

Summary of Republican Amendments Submitted for H.R. 4872—Health Care and Education Reconciliation Act of 2010

August 2010



The RSC has compiled a list of House Republican amendments proposed (and rejected by the Democrats) to H.R. 4872, the *Health Care and Education Reconciliation Act of 2010*, at the Rules Committee and the Budget Committee. In fact, the reconciliation bill that was introduced and voted on the House Floor was not the same bill that passed through the Budget Committee just a few days earlier. In addition to alternative healthcare bills, several other amendments to the reconciliation bill were also proposed by Republican Members in an attempt to limit the federal government's involvement in the healthcare system.

No less than 101 amendments were submitted to the Rules Committee, and no less than 10 amendments were submitted to the Budget Committee. As part of the Democrat majority's plan to silence the Republican minority, none of the following amendments were adopted in the Reconciliation bill.

Amendments Submitted to the Rules Committee

Barton (R-TX), Johnson, Sam (R-TX)

#48

Summary: This amendment would remove the provision, which would provide extra funds to Louisiana's Medicaid program. Also known as the "Louisiana Purchase," Senator Landrieu was one of the first Senators to secure this sweetheart deal. She traded her support for bringing the bill to the floor for a \$300 million increase in Medicaid funding for Louisiana. The underlying bill was cryptically written to increase federal Medicaid subsidies for "certain states recovering from a major disaster" during the past 7 years that have been declared a "major disaster area" -- and is meant to replenish the decrease in federal money resulting from an "abnormally inflated" per capita income in Louisiana following Hurricane Katrina. This was due to an influx of insurance dollars, federal grants and increased labor wages.

Action: The amendment was rejected by a vote of 9 to 4.

Barton (R-TX), Johnson, Sam (R-TX)

#49

Summary: This amendment would remove the provision which provides funds for a medical facility in Connecticut. Also referred to as the "U-Conn Deal," it was a mystery until right before the final vote which revealed that Chris Dodd's state will benefit from a cryptically awarded \$100 million for a "health care facility" at a public research university that contains a state's sole public academic medical and dental school—criteria designed to apply to the University of Connecticut.

Action: The amendment was rejected by a vote of 9 to 4.

Barton (R-TX), Johnson, Sam (R-TX)

#50

Summary: This amendment would remove the provision that would allow certain hospitals to benefit from Section 508 if it means higher Medicare payments. PPACA extended Section 508 wage index reclassifications retroactively from October 1, 2009 to September 30, 2010. Section 508 reclassifications were originally created in Medicare Modernization Act and extended various times in subsequent legislation, as a way to boost qualifying hospitals' inpatient and outpatient Medicare reimbursement through moving to a higher nearby wage index area.

Action: The amendment was rejected by a vote of 9 to 4.

Barton (R-TX)

#53

Summary: This amendment would prevent this bill from taking effect until the Office of Management and Budget (OMB) certifies that the federal budget deficit has been eliminated.

Action: The amendment was rejected by a vote of 9 to 4.

Barton (R-TX), Johnson, Sam (R-TX)

#54

Summary: This amendment would remove the provision that provides for increased Medicare payments to hospitals and doctors in frontier states. This "protection for frontier states" provision appears to be the deal made with Senators Dorgan and Conrad, which would, starting in 2011, establish a 1.0 hospital wage index and geographic practice expense floors for hospitals and physicians located in states where at least 50% of the counties in the state are "frontier." Not surprisingly, states that qualify and benefit from this increase in Medicare payments to hospitals and doctors are Montana, South Dakota, North Dakota, Utah, and Wyoming. This is another example of the many special deals bartered away to win Senate votes.

Action: The amendment was rejected by a vote of 9 to 4.

Barton (R-TX), Johnson, Sam (R-TX)

#62

Summary: This amendment would require that all individuals under Medicaid have to demonstrate their identity and citizenship. Currently, there are 11.1 million illegal aliens residing in the United States. This amendment would prevent the crippling burden of providing free health care to these non-citizens from falling on the shoulders of the U.S. taxpayer.

Action: The Democrat majority did not consider this amendment in committee. Rep. Deal introduced a similar amendment in the House Energy & Commerce Committee mark-up of H.R. 3200, which was rejected.

Barton (R-TX)

#68

Summary: This amendment would strike all taxes in the bill. The Democrat health reform bill increases taxes by *\$569.2 billion over ten years* that will ultimately harm small businesses and middle-class families.

Action: The amendment was rejected by a vote of 9 to 4.

Barton (R-TX), Johnson, Sam (R-TX)

#70

Summary: This amendment would repeal a provision providing Medicare coverage to certain individuals exposed to environmental health hazards. Senator Baucus secured asbestos money for Montana by including a pilot program in the amendment to “provide innovative approaches to furnishing comprehensive, coordinated, and cost-effective care” to certain qualified individuals. A qualified individual “is an environmental exposure affected individual... who resides in or around the geographic area subject to an emergency declaration made as of June 17, 2009.” According to the Environmental Protection Agency (EPA), on June 17, 2009, “EPA Administrator Lisa Jackson issued a Public Health Emergency (PHE) finding at the Libby Asbestos Superfund site in northwest Montana.” This provision is a special deal to help only residents of Libby by allowing them to sign up for Medicare benefits.

Action: The amendment was rejected by a vote of 9 to 4.

Barton (R-TX)

#74

Summary: This amendment would prevent the bill from taking effect until Medicare and Medicaid are solvent for the next 20 years. However, PPACA includes cuts to Medicare that are not used to improve the programs solvency, but instead spent on new entitlement spending and

government programs. CMS Chief Actuary, Richard Foster, recently reported the Senate bill and reconciliation bill will increase National Health Expenditures (NHE) by a total of \$311 billion or 0.9% increase (up from \$222 billion for just the Senate bill) above current projections. Additionally, the actuaries have serious doubts about the proposed Medicare cuts actually occurring.

