PLAN BY PLAN COMPARISON
OF
THE BENEFITS PACKAGES OF THE
SIX MAJOR
HEALTH CARE REFORM PLANS

With amendments as of 6/21/94

PLAN BY PLAN COMPARISON OF BENEFIT PACKAGES

TABLE OF CONTENTS

HEALTH SECURITY ACT-(President Clinton, Rep. Gephart (D-MI), Sen. Mitchell (D-ME).

The following benefits are covered by this bill:

1. **Hospital Services-** Inpatient hospital services; outpatient hospital services; and 24-hour-a-day emergency hospital services, including emergency substance detoxification but not emergency mental health care (Covered under #5).

2. **Services of Health Professionals-** Inpatient and outpatient professional services, including consultations, provided by a physician or other professional legally authorized by state; in a home, office, or other ambulatory care setting, or an institutional setting; services and supplies (including drugs and biologicals which cannot be self-administered) furnished as an incident to such health professional services, of kinds which are commonly furnished in the office of a health professional and are commonly either rendered without charge or included in the bill of such professional.

3. **Emergency and Ambulatory Medical and Surgical Services-** 24-hour-a-day emergency services; ambulatory medical and surgical services furnished by a non-hospital facility that is legally authorized by state.

4. **Clinical Preventive Services-** Items and services for high risk populations (as defined by National Health Board (NHB)) when furnished in a manner consistent with any periodicity schedule for such items and services promulgated by the NHB; age-appropriate immunizations, tests and clinician visits furnished in accordance with a specific periodicity schedule set forth in Title I, Subtitle B of the Health Security Act; other immunizations, tests and clinician visits furnished in accordance with standards established by the NHB.

5. **Mental Illness and Substance Abuse Services-** Inpatient mental illness and substance abuse treatment including emergency psychiatric care for problems associated with substance abuse withdrawal, in the least restrictive inpatient or residential setting when any less restrictive nonresidential or outpatient treatment would be ineffective or inappropriate with a total annual limit of 60 days such that 30 days of inpatient treatment are covered and a maximum 30 additional days are covered if patient is a danger to his own life or that of another or the medical condition of the individual requires inpatient treatment; intensive nonresidential mental illness and substance abuse treatment subject to least restrictive care clause, with every two days of intensive nonresidential treatment limiting inpatient coverage for the year by one day until number of available days is reduced to zero and a maximum 60 additional days of intensive nonresidential care if health professional designates patient in need of such; outpatient mental illness and substance abuse treatment including case management, screening and assessment, and crisis services; collateral services; both

outpatient and collateral services are limited to 30 visits per individual per year with inpatient coverage reduced by one with every four extra outpatient or collateral service visits per year.

6. **Family Planning and Services for Pregnant Women-** Voluntary family planning services; contraceptive devices that may be dispensed only by prescription and that are subject to approval by the Secretary of the Department of Health and Human services under the Federal Food, Drug, and Cosmetic Act; services for pregnant women.

7. **Hospice Care-** Items and services described in section 1861(dd)(1) of the Social Security Act (SSA) as defined in paragraphs (2), (3) and (4)(A) of that section (with the exception of paragraph (2)(A)(iii).

8. **Home Health Care-** Items and services described in section 1861(m) of the SSA; home intravenous drug therapy services described in section 1861(11) of the SSA (as added by section 2005 of the Health Security Act) limited by coverage as an alternative to inpatient care after illness or injury and subject to reevaluation at the end of each 60 day period if care is covered as an alternative to inpatient care.

9. **Extended Care Services-** Items and services described in Section 1861(h) of the SSA if provided to an inpatient in a skilled nursing facility or rehabilitation facility; limited to cases in which care is furnished as an alternative to hospitalization following illness or injury; limited to 100 days per year.

10. **Ambulance Services-** Transportation by ambulance, either on ground, by air or by sea; in automobiles, aircraft, or sea vessels equipped for transporting ill or injured persons.

11. **Outpatient Laboratory, Radiology, and Diagnostic Services-** Services consisting of laboratory, radiology, and diagnostic services that are prescribed for individuals who are not inpatients in a hospital, hospice, skilled nursing facility, or rehabilitation facility.

12. **Outpatient Prescription Drugs and Biologicals-** Drugs covered under section 1861(t) of the SSA (as amended by the Health Security Act); subject to NHB revision, FDA approval.

13. **Outpatient Rehabilitation Services-** Outpatient occupational and physical therapy; outpatient speech pathology services provided for the purpose of attaining or restoring speech; limited to services or items that are needed to restore an individual's functional capacity and subject to review at the end of each 60 day period.

14. **Durable Medical Equipment and Prosthetic and Orthotic Devices-** Durable medical equipment (as defined in section 1861(n) of the SSA) including repair and maintenance supplies; prosthetic devices (except for dental devices) that replace all or part of the function of an internal body organ and replacement devices; accessories and supplies used directly with a prosthetic device to achieve its therapeutic benefit or assure its proper functioning; leg, arm, back, and neck braces; artificial legs, arms, and eyes and replacements; fitting and training for such items; limited to items or services that improve an individual's functional capacity or prevent further deterioration in function.

15. **Vision Care-** Routine eye examinations and diagnosis and treatment for defects in vision are covered under a NHB periodicity schedule, except that eyeglasses and contact lenses are covered only for individuals under 18 years of age.

16. **Dental Care-** Emergency dental treatment as specified by the NHB; prevention and diagnosis of dental disease, including oral dental examinations, radiographs, dental sealants, fluoride application, and dental prophylaxis covered only for those under 18, until January 1, 2001, then covered for all; treatment of dental disease, including routine fillings, prosthetics for genetic defects, periodontal maintenance, and endodontic services covered only for those under 18, until January 1, 2001, then covered for all except endodontics which remain covered only for those under 18; space maintenance procedures to prevent orthodontic complications are covered only for individuals at least 3, but less that 13 years of age, limited to procedures on posterior teeth that involve maintenance of a space or spaces for permanent posterior teeth that, if the space were not maintained, would be prevented from normal eruption, excluding a space maintainer placed within 6 months of the expected eruption of the permanent, posterior tooth; interceptive orthodontic treatment to prevent severe malocclusion is covered only on or after January 1, 2001 and then only for individuals at least 6 years of age but under age 12.

17. **Health Education Classes-** Health education and training classes in smoking cessation, nutrition counseling, stress management, and physical training, and support groups or classes that are otherwise intended to encourage reduction of behavioral risk factors and promote healthy activities are covered, if a health plan chooses to offer such classes. Classes covered under this section neither include nor limit education or training provided as part of professional health services, as defined in #2.

18. **Investigational Treatments-** Investigational treatments may be covered by health plans at their discretion if the treatment is furnished for a life threatening disease, disorder or other health condition defined by the NHB. Items and services that are routine care and otherwise included in the benefit package are covered when furnished as part of an investigational treatment. Treatment is investigational if its

effectiveness has not yet been determined and the treatment is under clinical investigation as part of an approved research trial.

