

SFC - Amendments Considered During America's Healthy Future Act of 2009 Markup

Wednesday, September 23

1. (FAILED) Bunning C4, as modified: add Hatch, Cornyn
-requires legislative language and CBO final/complete cost analysis to be on the Finance website for 72 hours before a Committee vote on passage
2. (ACCEPTED) Baucus alternative amendment to Bunning C4:
-requires that before a Finance Committee vote on final passage, the conceptual language of the bill and a complete CBO cost analysis must be publicly available on the Finance website before the vote
3. (RULED OUT OF ORDER) Kyl, D1, as modified: (re: Medicare cuts)
-strikes Title III of the Mark, "Improving the Quality and Efficiency of Health Care" (includes Medicare provider reimbursement cuts and quality incentive programs, comparative effectiveness research, Medicare Commission), with 14 exemptions, including: value-based purchasing; quality reporting; accountable care organizations; bundling demo; CMS Innovation Center; hospital acquired conditions; hospital readmissions; primary care and surgical bonus; SGR update; extenders and rural protections; and workforce improvements.
4. (RULED OUT OF ORDER) Roberts, D9, as modified: (re: Medicare market basket cuts)
-strikes the market basket cuts to Medicare providers
5. (FAILED) Hatch, D7, as modified, with Cornyn: (re: MA cuts certification)
-strikes the Medicare Advantage provisions of the Mark if the CMS Chief Actuary certifies (w/in 3 months of enactment) that beneficiaries currently participating in the MA program will lose plan benefits when the MA reductions are implemented by CMS
-offset by proportionate reduction in spending under the Mark, with the exception of Medicare and the exchange
6. (ACCEPTED) Baucus, alternative amendment to Hatch D7 (re: MA cuts certification)
-CMS Actuary certification, not CBO, that Medicare-covered plan benefits will not be reduced under the Mark
7. (FAILED) Kyl, D6, as modified: (re: Medicare Advantage communications with enrollees)
-would prohibit federal enforcement agencies from interfering with an insurance plan's ability to express views about federal legislation
8. (ACCEPTED) Menendez, D2, as modified: (re: urban hospitals)
-will conduct a study on urban Medicare-dependent Hospitals
9. (ACCEPTED) Ensign, D6, as modified: (re: Medicare savings)
-would require all Medicare savings in the Mark to be used to preserve the solvency of the Medicare program
-no budgetary effect, according to CBO
10. (FAILED) Cornyn, D6: (re: Medicare Commission)
-strikes the Medicare Commission
11. (RULED OUT OF ORDER) Kyl, D7: (re: Medicare Commission)
-strikes certain language of the Medicare Commission provision of the Mark that requires automatic passage of Medicare spending reductions from the Medicare Commission if Congress fails to act
-no offset provided
12. (ACCEPTED) Grassley, D4: (re: comparative effectiveness research)
-would remove cabinet secretaries and other high-ranking government officials from serving on the board of the Patient-Centered Outcomes Research Institute
13. (ACCEPTED) Stabenow, D19: (re: patient safety)
-would establish a nationwide program for national and state background checks on prospective employees of long term care providers