Action: The Democrat majority did not consider this amendment in committee.

Barton (R-TX)

#76

Summary: This amendment would repeal the limitation on Medicare exception to the prohibition on certain physician referrals for hospitals (Section 6001). PPACA effectively bans new physician-owned hospitals (as of December 31, 2010) from participating in Medicare, and places severe restrictions on the expansion of existing hospitals, ultimately resulting in growth controlled at the federal level. The reconciliation bill delays the date from August 1, 2010 in H.R. 3590 to December 31, 2010 by which a physician-owned hospital must have a provider agreement to participate in Medicare. This amendment would allow for these legitimate state certified hospitals, to continue to grow. Some of the best hospitals in the world, such as the Mayo and the Cleveland Clinic, were started as physician-owned hospitals.

Action: The amendment was rejected by a vote of 9 to 4.

Blackburn (R-TN)

#4

Summary: This amendment would require the HHS Secretary to certify that no American will lose access to his or her current health insurance due to the establishment and operation of health plans offered through a state Exchange. This will be an annual certification, and until certification is made, no state is required or penalized for the failure to establish plans in an Exchange.

Action: The amendment was rejected by a vote of 9 to 4.

Blackburn (R-TN)

#5

Summary: This amendment would provide that if any provision of the reconciliation bill or PPACA imposes an unfunded mandate on the States, such provision or amendment shall be null and void and the States shall not be subject to such provision or amendment.

Action: The Democrat majority did not consider this amendment in committee.

Blackburn (R-TN)

#7

Summary: This amendment would provide that nothing in PPACA or the reconciliation bill preclude an individual from purchasing or maintaining insurance qualifying for Health Savings Account (HSA) deposits and nothing shall interfere with their ability to continue to make deposits according to the schedule created in the 2006 HSA legislation, H.R. 6111, the *Tax Relief and Healthcare Act of 2006*.

Action: The amendment was rejected by a vote of 9 to 4.

Blackburn (R-TN)

#8

Summary: This amendment would provide that if OMB submits a report saying that the costs of Title I of the bill and the PPACA are 25% or greater than the Federal budget, than the Congress shall consider a joint resolution to repeal such provisions.

Action: The amendment was rejected by a vote of 9 to 4.

Blackburn (R-TN)

#12

Summary: This amendment would prohibit exchange plans from being established until the HHS Secretary certifies that the establishment of exchange plans will not cause the cost of the average price of private health insurance premiums to increase.

Action: The amendment was rejected by a vote of 9 to 4.

Blackburn (R-TN)

#13

Summary: This amendment would prohibit the Federal government from passing any law that would give it authority to ration health care for the American people.

Action: The amendment was rejected by a vote of 9 to 4.

Broun (R-GA)

#46

Summary: This amendment is the same as the previously introduced bill, H.R. 3889, the *Offering Patients True and Individualized Options Now Act*. The OPTION Act is a comprehensive health care plan that will protect the health care elements that thrive, and also transform health care financing failures. Once implemented, the OPTION Act will make the purchase of health care more affordable to more people. The OPTION Act will extend the tax deduction on health care premiums to all individuals, making health care expenses totally deductible for individuals, and not just businesses. All expenses currently allowed to be purchased with Health Savings Accounts (HSAs) will be tax deductible also. Individuals who have employer health care plans but still incur costs on medical expenses, deductibles, premiums, pharmaceuticals (prescribed, over the counter, etc.), or any medical related expenses would qualify for this deduction. Medicare recipients will also be allowed to deduct their Medicare supplemental insurance premiums.

Action: The amendment was rejected by a vote of 9 to 4. This amendment was previously introduced as stand-alone legislation on October 21, 2009, H.R. 3889, *Offering Patients True and Individualized Options Now Act*.

Broun (R-GA)

#85

Summary: This amendment would require any business that is characterized as a minority owned business or small business concern (as defined by section 3 of the Small Business Act, 15 U.S.C. 632) is exempt from all employer mandates. Current U.S. Code does not include an exact definition of a “small business” but rather defines a small business concern as one that is independently owned and operated, is organized for profit, and is not dominant in its field. A minority-owned business is a for-profit enterprise, regardless of size, physically located in the United States or its trust territories, which is owned, operated and controlled by minority group members. PPACA does little to make purchasing insurance affordable for small firms.

Action: The amendment was rejected by a vote of 9 to 4.

Broun (R-GA)

#86

Summary: This amendment would exempt any business whose gross revenues per year do not exceed \$500,000 from all employer mandates.

Action: The amendment was rejected by a vote of 9 to 4.

Broun (R-GA)

#87

Summary: This amendment would exempt any business whose gross revenues have declined from the previous fiscal year from all employer mandates. This amendment serves to protect the solvency of a business.

Action: The Democrat majority did not consider this bill in committee.

Broun (R-GA)

#88

Summary: This amendment would allow for 100% deductibility of individual medical expenses.

Action: The amendment was rejected by a vote of 9 to 4.

Brown-Waite (R-FL)

#66

Summary: This amendment would repeal the individual mandate. PPACA imposes \$17 billion tax increase for non-compliance with the individual mandate. Furthermore, the individual mandate necessitates a government definition of acceptable health care coverage. Because the benefit package found in the Democrats' health care bills are quite large (or in some cases still to be determined by an unelected bureaucratic board of the Secretary of HHS), it is likely that millions of Americans would be unable to keep their existing health care coverage and be forced to pay for more expensive health insurance or pay a fine. CBO found that 3.9 million Americans would pay \$17 billion in taxes

Action: The Democrat majority did not consider this bill in committee.

