



AMERICA'S AFFORDABLE HEALTH CHOICES ACT

QUALITY AFFORDABLE HEALTH CARE

THE ONE AMENDMENT TO AMERICA'S AFFORDABLE HEALTH CHOICES ACT (H.R. 3200)

ADOPTED BY THE WAYS AND MEANS COMMITTEE

The only amendment adopted by the Ways and Means Committee in its mark-up of H.R. 3200 was Chairman Rangel's amendment in the nature of a substitute, which included some changes from the original bill. The changes from the original bill in the Rangel substitute were mostly minor and technical in nature. The Rangel amendment in the nature of a substitute was reported by the committee by a vote of 23-18.

Changes to Bill in Chairman Rangel's Amendment in the Nature of a Substitute Reported by a vote of 23-18 (D 23-3; R 0-15)

Following is a brief overview of a few of the changes from the original bill in Chairman Rangel's amendment in the nature of a substitute.

- **Parity in the tax rules for employer provided health coverage:** The tax exclusion for employer provided coverage is extended to non-dependents of an employee, such as domestic partners or adult children. The provision does not require an employer to offer such coverage. If an employer chooses to do so, the employer and employee may exclude the value of such coverage for income and payroll tax purposes.
- **Pilot Program on Bundling:** Clarifies types of bundled payments included; requires evaluation of the pilot; adds a study on and demonstration authority for bundling of payments for outpatient services.
- **Telehealth Expansion and Improvements:** Adds a new subsection that provides additional means for credentialing of telehealth providers.
- **Accountable Care Organization Pilot Program:** Clarifies that physicians from various specialties can be the primary point of care for beneficiaries in accountable care organizations.
- **Medical Home Pilot Program:** Adds physician assistants to the definition of primary care for purposes of the medical home pilot program.
- **Medicare-Covered Preventive Services:** Expands the number of preventive services reimbursed by Medicare when furnished by Federally Qualified Health Centers.
- **Medicare Cost-Intensive Diseases and Conditions:** Directs the Administrator of the Centers for Medicare and Medicaid Services to conduct an assessment of the diseases and conditions that are most cost-intensive for the Medicare program. The substitute also directs the Administrator to review and update that assessment and creates a fund for research into such diseases and conditions.
- **Medicare Payments to Hospice:** Blocks a Medicare payment cut to Hospice providers through FY2010.
- **Distributions of Medicine Qualified Only If for Prescribed Drug or Insulin:** Provides that tax-advantaged flexible spending accounts, health reimbursement accounts and health savings accounts may only be used for prescribed drugs or insulin, and not for over-the-counter medications.