HEALTH SECURITY ACT- Labor and Human Resources/Sen. Kennedy Mark-up

The following benefits are covered by this Mark-up:

1. **Hospital Services-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

2. **Services of Health Professionals-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

3. **Emergency and Ambulatory Medical and Surgical Services-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

4. **Clinical Preventive Services-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL plus colorectal screening on a periodicity schedule determined by the NHB.

5. **Mental Illness and Substance Abuse Services-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL, except inpatient and residential treatments are combined in the President's bill but separate in the Kennedy Mark-up and the annual limit for inpatient treatment is 34 days, 15 of which may not be reduced in substitution for other covered services before January 1, 2001; every 4 days of residential treatment reduces 34-day limit on inpatient treatment by one day until such number is reduced to 15; no annual limits on intensive nonresidential treatment but must meet strict need requirements in Title I, Subtitle B, Part 1, Section 1115, subsection f, Paragraphs (A)(i)(ii)(iii)(iv) for treatment to be covered; outpatient treatment and collateral services are covered and have no annual limit.

6. **Family Planning Services and Services for Pregnant Women-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

7. **Hospice Care-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

8. **Home Health Care-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

9. **Extended Care Service-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

10. **Ambulance Services-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

PLAN BY PLAN COMPARISON (HSA/Kennedy Mark-up)

11. **Outpatient Laboratory, Radiology, and Diagnostic Services-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

12. **Outpatient Prescription Drugs and Biologicals-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL plus medical foods prescribed by a physician are covered; accessories and supplies that are used directly with drugs and biologicals to achieve the therapeutic benefit of such drugs and biologicals; blood clotting factors when provided for an outpatient are covered.

13. **Outpatient Rehabilitation Services-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL plus maintenance of function and prevention of deterioration are covered.

14. **Durable Medical Equipment, Prosthetic Devices, Orthotics, and Prosthetics-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

15. **Vision Care-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

16. **Dental Care-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

17. **Health Education Classes-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

18. **Investigational Treatments-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

19. **Extra Contractual Services-** A health plan may provide coverage to individuals enrolled under the plan for extra-contractual items and services determined appropriate by the plan and the individual, or in appropriate circumstances the parent or legal guardian of the individual.

20. **Hearing Aids for Children-** A health plan shall provide coverage to individuals under the age of 18 enrolled under the plan for hearing care items and services including routine ear examinations, diagnosis for defects in hearing as part of a physician visit, and hearing aids for individuals up to age 18 when recommended by a physician or audiologist.

HEALTH SECURITY ACT- (Ways and Means/Rep. Gibbons Mark-up)

The guaranteed national benefit package is defined by this statute. In

general, the guaranteed national benefit package would conform with the benefits currently provided under Medicare Parts A and B, with additional benefits specified. The guaranteed national benefit package would be covered under Medicare Part C, and would also be offered by all private qualified health plans, including self-insured plans. The following benefits are covered under this Mark-up:

1. **Hospital Services-** Inpatient hospital services limited to 90 days of inpatient care during a spell of illness; outpatient hospital services; other emergency related hospital services.

2. **Services of Health Professionals-** Physician services are covered.

3. **Emergency and Ambulatory Medical and Surgical Services-** Covered as specified under Medicare Parts A and B.

4. **Clinical Preventive Services-** Covered preventive services include one mammogram for women aged 35-39; one mammogram per 23-month period for women aged 40-49 following the month in which a mammogram was performed (once per 11 month period for high risk women in this age group); once per 11-month period for women aged 50-64 following the month in which a mammogram was performed; once per 23-month period for women aged 65 and older following the month in which a mammogram was performed; annual pap smears and pelvic exams for women who have reached childbearing age, until negative results appear for three consecutive years, with tri-annual pap smears and tri-annual pelvic exams thereafter except women at high risk for cervical cancer who are covered annually; annual tests for chlamydia and gonorrhea are covered for women aged 13-49 who are at risk for sexually transmitted diseases; colorectal screening covered for individuals at high risk for colorectal cancer, with annual fecal occult blood tests, sigmoidoscopies every five years, and colonoscopies every four years covered; pneumococcocal vaccines and hepatitis B vaccines for certain high risk individuals (defined in this act); routine office visits, routine lab tests, periodic lead screening, and periodic child abuse assessment are covered for individuals under the age of 19; tetanus and diphtheria immunizations covered every ten years for individuals aged 19-64.

5. **Mental Illness and Substance Abuse Services-** Intensive residential services including treatment in residential detoxification centers, crisis residential programs or mental illness residential treatment programs, therapeutic family or group treatment homes, and residential centers for substance abuse treatment; inpatient services are limited to 60-days yearly with no lifetime limit; intensive community services including psychiatric rehabilitation services, behavioral aide services, in-home services, and ambulatory detoxification are covered; intensive community services limited to a maximum of 120 days per year, residential services may be substituted for inpatient services as long as the residential services do not

exceed the cost in an inpatient setting estimated for an individual to complete treatment; outpatient psychotherapy visits for children and adolescents up to age 18 are covered; day treatment for children limited to a maximum of 180 days per year; and states have broad flexibility to establish comprehensive, managed, mental health programs for low-income adults and children with serious mental illnesses or emotional disturbances to allow them to receive the national mental health benefit without limits and receive state assistance with low copayments.

6. **Family Planning and Services for Pregnant Women-** All pregnancy related services; family planning services; voluntary planning services; pediatric attendance at high-risk deliveries; contraceptive drugs and devices; well-baby and newborn services are covered.

7. **Home Health Care Services and Hospice Care-** Up to 100 days of post-hospital skilled nursing facility care; home health services; and hospice care are covered.

8. **Outpatient Laboratory, Radiology, and Diagnostic Services-** Outpatient laboratory services are covered as such is defined by Medicare Part B.

9. **Outpatient Prescription Drugs and Biologicals-** Outpatient prescription drugs, biological products, insulin, and home infusion drugs (as specified in this act) are added to items and services covered under Medicare parts B and C as such is amended in the Health Security Act.

10. **Outpatient Rehabilitation Services-** Outpatient rehabilitation services are covered as such is defined by Medicare Part B including but not limited to outpatient physical therapy, occupational therapy, speech pathology services, and comprehensive outpatient rehabilitation facility services; outpatient rehabilitation services for children with congenital conditions, provided other requirements are met.

11. **Durable Medical Equipment-** Durable medical equipment and related items and services are covered as such is defined by Medicare Part B.

12. **Dental Care-** Dental care including preventive dental exams, fillings, and oral surgery are covered for individuals under the age of 19.

13. **Investigational Treatments-** Items and services provided to individuals reciveing treatment as part of a qualifying investigational treatment are covered, provided such items and services would otherwise covered under the guaranteed national benefit package.

PLAN BY PLAN COMPARISON (HSA/Williams Mark-up)

HEALTH SECURITY ACT- (Education and Labor Committee, Rep. Williams)

The following benefits are covered under this Mark-up:

1. **Hospital Services-** VERBATIM TO THE PRESIDENT'S BILL plus the treatment of a substance abuse disorder, that is necessary in order to ensure continuity of care for an individual receiving hospital services other than such treatment, where the individual was receiving substance abuse treatment covered under section 1115 of Health Security Act prior to receiving such other hospital services, is covered.

