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Discussions Continue on Merging of Health Reform Bills

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Senate and House leaders are continuing to hold separate discussions on a daily basis as they negotiate the details of health reform bills that will be considered on the Senate and House floors in the coming weeks.

As of this writing, it appears that the week of November 2 is the earliest that the floor debate will begin in either chamber. While legislative language may be finalized next week, the Congressional Budget Office (CBO) will need at least a week to score the bills before they are considered on the Senate and House floors.

Many key decisions still need to be made about the substance of these bills. House Speaker Nancy Pelosi (D-CA) said yesterday that the House bill will include a public option, although she indicated that questions remain about how it will be structured. Earlier this week, the House negotiators received a preliminary score from CBO indicating that their bill would cost an estimated \$870 billion over ten years if the public option reimburses providers at Medicare rates plus five percent. House leaders reportedly are conducting a "whip count" to determine whether a majority of House members would support this type of public option. The results of this whip count are unclear at this time. Senate negotiators also are weighing decisions about a public option, including an approach that would create a government-run plan that states could opt out of and that potentially could be subject to a "trigger."

Numerous other issues are being negotiated, including the proposed health care taxes, enforcement of the individual coverage requirement, Medicare and Medicaid provisions, and dozens of other differences between the separate bills that have been approved by three House committees and two Senate committees. The three versions of the House bill (H.R. 3200) total more than 2,400 pages. Similarly, the bills approved by the two Senate committees (S. 1679/S. 1796) together consist of more than 2,300 pages. Merging these legislative provisions into a single bill in each chamber is proving to be a time-consuming process.



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Senate Blocks Action on Medicare Physician Payment Bill

On October 21, by a vote of 47 to 53, the Senate failed to approve a cloture motion pertaining to S. 1776, the "Medicare Physician Fairness Act of 2009." On this vote, 12 Democrats and one Independent joined 40 Republicans in voting against the cloture motion.

This bill would prevent a 20 percent reduction in Medicare physician payment rates from taking effect next year and instead establish a zero percent update for 2010 and subsequent years. The cloture vote failed largely because many senators were concerned that the bill does not include any provisions to offset the bill's cost, which is estimated to be approximately \$245 billion over ten years. Because the cloture motion was not approved, the bill was withdrawn from the Senate floor and the Senate then turned to other legislative business.

Both the Senate and House health reform bills include provisions providing for a short-term Medicare physician payment "fix." Senator Majority Leader Harry Reid (D-NV) indicated on Wednesday that after the health reform debate is concluded, Congress will pursue a "multiple-year fix" to address physician concerns about Medicare reimbursement.

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