Brown-Waite (R-FL)

#67

Summary: This amendment would repeal the sections of the bill that require the IRS to enforce the individual mandate. Under the new law, IRS may have to hire as many as 16,500 additional agents, auditors, and other workers to enforce all the new taxes and penalties in the Democrats' health overhaul, dangerously expanding the Government's reach into the lives of nearly every American.

Action: The amendment was rejected by a vote of 9 to 4.

Brown-Waite (R-FL)

#81

Summary: This amendment would require that all cuts to the Medicare program in this bill be used to ensure the solvency of the Medicare program and not for any other program. According to CMS Chief Actuary, Richard Foster, PPACA includes *\$575.1 billion* in Medicare cuts over ten years. These cuts are not used to reduce the deficit, or improve the solvency of the Medicare program, but instead to create new entitlement programs.

Action: The Democrat majority did not consider this bill in committee.

Brown-Waite (R-FL)

#82

Summary: This amendment would eliminate any cuts to Medicare in the bill. According to CMS Chief Actuary, Richard Foster, PPACA includes *\$575.1 billion* in Medicare cuts over ten years. These cuts are not used to reduce the deficit, or improve the solvency of the Medicare program, but instead to create new entitlement programs.

Action: The amendment was rejected by a vote of 9 to 4.

Burgess (R-TX)

#18

Summary: This amendment would make Members of Congress a mandatory covered population under Title XIX of the Social Security Act (Medicaid) without consideration of any other asset or qualification test. Family members of Members of Congress are not impacted and remain eligible for the Federal Employees Health Benefit Plan (FHEBP).

Action: The Democrat majority did not consider this bill in committee.

Burgess (R-TX)

#19

Summary: This amendment would require that to have a qualified state plan under the Medicaid program, states must pay providers at least 75% of the payment rate paid to a provider under the state employees plan or the Federal Employees Health Benefit Plan (FEHBP) most chosen by families. For dental & vision services, in the case where such services are covered under a state employee plan, providers must be paid at 75% of the rate paid under the plan. In the case where supplemental dental and vision services are not offered to a state employee providers must be paid at a rate of 75% of the rate paid by the supplemental (vision & dental) FEHBP plan most often chosen by families.

Action: The amendment was rejected by a vote of 9 to 4.

Burgess (R-TX)

#20

Summary: This amendment would ensure that all qualified health plans under the bill would have a reasonable and accessible utilization review and appeals process, so the insurance companies are not allowed to deny needed care and step in-between a patient and their doctor.

Action: The amendment was rejected by a vote of 9 to 4. This amendment was previously introduced and rejected during the House Energy & Commerce Committee mark-up of H.R. 3200.

Burgess (R-TX)

#61

Summary: This amendment would add a provision based on the medical liability reforms previously adopted in Texas. Also known as H.R. 1468, *The Medical Justice Act*, the amendment sets forth provisions regulating civil actions for an injury or death as the result of health care based on successful reforms adopted by the State of Texas. Caps will be placed on non-economic damages against healthcare practitioners and institutions. Caps will also be set on for wrongful death awards. This legislation also requires expert reports to be provided, and allows the payment of future damages to be made on a periodic or accrual basis.

The amount a person will be entitled to for non-economic damages will be set at \$250,000 from a single institution or class of practitioner and \$500,000 from a class of institutions for a total

possible non-economic cap of \$750,000 in some cases. The cap on a wrongful death award from a single healthcare practitioner will be set at \$1,400,000 total. This amount includes compensatory, punitive, statutory, and other types of damages, and will be adjusted for inflation. The jury must be unanimous in both the liability of the practitioner and the amount of the award. A claim must be brought within 2 years of when the negligence or the health care on which the claim is based occurs. For individuals under age 12, a claim must be brought before the individual reaches age 14.

Not later than 120 days after filing, the party filing must present to the other parties a qualified expert report. This report is a written report by a qualified health care expert that includes curriculum vitae of the expert, and a summary of the opinion as to the standard of care applicable, how that standard was not met, and the relationship between the two. This report may not be used during trial.

A defendant may initiate a settlement by serving one or more qualified offers to the person seeking damages. If the qualified settlement offer is not accepted and the offeree receives a judgment at trial that is significantly less favorable than that offer, the offeree is responsible for the litigation costs of the defendant. Also, a health care practitioner that provides emergency health care on a Good Samaritan basis is not liable for damages except for willful or wanton negligence or more culpable misconduct.

Action: The amendment was rejected by a vote of 9 to 4. This was introduced as stand-alone legislation, H.R. 1468, the *Medical Justice Act of 2009*. Additionally, this amendment was introduced and rejected in the House Energy & Commerce Committee mark-up of H.R. 3200.

Buyer (R-IN), McKeon (R-CA)

#31

Summary: This amendment would protect the integrity and independence of the Department of Defense (DOD) and the Department of Veterans Affairs (VA) health care systems and state that the TRICARE program and veterans' health care programs meet all of the requirements for individual health insurance under the bill. Under H.R. 3590, the health care bill's "minimum essential coverage" requirements for health insurance originally did not include TRICARE, VA Spina Bifida Program for children of Agent Orange veterans, and possibly VA's vocational rehabilitation programs. These beneficiaries would have been forced to pay an additional insurance or pay a punitive fine. This amendment was filed with Rules Committee on March 20 was ruled out of order. Reps. Buyer and McKeon then introduced the bill their bill, H.R. 4894, during consideration of Chairman's Skeleton's bill, H.R. 4887, but the request was rejected on a procedural technicality.

