

DOWNLOAD PDF CONGRESSIONAL BUDGET OFFICES ANALYSIS OF THE PRESIDENTS HEALTH CARE REFORM PROPOSAL

Chapter 1 : Analysis of the President's FY Budget | Committee for a Responsible Federal Budget

Congressional Budget Office's analysis of the President's health care reform proposal: hearing before the Committee on Ways and Means, House of Representatives, One Hundred Third Congress, second session, February 8,

Video Transcript Transcript for Congressional Budget Office releases analysis on American Health Care Act We turned out to be the other breaking headline at this hour of late today the new analysis of the Republican health care plan to replace Obamacare. The nonpartisan Congressional Budget Office releasing new numbers tonight take a look. It finds that under the replacement plan there would be fourteen million more uninsured people next year and under Obama care. At 24 million more uninsured a decade from now. As you can imagine reaction swift tonight on Capitol Hill Democrats pouncing. And the White House firing back with billions of Americans in short right now under Obamacare watching all of this very closely. Tonight those numbers sending shockwaves through Capitol Hill from care would be a nightmare. For the American people. According to the nonpartisan Congressional Budget Office under the house Republican plan embraced by president Trump fourteen million fewer Americans will have insurance coverage next year compared to under Obama care. Within a decade the number of uninsured Americans will increase by 24 million. A top advisor repeating that pledge this morning. That promise stands yes it does but Republicans have been bracing for this so of course the CBO is going to say. Saying this plan will not fly. Do not walk the plank and vote for a bill that cannot pass a senate and then have to face the consequences of that vote at town halls across the country Republicans are getting a taste of the backlash. Near San Diego congressman Darrell Issa up pelted with questions. I have a yes or no question for you when the Congressional Budget Office comes with its report. Today I so went on TV and gave the thumbs down are you get a vote for the speaker Ryan plan as it looks right now. You know this is unacceptable but because I think we can do better the businessman president suggest the house plan is just an opening offer. He negotiating with the everybody should be a beautiful negotiation. David Republicans are welcoming some of these numbers including the price tags this report finds the GOP plan it will save the government. They also finds that premiums for some. David Mary Bruce live on the hill tonight Mary thank you. House Speaker Paul Ryan: Florida launches recounts for midterms Now Playing: Democrats plan to subpoena Trump to investigate hush payments, committee aide says Now Playing: Incoming House Judiciary chair: Top House Oversight Dem: Florida Secretary of State orders election vote recount Now Playing: Florida gearing up for recounts in key governor and Senate races Now Playing: Trump denies knowing man he named as acting attorney general Now Playing: Who is Kirstjen Nielsen? Rick Scott files lawsuit against 2 Florida counties for slow vote count Now Playing:

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Chapter 2 : Full Text: Obama's Health Care Proposal | Kaiser Health News

Excerpt from Congressional Budget Office's Analysis of the President's Health Care Reform Proposal: Hearing Before the Committee on Ways and Means Congressional Budget Office's Analysis of the President's Health Care Reform Proposal: Hearing Before the Committee on Ways and Means, House of 8, ; Serial (Classic Reprint): Committee.

