

America's Healthy Future Act of 2009

Senator Max Baucus presses forward with the Senate Compromise Bill

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As the health care debate rages on, legislation continues in Washington behind doors open only to those of greatest influence, position or dedication to the cause. Having read most of the Chairman's Mark (a Chairman's Mark is the document which goes one step beyond an outline of a proposed legislation to an overview which can then be crafted into an even more detailed Bill) of this above titled legislation, I can only suggest that to allow even your one voice to remain idle is tantamount to accepting government control over your future and the health care future of your clients.

The mark up of the proposed AHFA2009 legislation contains more accurate dialogue and descriptions of the current state of law and regulation in health insurance than I have seen in previous drafts of legislation. Certainly this language represents some level headed reforms of already existing regulations that indeed will help to correct some gaps in consumer protection from within the health insurance world.

HOWEVER, needed reforms could be completed in a much smaller piece of legislation. This proposal goes on to include hundreds of pages of additional elements which constitute increased government in health care. This Chairman's mark is over 300 pages long in its current format. The ultimate Bill may rival any proposed legislation to date.

Exchanges: This proposal goes on to include health insurance purchasing exchanges (which, subsequent to revised health insurance regulation as sited above, the private sector will better develop on their own without constrictive limits on flexibility and operations). Maryland, for example, already achieves a great portion of those efforts intended for a health insurance exchange. Web driven shopping sites to review, select and purchase group or individual health plans already exist here; and, competition drives each to strive each day to get better at the job they do.

Given the regulations as proposed, there might be only one "exchange" in a state, and it may be controlled by the state, and it might eliminate the role of the agent as we now know it... at the consumers' expense.

Also beware: "Insurers participating in the state exchanges would be required to charge the same price for the same products in the entire service area as defined by the state regardless of how an individual purchases the policy (i.e., whether the policy is purchased inside or outside the state exchange from the carrier or an agent)."

If this needs to be explicitly stated, then we must consider why; and, we must also consider the ramification of one stroke of the pen in committee that can remove the above line at any moment.

(Continued on page 2)

(Continued from page 1)

Selling Across State Lines: This proposed language would allow an insurance company domiciled in a state to sell its policies in other states without including that state's mandated benefits. While well intended, this language would create massive confusion and vulnerability of consumers everywhere. This would provide that a consumer in Maryland would need to examine every policy offered to him in order to determine the intricate language as to which benefit mandates are included or not included in each offer. I believe this to be contrary to the intent of the reform effort.

Demand that this regulation be allowable ONLY if national benefit levels are adopted not only for cost sharing (as proposed) but for a basic minimum mandate level as well.

Taken directly from the Chairman's Mark: "Definition of Four Benefit Categories. Four benefit categories would be available: bronze, silver, gold and platinum. No policies could be issued in the individual or small group market (other than grandfathered plans) that did not meet the actuarial standards described below. All health insurance plans in the individual and small group market would be required, at a minimum, to offer coverage in the silver and gold categories."

While the rhetoric has claimed increased competition and availability of coverage options, the language contained herein reflects a radical departure from current choices by reducing benefit offerings to four levels of coverage.

"All plans must provide preventive and primary care, emergency services, hospitalization, physician services, outpatient services, day surgery and related anesthesia, diagnostic imaging and screenings (including x-rays), maternity and newborn care, pediatric services (including dental and vision), medical/surgical care, prescription drugs, radiation and chemotherapy, and mental health and substance abuse services that at least meet minimum standards set by Federal and state laws. In addition, plans could charge no cost-sharing (e.g., deductibles, copayments)."

Given the above language, it is fair to deduce that health insurance premiums WILL INCREASE with the provision of a broad array of FREE preventive care and that our medical providers will be overwhelmed with over utilization unlike anything we have ever seen before. We WILL BE FORCED TO WAIT for health care if any such strict language to give away such a broad array of services is passed into law.

In summary, let me say that this is just a taste of the proposed legislation. Make special note to learn more about these and other provisions which mandate health insurance for all Americans, and impart fines and penalties for American citizens that do not have coverage. The proposed legislation would prohibit illegal aliens from even purchasing health insurance, and yet we all acknowledge that we will not leave illegal aliens (or anyone) untreated by refusing care when needed at the emergency room. With this proposed legislation, we will see expanded Medicaid, tax credit subsidies for the lower income Americans to purchase coverage, and hundreds of billions of dollars worth of additional expenditures in the name of health care reform.

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