2. **Services of Health Professionals-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL.

3. **Emergency and Ambulatory Medical and Surgical Services-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL.

4. **Clincial Preventive Services-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL plus pap smears and pelvic exams are annual and annual clinical breast exams are covered for women aged 13-19; pap smears and pelvic exams are annual and annual clinical breast exams are covered for women aged 20-39; pap smears and pelvic exams are annual and annual clinical breast exams and bi-annual mammograms are covered for women aged 40-49; pap smears, pelvic exams and mammograms are annual and annual clinical breast exams, annual fecal-occult blood tests for colon cancer detection, and tri-annual flexible sigmoidoscopies for colon cancer detection are covered for women aged 50-65; pap smears, pelvic exams, and mammograms are annual and annual clinical breast exams, annual fecal-occult blood tests, and tri-annual flexible sigmoidoscopies are covered for women over the age of 65.

5. **Mental Illness and Substance Abuse Services-** LANGUAGE IS VERBATIM WITH TO THE PRESIDENT'S BILL plus inpatient and residential mental illness and substance abuse hospital services are limited to an aggregate annual limit of 90 days in a regular hospital and 45 days in a psychiatric hospital, with a lifetime limit of 190 days in psychiatric hospital, and residential treatment services, when furnished in a setting other than a hospital or psychiatric hospital, are subject to an aggregate annual limit of 135 days with every 3 days of residential treatment used reducing the number of inpatient treatment days by 1; what is named intensive non-residential treatment in the President's bill is named intensive community services in the Williams' Mark-up; intensive community services are limited to 90 per year days except for individuals who are less than 22 years of age, who are limited to 180 days per year of intensive community services; outpatient mental illness and substance abuse treatments have no annual limit but are only covered when they constitute health professional services, and treatment consisting of detoxification in the context of a treatment program; the mental illness and substance abuse services are not covered for an individual, after each applicable set of visits or set of

treatment days, (as defined in Title I, Subtitle B, Section 1115 of the Williams Mark-up) has been provided to the individual, unless the health plan in which the individual is enrolled determines, based on a utilization review, that such services continue to be medically necessary or appropriate.

6. **Family Planning Services and Services for Pregnant Women-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL.

7. **Hospice Care-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL.

8. **Home Health Care-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL.

9. **Extended Care Services-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL.

10. **Transportation Services-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL except what is named Ambulance Services in the President's bill is named Transportation Services in the Williams Mark-up; plus inter-island, intrastate air transportation (consisting of one round-trip for one complete series of treatments) in cases in which there is no other reasonable method of transportation available in order for an individual to receive a covered benefit, item, or service that is not available on the island on which the individual resides, is covered; inter-island, intrastate air transportation necessary for one companion to accompany an individual travelling under previously identified transportation services in cases in which the individual is less than 18 years of age or otherwise incapable of traveling alone, is covered.

11. **Outpatient Laboratory, Radiology, and Diagnostic Services-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL.

12. **Outpatient Prescription Drugs and Biologicals-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL plus blood clotting factors when provided to an outpatient; medical foods prescribed by a physician that comply with the requirements of the Federal Food, Drug, and Cosmetic Act and that treat inborn errors of metabolism identified by the Secretary of the Department of Health and Human Services as rendering a person unable to sustain life without significant mental or physical impairment by the ingestion of conventional foods are covered.

13. **Outpatient Rehabilitation Services-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL plus outpatient vision-related rehabilitation services are covered; restoration or prevention of deterioration in functioning and maintenance of function are covered.

14. **Durable Medical Equipment and Prosthetic and Orthotic Devices-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL.

15. **Vision and Hearing Care-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL plus routine eye examinations are added to vision care benefit; hearing care provided is hearing aids, but only upon a determination of a certified audiologist or physician that a hearing problem exists and is caused by a condition that can be corrected by use of a hearing aid; hearing aids are only covered for individuals under the age of 18, according to a periodicity schedule established by the NHB.

16. **Dental Care-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL plus full dentures are covered for special needs patients before January 1, 2001, and then after every 8 years for everybody except special needs patients to whom the restriction does not apply; medically necessary oral health care is covered; any items or services for special needs patients that are not previously described are covered; any dental care that has not been previously described, for individuals with a seizure disorder and that is required because of an illness, injury, disorder, or other health condition that results from such seizure disorder is covered; prevention and diagnosis specifically includes examinations, prophylaxis and dental sealants for individuals under 18 and special needs patients; orthodontic treatments are covered only for individuals at least 6 years of age, but less than 12 years of age, who have severe dentofacial abnormalities before January 1, 2001, after which such items and services are covered only for all individuals at least 6 years of age, but less than 12 years of age.

17. **Health Education Classes-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL plus coverage of smoking cessation classes for pregnant women, which a health plan must offer, are covered.

18. **Investigational Treatments-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL plus a carrier or large group sponsor with respect to a health plan it provides with an investigational treatment at its discretion, shall provide for such coverage under all other health plans it provides.

PLAN BY PLAN COMPARISON (Chafee Bill)

HEALTH ACCESS AND EQUITY REFORM TODAY ACT- (Sen. Chafee)

Each qualified health plan shall provide the following benefit package as either a standard benefit package (deductibles, copayments, coinsurance, out-of-pocket limits) or as a catastrophic benefit package (general deductible amount, out-of-pocket limit on cost sharing).

The covered items and services consist of the following, but only when the provision of the item or service is medically necessary or appropriate:

1. **Medical and Surgical Services-** Medically necessary or appropriate medical and surgical services, including supplies incident to such services.

2. **Medical Equipment-** Medically necessary or appropriate medical equipment for use in the delivery of health care restricted to those medical devices that are marketed after the provision of a notice under section 510(k) of the Federal Food, Drug, and Cosmetic Act or that has an application for premarket approval approved under section 515 of such act.

3. **Prescription Drugs and Biologicals-** Medically necessary or appropriate prescription drugs and biologicals restricted to those drugs that have been found to be safe and effective under section 505 of the Federal Food, Drug, and Cosmetic Act and biologicals that have been found to be safe and effective under section 351 of the Public Health Service Act are covered; nothing shall prohibit nor compel a qualified health plan from voluntarily covering investigational drugs or biologicals.

4. **Preventive Services-** Medically necessary or appropriate services designed to prevent, slow, maintain, or stabilize a health condition or to prevent or mitigate an adverse change in a health outcome.

5. **Rehabilitation and Home Health Services Related to an Acute Care Episode-** Medically necessary or appropriate services designed for rehabilitation and home health care after an illness or injury that required acute care.

6. **Services for Severe Mental Illness-** Medically necessary or appropriate services for those suffering from severe mental illness.

7. **Substance Abuse Services-** Medically necessary or appropriate services for those in need of recovery from, recovering from, or recovered from a substance abuse problem.