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14. (RULED OUT OF ORDER) Ensign, D3: (re: medical malpractice)
 - implements Texas-based medical liability reform provisions
15. (WITHDRAWN) Lincoln, D7: (re: home infusion)
 - adopts the Home Infusion Therapy Coverage Act (S. 254), which adds a Medicare home infusion therapy services benefit
16. (NO QUORUM EXISTS) Cornyn, D13, as modified: (re: medical malpractice)
 - requires states to enact a cap on non-economic damages of \$1 million or less in order to receive Medicaid funding
 - would not preempt state tort law
17. (RULED OUT OF ORDER) Ensign, D4 (re: medical malpractice)
 - FMAP increase for states that enact medical malpractice
18. (RULED OUT OF ORDER) Cornyn, D13, as modified: (re: medical malpractice)
 - requires states to enact a cap on non-economic damages of \$1 million or less in order to receive Medicaid funding
 - would not preempt state tort law
19. (RULED OUT OF ORDER) Kyl, C25: (re: medical malpractice)
 - imposes a \$250,000 cap on non-economic damages per provider, with a \$500,000 total cap, and other changes
20. (ACCEPTED) Carper, D3: (re: Medicaid overpayments)
 - extends the 60 day repayment period requirement for Medicaid overpayments to 180 days
21. (WITHDRAWN FOR FURTHER DISCUSSION) Grassley, C9: (re: Medicaid/children)
 - requires states to increase reimbursement rates to Medicaid providers providing care to eligible children to 100% of Medicare fee-for-service rates
 - offset by reducing premium subsidies for people participating in the exchange from 400% to 300% of FPL
22. (ACCEPTED) Schumer, D1: (re: Part B biosimilars)
 - creates parity between brand name biologics and biosimilars under Medicare Part B, by allowing a Part B biosimilar to be assigned a separate billing code to be reimbursed at Part B rate (ASP + 6%)
23. (ACCEPTED) Bingaman, C7: (re: affordability waivers)
 - strikes the requirement that employees submit affordability waivers to their employers
 - instead, requires that the exchange present the affordability waiver to the employer on behalf of the employee
 - no cost
24. (WITHDRAWN FOR FURTHER DISCUSSION) Hatch, D3, with Kyl: (re: Medicare DSH payments)
 - strikes the cuts to Medicare DSH payments
 - offset by a proportionate reduction as needed in spending in the Mark
25. (WITHDRAWN FOR FURTHER DISCUSSION) Wyden, D16: (re: Medicare hospice)
 - eliminates additional Medicare hospice cuts effective 2013
26. (ACCEPTED) Stabenow, C2: (re: mental health)
 - clarifies that mental health parity requirements apply to plans offered through the exchange
27. (REJECTED) Cornyn, D2: (re: Medicaid access to doctors)
 - prior to implementing Medicaid expansions in the Mark, HHS must certify that at least 75% of physicians in the country accept Medicaid patients
28. (REJECTED) Cornyn, D4: (re: SGR)
 - provides a 0% update under the physician fee schedule for 2010 and 2011
 - offset by striking the premium tax credit for those between 300% and 400% of FPL

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29. (WITHDRAWN FOR FURTHER DISCUSSION) Cornyn, D5: (re: quality)
-requires Medicare to release claims data to independent entities to generate "consumer report" like reports on the quality of their providers

30. (STAFF STILL IRONING OUT DIFFERENCES) Stabenow, C7, as modified: (re: dental plans)
-clarifies that standalone dental plans can be part of the exchange

31. (ACCEPTED) Wyden, D15: (re: MedPAC and SNF)
-requires MedPAC to consider Medicaid when making SNF recommendations

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32. (REJECTED) Hatch, C2: (re: keeping current coverage)
-implementation of the health care reform bill is conditioned upon HHS certifying to Congress that the health care reform bill will not cause more than 1 million Americans to lose their current health care coverage

33. (WITHDRAWN TO DISCUSS) Lincoln, C2: (re: small business tax credit)
-increase wage threshold to qualify for full credit and the phase-out, from \$20,000 to \$30,000

34. (RULED OUT OF ORDER) Crapo, D1, as modified: (re: Medicare Advantage)
-would prohibit the implementation of the competitive bidding changes in any area where the proposed changes would result in decreased choice and competition for Medicare beneficiaries

35. (REJECTED) Cornyn, C1: (re: ERISA)
-deems any individual enrolled in any health plan governed by ERISA to have met the personal responsibility requirement

36. (WITHDRAWN TO DISCUSS) Enzi, C3, as modified: (re: employer mandate)
-prior to implementing employer fees, the Secretary of Labor must certify that the fees and assessments would not result in a reduction in employee wages

37. (REJECTED 10-13) Nelson, D1, with Rockefeller: (re: doughnut hole and dual eligibles)
-eliminates the Part D coverage gap
-offset by requiring drug manufacturers to provide rebates to dual-eligible enrollees of Part D plans
-would produce \$106 billion of revenue (after filling the doughnut hole, \$50 billion would be left over)

38. (ACCEPTED) Stabenow, C7, as modified, with Lincoln: (re: dental plans)
-clarifies that standalone dental plans can be part of the exchange

39. (WITHDRAWN TO DISCUSS) Grassley, C15: (re: individual mandate)
-would give states the ability to opt-out of the individual mandate and pursue alternative mechanisms to encourage individuals to purchase health insurance

40. (RULED OUT OF ORDER) Cornyn, C7: (re: employer mandate)
-requires HHS to annually submit to Congress the flat dollar amount required of employers under the free-rider program; if Congress does not enact the penalty into law, it would not apply that year