Massive tax increases or crippling austerity measures are the natural conclusion of our current rate of spending, and future generations will pay the price. Failure to take swift and decisive action is not only inexcusable, it is immoral. Watch the markup from July 19, below: Then again, Members of Congress are elected not to do what is easy, but to do what is right. This budget resolution starts the process. It retains longstanding beliefs about budgeting and governing. It reverses the drift toward excessive spending and larger government; it reinforces the innovation and creativity stirring in the myriad institutions and communities across the country; and it revitalizes the prosperity that creates ever-expanding opportunities for all Americans to pursue their destinies. Like any good budget resolution, our FY budget expresses a vision of governing, and of America itself. Our blueprint discusses the following major themes of the budget: **Balancing the Budget** The resolution draws a path toward a balanced budget within 10 years, without raising taxes, and places the government on a fiscal course sustainable for the long term. The national debt is already an impediment to greater prosperity and a threat to the security of future generations. **Promoting Economic Growth** For the past eight years, government has been a hindrance to economic growth. This budget urges reversing this trend with a combination of pro-growth policies, including deficit reduction, spending restraint, comprehensive tax reform, welfare reform, Obamacare repeal-and-replace legislation, and regulatory reform. All can promote more robust growth over the longer term. To that end, this budget supports robust funding for troop training, equipment, compensation, and improved readiness. Retirees should be able to choose the coverage plan best suited to their particular needs, rather than accept a set of benefits dictated by Washington. The program should ensure doctors and patients make health care decisions for themselves, and promote competition among insurers to expand choices of coverage and restrain costs. **Restoring the Proper Role of State and Local Governments** The resolution encourages the innovation and creativity of State and local governments. It calls for returning significant authority to the States, which possess not only the ability but also the will to reform and modernize programs that serve their citizens. The laboratories of democracy, not the Federal Government, are where these reforms should happen. **Reforming Government Programs While Improving Accountability** Every tax dollar collected by the Federal Government was generated by private-sector economic activity. Responsible stewardship of taxpayer dollars is a fundamental component of the budget resolution. At every opportunity possible, the budget reforms government programs and improves accountability to while generating better outcomes for Americans.

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Chapter 3 : CBO deals new blow to health plan - POLITICO

CONGRESSIONAL BUDGET OFFICE CBO An Analysis of the spending for health care would be much lower than the 2010 An Analysis of the President's Budget July

Overview[edit] Chart showing life expectancy at birth and health care spending per capita for OECD countries as of 2008. These range from increased use of health care technology through changing the anti-trust rules governing health insurance companies and tort-reform to rationing of care. Different overall strategies have been suggested as well. He mentioned electronic record-keeping, preventing expensive conditions, reducing obesity, refocusing doctor incentives from quantity of care to quality, bundling payments for treatment of conditions rather than specific services, better identifying and communicating the most cost-effective treatments, and reducing defensive medicine. He argued that the U. He articulated four "pillars" of such a strategy: Writing in *The New Yorker*, surgeon Atul Gawande further distinguished between the delivery system, which refers to how medical services are provided to patients, and the payment system, which refers to how payments for services are processed. He argued that reform of the delivery system is critical to getting costs under control, but that payment system reform e. Gawande argued that dramatic improvements and savings in the delivery system will take "at least a decade. He argued this would be an iterative, empirical process and should be administered by a "national institute for healthcare delivery" to analyze and communicate improvement opportunities. These options included increased use of health information technology, research and incentives to improve medical decision making, reduced tobacco use and obesity, reforming the payment of providers to encourage efficiency, limiting the tax federal exemption for health insurance premiums, and reforming several market changes such as resetting the benchmark rates for Medicare Advantage plans and allowing the Department of Health and Human Services to negotiate drug prices. The authors based their modeling on the effect of combining these changes with the implementation of universal coverage. The authors concluded that there are no magic bullets for controlling health care costs, and that a multifaceted approach will be needed to achieve meaningful progress. Health insurance premiums for employer-provided family coverage Health spending accounted for 17.5% of GDP in the United States were the Netherlands at 10.5%. Americans spent more than twice as much as relatively rich European countries such as France, Sweden and the United Kingdom. The causes are disputed, ranging from recession-related delays in visiting doctors to more long-term trends in moderating insurance premiums and reduced spending on structures and equipment. However, costs per capita continue to rise. Per capita cost increases have averaged 5.5% annually. Costs relative to GDP have risen from 14.5% in 1970 to 17.5% in 2008. Reasons include, among others: Higher unemployment due to the recession, which has limited the ability of consumers to purchase healthcare; Rising out-of-pocket payments; Deductibles the amount a person pays before insurance begins to cover claims have risen sharply. Workers must pay a larger share of their own health costs, and generally forces them to spend less; and The proportion of workers with employer-sponsored health insurance enrolled in a plan that required a deductible climbed to about three-quarters in from about half in 1970. Bloomberg reported in January 2009. If health insurance were cheaper, or the marketplace were structured so that most people bought health coverage for themselves rather than getting it with their jobs, people would be paid more and raises would be higher. Comparative effectiveness research would be one of many tools used by the IMAC. And ultimately, without a structure in place to help contain health care costs over the long term as the health market evolves, nothing else we do in fiscal policy will matter much, because eventually rising health care costs will overwhelm the federal budget. *Washington Post* columnist David Ignatius has also recommended that President Obama engage someone like Cortese to have a more active role in driving reform efforts. Several treatment alternatives may be available for a given medical condition, with significantly different costs yet no statistical difference in outcome. Such scenarios offer the opportunity to maintain or improve the quality of care, while significantly reducing costs, through comparative effectiveness research. According to economist Peter A. He described how the U. With a central oversight