PLAN BY PLAN COMPARISON (Chafee Bill)

8. **Hospice Services-** Medically necessary or appropriate services rendered in a hospice setting.

9. **Emergency Transportation-** Emergency transportation and transportation for non-elective medically necessary services in frontier and similar areas.

10. **Investigational Treatment-** Coverage of routine medial costs associated with the delivery of investigational treatments shall be considered medically necessary or appropriate only if the treatment is part of approved research trial.

There is to be established a commission, made up of five members appointed by the President, to be known as the Benefits Commission who must review and evaluate the benefits package covered under this act by submitting an initial proposal to the Congress no later than the termination of the 6-month period beginning on the date of the enactment of this Act in which they must submit a Clarification of Covered Items and Services with no additional benefits, a Specification of Cost Sharing, and a Cost Estimate. A new proposal must be submitted each following year.

MANAGED COMPETITION ACT- (Rep. Cooper)

There is to be established, as an independent agency in the Executive Branch, a Health Care Standards Commission made up of 5 persons appointed by the President with no more than three members coming from the same political party. The Commission shall transmit to Congress, by no later than July 1 of the year following the enactment of this Act, recommendations for the uniform set of effective benefits to apply under this Title of this Act, for the year following the recommendation. The Commission may transmit to Congress, by no later than July 1, of a subsequent year, recommendations for changes in the uniform set of effective benefits to apply under this Title of this Act, for the following year. The uniform set of effective benefits shall include such categories of health care services that the Commission determines will provide for the delivery of medically appropriate treatment by Approved Health Plans. Such benefits shall include the full range of effective clinical preventive services including appropriate screening, counseling, immunization and chemoprophylaxis, specified by the Commission, appropriate to age and other risk factors. Such benefits shall also include a full range of diagnostic services not covered by previously outlined standards. Nothing shall prohibit the commission from developing guidelines that would specify the appropriate uses of treatment in greater detail.

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OF
THE BENEFITS PACKAGES OF THE
SIX MAJOR
HEALTH CARE REFORM PLANS

With amendments as of 6/21/94

PLAN BY PLAN COMPARISON OF BENEFIT PACKAGES

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HEALTH SECURITY ACT-(President Clinton, Rep. Gephart (D-MI), Sen. Mitchell (D-ME).

The following benefits are covered by this bill:

1. **Hospital Services-** Inpatient hospital services; outpatient hospital services; and 24-hour-a-day emergency hospital services, including emergency substance detoxification but not emergency mental health care (Covered under #5).

2. **Services of Health Professionals-** Inpatient and outpatient professional services, including consultations, provided by a physician or other professional legally authorized by state; in a home, office, or other ambulatory care setting, or an institutional setting; services and supplies (including drugs and biologicals which cannot be self-administered) furnished as an incident to such health professional services, of kinds which are commonly furnished in the office of a health professional and are commonly either rendered without charge or included in the bill of such professional.

3. **Emergency and Ambulatory Medical and Surgical Services-** 24-hour-a-day emergency services; ambulatory medical and surgical services furnished by a non-hospital facility that is legally authorized by state.

4. **Clinical Preventive Services-** Items and services for high risk populations (as defined by National Health Board (NHB)) when furnished in a manner consistent with any periodicity schedule for such items and services promulgated by the NHB; age-appropriate immunizations, tests and clinician visits furnished in accordance with a specific periodicity schedule set forth in Title I, Subtitle B of the Health Security Act; other immunizations, tests and clinician visits furnished in accordance with standards established by the NHB.

5. **Mental Illness and Substance Abuse Services-** Inpatient mental illness and substance abuse treatment including emergency psychiatric care for problems associated with substance abuse withdrawal, in the least restrictive inpatient or residential setting when any less restrictive nonresidential or outpatient treatment would be ineffective or inappropriate with a total annual limit of 60 days such that 30 days of inpatient treatment are covered and a maximum 30 additional days are covered if patient is a danger to his own life or that of another or the medical condition of the individual requires inpatient treatment; intensive nonresidential mental illness and substance abuse treatment subject to least restrictive care clause, with every two days of intensive nonresidential treatment limiting inpatient coverage for the year by one day until number of available days is reduced to zero and a maximum 60 additional days of intensive nonresidential care if health professional designates patient in need of such; outpatient mental illness and substance abuse treatment including case management, screening and assessment, and crisis services; collateral services; both

outpatient and collateral services are limited to 30 visits per individual per year with inpatient coverage reduced by one with every four extra outpatient or collateral service visits per year.

6. **Family Planning and Services for Pregnant Women-** Voluntary family planning services; contraceptive devices that may be dispensed only by prescription and that are subject to approval by the Secretary of the Department of Health and Human services under the Federal Food, Drug, and Cosmetic Act; services for pregnant women.

7. **Hospice Care-** Items and services described in section 1861(dd)(1) of the Social Security Act (SSA) as defined in paragraphs (2), (3) and (4)(A) of that section (with the exception of paragraph (2)(A)(iii).

8. **Home Health Care-** Items and services described in section 1861(m) of the SSA; home intravenous drug therapy services described in section 1861(ll) of the SSA (as added by section 2005 of the Health Security Act) limited by coverage as an alternative to inpatient care after illness or injury and subject to reevaluation at the end of each 60 day period if care is covered as an alternative to inpatient care.

9. **Extended Care Services-** Items and services described in Section 1861(h) of the SSA if provided to an inpatient in a skilled nursing facility or rehabilitation facility; limited to cases in which care is furnished as an alternative to hospitalization following illness or injury; limited to 100 days per year.

10. **Ambulance Services-** Transportation by ambulance, either on ground, by air or by sea; in automobiles, aircraft, or sea vessels equipped for transporting ill or injured persons.

11. **Outpatient Laboratory, Radiology, and Diagnostic Services-** Services consisting of laboratory, radiology, and diagnostic services that are prescribed for individuals who are not inpatients in a hospital, hospice, skilled nursing facility, or rehabilitation facility.

12. **Outpatient Prescription Drugs and Biologicals-** Drugs covered under section 1861(t) of the SSA (as amended by the Health Security Act); subject to NHB revision, FDA approval.

13. **Outpatient Rehabilitation Services-** Outpatient occupational and physical therapy; outpatient speech pathology services provided for the purpose of attaining or restoring speech; limited to services or items that are needed to restore an individual's functional capacity and subject to review at the end of each 60 day period.

14. **Durable Medical Equipment and Prosthetic and Orthotic Devices-** Durable medical equipment (as defined in section 1861(n) of the SSA) including repair and maintenance supplies; prosthetic devices (except for dental devices) that replace all or part of the function of an internal body organ and replacement devices; accessories and supplies used directly with a prosthetic device to achieve its therapeutic benefit or assure its proper functioning; leg, arm, back, and neck braces; artificial legs, arms, and eyes and replacements; fitting and training for such items; limited to items or services that improve an individual's functional capacity or prevent further deterioration in function.

