

Analysis of the Senate bill for Health Care Reform

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I am in strong support of passage of the Senate Bill – with the ideal situation being passage of the Senate Bill, with further improvements made in reconciliation.

The final Senate bill is dramatically improved over prior versions. It includes the following:

Public Insurance Reform

1. Medicaid eligibility for those with income below 133% FPL. (approx. \$13,000 for a single individual/\$29,326 for a family of four) --- This is significant. It is access to Medicaid-based care and treatment to almost all Americans with incomes below 133% FPL. It will also help to dramatically reduce the ADAP crisis.
2. Multi-state plans certified by the Office of Personnel Management at least one of which in each state is a non-profit and support for creation of co-ops.
3. Reduction in the Medicare Part D donut hole and ADAP as TrOOP – This is significant – The donut hole will immediately be reduced by \$500 and there is also a 50% reduction in donut hole amount for name brand drugs (all HIV medications.) ADAP as TrOOP will allow ADAP contributions to count toward donut hole associated costs and other co-pays.

Private Insurance Reform

1. Increased Access – largely eliminated discrimination based on health status
2. Increased coverage – new mandated benefits package that includes prescription drugs, substance abuse and mental health treatment, preventative care, chronic disease management
3. Increased Affordability –subsidies and caps that dramatically reduce costs to consumers – subsidies that are not as good as were in the House bill for those between 133% and 250%FPL but deeper subsidies than the House bill for those between 250-400% of the federal poverty level.

Other Key Improvements

1. \$15 billion investment in prevention and wellness initiatives over 10 years. This is significant – includes investments in addressing health disparities, clinical workforce serving vulnerable populations, public health infrastructure.
2. Mandated integration of Ryan White Providers

The Senate bill is far from perfect. (So was the House bill, which also included several terrible provisions.) The Senate bill is still a **significant** step forward in our efforts to ensure that all people living with HIV (and other uninsured people) have access to affordable, high-quality and comprehensive health care. Hopefully, several of the bad provisions will be addressed in the reconciliation process. Some will survive. And, we will continue to work until the health care needs of all are adequately addressed.

As to costs, the Congressional Budget Office has said that the Senate bill will reduce the federal deficit by \$132 million over the first decade and between \$500 million and \$1 trillion in the 10 years after that.

My list of the provisions I want changed include deeper subsidies for those below 250%FPL; include a public option; increase Medicaid eligibility to 150%FPL (as in the House bill); address Medicaid primary care reimbursement rates and a new national Medicaid benefits package; repeal the legal immigrant 5 year public benefits exclusion; eliminate provisions that restrict abortion funding; and once and for all get rid of abstinence only education funding.

We won't get everything we want. We never do. Incremental reform of the "popular provisions" will not address the big things people with HIV need to improve health care access. Incremental reform will be private insurance reform. That is important, but the overwhelming majority of people living with HIV/AIDS rely on public health insurance systems. The dramatic improvements to Medicaid and Medicare access will never be part of an incremental reform process.

I strongly support efforts to pass the Senate bill as a vehicle for getting the job done as well as the use of the reconciliation process to enact health care reform that best meets the needs of all Americans.

I strongly oppose efforts to craft a pared-down bill that only includes the most popular measures of reform without taking the bold steps necessary to transform our health system and ensure meaningful access to health care for people with HIV, those with other chronic conditions, and all uninsured Americans.

I am counting on Congress to finalize meaningful health care reform legislation.

I believe that we need to do everything we can to help get this done. We can't afford to abandon this vital effort.

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