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panel the U. Medicare and Medicaid currently pay clinicians the same amount regardless of results. But there is a pilot program to increase payments for doctors who deliver high-quality care at lower cost, while reducing payments for those who deliver low-quality care at higher cost. Still another would test a system of penalties and rewards scaled to the quality of home health and rehabilitation care. Other experiments try moving medicine away from fee-for-service payment altogether. A bundled-payment provision would pay medical teams just one thirty-day fee for all the outpatient and inpatient services related to, say, an operation. This would give clinicians an incentive to work together to smooth care and reduce complications. These groups would be permitted to keep part of the savings they generate, as long as they meet quality and service thresholds. The bill has ideas for changes in other parts of the system, too. Some provisions attempt to improve efficiency through administrative reforms, by, for example, requiring insurance companies to create a single standardized form for insurance reimbursement, to alleviate the clerical burden on clinicians. There are tests of various kinds of community wellness programs. The legislation also continues a stimulus-package program that funds comparative-effectiveness research—testing existing treatments for a condition against one another—because fewer treatment failures should mean lower costs. Official budget scores of universal health care proposals state that most of its savings would be from providing preventative care to the uninsured. Nearly half of these costs were paid for by the government via Medicare or Medicaid. State obesity rates ranged from Obesity rates were roughly equal among men and women. The study was performed by researchers at Cornell and Emory universities. One study in the Netherlands indicated that: At older ages, the highest yearly costs were incurred by the smoking group. However, because of differences in life expectancy life expectancy at age 20 was 5 years less for the obese group, and 8 years less for the smoking group, compared to the healthy-living group, total lifetime health spending was greatest for the healthy-living people, lowest for the smokers, and intermediate for the obese people. This was done at the urging of a Dr. Howard Brody, who published this recommendation in a article. The nine groups medical societies developed the lists after months of analyses and reviews of the medical literature by expert committees. The New York Times editorial board wrote: It is sound medicine and sound economics. These high-cost beneficiaries, compared with beneficiaries in the bottom 75 percent in terms of their spending, were slightly older, more likely to suffer from chronic conditions, such as coronary artery disease and diabetes, and more likely to die in a given year. Peter Orszag wrote in May His January version of the plan includes the transition of Medicare to a voucher system, meaning individuals would receive a voucher which could be used to purchase health insurance in the private market. This would not affect those near retirement or currently enrolled in Medicare. The median market share of the largest carrier was about 33 percent, with a range from about 14 percent in Texas to about 89 percent in North Dakota. The five largest carriers, when combined, represented three-quarters or more of the market in 19 of the 34 states supplying information, and they represented more than 90 percent in 7 of these states. Twenty-five of 37 states supplying information identified a Blue Cross and Blue Shield BCBS carrier as the largest carrier offering health insurance in the small group market, and in all but one of the remaining 12 states, a BCBS carrier was among the five largest. The median market share of all the BCBS carriers in the 34 states supplying information was about 34 percent, with a range from about 3 percent in Vermont to about 89 percent in North Dakota; in 9 of these states BCBS carriers combined for half or more of the market. The median market share of the largest carrier in the small group market was about 47 percent, with a range from about 21 percent in Arizona to about 96 percent in Alabama. In 31 of the 39 states supplying market share information, the top carrier had a market share of a third or more. The five largest carriers in the small group market, when combined, represented three quarters or more of the market in 34 of the 39 states supplying this information, and they represented 90 percent or more in 23 of these states. Thirty-six of the 44 states supplying information on the top carrier identified a Blue Cross and Blue Shield BCBS carrier as the largest carrier, and in all but 1 of the remaining 8 states, a BCBS carrier was among the five largest carriers. The median market share of all the BCBS carriers in the 38 states supplying this information was about 51 percent, with a range of less than 5 percent in Vermont and Wisconsin and more