15. **Vision Care-** Routine eye examinations and diagnosis and treatment for defects in vision are covered under a NHB periodicity schedule, except that eyeglasses and contact lenses are covered only for individuals under 18 years of age.

16. **Dental Care-** Emergency dental treatment as specified by the NHB; prevention and diagnosis of dental disease, including oral dental examinations, radiographs, dental sealants, fluoride application, and dental prophylaxis covered only for those under 18, until January 1, 2001, then covered for all; treatment of dental disease, including routine fillings, prosthetics for genetic defects, periodontal maintenance, and endodontic services covered only for those under 18, until January 1, 2001, then covered for all except endodontics which remain covered only for those under 18; space maintenance procedures to prevent orthodontic complications are covered only for individuals at least 3, but less that 13 years of age, limited to procedures on posterior teeth that involve maintenance of a space or spaces for permanent posterior teeth that, if the space were not maintained, would be prevented from normal eruption, excluding a space maintainer placed within 6 months of the expected eruption of the permanent, posterior tooth; interceptive orthodontic treatment to prevent severe malocclusion is covered only on or after January 1, 2001 and then only for individuals at least 6 years of age but under age 12.

17. **Health Education Classes-** Health education and training classes in smoking cessation, nutrition counseling, stress management, and physical training, and support groups or classes that are otherwise intended to encourage reduction of behavioral risk factors and promote healthy activities are covered, if a health plan chooses to offer such classes. Classes covered under this section neither include nor limit education or training provided as part of professional health services, as defined in #2.

18. **Investigational Treatments-** Investigational treatments may be covered by health plans at their discretion if the treatment is furnished for a life threatening disease, disorder or other health condition defined by the NHB. Items and services that are routine care and otherwise included in the benefit package are covered when furnished as part of an investigational treatment. Treatment is investigational if its

effectiveness has not yet been determined and the treatment is under clinical investigation as part of an approved research trial.

HEALTH SECURITY ACT- Labor and Human Resources/Sen. Kennedy Mark-up

The following benefits are covered by this Mark-up:

1. **Hospital Services-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

2. **Services of Health Professionals-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

3. **Emergency and Ambulatory Medical and Surgical Services-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

4. **Clinical Preventive Services-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL plus colorectal screening on a periodicity schedule determined by the NHB.

5. **Mental Illness and Substance Abuse Services-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL, except inpatient and residential treatments are combined in the President's bill but separate in the Kennedy Mark-up and the annual limit for inpatient treatment is 34 days, 15 of which may not be reduced in substitution for other covered services before January 1, 2001; every 4 days of residential treatment reduces 34-day limit on inpatient treatment by one day until such number is reduced to 15; no annual limits on intensive nonresidential treatment but must meet strict need requirements in Title I, Subtitle B, Part 1, Section 1115, subsection f, Paragraphs (A)(i)(ii)(iii)(iv) for treatment to be covered; outpatient treatment and collateral services are covered and have no annual limit.

6. **Family Planning Services and Services for Pregnant Women-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

7. **Hospice Care-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

8. **Home Health Care-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

9. **Extended Care Service-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

10. **Ambulance Services-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

PLAN BY PLAN COMPARISON (HSA/Kennedy Mark-up)

11. **Outpatient Laboratory, Radiology, and Diagnostic Services-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

12. **Outpatient Prescription Drugs and Biologicals-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL plus medical foods prescribed by a physician are covered; accessories and supplies that are used directly with drugs and biologicals to achieve the therapeutic benefit of such drugs and biologicals; blood clotting factors when provided for an outpatient are covered.

13. **Outpatient Rehabilitation Services-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL plus maintenance of function and prevention of deterioration are covered.

14. **Durable Medical Equipment, Prosthetic Devices, Orthotics, and Prosthetics-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

15. **Vision Care-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

16. **Dental Care-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

17. **Health Education Classes-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

18. **Investigational Treatments-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL.

19. **Extra Contractual Services-** A health plan may provide coverage to individuals enrolled under the plan for extra-contractual items and services determined appropriate by the plan and the individual, or in appropriate circumstances the parent or legal guardian of the individual.

20. **Hearing Aids for Children-** A health plan shall provide coverage to individuals under the age of 18 enrolled under the plan for hearing care items and services including routine ear examinations, diagnosis for defects in hearing as part of a physician visit, and hearing aids for individuals up to age 18 when recommended by a physician or audiologist.

HEALTH SECURITY ACT- (Ways and Means/Rep. Gibbons Mark-up)

The guaranteed national benefit package is defined by this statute. In

general, the guaranteed national benefit package would conform with the benefits currently provided under Medicare Parts A and B, with additional benefits specified. The guaranteed national benefit package would be covered under Medicare Part C, and would also be offered by all private qualified health plans, including self-insured plans. The following benefits are covered under this Mark-up:

1. **Hospital Services-** Inpatient hospital services limited to 90 days of inpatient care during a spell of illness; outpatient hospital services; other emergency related hospital services.

2. **Services of Health Professionals-** Physician services are covered.

3. **Emergency and Ambulatory Medical and Surgical Services-** Covered as specified under Medicare Parts A and B.

4. **Clinical Preventive Services-** Covered preventive services include one mammogram for women aged 35-39; one mammogram per 23-month period for women aged 40-49 following the month in which a mammogram was performed (once per 11 month period for high risk women in this age group); once per 11-month period for women aged 50-64 following the month in which a mammogram was performed; once per 23-month period for women aged 65 and older following the month in which a mammogram was performed; annual pap smears and pelvic exams for women who have reached childbearing age, until negative results appear for three consecutive years, with tri-annual pap smears and tri-annual pelvic exams thereafter except women at high risk for cervical cancer who are covered annually; annual tests for chlamydia and gonorrhea are covered for women aged 13-49 who are at risk for sexually transmitted diseases; colorectal screening covered for individuals at high risk for colorectal cancer, with annual fecal occult blood tests, sigmoidoscopies every five years, and colonoscopies every four years covered; pneumococcocal vaccines and hepatitis B vaccines for certain high risk individuals (defined in this act); routine office visits, routine lab tests, periodic lead screening, and periodic child abuse assessment are covered for individuals under the age of 19; tetanus and diphtheria immunizations covered every ten years for individuals aged 19-64.

5. **Mental Illness and Substance Abuse Services-** Intensive residential services including treatment in residential detoxification centers, crisis residential programs or mental illness residential treatment programs, therapeutic family or group treatment homes, and residential centers for substance abuse treatment; inpatient services are limited to 60-days yearly with no lifetime limit; intensive community services including psychiatric rehabilitation services, behavioral aide services, in-home services, and ambulatory detoxification are covered; intensive community services limited to a maximum of 120 days per year, residential services may be substituted for inpatient services as long as the residential services do not

exceed the cost in an inpatient setting estimated for an individual to complete treatment; outpatient psychotherapy visits for children and adolescents up to age 18 are covered; day treatment for children limited to a maximum of 180 days per year; and states have broad flexibility to establish comprehensive, managed, mental health programs for low-income adults and children with serious mental illnesses or emotional disturbances to allow them to receive the national mental health benefit without limits and receive state assistance with low copayments.

