

S 1796

America's Healthy Future Act of 2009

Congress: 111 (2009–2011, Ended)

Chamber: Senate

Policy Area: Health

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Sponsor

Name: Sen. Baucus, Max [D-MT]

Party: Democratic • **State:** MT • **Chamber:** Senate

Cosponsors

No cosponsors are listed for this bill.

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Reported Original Measure	Oct 19, 2009

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
111 S 3216	Related bill	Apr 15, 2010: Read twice and referred to the Committee on Finance.
111 S 2806	Related bill	Nov 19, 2009: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
111 HR 3200	Related bill	Oct 14, 2009: Placed on the Union Calendar, Calendar No. 168.

America's Healthy Future Act of 2009 - Amends the Social Security Act (SSA) to add a new title XXII (Health Insurance Coverage) to ensure that all Americans have access to affordable and essential health benefits coverage.

Requires all health benefits plans offered to individuals and employers in the individual and small group market to be qualified health benefits plans (QHBPs).

Prohibits QHBPs from excluding coverage for preexisting conditions, or otherwise limiting or conditioning coverage based on any health status-related factors.

Requires QHBPs to offer coverage in the individual and small group markets on a guaranteed issue and guaranteed renewal basis.

Requires states to: (1) establish rating areas; (2) adopt a specified risk adjustment model; and (3) establish transitional reinsurance programs for individual markets.

Requires QHBP offerors in the individual and small group markets to consider all enrollees in a plan to be members of a single risk pool.

Requires the Secretary of Health and Human Services (HHS) to establish: (1) risk corridors for certain plan years; (2) high risk pools for individuals with preexisting conditions; (3) a temporary reinsurance program for retirees covered by employer-based plans; and (4) a program under which a state establishes one or more QHBPs to provide at least an essential benefits package to eligible individuals in lieu of offering coverage through an exchange.

Entitles a qualified individual to the choice to enroll or not to enroll in a QHBP offered through an exchange covering the individual's state as well as QHBPs in the individual market. Requires such individuals to be U.S. citizens or lawful residents.

Requires each state to establish: (1) an exchange designed to facilitate enrollment in QHBPs in the individual market; and (2) a Small Business Health Options Program (SHOP) exchange designed to assist qualified small employers in facilitating the enrollment of their employees in QHBPs in either the individual or the small group market.

Directs the Secretary to: (1) establish a system allowing state residents to participate in state health subsidy programs; and (2) study methods exchange QHBPs can employ to encourage health care providers to make increased meaningful use of electronic health records.

Prescribes the contents of an essential benefits package, including little or no cost-sharing, no annual or lifetime limits on coverage, and preventive services.

Declares that nothing in this Act requires health care benefits plans to provide coverage for abortions. Requires the plan offeror to determine whether or not the plan provides coverage of abortion services for which federal funding: (1) is prohibited; or (2) is allowed. Requires the Secretary to assure that: (1) at least one QHBP covers abortion services for which federal funding is prohibited or allowed; and (2) at least one QHBP that does not cover abortion services for which federal funding is allowed. Prohibits the use of premium credits and cost-sharing subsidies for QHBPs covering abortion services for which federal funding is prohibited.

Prohibits QHBPs from discriminating against any individual health care provider or health care facility because of its willingness or unwillingness to provide, pay for, provide coverage of, or refer for abortions.

Continues application of state and federal laws regarding abortion.

Amends the Internal Revenue Code to: (1) allow tax credits related to the purchase of health insurance through the state exchanges; and (2) impose an excise tax on individuals without essential health benefits coverage and on employers who fail to meet health insurance coverage requirements with respect to their full-time employees.

Requires the President to: (1) certify annually in the President's Budget whether or not the provisions in this Act will increase the budget deficit in the coming fiscal year; and (2) instruct the HHS Secretary and the Secretary of the Treasury to make required reductions in exchange credits and subsidies.

Establishes a new mandatory eligibility category under SSA title XIX (Medicaid) for all non-elderly, nonpregnant individuals who are otherwise ineligible for Medicaid.

Revises Medicaid benefits.

Rescinds funds available in the Medicaid Improvement Fund for FY2014-2018.

Makes appropriations for Aging and Disability Resource Center initiatives.

Increases the federal medical assistance percentage (FMAP) for states to offer home and community-based services as a long-term care (LTC) alternative to nursing homes.

Creates a Community First Choice Option.

Adds a new optional categorically needy eligibility group to Medicaid for individuals: (1) with income that exceeds 133% of the poverty line; and (2) certain other individuals, but only for benefits limited to family planning services and supplies.

Directs the Secretary to establish a grants program to support school-based health centers.

Removes smoking cessation drugs, barbiturates, and benzodiazepines from Medicaid's excluded drug list.