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than 90 percent in Alabama and North Dakota. The result would be to afflict the afflicted, to make the lives of Americans with pre-existing conditions even harder. Two of these include: This provides a financial incentive to increase the costs of treatment provided. Patients that are fully insured have no financial incentive to minimize the cost when choosing among alternatives. The overall effect is to increase insurance premiums for all. He contrasted this with lower-cost areas that used salaried doctors and other techniques to reward value, referring to this as a "battle for the soul of American medicine. The provider network would also purchase insurance for catastrophic extremely high cost cases. Please consider splitting content into sub-articles, condensing it, or adding or removing subheadings. November Critics have argued that medical malpractice costs insurance and lawsuits, for example are significant and should be addressed via tort reform. And the reason tort reform is not on the bill is because the people who wrote it did not want to take on the trial lawyers in addition to everybody else they were taking on. That is the plain and simple truth. For example, the current contingent fee system skews litigation towards high-value cases while ignoring meritorious small cases; aligning litigation more closely with merit might thus increase the number of small awards, offsetting any reduction in large awards. Bush Administration and members of Congress; CBO concluded that "the evidence available to date does not make a strong case that restricting malpractice liability would have a significant effect, either positive or negative, on economic efficiency. Such courts exist in other disciplines. In administrative health courts, an expert judge would decide cases based on best medical practice, writing an opinion that is subject to appeal to an appellate health court. There would also be a requirement of full disclosure by hospitals, and all facts would be fed back into the health care system so providers learn from their mistakes. Such an approach has been opposed by trial lawyer lobbyists. Writing in the Washington Post, cardiologist Arthur Feldman cited various studies that indicate the U. Writing in Forbes, a physician argued that this is a "tiny band-aid at best," advocating full loan repayments and guaranteed positions upon graduation. This drives some doctors into higher paying specialties as opposed to primary care. As specialists, they prescribe more expensive treatments. Making medical school free would help address the shortage in their view. Germany and France had approximately 3. A study by Price Waterhouse advanced several strategies for addressing the nursing shortage, including developing more public-private partnerships, federal and state-level grants for nursing students and educators, creating healthy work environments, using technology as a training tool, and designing more flexible roles for advanced practice nurses given their increased use as primary care providers. Although both theory and evidence suggest that workers ultimately finance their employment-based insurance through lower take-home pay, the cost is not evident to many workers. According to the OECD, it "encourages the purchase of more generous insurance plans, notably plans with little cost sharing, thus exacerbating moral hazard". These two needs create cost-efficiency challenges for health care. The researchers found that only 3.

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Chapter 4 : FY Budget - House Budget Committee

Under the President's proposals, budget deficits from through would total nearly one-third less than those in CBO's baseline projections, ranging between percent and percent of GDP, down from percent in