6. **Family Planning and Services for Pregnant Women-** All pregnancy related services; family planning services; voluntary planning services; pediatric attendance at high-risk deliveries; contraceptive drugs and devices; well-baby and newborn services are covered.

7. **Home Health Care Services and Hospice Care-** Up to 100 days of post-hospital skilled nursing facility care; home health services; and hospice care are covered.

8. **Outpatient Laboratory, Radiology, and Diagnostic Services-** Outpatient laboratory services are covered as such is defined by Medicare Part B.

9. **Outpatient Prescription Drugs and Biologicals-** Outpatient prescription drugs, biological products, insulin, and home infusion drugs (as specified in this act) are added to items and services covered under Medicare parts B and C as such is amended in the Health Security Act.

10. **Outpatient Rehabilitation Services-** Outpatient rehabilitation services are covered as such is defined by Medicare Part B including but not limited to outpatient physical therapy, occupational therapy, speech pathology services, and comprehensive outpatient rehabilitation facility services; outpatient rehabilitation services for children with congenital conditions, provided other requirements are met.

11. **Durable Medical Equipment-** Durable medical equipment and related items and services are covered as such is defined by Medicare Part B.

12. **Dental Care-** Dental care including preventive dental exams, fillings, and oral surgery are covered for individuals under the age of 19.

13. **Investigational Treatments-** Items and services provided to individuals reciveing treatment as part of a qualifying investigational treatment are covered, provided such items and services would otherwise covered under the guaranteed national benefit package.

PLAN BY PLAN COMPARISON (HSA/Williams Mark-up)

HEALTH SECURITY ACT- (Education and Labor Committee, Rep. Williams)

The following benefits are covered under this Mark-up:

1. **Hospital Services-** VERBATIM TO THE PRESIDENT'S BILL plus the treatment of a substance abuse disorder, that is necessary in order to ensure continuity of care for an individual receiving hospital services other than such treatment, where the individual was receiving substance abuse treatment covered under section 1115 of Health Security Act prior to receiving such other hospital services, is covered.

2. **Services of Health Professionals-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL.

3. **Emergency and Ambulatory Medical and Surgical Services-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL.

4. **Clincial Preventive Services-** LANGUAGE IS VERBATIM TO PRESIDENT'S BILL plus pap smears and pelvic exams are annual and annual clinical breast exams are covered for women aged 13-19; pap smears and pelvic exams are annual and annual clinical breast exams are covered for women aged 20-39; pap smears and pelvic exams are annual and annual clinical breast exams and bi-annual mammograms are covered for women aged 40-49; pap smears, pelvic exams and mammograms are annual and annual clinical breast exams, annual fecal-occult blood tests for colon cancer detection, and tri-annual flexible sigmoidoscopies for colon cancer detection are covered for women aged 50-65; pap smears, pelvic exams, and mammograms are annual and annual clinical breast exams, annual fecal-occult blood tests, and tri-annual flexible sigmoidoscopies are covered for women over the age of 65.

5. **Mental Illness and Substance Abuse Services-** LANGUAGE IS VERBATIM WITH TO THE PRESIDENT'S BILL plus inpatient and residential mental illness and substance abuse hospital services are limited to an aggregate annual limit of 90 days in a regular hospital and 45 days in a psychiatric hospital, with a lifetime limit of 190 days in psychiatric hospital, and residential treatment services, when furnished in a setting other than a hospital or psychiatric hospital, are subject to an aggregate annual limit of 135 days with every 3 days of residential treatment used reducing the number of inpatient treatment days by 1; what is named intensive non-residential treatment in the President's bill is named intensive community services in the Williams' Mark-up; intensive community services are limited to 90 per year days except for individuals who are less than 22 years of age, who are limited to 180 days per year of intensive community services; outpatient mental illness and substance abuse treatments have no annual limit but are only covered when they constitute health professional services, and treatment consisting of detoxification in the context of a treatment program; the mental illness and substance abuse services are not covered for an individual, after each applicable set of visits or set of

treatment days, (as defined in Title I, Subtitle B, Section 1115 of the Williams Mark-up) has been provided to the individual, unless the health plan in which the individual is enrolled determines, based on a utilization review, that such services continue to be medically necessary or appropriate.

6. **Family Planning Services and Services for Pregnant Women-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL.

7. **Hospice Care-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL.

8. **Home Health Care-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL.

9. **Extended Care Services-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL.

10. **Transportation Services-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL except what is named Ambulance Services in the President's bill is named Transportation Services in the Williams Mark-up; plus inter-island, intrastate air transportation (consisting of one round-trip for one complete series of treatments) in cases in which there is no other reasonable method of transportation available in order for an individual to receive a covered benefit, item, or service that is not available on the island on which the individual resides, is covered; inter-island, intrastate air transportation necessary for one companion to accompany an individual travelling under previously identified transportation services in cases in which the individual is less than 18 years of age or otherwise incapable of traveling alone, is covered.

11. **Outpatient Laboratory, Radiology, and Diagnostic Services-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL.

12. **Outpatient Prescription Drugs and Biologicals-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL plus blood clotting factors when provided to an outpatient; medical foods prescribed by a physician that comply with the requirements of the Federal Food, Drug, and Cosmetic Act and that treat inborn errors of metabolism identified by the Secretary of the Department of Health and Human Services as rendering a person unable to sustain life without significant mental or physical impairment by the ingestion of conventional foods are covered.

13. **Outpatient Rehabilitation Services-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL plus outpatient vision-related rehabilitation services are covered; restoration or prevention of deterioration in functioning and maintenance of function are covered.

14. **Durable Medical Equipment and Prosthetic and Orthotic Devices-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL.

15. **Vision and Hearing Care-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL plus routine eye examinations are added to vision care benefit; hearing care provided is hearing aids, but only upon a determination of a certified audiologist or physician that a hearing problem exists and is caused by a condition that can be corrected by use of a hearing aid; hearing aids are only covered for individuals under the age of 18, according to a periodicity schedule established by the NHB.

16. **Dental Care-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL plus full dentures are covered for special needs patients before January 1, 2001, and then after every 8 years for everybody except special needs patients to whom the restriction does not apply; medically necessary oral health care is covered; any items or services for special needs patients that are not previously described are covered; any dental care that has not been previously described, for individuals with a seizure disorder and that is required because of an illness, injury, disorder, or other health condition that results from such seizure disorder is covered; prevention and diagnosis specifically includes examinations, prophylaxis and dental sealants for individuals under 18 and special needs patients; orthodontic treatments are covered only for individuals at least 6 years of age, but less than 12 years of age, who have severe dentofacial abnormalities before January 1, 2001, after which such items and services are covered only for all individuals at least 6 years of age, but less than 12 years of age.

17. **Health Education Classes-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL plus coverage of smoking cessation classes for pregnant women, which a health plan must offer, are covered.