41. (WITHDRAWN TO DISCUSS) Nelson, D10: (re: Medicare Advantage)
-enrollees of MA plans in MSAs where the weighted average of current MA bids is less than the average per capita fee-for-service expenditure in that MSA are grandfathered
-offset by a fee on health insurance and drug companies

42. (ACCEPTED) Stabenow, C6: (re: foster care)
-ensures that states are not limited from covering therapeutic foster care for children in out-of-home placements

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43. (REJECTED) Bunning, C3: (individual mandate)
-requires that any taxpayer who requests an exemption on their tax return from the individual mandate be granted an exemption
44. (ACCEPTED) Rockefeller, D10, as modified: (re: Medicare Commission)
-strikes the description of the Medicare Commission and replaces it with the language consistent with the MedPAC Reform Act of 2009 (S. 1380)
-strikes the process for the Medicare Commission to submit proposals to Congress to cut Medicare costs
-Medicare Commission would be required to implement policies that reduce Medicare cost growth by 1.5% annually, effective 2014
45. (REJECTED) Grassley, C9, as modified: (re: Medicaid/children)
-provides \$10 billion in grants to states to help provide/enhance pediatric care
-offset by reducing premium subsidies for people between 300% and 400% of FPL
46. (WITHDRAWN) Kerry, C1: (re: employer mandate)
-strikes the free-rider provision and replaces it with an employer mandate identical to the HELP Committee bill
47. (ACCEPTED) Nelson, D3 (re: Medicare vs. Medicaid drug prices)
-OIG would study how much Medicare and Medicaid are paying for drugs
48. (WITHDRAWN TO REVISE CHAIRMAN'S MARK) Nelson, C1: (re: state compacts)
-eliminates ability of states to form state compacts to buy insurance
49. (Chairman's Mark modified to require state legislature approval to enter into the compacts)
50. (ACCEPTED) Enzi, C3, as modified: (re: employer mandate)
-prior to implementing employer fees, the Secretary of Labor must certify that the fees and assessments would not result in a reduction in employee wages, based on national compensation survey from Bureau of Labor Statistics
51. (REJECTED) Enzi, C9: (re: Medicaid impact on states)
-would exempt a state from the mandatory Medicaid expansions of the Mark if that state's revenues have declined for 2 consecutive FY quarters
52. (REJECTED) Crapo, C2, as modified: (re: unfunded mandates)
-would prohibit the Mark from imposing any unfunded federal mandates on the states
53. (WITHDRAWN) Schumer, C8: (Puerto Rico and territories)
-would include Puerto Rico and the territories in the exchange provisions and apply the insurance market reforms
54. (WITHDRAWN) Cornyn, C23, as modified: (re: CBO/JCT scoring)
-before the Finance Committee votes on final passage, all amendments that had improper scoring from CBO will be revisited
55. (ACCEPTED) Menendez, C9: (re: autism and behavioral health)
-all plans must provide behavioral health treatment as part of mental health and substance abuse services
56. (REJECTED) Ensign, C14, as modified: (re: unfunded mandates)
-states could opt-out of the Medicaid expansion if it would increase their spending by more than 1%
57. (REJECTED) Enzi, C6: (re: Medicaid expansion)
-would allow people who will become enrolled in Medicaid due to the expansion under the Mark to have the option to choose an exchange plan
58. (ACCEPTED) Menendez, C4, as modified: (re: child option)
-allows children to qualify for child-only health insurance plans in the exchange

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59. (REJECTED) Cornyn, C24: (re: Members of Congress)
-would require Members of Congress to enroll in Medicaid

Friday, September 25, 2009

60. (REJECTED) Ensign, C10 (re: transparency and Czars)
-requires any czar handling health care issues to be subject to the Senate confirmation process

61. (WITHDRAWN) Kerry, C15: (re: age rating)
-would replace the 4:1 age rating limitation in the Mark to 2:1; premiums within a family category could not vary by more than 3:1

62. (REJECTED) Cornyn, C23, as modified: (re: CBO)
-would require re-scoring of all amendments accepted during the markup before the Finance Committee votes on final passage

63. (ACCEPTED) Cantwell, C2, as modified: (re: PBMs/transparency)
-would require PBMs operating in the exchanges to disclose to HHS information regarding: (1) the percent of all prescriptions provided through retail pharmacies compared to mail order pharmacies, and the generic dispensing and substitution rates in each location; (2) the aggregate amount and types of rebates, discounts, and price concessions that the PBM negotiates on behalf of the plan and the aggregate amount of these that are passed through to the plan sponsor; and (3) the average aggregate difference between the amount the plan pays the PBM and the amount that the PBM pays the retail and mail order pharmacy