The budget includes proposals to reform immigration, taxes, and Medicare, expand education and infrastructure, reduce middle- and working-class taxes, repealing a portion of future sequester cuts, raise new revenue and make other tax and spending changes. Our main findings from the budget are: As a share of GDP, deficits will grow modestly — from 2. Between and , spending will grow from Historically, they have averaged As a share of the budget, interest would double from 6 percent to 13 percent. Preventing the debt from growing faster than the economy is an important first step to achieving sustainable fiscal policy. As the economy continues to normalize, high debt levels are likely to slow the growth of wages, increase cost-of-living, and leave the government less prepared to react to future needs or crises. As a share of GDP, debt would grow from As a share of GDP, deficits fall from 3. Spending would grow from Spending growth is due in part to new spending initiatives, but more significantly to rising interest rates and growing entitlement costs baked into current law. The remainder of the budget shrinks by a combined 1. A portion of this difference — 0. Below we describe some of the major policies proposed in the budget. Many of these initiatives are paid for with specific offsets — for example the infrastructure spending with an oil tax and a deemed repatriation tax and the universal pre-K with a cigarette tax increase. The budget would consolidate and expand tax breaks for college students and double the maximum child care tax credit. The Administration continues to support using additional business revenue to finance reducing the corporate tax rate. These and other savings are primarily used to reduce health care cost growth, but also to increase Medicaid spending — most significantly by removing the cap on Medicaid funding to expand eligibility and increase federal support to Puerto Rico and other territories. Additional savings are used to allow states that have not yet expanded Medicaid under the Affordable Care Act to take advantage of the 3-year percent matching rate that was available to states that expanded earlier. Other Mandatory Savings — Outside of the above proposals, the budget finds savings in other mandatory programs by reducing subsidies in the crop insurance program, allowing the Pension Benefit Guaranty Corporation to raise multiemployer premiums, and improving program integrity. Finally, the budget includes a small amount of Social Security savings — largely from reducing fraud and overpayments. Sadly, these changes will do little to improve the solvency of Social Security, which is currently projected to exhaust its trust funds as soon as , according to CBO. That reform would increase the size of the population and labor force, both increasing spending on those individuals as well as revenue collected from them. However, this number is a combination of policy changes that are already in effect the war drawdown and policy changes that are unlikely to occur the steep drop in spending starting in FY — and as a result should not be considered deficit reduction when generating savings estimates. Economic Assumptions Ultimately, fiscal and economic choices are intertwined. Manageable debt levels and smart tax and spending policies can promote economic growth, while strong economic growth can improve the budget picture. For example, OMB projects average real growth to total 2. That gap is even more significant late in the budget window, when OMB projects annual growth of 2. As a result of these differing growth projections — as well as differences in inflation -- OMB projects nominal GDP to be 2. As a result of this growth, OMB projects the unemployment rate to dip further from 4. By comparison, CBO projects the unemployment rate will settle around 5. It is encouraging that the budget would stem the growth of the debt, yet disappointing it does not go further. At 75 percent of GDP, debt would remain at record-high levels not seen other than during and just after World War II, and more than twice as high as in Such high levels of debt will tend to slow economic growth and perhaps more importantly would leave the federal government under prepared to face the next recession, war, or other national emergency. The budget takes important steps to control Medicare cost growth, but does not go far enough on this front and fails to address the looming insolvency of the Social

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Security program altogether. See a printer-friendly version 8 pp. By contrast CBO assumes that spending continues to grow with inflation from post-sequester levels based on a long-stranding convention of discretionary spending projections.

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Chapter 5 : Congressional Budget Office releases analysis on American Health Care Act Video - ABC News

Congressional Budget Office's analysis of the President's health care reform proposal: Hearing before the Committee on Ways and Means, House of Congress, second session, February 8, [United States.