18. **Investigational Treatments-** LANGUAGE IS VERBATIM TO THE PRESIDENT'S BILL plus a carrier or large group sponsor with respect to a health plan it provides with an investigational treatment at its discretion, shall provide for such coverage under all other health plans it provides.

PLAN BY PLAN COMPARISON (Chafee Bill)

HEALTH ACCESS AND EQUITY REFORM TODAY ACT- (Sen. Chafee)

Each qualified health plan shall provide the following benefit package as either a standard benefit package (deductibles, copayments, coinsurance, out-of-pocket limits) or as a catastrophic benefit package (general deductible amount, out-of-pocket limit on cost sharing).

The covered items and services consist of the following, but only when the provision of the item or service is medically necessary or appropriate:

1. **Medical and Surgical Services-** Medically necessary or appropriate medical and surgical services, including supplies incident to such services.

2. **Medical Equipment-** Medically necessary or appropriate medical equipment for use in the delivery of health care restricted to those medical devices that are marketed after the provision of a notice under section 510(k) of the Federal Food, Drug, and Cosmetic Act or that has an application for premarket approval approved under section 515 of such act.

3. **Prescription Drugs and Biologicals-** Medically necessary or appropriate prescription drugs and biologicals restricted to those drugs that have been found to be safe and effective under section 505 of the Federal Food, Drug, and Cosmetic Act and biologicals that have been found to be safe and effective under section 351 of the Public Health Service Act are covered; nothing shall prohibit nor compel a qualified health plan from voluntarily covering investigational drugs or biologicals.

4. **Preventive Services-** Medically necessary or appropriate services designed to prevent, slow, maintain, or stabilize a health condition or to prevent or mitigate an adverse change in a health outcome.

5. **Rehabilitation and Home Health Services Related to an Acute Care Episode-** Medically necessary or appropriate services designed for rehabilitation and home health care after an illness or injury that required acute care.

6. **Services for Severe Mental Illness-** Medically necessary or appropriate services for those suffering from severe mental illness.

7. **Substance Abuse Services-** Medically necessary or appropriate services for those in need of recovery from, recovering from, or recovered from a substance abuse problem.

PLAN BY PLAN COMPARISON (Chafee Bill)

8. **Hospice Services-** Medically necessary or appropriate services rendered in a hospice setting.

9. **Emergency Transportation-** Emergency transportation and transportation for non-elective medically necessary services in frontier and similar areas.

10. **Investigational Treatment-** Coverage of routine medial costs associated with the delivery of investigational treatments shall be considered medically necessary or appropriate only if the treatment is part of approved research trial.

There is to be established a commission, made up of five members appointed by the President, to be known as the Benefits Commission who must review and evaluate the benefits package covered under this act by submitting an initial proposal to the Congress no later than the termination of the 6-month period beginning on the date of the enactment of this Act in which they must submit a Clarification of Covered Items and Services with no additional benefits, a Specification of Cost Sharing, and a Cost Estimate. A new proposal must be submitted each following year.

MANAGED COMPETITION ACT- (Rep. Cooper)

There is to be established, as an independent agency in the Executive Branch, a Health Care Standards Commission made up of 5 persons appointed by the President with no more than three members coming from the same political party. The Commission shall transmit to Congress, by no later than July 1 of the year following the enactment of this Act, recommendations for the uniform set of effective benefits to apply under this Title of this Act, for the year following the recommendation. The Commission may transmit to Congress, by no later than July 1, of a subsequent year, recommendations for changes in the uniform set of effective benefits to apply under this Title of this Act, for the following year. The uniform set of effective benefits shall include such categories of health care services that the Commission determines will provide for the delivery of medically appropriate treatment by Approved Health Plans. Such benefits shall include the full range of effective clinical preventive services including appropriate screening, counseling, immunization and chemoprophylaxis, specified by the Commission, appropriate to age and other risk factors. Such benefits shall also include a full range of diagnostic services not covered by previously outlined standards. Nothing shall prohibit the commission from developing guidelines that would specify the appropriate uses of treatment in greater detail.

PRESIDENT'S PLAN - Title V, Subtitle E

ALL PAYER FRAUD AND ABUSE CONTROL PROGRAM: To coordinate federal, state and local law enforcement activities as well as health alliances and plans. Must be established by the Secretary of HHS and the Attorney General by 1/1/96. Additional funds authorized for investigations and audits. Provides for qualified immunity for information on fraud as under section 1157(a) of SSA.

ALL PAYER FRAUD AND ABUSE CONTROL ACCOUNT: Composed of all criminal fines, penalties and damages, assessments and forfeitures and unconditional gifts and bequests. Funds used to carry out Program and supplement any federal agency's operating budget. Secretary and Attorney General must submit annual report to Congress on the Account.

APPLICATION OF SSA FRAUD AND ABUSE AUTHORITIES TO ALL PAYERS: Mandatory five year exclusion from participating in any health plan if individual or entity is convicted of health care fraud as described in section 1128(a) of SSA. Secretary may exclude individual or entity from any health plan if that individual or entity is subject to exclusion under 1128(b) of SSA.

CHAFEE - Title IV, Subtitle B

ALL PAYER FRAUD AND ABUSE CONTROL PROGRAM To coordinate Fed., State and local law enforcement programs as well as health plans. Must be established by 1/1/95 by Secretary. No participation by Attorney General. Secretary shall, by regulation, develop standards to carry out Program including information standards relating to confidentiality of shared information and qualified immunity for providers of information, and disclosure of ownership. Additional funds authorized as necessary for investigations and audits.

ANTI-FRAUD AND ABUSE TRUST FUND Consists of gifts and bequests made unconditionally and monetary penalties. Funds used for Fraud and Abuse Control Program. Funds managed by Managing Trustee appointed by Secretary. Managing Trustee may invest funds, and must submit annual report to Congress.

APPLICATION OF SSA HEALTH ANTI-FRAUD AND ABUSE SANCTIONS TO ALL HEALTH PLANS Section 1128(a) of SSA amended by adding the mandatory exclusion of an individual or entity convicted in connection with the delivery of a health care item or service or with respect to any program operated by or financed in whole or in part by any

KENNEDY - TITLE V - (HARKIN AMENDMENT)

ALL-PAYER HEALTH CARE FRAUD AND ABUSE CONTROL PROGRAM: Same as President's bill except: (1) program must be established by January 1, 1995; (2) no additional authorizations of appropriations available for investigators and other personnel besides what was authorized for the program that fiscal year, and (3) Attorney General and Secretary may issue advisory opinions to assist with compliance with Program.

ALL-PAYER HEALTH CARE FRAUD AND ABUSE CONTROL ACCOUNT: Same as President's bill except two additional uses of funds: for rewards paid for information leading to prosecution and/or conviction; and 20 percent of all funds for any fiscal year shall be used for provider and consumer education (including the provision of advisory opinions by the Secretary) regarding compliance with the provisions of this subtitle. Rewards of up to $10,000 available to individuals unless individual is a current or former federal or state employee or the individual knowingly participated in the offense.