64. (REJECTED) Kyl, C10: (re: consumer choice)
-would prohibit the federal government from limiting consumer choice by defining health care benefits offered through private insurance

Tuesday, September 29, 2009

65. (REJECTED) Rockefeller, C6: (re: public health insurance option)
-would add a public health insurance option to the Mark, called the Consumer Choice Health Plan (CCHP)
-CCHP would be required to follow the same insurance regulations as private plans, implement minimum benefit requirements for children, and be financially self-sustaining
-Medicare provider payment rates for the first two years, with competitive rates beyond two years

66. (REJECTED) Schumer, C1, as modified: (re: public health insurance option)
-would replace the Co-Ops with a "Level Playing Field Public Option," operated by a non-profit
-public plan must adhere to the same rules as all private plans in the exchange, must be self-sustaining, may not compel provider participation, negotiates prices (i.e., not based on Medicare)
-offset by an annual fee on for-profit health insurance providers

67. (REJECTED) Roberts, D4: (re: comparative effectiveness research)
-would eliminate the Patient-Centered Outcomes Research Act, Title III, Subtitle F

68. (REJECTED) Kyl, D8: (re: comparative effectiveness)
-would prohibit using comparative effectiveness research to deny coverage of items or services under any federal health care program

69. (REJECTED) Roberts, D5: (re: comparative effectiveness)
-would prohibit cost from being a factor in any comparative clinical effectiveness research conducted using federal funds

70. (ACCEPTED) Grassley, D2, as modified: (re: GPCIs)
-directs HHS to make changes to the practice expense GPCIs, using accurate and current data

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71. (ACCEPTED) Stabenow, C8: (re: consumer protections)
-requires that all entities offering health insurance would be subject to state regulatory requirements that exceed federal requirements
-(unclear if/how this was modified)
72. (REJECTED) Bunning, C1: (re: exchange health insurance plans)
-allows anyone to purchase a "young invincibles" policy through the health insurance exchange
73. (WITHDRAWN TO DISCUSS FURTHER) Wyden, D16: (re: Medicare hospice)
-eliminates additional Medicare hospice cuts effective 2013
74. (WITHDRAWN TO DISCUSS OFFSET) Kyl, D2: (re: physician feedback program)
-would eliminate the penalty for physicians who are in the top 10% of utilizers under the Physician Feedback Program
75. (ACCEPTED) Grassley, C3, as modified: (re: exchange applied to Congress)
-would require Members of Congress and staff to purchase health insurance through the exchange, effective 2013
76. (REJECTED) Crapo, C1, as modified: (re: employer penalty)
-increases "small business" penalty exemption to employers with up to 499 employees
77. (RULED OUT OF ORDER) Ensign, C5, as modified: (re: health savings accounts)
-would protect HSAs from creditors in bankruptcy cases
78. (ACCEPTED) Menendez, C6, as modified: (re: emergency care)
-all plans in the exchange must provide coverage for emergency services, regardless of network coverage (out-of-network cost-sharing cannot exceed in-network rates)
79. (ACCEPTED) Lincoln, D9, as modified: (re: physical therapy)
-would require CMS Innovation Center to look into direct access models to improve access to outpatient physical therapy services in rural areas (without the statutory requirement of being under physician care)
80. (REJECTED) Kyl, C11: (re: actuarial values)
-would prohibit the federal government from setting actuarial values for health insurance plans
81. (REJECTED) Grassley, C4: (re: HSAs/HDHPs and individual mandate)
-provides that individuals with high deductible health plans under the tax rules for health savings accounts to satisfy the individual mandate
82. (ACCEPTED) Hatch, C10, as modified: (re: abstinence education)
-restores \$50 million in annual funding for abstinence education
83. (ACCEPTED) Baucus side-by-side: (re: adult preparation)
-provides \$50 million to the states on a formula basis to address "adult preparation," which includes teen pregnancy, abstinence, healthy relationships, adolescent development, financial literacy
84. (REJECTED) Grassley, as modified, C15: (re: individual mandate)
-would give states the ability to opt-out of the individual mandate and pursue alternative mechanisms to encourage individuals to purchase health insurance
85. (WITHDRAWN) Menendez, C11: (re: young invincible plans)
-would allow women enrolled in a young invincible plan who get pregnant to access maternity care and a comprehensive plan
86. (WITHDRAWN) Cantwell, C9: (re: medical home)
-allows for coverage of direct primary care medical homes, which must be combined with non-primary care wrap-around coverage