Read the full text, below, as released by the White House. It makes insurance more affordable by providing the largest middle class tax cut for health care in history, reducing premium costs for tens of millions of families and small business owners who are priced out of coverage today. It sets up a new competitive health insurance market giving tens of millions of Americans the exact same insurance choices that members of Congress will have. It brings greater accountability to health care by laying out commonsense rules of the road to keep premiums down and prevent insurance industry abuses and denial of care. It will end discrimination against Americans with pre-existing conditions. It includes a targeted set of changes to the Patient Protection and Affordable Care Act, the Senate-passed health insurance reform bill. Health insurance today often costs too much and covers too little. Lack of affordability leads people to delay care, skip care, rack up large medical bills, or become uninsured. The House and Senate health insurance bills lower premiums through increased competition, oversight, and new accountability standards set by insurance exchanges. The bills also provide tax credits and reduced cost sharing for families with modest income. The Medicare drug benefit provides vital help to seniors who take prescription drugs, but under current law, it leaves many beneficiaries without assistance when they need it most. The House bill fully phases out the donut hole over 10 years. Invest in Community Health Centers. Community health centers play a critical role in providing quality care in underserved areas. About 1, centers provide care to 20 million people, with an emphasis on preventive and primary care. Strengthen Oversight of Insurance Premium Increases. Both the House and Senate bills include significant reforms to make insurance fair, accessible, and affordable to all people, regardless of pre-existing conditions. A new Health Insurance Rate Authority will be created to provide needed oversight at the Federal level and help States determine how rate review will be enforced and monitor insurance market behavior. Within months of legislation being enacted, it requires plans to cover adult dependents up to age 26, prohibits rescissions, mandates that plans have a stronger appeals process, and requires State insurance authorities to conduct annual rate review, backed up by the oversight of the HHS Secretary. All Americans should have affordable health insurance coverage. This helps everyone, both insured and uninsured, by reducing cost shifting, where people with insurance end up covering the inevitable health care costs of the uninsured, and making possible robust health insurance reforms that will curb insurance company abuses and increase the security and stability of health insurance for all Americans. The House and Senate bills require individuals who have affordable options but who choose to remain uninsured to make a payment to offset the cost of care they will inevitably need. The Senate sets the payment as a flat dollar amount or percentage of income, whichever is higher although not higher than the lowest premium in the area. Both the House and Senate bill provide a low-income exemption, for those individuals with incomes below the tax filing threshold House or below the poverty threshold Senate. It protects those who would face premiums of more than 8 percent of their income from having to pay any assessment and they can purchase a low-cost catastrophic plan in the exchange if they choose. Businesses are strained by the current health insurance system. Health costs eat into their ability to hire workers, invest in and expand their businesses, and compete locally and globally. Like individuals, larger employers should share in the responsibility for finding the solution. Under the Senate bill, there is no mandate for employers to provide health insurance. But as a matter of fairness, the Senate bill requires large employers i. The House bill requires a payroll tax for insurers that do not offer health insurance that meets minimum standards. Consistent with the Senate bill, small businesses with fewer than 50 workers would be exempt from any employer responsibility policies. It applies the same firm-size threshold across the board to all industries. It fully eliminates the assessment for workers in a waiting period, while maintaining the day limit on the length of any waiting period beginning in Policies to Crack Down on Waste, Fraud and

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Abuse The House and Senate health reform bills contain an unprecedented array of aggressive new authorities to fight waste, fraud and abuse. This database will provide a central storage location, allowing for law enforcement access to information related to past sanctions on health care providers, suppliers and related entities. It ensures that entities that bill for Medicare on behalf of providers are in good standing. Increasing access to the health care integrity data bank will improve coordination and information sharing in anti-fraud efforts. It includes criminal penalties for misuse. In attacking fraud, it is critical to ensure the contractors that are paying claims are doing their utmost to ensure excluded providers do not receive Medicare payments. It prevents fraudulent health care providers from discharging through bankruptcy amounts due to the Secretary from overpayments. It establishes a system for using technology to provide real-time data analysis of claim and payments under public programs to identify and stop waste, fraud and abuse. Fraudulent billing to Medicare and Medicaid programs costs taxpayers millions of dollars each year. Many beneficiaries unwittingly give over this personal information without ever receiving promised services. The report must examine whether UPNs could help improve the efficient operation of Medicare and its ability to detect fraud and abuse. States may choose one or more drug classes and must develop or review and update their care plan to reduce utilization and remediate any preventable episodes of care where possible. Requiring States to monitor high-risk billing activity to identify prescribing and utilization patterns that may indicate abuse or excessive prescription drug utilization will assist in improving Medicaid program integrity and save taxpayer dollars. Extrapolating risk score errors in MA plans is consistent with the methodology used in the Medicare fee-for-service program and enables Medicare to recover risk adjustment overpayments. MA plans have an incentive to report more severe beneficiary diagnoses than are justified because they receive higher payments for higher risk scores. The Medicare Modernization Act of placed certain limitations on the type of review that could be conducted by Medicare Administrative Contractors prior to the payment of Medicare Part A and B claims. Modifying certain medical review limitations will give Medicare contractors better and more efficient access to medical records and claims, which helps to reduce waste, fraud and abuse. The data match will primarily target certain high-risk provider types in high-vulnerability areas. This proposal also enables both IRS and Medicare to recoup any monies owed to the Federal government through this program. By requiring the Internal Revenue Service IRS to disclose to CMS those entities that have evaded filing taxes and matching the data against provider billing data, this proposal will enable CMS to better detect fraudulent providers billing the Medicare program. Specifically, it makes anti-competitive and unlawful any agreement in which a generic drug manufacturer receives anything of value from a brand-name drug manufacturer that contains a provision in which the generic drug manufacturer agrees to limit or forego research, development, marketing, manufacturing or sales of the generic drug. This presumption can only be overcome if the parties to such an agreement demonstrate by clear and convincing evidence that the pro-competitive benefits of the agreement outweigh the anti-competitive effects of the agreement. The proposal also requires the Chief Executive Officer of the branded pharmaceutical company to certify to the accuracy and completeness of any agreements required to be filed with the FTC. The Medicare Advantage program has also done little to reward quality. Moreover, plans have gamed the payment system in ways drive up the public cost of the program. The Senate bill creates a bidding model for payment rates and phases in changes to limit potential disruptions for beneficiaries. The House proposal phases payments down based on local fee-for-service costs. It phases these benchmarks in gradually in order to avoid disruption to beneficiaries, taking into account the relative payments to fee-for-service costs in an area. It provides bonuses for quality and enrollee satisfaction. This is the primary source of additional savings compared to the Senate proposal. Part of the reason for high and rising insurance costs is that insurers have little incentive to lower their premiums. The Senate bill includes a tax on high-cost health insurance plans. CBO has estimated that this policy will reduce premiums as well as contribute to long-run deficit reduction. To the degree that health costs rise unexpectedly quickly between now and , the initial threshold would be adjusted upwards automatically. Under current law, people who earn a salary pay the Medicare HI tax on their earned income, but those who have substantial unearned income do

