groups; funded by free rider penalties. Allows insurers to sell plans without some mandated benefits and allows HMO products with higher cost sharing and lower coverage maximums. Moratorium on additional mandated benefits. Requires dependent coverage to include unemployed children up to age 25 who are not in school.	Merge non-group and small group markets. Allows insurers to offer low-cost plans by changing existing consumer protections. Moratorium on additional mandated benefits.
Cost and quality controls	Creates Health Care Quality & Cost Council	Creates Health Care Quality Board and website.	Exchange to create consumer website with cost and quality information. www.mass.gov/healthcareqc

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Selected other items		Adds \$25M to public health prevention programs. Creates a Health Disparities Council and community health worker program. Includes "Prescription Drug Fair Pricing Bill." Includes "Money Follows the Person Bill." Extends MassHealth estate recovery protection when long term care insurance is used for home care.	

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