



The America's Healthy Future Act
What You Get Right Away: Immediate Relief for Families and Small Businesses

Families and Small Businesses are struggling every day to make ends meet. Whether it is poring over a checkbook around the kitchen table or staring at a balance sheet at the end of the month, high health care costs are crushing budgets across the nation.

The Chairman's Mark will bring immediate relief to millions of Americans. Whether through tax credits, or making prescription drugs more affordable, the benefits of the Chairman's Mark will bring security and peace of mind to millions of Americans right away.

Small Business Tax Credits - In 2011 and 2012, small businesses that provide health insurance for their employees can receive a small business credit for up to 35 percent of their contribution. Once the exchanges are up and running in 2013, qualified small employers purchasing insurance through the exchanges can receive a tax credit for two years that covers up to 50 percent of the employer's contribution.

Part D Drug Discount Program - Beginning in 2010, in order to have their drugs covered under Medicare, manufacturers must provide a 50% discount off the negotiated price for brand-name drugs covered on plan formularies when beneficiaries enter the coverage gap. Beneficiaries are eligible provided they do not qualify for low-income subsidies, do not have employer sponsored coverage, and do not pay higher Medicare premiums under Part B or Part D.

Health Insurance Exchange - States would establish an exchange in 2010 to provide easier, more efficient comparison of health insurance plan benefits and premium costs. Information about coverage and cost-sharing would be available in a standard format. So-called "mini-medical" plans with limited benefits and low annual caps could not be offered in the exchange. Increased competition among plans in the exchange should apply downward pressure on premiums.

Ombudsman - In 2010, states would be required to establish an ombudsman office to act as a consumer advocate for those with private coverage in the individual and small group markets. Policyholders whose health insurers have rejected claims and who have exhausted internal appeals, whose appeal lasts more than three months, or whose appeal involves a life threatening issue would be able to access the ombudsman office for assistance.

Increasing Transparency - Beginning in 2010, to ensure transparency and accountability, health plans would be required to report the proportion of premium dollars that are spent on items other than medical care – including profits. Also, beginning in 2010, hospitals would be required to list standard charges for all services so consumers are better able to compare hospitals based on price.

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Ending Discrimination - The Chairman's Mark would establish a mechanism to allow those currently uninsured and denied coverage due to a pre-existing condition to purchase coverage. Beginning in 2010, the Mark would set aside \$5 billion to provide affordable insurance coverage options, through a high risk pool, for Americans that have been previously denied coverage because they have a pre-existing condition or who have been uninsured for six months. This program ends once the insurance market reforms are implemented in 2013. Upon implementation in 2013, the insurance market reforms included in the Chairman's Mark would require insurance companies to issue coverage to all individuals regardless of health status and would prohibit rating based on health factors, gender, occupation or industry.

Wellness and Prevention - Beginning in 2011 the Mark eliminates out-of-pocket costs for recommended preventive services for Medicare beneficiaries. Beneficiaries will no longer face financial deterrents for seeking preventive care. In addition, Chairman's Mark would require all states to provide access to comprehensive tobacco cessation services to pregnant women enrolled in Medicaid starting in 2010.

The Mark establishes an initiative starting in 2011 that will reward Medicare and Medicaid participants for healthier choices. Funding will be available to provide participants with incentives for completing evidence-based, healthy lifestyle programs and improving their health status. Programs will focus on lowering certain risk factors linked to chronic disease such as blood pressure, cholesterol and obesity.

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