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not, raising issues of fairness. The House bill includes a 5. The Senate bill includes an increase in the HI tax for high-income households for similar reasons, an increase of 0. The additional revenues from the tax on earned income would be credited to the HI trust fund and the revenues from the tax on unearned income would be credited to the Supplemental Medical Insurance SMI trust fund. Increase in Fees on Brand Name Pharmaceuticals. As more Americans gain health insurance, more will be able to pay for prescription drugs. Both policies will result in new revenue for the pharmaceutical industry. It also delays the implementation of these fees by one year, until , and makes changes to facilitate administration by the IRS. Adopts two House proposals to close tax loopholes: The credit was designed to promote the production and use of renewable fuels. States have been partners with the Federal government in creating a health care safety net for low-income and vulnerable populations. Like the drug industry, the health insurance industry stands to gain as more Americans get coverage. The medical device industry also stands to gain from expanding health insurance coverage. The CLASS Program offers workers an optional payroll deduction for an insurance program that provides a cash benefit if they become disabled. Protect the Social Security Trust Funds. The policy changes in health insurance reform will require careful, effective, deliberate, and transparent implementation. It also delays several of the policies to ensure effective implementation and improve transitions: You must credit us as the original publisher, with a hyperlink to our khn. Please preserve the hyperlinks in the story. Let us know at KHNHelp kff.

Chapter 6 : Health care reforms proposed during the Obama administration - Wikipedia

A Congressional Budget Office analysis shows that the Alexander-Murray bill would do much good. Unlike so many recent Republican health-care bills, could reform the health-care system and.

Chapter 7 : CBO's Analysis of the President's FY Budget | Committee for a Responsible Federal Budget

Full text of "Congressional Budget Office's analysis of the President's health care reform proposal: hearing before the Committee on Ways and Means, House of Representatives, One Hundred Third Congress, second session, February 8, 2014."

Chapter 8 : CBO is threat to reform - POLITICO

The President has released his final budget today, laying out his priorities and proposals for fiscal year and years to come. The budget includes proposals to reform immigration, taxes, and Medicare, expand education and infrastructure, reduce middle- and working-class taxes, repealing a.

Chapter 9 : CBO Confirms Another Broken Promise in the President's Health Care Law - House Budget Committee

Funding Highlights: The President's FY Budget provides \$ billion in discretionary funding for the Department of Health and Human Services to continue and to expand critical investments that protect the health and wellbeing of the American people.