On March 20, Chairman Skelton introduced HR 4887 that fixed only TRICARE but did not protect VA and DOD healthcare systems or any other beneficiaries. The fact that it was necessary for the Democratic Chairman of the Armed Services Committee who has jurisdiction

over TRICARE programs to do a hurry-up bill to address the TRICARE issue absolutely confirms that these are real issues.

Action: The amendment was rejected by a vote of 9 to 4. This was previously introduced and agreed to by voice vote in the House Energy & Commerce Committee mark-up of H.R. 3200. It was defeated when offered as a stand-alone legislation, H.R. 4894, in the nature of a substitute for Chairman Skeleton’s bill, H.R. 4887.

Cassidy (R-LA)

#91

Summary: This amendment would clarify that high-deductible health plans with an HSA meet the definition of adequate coverage. Furthermore, any new standards adopted by the Secretary shall not apply to high-deductible health plans and HSAs if such standards would have the effect of disqualifying such plans from meeting the essential benefit package requirements.

Action: The amendment was rejected by a vote of 9 to 4.

Cole (R-OK)

#3

Summary: This amendment would require that savings resulting from spending reductions in Medicare will stay in Medicare to pay down long-term unfunded financial obligations. The Medicare cuts in the health reform bill are not used to reduce the deficit, or improve the solvency of the Medicare program, but instead to create new entitlement programs.

Action: The amendment was rejected by a vote of 9 to 4.

Dent (R-PA)

#89

Summary: This amendment would add a new division titled, “Ending Defensive Medicine and Encouraging Innovative Reforms.” It would encourage states to enact alternative liability reform that cut down costly “defensive medicine” practices, and promote alternative resolution avenues in order to reduce the number of health care lawsuits that are litigated and the average amount of time taken to resolve lawsuits. The practices of defensive medicine cost the United States more than \$100 billion per year. CBO estimated that substantial medical liability reform could save \$50 billion over the next decade.

Action: The amendment was rejected by a vote of 9 to 4. This amendment was previously introduced as stand-alone legislation, H.R. 4039, *Ending Defensive Medicine and Encouraging Innovative Reforms Act of 2009*.

Foxx (R-NC)

#6

Summary: This amendment would strike the entire Student Aid and Fiscal Responsibility Act (SAFRA) from the Amendment in the Nature of a Substitute to H.R. 4872.

Action: The amendment was rejected by a vote of 9 to 4.

Franks (R-AZ)

#43

Summary: This amendment would prohibit cuts to Medicare Advantage (MA) plans. The Democrats' health plan includes over \$200 billion in cuts to MA plans. This will result in losses of coverage and availability for critical health services for senior citizens. By cutting MA, Democrats would effectively make the choice of additional coverage found under private insurance unfeasible for millions of senior citizens. Ultimately, CMS estimated that enrollment under MA would decrease by 7.4 million, which would force many seniors back into traditional Medicare due to decreased benefits under the plans.

Action: The amendment was rejected by a vote of 9 to 4.

Gingrey (R-GA)

#26

Summary: This amendment would ensure that any savings obtained in the Medicare program from the provisions of this act be put back into the program to help secure its fiscal solvency. According to CMS Actuaries, PPACA cuts \$575.1 billion from Medicare with over \$200 billion in cuts to Medicare Advantage. This will result in losses of coverage and availability for critical health services for senior citizens. This amendment would provide that such cuts are at least used to pay down the unfunded Medicare obligations, so that Medicare can continue to function in the future.

Action: The Democrat majority did not consider this bill in committee. This amendment was previously introduced and rejected in the House Energy & Commerce Committee's mark-up of H.R. 3200.

Gingrey (R-GA)

#27

Summary: This amendment would require the Secretary of Health and Human Services to provide for an opt-out process from the individual mandate for every American citizen and not face a penalty. The individual mandate necessitates a government definition of acceptable health care coverage and it is likely that millions of Americans would be unable to keep their existing health care coverage and be forced to pay for more expensive health insurance or pay a fine.

Action: The Democrat majority did not consider this bill in committee.

Gingrey (R-GA)

#28

Summary: This amendment, in the nature of a substitute, reflects the language of H.R. 1086, the *Help Efficient, Accessible, Low-cost, Timely Healthcare Act of 2009*, which seeks to enact medical liability reform in the states. It would include non-economic damages and other reforms included in the CBO score that showed a \$54 billion savings over a 10 year period. Lawsuits are causing doctors to face skyrocketing insurance rates. The threat of litigation causes many physicians to practice “defensive medicine,” recommending tests and procedures in order to limit future liability rather than focusing on the needs of their patients. The HEALTH Act, modeled after California’s 30-year-old and highly successful health care litigation reforms, addresses the current crisis and will make health care delivery more accessible and cost-effective in the United States.

Under the HEALTH Act’s guidelines, a plaintiff may recover punitive damages totaling either \$250,000 or double the amount of economic damages awarded—whichever is greater. The HEALTH Act also lowers health care costs by preventing unfair double recoveries (i.e., a plaintiff being awarded future lost wages both by his insurance company and by a court judgment). This Act limits the number of years a plaintiff has to file a health care liability action to ensure that claims are brought while witnesses are available and memories fresh, and before evidence is destroyed. It also guarantees that health care lawsuits will be filed no later than 3 years after the date of injury, providing defendants with ample access to the evidence they need to defend themselves. In some circumstances, however, it is important to guarantee patients additional time to file a claim. Accordingly, the Act extends the statute of limitations for minors injured before age 6.

Instead of making a party responsible for another’s negligence, this legislation ensures that a party will only be liable for that party’s own share. Under the current system, defendants who are only 1% at fault may be held liable for 100% of the damages. This provision eliminates the

incentive for plaintiffs' attorneys to search for "deep pockets" and pursue lawsuits against those minimally liable or not liable at all. It also requires that the jury be informed of any payments already made.