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87. (WITHDRAWN) Kyl, C17: (re: HSA contribution amount)
-would increase annual HSA contribution amount to the maximum HDHP out-of-pocket maximum

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88. (WITHDRAWN) Kerry, F1: (re: excise tax on high cost insurance)
-modifies the excise tax by raising threshold for individual and family plans, and would grandfather plans subject to existing collective bargaining agreements

89. (REJECTED) Hatch, C14: (re: abortion)
-prohibits federal funds under the Mark from being used for elective abortions

90. (WITHDRAWN) Bingaman, C1, as modified: (re: Medicaid/SCHIP eligibility)
-establishes a coordinated system of eligibility determination for Medicaid, tax credits, and SCHIP

91. (REJECTED) Hatch, C: 13 (re: abortion)
-prohibits federal program discrimination on the basis that a health care entity does not provide, pay for, provide coverage of, or refer for abortions

92. (REJECTED) Enzi, C1: (re: actuarial values)
-lowers the "bronze" level plan actuarial value from 65% to 60%

93. (REJECTED) Grassley, C8: (re: Medicaid citizenship documentation)
-requires an applicant for Medicaid to present a government-issued photo identification when applying for Medicaid benefits

94. (REJECTED) Kyl, C15, as modified: (re: Medicaid verification)
-requires photo identification for Medicaid and tax credits

95. (ACCEPTED) Nelson, F1, as modified: (re: itemized deduction)
-returns the deduction threshold for senior citizens to itemize catastrophic medical expenses to 7.5% of AGI, until 2017

96. (REJECTED) Kyl, F8, as modified: (re: itemized deduction)
-would return the deduction threshold for individuals to itemize catastrophic medical expenses to 7.5% of AGI

97. (REJECTED) Grassley, F1, as modified: (re: health industry fees)
-prohibits fees imposed on the health insurance industry from being passed onto health care consumers in the form of higher insurance premiums

98. (REJECTED) Enzi, C4: (re: insurance rating rules)
-requires that, before the insurance rating rules go into effect in any state, the state insurance commissioner must certify that health insurance premiums in the state will not increase for a majority of residents

99. (REJECTED) Cornyn, D7, as modified: (re: SGR)
-gives physicians a 0.5% payment update in 2011 and 2012 (\$28 billion cost)

100.(REJECTED) Hatch, F17: (re: industry fees)
-before the annual fees on health industry segments take effect, the GAO would have to certify that no portion of the annual fee is likely to be passed on to consumers of the products

101.(RULED OUT OF ORDER) Roberts, F2: (re: FSAs, HSAs)
-excludes flexible spending accounts, health savings accounts, and dental/vision accounts from the threshold amount for the excise cost

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102.(RULED OUT OF ORDER) Roberts, F4, as modified: (re: over-the-counter drugs)

-strikes the provision that prohibits over-the-counter drugs from being covered by HSAs, HRAs, MSAs

103.(TEMPORARILY SET ASIDE) Snowe, F9, as modified: (re: indemnity insurance policies, FQHC, HIV, small business)

-excludes indemnity insurance policies from the excise tax on high cost plans

-FQHC modifications

-counts HIV/AIDS medications as part of Part D spending

-small businesses with large number of seasonal employees won't be excluded from subsidies to offer health insurance to their employees

104.(ACCEPTED) Bunning, F4, as modified: (re: industry user fees and veterans)

-would prevent implementation of any of the revenue raisers in Title VI unless the Secretary of Veterans' Affairs certifies that none of the provisions would increase the cost of care provided to veterans

105.(ACCEPTED) Ensign, C8, as modified: (re: wellness and health promotion)

-would increase the financial incentives available to employees from 20% to 30% of premiums for health promotion and wellness programs

-strikes employer wellness program language in the Mark and replaces it with similar language as the HELP Committee bill

106.(ACCEPTED) Stabenow, D6, as modified: (re: emergency care)

-HHS would convene a working group experts in emergency care to recommend practice guidelines

107.(REJECTED) Cornyn, C22: (re: Medicaid personal responsibility)