EXCLUSION FROM PROGRAM PARTICIPATION: Same as President's bill except further amends Section 1128 by making it mandatory rather than permissive to exclude individuals and entities convicted of fraud, theft, embezzlement, breach of fiduciary responsibility or other financial misconduct, and unlawful

PRESIDENT'S PLAN - Title V, Subtitle E

CIVIL MONETARY PENALTIES: If fraud ag. public health program, penalty according to Sec. 1128A of SSA. If fraud ag. health plan or alliance, or convicted of termination of enrollment, discrimination on basis of medical condition, enrollment on false pretenses or providing incentives to enroll, penalty not to exceed $50,000. States have authority to impose penalty with respect to actions relating to regional alliance health plan if no proceeding within 120 days after Secretary presents case to Attorney General.

CHAFEE - Title IV, Subtitle B

Federal, state or local government agency. Includes criminal offense consisting of a felony relating to fraud, theft, embezzlement, breach of fiduciary duty or other financial misconduct and for felony relating to controlled substance. Section 1128(b) amended to establish minimum periods of permissive exclusion for failure to supply requested information to the Inspector General and for individuals with ownership or control interest in sanctioned entities. Section 1128(b) is further amended by making an offense described under this section a criminal offense consisting of a misdemeanor. Minimum periods established for Section 1128(b) permissive exclusions. Sanctions against practitioners, persons and entities strengthened to include civil monetary penalties, forfeiture, community service, or imprisonment.

CIVIL MONETARY PENALTIES
Section 1128(A) amended by adding civil monetary penalties for: (1) inducements to individuals enrolled in Medicare or state health care program or to employees for referrals under Medicare or state health care program (2) incorrect coding or medically necessary services, and (3) an excluded individual retaining ownership or control interest in a participating entity. Section 1128A(b) amended by adding any person convicted of remuneration under section 1128(B)(b) shall be subject to an additional civil monetary penalty of not more than $10,000 for each violation plus an assessment not more than twice the total

KENNEDY - TITLE V - (HARKIN AMENDMENT)

manufacture, distribution, prescription, or dispensing of a controlled substance. Minimum period of exclusion is not less than two years (five years in President's bill). Provides for same permissive exclusions as President's bill, except shorter required minimum periods for certain violations.

WAIVER OF EXCLUSION: When Secretary determines that mandatory exclusion of individual or entity harms the public health or poses a significant risk to the public health, Secretary may waive the exclusion and apply other penalties.

EFFECT OF EXCLUSION: No payment may be made for delivery of or payment for any item or service to an excluded individual or entity other than an emergency item or service.

CIVIL PENALTIES: Civil penalties not as expansive as President's provisions. Only those persons or entities who have committed an action against a health plan which would be subject to penalties under paragraphs (1) through (3) of section 1128A(a) of SSA shall be subject to civil penalties. For such actions, the SSA is amended by substituting "$10,000" for "$2,000", and "3 times amount claimed" for "twice amount claimed." Interest may accrue on penalties and assessments in accordance with annual rate set by Sec. under Fed. Claims Collection Act.

PRESIDENT'S PLAN - Title V, Subtitle E	CHAFEE - Title IV, Subtitle B	KENNEDY - TITLE V - (HARKIN AMENDMENT)
	amount of remuneration offered. Intermediate sanctions available for any program violations by a Medicare HMO.	
DESIGNATION OF HEALTH CARE FRAUD AS A CRIME: A person shall be fined or imprisoned not more than 10 years or both if the person knowingly executes a scheme to commit fraud. If the violation results in serious bodily injury, imprisonment for life or any term of years. Other acts constituting health care fraud include false statements, bribery and graft in connection with health care, theft or embezzlement, misuse of health security card or unique identifier.	**DESIGNATION OF HEALTH CARE FRAUD AS A CRIME** Same as President's bill, but includes racketeering activity relating to federal health care as a criminal offense.	**DESIGNATION OF HEALTH CARE FRAUD AS A CRIME:** Same as President's bill.
FORFEITURE OF PROPERTY: court may order forfeiture of property used in commission of offense or derived from proceeds resulting from that offense.	**FORFEITURE OF PROPERTY:** If court determines that a federal health care offense poses a serious threat to a person's health or has significant detrimental impact on the health care system, the court, in imposing a sentence, shall order that person to forfeit property that is used in commission of the offense or constitutes or is derived from proceeds traceable to the commission of the offense, and is of a value proportionate to the seriousness of the offense.	**FORFEITURE OF PROPERTY:** Court may seize any property constituting or traceable to the proceeds obtained as a result of the commission of the offense.
CIVIL FALSE CLAIMS ACT AMENDMENT: Amended to include claims made to or on behalf of health care plans.	**CIVIL FALSE CLAIMS ACT AMENDMENTS:** Amended to include claims made to or on behalf of health care plans.	**CIVIL FALSE CLAIMS ACT AMENDMENTS:** Same as President's bill.
GRAND JURY DISCLOSURE: A person privy to grand jury info. concerning health law violations received in the course of duty as government attorney or as under Rule 6 of FRCP may disclose info. to a government attorney for use in civil proceeding.		**GRAND JURY DISCLOSURE:** Same as President's bill.

PRESIDENT'S PLAN - Title V, Subtitle E

PROHIBITION OF PHYSICIAN SELF-REFERRAL to entities where physician has financial interest. Exceptions include pre-paid plans, capitated payments, rural providers and ancillary services.

CHAFEE - Title IV, Subtitle B

PARTIES RIGHTS TO BRING ACTIONS ON OWN BEHALF: A party that suffers harm or monetary loss, due to a civil monetary penalty as a result of any activity of an individual or entity, may bring a civil action against that individual or entity, obtain treble damages and costs, including attorney's fees, and any other appropriate equitable relief.

HEALTH CARE FRAUD AND ABUSE DATA COLLECTION PROGRAM: For reporting of final adverse actions against providers, suppliers or practitioners, published on quarterly basis.

QUARTERLY PUBLICATION OF ADVERSE ACTIONS: Thirty days after the end of each calendar quarter, Secretary shall publish in the Federal Register a listing of all final adverse actions taken during the quarter.

KENNEDY - TITLE V - (HARKIN AMENDMENT)

PARTIES RIGHTS TO BRING ACTIONS ON OWN BEHALF: Any health plan or large group sponsor that suffers harm or monetary loss over $10,000 from a civil monetary penalty as a result of any activity of an individual or entity, may in a civil action against the individual or entity, obtain treble damages and costs including attorney's fees and such equitable relief as is appropriate.

SECRETARY OF LABOR AND STATES MAY IMPOSE PENALTIES, ASSESSMENTS, AND EXCLUSIONS: With respect to actions relating to a large group sponsor, Sec. of Labor and States may initiate an action to impose civil monetary penalty, assessment or exclusion if authorized by regulation. (Title V, Subtitle C (Remedies and Enforcement) of the President's bill permits the Secretary of Labor to assess a civil penalty against a corporate alliance plan or a plan sponsored by a corporate alliance for any action subject to civil penalty by the Secretary of HHS.)