The Health Act does not limit the economic damages a patient can receive for physical injuries resulting from a provider's care, unless otherwise restricted by state law. Only unquantifiable non-economic damages, such as pain and suffering, are limited to no more than \$250,000. The HEALTH Act does not put hard cap punitive damages. Rather, it allows punitive damages to be the greater of two times the amount of economic damages awarded or \$250,000. The bill also allows ensures that past and current expenses will continue to be paid at the time of judgment or settlement, while future damages can be funded over time. This ensures that a plaintiff will receive all her damages in a timely fashion without risking the bankruptcy of the defendant. Penniless defendants are in no party's best interest.

Action: The Democrat majority did not consider this bill in committee. This amendment was introduced as stand-alone legislation on February 13, 2009, H.R. 1086, *Help Efficient, Accessible, Low-cost, Timely Healthcare Act of 2009*.

Gingrey (R-GA)

#29

Summary: This amendment would state that nothing in PPACA should be construed to allow any Federal employee or political appointee to dictate how a medical provider practices medicine. The health reform bill the Patient Centered Outcomes Research Institute (PCORI), which is tasked with determining what treatments and procedures are most cost effective. This amendment would ensure that this new agency couldn't take the next dangerous step and put a Federal bureaucrat between the American people and their doctors.

Action: The amendment was rejected by a vote of 9 to 4. A similar amendment was introduced and passed by voice vote in the House Energy & Commerce Committee mark-up of H.R. 3200.

Hall, Ralph (R-TX)

#69

Summary: This amendment would require a social security number for eligibility for participation in an Exchange.

Action: The amendment was rejected by a vote of 9 to 4.

Hall, Ralph (R-TX)

#80

Summary: This amendment would require a valid photo ID when applying for Medicaid or SCHIP. While the bill requires that applicants give a social security number, it contains no requirement that an individual show a valid ID in order to match the individual with the social security number provided—thus creating a vast opportunity for fraud and abuse.

Action: The amendment was rejected by a vote of 9 to 4.

Herger (R-CA), Boustany (R-LA), Broun (R-GA)

#45

Summary: This amendment would prohibit CMS from making coverage determinations using Comparative Effectiveness Research (CER) solely on the basis of cost. This amendment would prohibit the use of CER to make coverage determinations on the basis of cost. Although it appears that the Center cannot use its research to mandate treatment options, there is no similar prohibition on whether other federal agencies and others, including group health plans, could use the research to make coverage and reimbursement decisions. The United Kingdom’s government-run health care system uses CER to make coverage determinations based on cost, and has denied coverage of life saving cancer treatments on that basis. The initial discussion draft of the bill introduced in June stated: “In developing such recommendations, the [Health Benefits Advisory] Committee shall take into account innovation in health care and ensure that essential benefits coverage does not lead to rationing of health care.” The new bill says: “In developing such recommendations, the Committee shall take into account innovation in health care and consider how such standards could reduce health disparities.” Democrats actually removed what little language they had protecting Americans from the rationing of care.

Action: The amendment was rejected by a vote of 9 to 4. This amendment was previously introduced and rejected in the House Ways & Means Committee mark-up of H.R. 3200.

Lee, Christopher (R-NY)

#11

Summary: This amendment would create a 3 year / 5 state medical tribunal pilot program to be administered by the Secretary of HHS. The Secretary would be authorized to make grants to 5 States to establish medical malpractice tribunal pilot programs.

Action: The amendment was rejected by a vote of 9 to 4. This amendment was previously introduced as stand-alone legislation, H.R. 4007, on November 3, 2009.

Lummis (R-WY), Johnson, Sam (R-TX)

#41

Summary: This amendment would allow states to opt out of any provisions of the bill to the extent that they mandate the purchasing of health insurance by residents in such state, mandate the provision of health insurance by employers in such state, or interfere with the ability of patients to privately contract with medical providers and insurers under the laws of such state.

Action: The amendment was rejected by a vote of 9 to 4.

Paulsen (R-MN), Gerlach (R-PA), Lance (R-NJ), Dent (R-PA)

#30

Summary: This amendment would repeal the annual 2.3% excise tax (also known as a medical innovation tax) on medical device manufacturers and importers and replace it with unobligated funds from ARRA applied proportionately to discretionary programs and activities.

Action: The amendment was rejected by a vote of 9 to 4.

Paulsen (R-MN)

#42

Summary: This amendment would exclude temporary workers from the employer mandate and penalties. Temporary workers refer to seasonal workers, which is different from the definition of part-time employees.

Action: The amendment was rejected by a vote of 9 to 4.

Roe (R-TN)

#44

Summary: This amendment would repeal the enactment of the Independent Medicare Advisory Board. PPACA maintains this board (also known as “MedPAC on Steroids”), which was renamed the Independent Payment Advisory Board (IPAB), made up of non-elected government bureaucrats that are empowered to make arbitrary cuts to Medicare providers and make recommendations to non-federal health programs that will limit access to care for seniors. Congress would be required to consider legislation implementing the proposal or alternative proposals with the same budgetary impact on a fast track basis. The recommendations of the board would go into effect automatically unless blocked by subsequent legislative action. IPAB’s

recommendations would be required if the Chief Actuary for the Medicare program projected that Medicare's spending per beneficiary would grow faster than the average of the growth rates of the consumer price index (CPI) for medical services and the overall index for all urban consumers for fiscal years 2015 through 2019. After 2019, the threshold would be increased and IMAB's recommendations would be required if Medicare spending growth rose faster than per capita gross domestic product (GDP) plus 1 percentage point.

Action: The amendment was rejected by a vote of 9 to 4. This amendment was introduced in March 2010 as stand-alone legislation, H.R. 4985, the *Medicare Decisions Accountability Act of 2010*.