-would require Medicaid beneficiaries to sign a personal responsibility pledge

108.(REJECTED) Cornyn, C30: (re: Medicaid fraud)

-prior to implementing Medicaid changes in the Mark, the Secretary of HHS must certify that Medicaid's average payment error rate measurement is less than 3.5%

109.(WITHDRAWN) Enzi, ? (re: germaneness of amendments)

-would strike certain provisions of the modified Chairman's Mark re: public health service act, teaching health centers, and GME

110.(WITHDRAWN) Grassley, C11, as modified (combines Snowe C5): (re: Medicaid state maintenance of effort)

-strikes maintenance of effort requirement under the Recovery Act for adult populations above 133% of FPL from 2011-2014

111.(REJECTED) Kyl, D2: (re: physician feedback program)

-strikes penalty under physician feedback program

Thursday, October 1, 2009

112.(REJECTED) Crapo, F1, as modified: (re: middle class taxes)

-would prevent any tax, fee, or penalty to be applied to any individual earning less than \$200,000 per year or any couple earning less than \$250,000

113.(REJECTED) Ensign, F2: (re: individual mandate)

-would exempt individuals earning less than \$200,000 per year or any couple earning less than \$250,000 from the individual mandate penalty

114.(ACCEPTED) Snowe, F9, as modified: (re: indemnity insurance, FQHC, HIV, small business)

-excludes indemnity insurance policies from the excise tax on high cost plans

-eliminates the cap on Medicare spending for community health centers

-counts HIV/AIDS medications as part of Part D out-of-pocket expenditures

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-small businesses with large number of seasonal employees won't be excluded from subsidies to offer health insurance to their employees

115.(RULED OUT OF ORDER) Hatch, F6, as modified: (re: constitutional challenges)
-creates a an expedited judicial process for determining the constitutionality of the Mark

116.(REJECTED) Bunning, F2, as modified: (re: taxes)
-would sunset on December 31, 2019 any provision of the Mark that increases the out-of-pocket health care costs for a taxpayer

117.(REJECTED) Bunning, F3, as modified: (re: itemized deduction for medical expenses)
-would return the itemized deduction threshold to 7.5%

118.(REJECTED) Cornyn, F5: (re: small businesses)
-prior to implementation of the Mark, the Secretary of Treasury must certify that the Mark will not impose additional costs on small businesses (defined as < 500 employees)

119.(REJECTED) Ensign, F6: (re: excise tax on high cost insurance plans)
-change the index for the excise tax on high cost insurance plans from CPI to CPI-Medical

120.(ACCEPTED) Cantwell, C15, as modified: (re: basic health plan)
-would allow states to establish a basic health plan for individuals below 200% of FPL

121.(TEMPORARILY SET ASIDE) Schumer, C3, as modified: (re: hardship waiver)
-would lower the hardship/affordability waiver to 8% of income (i.e., if you can't find health care that costs 8% or less of annual income, then you aren't penalized for not obtaining coverage)
-eliminates penalty in first year, cuts it in half in year two

122.(TEMPORARILY SET ASIDE) Kyl, F3, as modified: (re: medical device fee)
-strikes user fee on medical device industry
-offset by reducing hardship/affordability waiver

123.(REJECTED) Kyl, F4, as modified: (re: health insurance provider fees)
-strikes user fee on health insurance providers

124.(ACCEPTED) Grassley, C11, as modified with Snowe: (re: Medicaid state maintenance of effort)
-states can drop adult, non-disabled, and non-pregnant Medicaid populations if they are running deficits (or are projected to) based on the expansion of Medicaid

125.(WITHDRAWN) Rockefeller, C9, as modified: (re: medical loss ratio)
-would require insurers in the exchange to have a medical loss ratio of at least 85%

126.(REJECTED) Kyl, F6, as modified: (re: flexible spending accounts)
-eliminate the cap on FSAs

127.(REJECTED) Bunning, F1, as modified: (re: tax increases)
-sunsets in 2019 every tax increase in the bill

128.(REJECTED) Kyl, C17, as modified: (re: health savings accounts)
-would increase contribution limits on HSAs to the HDHP out-of-pocket maximum

129.(WITHDRAWN) Lincoln, D11: (re: radiation therapy)
-would overturn Medicare regulations that would cut reimbursement to radiation oncology

130.(REJECTED) Ensign, F1 as modified: (re: FSAs)
-strikes the provision in the Chairman's mark that caps FSAs at \$2,500
-offset would be linked to surplus revenue found in the newly established Health Improvement fund.