Revises requirements for Medicaid disproportionate share hospital (DSH) payments.

Directs the Secretary to establish a Federal Coordinated Health Care Office within the Centers for Medicare & Medicaid Services (CMMS).

Directs the Secretary to establish a Medicaid Quality Measurement Program.

Revises requirements for the Medicaid and CHIP Payment and Access Commission (MACPAC). (CHIP refers to SSA title XXI [Children's Health Insurance Program].)

Sets forth special rules relating to American Indians and Alaska Indians.

Requires the Secretary to establish procedures for sharing data collected under a federal health care program on race, ethnicity, sex, primary language, type of disability, and related measures and data analyses.

Amends SSA title V with respect to the Maternal and Child Health (MCH) block grant program.

Provides funding for abstinence education.

Amends the Internal Revenue Code to codify and revise the Health Insurance Portability and Accountability Act of 1996 (HIPAA) wellness program regulations.

Elder Justice Act of 2009 - Amends SSA title XX (Block Grants to States for Social Services) with respect to elder abuse, neglect, and exploitation and their prevention.

Establishes within the Office of the Secretary an Elder Justice Coordinating Council.

Directs the Secretary to establish a hospital value-based purchasing program under Medicare.

Extends Physician Quality Reporting Initiative program (PQRI) incentive payments beyond 2010.

Modifies the Physician Feedback Program.

Requires the Secretary to develop a plan to implement a Medicare value-based purchasing program for home health agencies and skilled nursing facilities (SNFs).

Amends SSA title XVIII (Medicare) to direct the Secretary to establish a national strategy to improve the delivery of health care services, patient health outcomes, and population health.

Directs the President to convene an Interagency Working Group on Health Care Quality.

Amends SSA title XI (General Provisions) to provide for the establishment of a Center for Medicare and Medicaid Innovation within CMMS.

Amends SSA title XVIII to direct the Secretary to establish a shared savings program that promotes accountability for a patient population and coordinates items and services under Medicare parts A (Hospital Insurance) and B (Supplementary Medical Insurance).

Creates a Hospital Readmissions Reduction Program.

Directs the Secretary to establish a Community-Based Care Transitions Program

Revises requirements with respect to residents in teaching hospitals.

Increases the Medicare physician payment update.

Directs the Secretary to establish a Working Group on Access to Emergency Medical Care.

Extends the Medicare-Dependent Hospital Program.

Amends the Tax Relief and Health Care Act of 2006 with respect to the hospital wage index.

Establishes a Medicare prescription drug discount program for brand-name drugs for beneficiaries who enroll in Medicare part D (Voluntary Prescription Drug Benefit Program) and have drug spending that falls into the coverage gap.

Establishes an independent Medicare Commission to reduce the per capita rate of growth in Medicare spending.

Amends SSA title XI to add a new part D (Comparative Effectiveness Research) under which is established a Patient-Centered Outcomes Research Institute.

Establishes in the Treasury the Patient-Centered Outcomes Research Trust Fund.

Establishes a nationwide program for national and state background checks on direct patient access employees of LTC facilities and providers.

Directs the Secretary to establish new procedures for screening providers of medical or other items or services and suppliers under the Medicare, Medicaid, and CHIP programs.

Directs the Secretary to establish a self-referral disclosure protocol to enable health care service providers and suppliers to disclose violations.

Requires the Secretary to expand the number of areas included in Round Two of the durable medical equipment (DME) competitive bidding program.

Extends the period for collection of overpayments due to fraud.

Amends the Internal Revenue Code with respect to: (1) an excise tax on the excess benefit of high cost employer-sponsored health coverage; (2) distributions from health savings accounts for drugs and insulin that are prescribed drugs and insulin only; (3) a limitation on salary reduction contributions by employers to a health flexible spending arrangement; (4) expanded information reporting requirements; (5) additional qualifying requirements for charitable hospital organizations; and (6) a qualifying therapeutic discovery project tax credit.

Imposes annual fees on: (1) manufacturers and importers of branded prescription pharmaceuticals or of medical devices; and (2) health insurance providers.

Increases the threshold for the itemized income tax deduction for medical expenses.

Prescribes a special rule to limit excessive remuneration by certain health insurance providers.

Excludes from an individual's gross income the value of any qualified Indian health care benefit.

Prescribes treatment of small business employers maintaining a simple cafeteria plan.

Actions Timeline

- **Oct 19, 2009:** Introduced in Senate
- **Oct 19, 2009:** Committee on Finance. Original measure reported to Senate by Senator Baucus. With written report No. 111-89. Additional and Minority views filed.
- **Oct 19, 2009:** Placed on Senate Legislative Calendar under General Orders. Calendar No. 184.