Rogers, Mike (R-MI)

#32

Summary: This amendment would express the sense of Congress that any new Social Security payroll tax revenue that results from this legislation could only be used for future Social Security benefit payments. Previous CBO estimates pegged the off-budget deficit reductions at \$53 billion; however the Manager's Amendment to the reconciliation bill struck the provisions that would have required no net impact on the Social Security Trust Fund in order to address fund interactions that had arisen due to the new "Cadillac Tax." Beginning in 2013, PPACA increases the Medicare payroll tax by 0.9% on individuals making \$200,000 and families making \$250,000 (not indexed to inflation) which creates a new marriage penalty and over time will hit more of the middle class. Despite the Administration's claim that this additional tax revenue would be used to make Medicare's Hospital Insurance (HI) trust fund more sustainable, according to CBO, such money would in fact go towards the expansion and creation of new entitlement programs.

Action: The amendment was rejected by a vote of 9 to 4.

Rogers, Mike (R-MI)

#33

Summary: This amendment would strike the employer health insurance mandate from the Senate health reform bill. An employer mandate is a tax on jobs that the National Federation of Independent Businesses estimates will result in **1.6 million job losses between now and 2013**. Furthermore, the Senate bill encourages employers to drop coverage and dump people into an Exchange rather than pay the increased rates associated with the costly mandates.

Action: The Democrat majority did not consider this bill in committee.

Rogers, Mike (R-MI)

#34

Summary: This amendment would strike the provisions in section 1405 relating to an excise tax on medical devices from the Senate health reform bill. Beginning in 2013, the medical device manufacturers and importers face an annual 2.3% excise tax under new health law.

Action: The Democrat majority did not consider this bill in committee.

Rogers, Mike (R-MI)

#35

Summary: This amendment would allow all health insurance plans in effect today to be considered acceptable coverage for purposes of the Senate health reform bill's individual insurance mandate. Despite the claim that current health care plans are "grandfathered" in, if an individual's current insurance company makes additions to its plan (such as including more people other than dependents or employees), it would trigger the mandate to have a government approved plan. "Grandfathered" plans would still be required to comply with certain reforms, and individuals who choose to enroll in these plans would not be able to use a tax credit, essentially allowing these plans to wither on the vine. Six months after passage, the reconciliation bill requires "grandfathered" individual and small group plans to do the following: prohibits practices such as the rescission of insurance, excessive waiting periods, life-time limits and also requires "young adults" be allowed to stay on their parents' insurance plan until age 26.

Action: The Democrat majority did not consider this bill in committee.

Rogers, Mike (R-MI)

#36

Summary: This amendment would strike all Medicare cuts from the Senate health reform bill. The Senate bill includes cuts to Medicare and tax increases to pay for the expansion and creation of new entitlement programs. According to CMS Chief Actuary, Richard Foster, PPACA includes \$575.1 billion in cuts to Medicare. This cuts benefits and raises premiums on seniors, and these cuts are not used to reduce the deficit or improve the solvency of the Medicare program, but instead to create new entitlement programs.

Action: The Democrat majority did not consider this bill in committee.

Rogers, Mike (R-MI)

#37

Summary: This amendment would require Health Savings Accounts (HSAs) to be considered acceptable coverage under the Senate health reform bill's individual insurance mandate. PPACA includes a \$1.4 billion tax increase due to a 20% tax on non-qualified distributions from HSAs on the disbursed amount (current law is 10%), beginning in 2011. Additionally, the bill provides for the restriction and possible elimination of some HSAs as qualified plans since the minimum cost-sharing actuarial equivalence for health plans is being set at 60%, and some HSA cost sharing structures currently are below that threshold.

Action: The Democrat majority did not consider this bill in committee. A similar amendment was introduced and rejected in House Energy & Commerce Committee mark-up of H.R. 3200.

Rogers, Mike (R-MI)

#38

Summary: This amendment would strike all provisions related to student lending reforms in the reconciliation bill.

Action: The Democrat majority did not consider this bill in committee. This amendment is similar to the amendment introduced by Rep. Foxx.

Rogers, Mike (R-MI)

#39

Summary: This amendment would require the Secretary of HHS to certify that no seniors would lose access to their current Medicare Advantage plan (MA) before any cuts to the MA program could be enacted. The proposed cuts to Medicare will cut benefits and raise premiums on seniors. By cutting MA, Democrats would effectively make the choice of additional coverage found under private insurance unfeasible for millions of senior citizens. Ultimately, CMS estimated that enrollment under MA would decrease by 7.4 million, which would force many seniors back into traditional Medicare due to decreased benefits under the plans.

Action: The Democrat majority did not consider this bill in committee.

Rogers, Mike (R-MI)

#51

Summary: This amendment would prohibit the employer mandate from going into effect in a state where unemployment is over 10%. PPACA places new penalties on employers in a time

when both businesses and their employees are struggling financially. This bill only encourages employers to drop coverage and dump their employees into an Exchange rather than pay the increased rates associated with these costly mandates.

Action: The amendment was rejected by a vote of 9 to 4. Rep. Hoekstra introduced a similar amendment in House Education & Labor Committee mark-up of H.R. 3200.

Rogers, Mike (R-MI)

#64

Summary: This amendment would prohibit the employer mandate from going into effect if national unemployment is over 10%. This amendment alleviates the economic difficulties employers may face, by providing an exemption from the so-called “pay or play” mandate in times of economic hardship.

Action: The amendment was rejected by a vote of 9 to 4. A similar amendment was introduced by Rep. Herger in House Ways & Means Committee mark-up of H.R. 3200, which was rejected.