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131.(WITHDRAWN) Wyden, C1: (re: access to exchanges)

- allows employees to have the choice of declining employer offered coverage and receiving a voucher to purchase coverage through the state exchange, or forfeit the voucher and accept health plans offered by the employer
- restrictions established to discourage employers dropping coverage.

132.(ACCEPTED) Rockefeller, F1, as modified: (re: excise tax, Medicare Commission)

- raises the threshold for the excise tax penalty for workers in high-risk professions
- requires that Treasury issue guidance exempting plans that cover employees working in high-risk fields
- prohibits the Medicare Commission or HHS from proposing changes to premiums
- the Commission would make to recommendations to reduce costs associated with Medicare Parts C and D
- clause 6 on p. 156 of the Chairman's Mark is sunset
- modifies Bingaman C1 to remove the requirement to file federal income tax returns to obtain tax credits and subsidies
- establishes and modifies biotech tax credit as previously introduced by Senator Menendez

133.(WITHDRAWN) Rockefeller, C14 and C15 (re: Medicaid)

- C14 strikes language requiring states to implement section 1937 of the SSA for all newly-eligible, non-pregnant adults, and strikes language that eliminates Medicaid income disregards
- C15 strikes language requiring states to offer premium assistance and wrap-around benefits to Medicaid beneficiaries who are offered ESI if it is cost-effective to do so; provides cost-effective and comprehensive coverage to Medicaid-eligible populations by striking the language which offers a false choice between Medicaid and private coverage

134.(ACCEPTED) Rockefeller, C21 as modified: (re: SCHIP and exchange)

- removes SCHIP from the exchange

135.(REJECTED) Kyl, F3: (re: medical device industry fee)

- eliminates the medical device industry user fee

136.(ACCEPTED) Wyden, D10: (re: laboratory tests)

- requires that for the two-year period beginning on the date of enactment, a laboratory furnishing a test could bill for the test provided the tests meet certain requirements
- goal is to promote personalized medicine and access to critical lab tests.

137.(ACCEPTED) Schumer/Snowe, C3, as modified: (re: hardship waiver)

- would lower the hardship/affordability waiver to 8% of income (i.e., if you can't find health care that costs 8% or less of annual income, then you aren't penalized for not obtaining coverage)
- eliminates penalty in first year, cuts it in half in year two
- also holds of on federal penalties for one year
- requires GAO study to examine effectiveness of reform achievements after exchanges, tax credits and subsidies and other rate reforms are established.

138.(WITHDRAWN) Bingaman, C1, as modified: (re: Medicaid/SCHIP eligibility)

- establishes a coordinated system of eligibility determination for Medicaid, tax credits, and SCHIP

139.(WITHDRAWN) Rockefeller, C8: (re: insurance market reforms)

- would require that all insurance market reforms applied in the exchange would be applied immediately to both self-insured and large group plans, effective 2013

140.(WITHDRAWN) Kerry, C8: (re: exchanges)

- allows the state exchanges to negotiate with plans for lower bids, encourage plans to form select networks, and exclude plans that do not offer good value and cost-effectiveness

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141.(WITHDRAWN) Kerry, C10: (re: affordability tax credits)

-replaces the indexing of the premium contribution levels for individuals and families between 100 percent and 400 percent of the FPL and instead maintain the premium contribution levels defined as a percentage of income required in 2013 or 2014 and subsequent years.

142.(ACCEPTED) Wyden, D17 as modified: (re: Medicare Advantage)

-ensures that seniors participating in Medicare Advantage continue to receive good quality, affordable benefits

143.(ACCEPTED) Grassley, F5: (re: deficits)

-requires Director of OMB to certify annually in the President's budget that the provisions in this bill will not increase the budget deficit in the coming year, effective 2012

144.(ACCEPTED) Lincoln, F1, as modified: (re: executive compensation)

-eliminates deductibility of excessive compensation for officers, employees, and directors of health insurance providers, if at least 25% of the health insurance provider's gross premium income is derived from health insurance plans that meet the minimum creditable coverage requirements in the Mark

145.(REJECTED) Kyl, C14: (re: immigrants)

-clarifies that legal immigrants must reside in the U.S. for at least five years in order to be eligible for the tax credit available through the state exchanges