Rogers, Mike (R-MI)

#73

Summary: This amendment would require there to be no changes to Medicare Advantage (MA) for a given year until the HHS Secretary certifies that no senior will be forced away from or losing their enrollment in the MA plan they were enrolled on as of the day before enactment of the bill. Under the bill, 7.4 million MA beneficiaries would be forced to leave the program due to less generous benefit packages. Beginning in 2012, enrollment would be reduced by a staggering 50% (from 14.8 million to 7.4 million) as the plans reduce extra benefits that they currently offer. CMS noted recently how seniors leaving the private plans would still have health insurance under traditional Medicare, but many might face higher out-of-pocket costs.

Action: The amendment was rejected by a vote of 9 to 4.

Roskam (R-IL)

#90

Summary: This amendment would strike the current Section 1302 “Essential health benefits requirements” and replace with a new section “Medicare waste, fraud, and abuse prevention pilot program”. President Obama included numerous new provisions to address waste, fraud and abuse (many of them Republican ideas) in both his health reform proposal and FY2011 budget. An estimated \$80 billion of taxpayer dollars are lost every year due to Medicare and Medicaid

fraud. However, this provision was left out of the final health bill.

Action: The amendment was rejected by a vote of 9 to 4.

Scalise (R-LA)

#65

Summary: This amendment would strike the individual health care mandate. In addition to being unconstitutional, an individual mandate necessitates a government definition of acceptable health care coverage. Because the benefit packages found in the Democrats' health care bills are quite large (or in some cases still to be determined by the Secretary of HHS), it is likely that millions of Americans would be unable to keep their existing health care coverage and be forced to pay for more expensive health insurance, participate in a government-run plan, or pay a fine.

Action: The amendment was rejected by a vote of 9 to 4.

Shadegg (R-AZ), Broun (R-GA)

#83

Summary: This amendment would add a section to establish universal access programs to improve high risk pools and reinsurance markets. The amendment would fund and reform high-risk pools and reinsurance programs to guarantee that all Americans, regardless of pre-existing conditions or past illnesses, have access to affordable care—while lowering costs for all Americans. It gives people choices and places American families back in control of their plans and their health care. This legislation will reduce the cost and improve the quality of health care while expanding access and portability.

Action: The amendment was rejected by a vote of 9 to 4. Leader Boehner included this amendment in the GOP solution to health care reform.

Shadegg (R-AZ), Blackburn (R-TN), Broun (R-GA)

#84

Summary: This amendment would add a section on interstate purchasing of health insurance, which was previously introduced as H.R. 3217, *Health Care Choice Act of 2009*. This Act empowers consumers by giving them the ability to purchase an affordable health insurance policy with a range of options. It will allow consumers to purchase health insurance licensed in other states – expanding choice and increasing affordability. Interstate shopping is vital to bringing prices down through free enterprise. The National Center for Policy Analysis notes that a healthy 25-year-old male could purchase a basic health insurance policy in Kentucky for \$960

a year. That same policy in New Jersey, however, would cost \$5,880 a year. The Health Care Choice Act would enable the market to mitigate such enormous price differentials.

Action: The amendment was rejected by a vote of 9 to 4. This amendment was previously introduced on July 14, 2009 as stand-alone legislation, H.R. 3217, *Health Care Choice Act of 2009*.

Shimkus (R-IL)

#47

Summary: This amendment would provide funds to Medicaid recipients so they can buy into employer-sponsored insurance. Empowering these Americans with the freedom to choose the health plan most appropriate for them and their families will save on extraneous costs and provide Americans with access to higher quality care.

Action: The amendment was rejected by a vote of 9 to 4. Reps. Barton and Deal introduced a similar amendment in House Energy & Commerce Committee markup of H.R. 3200, which was rejected.

Shimkus (R-IL)

#55

Summary: This amendment would require a certification that the bill would lower national health costs. According to CBO, the Senate bill increase federal outlays by about \$210 billion, and the combined effect of enacting the Senate and reconciliation bills would be to increase that commitment by about \$390 billion over 10 years. CMS actuaries have found that the combined effect of enacting the PPACA, as amended by the reconciliation bill will increase National Health Expenditures (NHE) by \$311 billion above current projections.

Action: The amendment was rejected by a vote of 9 to 4.

Shimkus (R-IL)

#58

Summary: This amendment would allow states to opt-out of the Medicaid expansion. Despite an estimated \$80 billion in taxpayer dollars lost every year due to Medicare and Medicaid fraud, the Democrats health reform bill does not allow states to opt-out of the Medicaid expansion. PPACA drastically expands the currently unsustainable Medicaid program from 100% of FPL to 133%, hurting already thinly stretched state budgets (at least a \$20 billion unfunded mandate over ten years according to CBO). Upon enactment, the bill further requires states to do “maintenance of

efforts” for current Medicaid and CHIP eligibility.

Action: The amendment was rejected by a vote of 9 to 4.

Shimkus (R-IL)

#72

Summary: This amendment would allow individuals or states to opt out of any fee or tax imposed or increased under the bill. PPACA imposes many new costly mandates and fees on taxpayers, businesses, and states.

Action: The Democrat majority did not consider this bill in committee.

Stearns (R-FL)

#14

Summary: This amendment would require the co-equal heads of the three branches of government—the President, Congress and Supreme Court Justices to be enrolled in a health Exchange.

Action: The amendment was rejected by a voice vote.

Stearns (R-FL)

#15

Summary: This amendment would strike Sections 9009 and 10904, which places an excise tax on medical devices. Beginning in 2013, the health reform law places an annual 2.3% excise tax on medical device manufacturers and importers. This is a \$20 billion tax increase.

Action: The Democrat majority did not consider this amendment in committee.

Stearns (R-FL)

#16

Summary: This amendment would allow individuals to deduct the cost of medical care and prescription drugs from their income taxes above the line.

Action: The Democrat majority did not consider this amendment in committee.

Stearns (R-FL)

#17

Summary: This amendment would require that any written, visual or audio materials distributed through a covered official, entity or program shall be in English only.

Action: The amendment was rejected by a vote of 9 to 4.

Stearns (R-FL)

#24

Summary: This amendment would require any individual who wishes to access to a health Exchange or affordability tax credits to provide documentation of citizenship or nationality. The Senate bill contains the same insufficient and ineffective verification methods as the House, causing some to be concerned that it would still allow for illegal immigrants to access the Exchange and subsidies.

Action: The Democrat majority did not consider this amendment in committee.

Stearns (R-FL)

#25

Summary: This amendment would extend the protection of existing coverage in section 1251, “Preservation of Right to Maintain Existing Coverage,” to those who are enrolled after the date of enactment. This amendment would change the section of the bill entitled “Protecting the Choice to keep Current Coverage” to include appropriate language in keeping with this section’s title. Currently, this section contains language forcing all employer health plans to comply with new mandates from the Secretary of HHS within five years of the bill’s enactment, thus essentially preventing Americans from keeping their current plans. This amendment would replace these provisions with the statement “Nothing in this Act shall be construed to prevent or limit individuals from keeping their current health coverage.” This language far more closely represents the section title’s intent as well as President Obama’s promise to the American people.

Action: The Democrat majority did not consider this amendment in committee. This amendment was previously introduced and rejected in House Energy & Commerce Committee mark-up of H.R. 3200.

Stearns (R-FL)

#40

Summary: This amendment would strike sections 1102 and 1103 (relating to Medicare Advantage) and repeal the provisions related to Medicare Advantage (MA). CMS actuaries state PPACA includes over \$200 billion in cuts to MA plans. By cutting MA, Democrats would effectively make the choice of additional coverage found under private insurance unfeasible for millions of senior citizens. Ultimately, CMS estimated that enrollment under MA would decrease by 7.4 million beginning in 2012, which would force many seniors back into traditional Medicare due to decreased benefits under the plans.

Action: The Democrat majority did not consider this amendment in committee.

Sullivan (R-OK)

#22

Summary: This would require the HHS Secretary to conduct a study on new and old government programs affected by this legislation to identify and ultimately eliminate inefficiency and duplication. As a common sense, good government amendment, it is aimed at stopping wasteful and inefficient government spending in our health care programs. The new Democrat healthcare proposal creates an alarming number of massive new federal spending programs, many of which are charged with responsibilities already assigned to pre-existing programs. This amendment does not eliminate services, but ensures that services offered under the new system are administered in a more efficient manner. By working to eliminate duplicative, wasteful, fraudulent and abusive programs, this amendment will lower administrative costs and help streamline the greatly expanded government healthcare system.

Action: The amendment was rejected by a vote of 9 to 4. A similar amendment was previously introduced and accepted in House Energy & Commerce Committee mark-up of H.R. 3200.

Sullivan (R-OK)

#23

Summary: This amendment would require the HHS Secretary to conduct a study on new and old grant programs affected by this legislation to identify and ultimately eliminate inefficiency and duplication. As a common sense, good government amendment, it is aimed at stopping wasteful and inefficient government spending in our health care programs. The new Democrat healthcare proposal creates an alarming number of massive new federal spending programs, many of which are charged with responsibilities already assigned to pre-existing programs. This amendment does not eliminate services, but ensures that services offered under the new system are administered in a more efficient manner. By working to eliminate duplicative, wasteful,

fraudulent and abusive programs, this amendment will lower administrative costs and help streamline the greatly expanded government healthcare system.

Action: The amendment was rejected by a vote of 9 to 4.

Sullivan (R-OK)

#59

Summary: This amendment would eliminate *duplicative programs* at HHS. The new Democratic healthcare proposal creates massive new federal spending programs, many of which are charged with responsibilities already assigned to pre-existing programs. This amendment does not eliminate services, but ensures that services offered under the new system are administered in a more efficient manner. According to the current language the vast new roster of programs only add to the existing bureaucracy instead of replacing the appropriate portion. This amendment will lower administrative costs and help streamline the greatly expanded government healthcare system.

Action: The Democrat majority did not consider this amendment in committee. This amendment was previously introduced and accepted in House Energy & Commerce Committee mark-up of H.R. 3200.

Sullivan (R-OK)

#60

Summary: This amendment would eliminate *duplicative grants* at HHS. This language includes the requirement for Secretary of HHS to conduct surveys and issue reports to Congress on the nature of duplicative grants at HHS.

Action: The Democrat majority did not consider this amendment in committee.

Terry (R-NE)

#21

Summary: This amendment serves as a substitute to PPACA and would instead establish the Citizen's Congressional Health Benefits Program (CCHBP). This amendment would establish a health benefits program, based on the Federal Employees' Health Benefits Program (FEHBP), to provide health insurance coverage for the President, Vice President, and Members of Congress, and citizens not eligible for coverage under the FEHBP.

Action: The amendment was rejected by a vote of 9 to 4. This amendment was previously introduced as stand-alone legislation, H.R. 3931, the *Simple Universal HealthCare Act*.

Terry (R-NE)

#52

Summary: This amendment would strike additional market basket update reductions for inpatient acute hospitals, long-term care hospitals, inpatient rehabilitation facilities, home health agencies, psychiatric hospitals, hospice care, and outpatient hospitals. The reconciliation bill further decreases Medicare market basket updates by \$9.9 billion (to a total of \$156.6 billion under PPACA).

Action: The Democrat majority did not consider this amendment in committee.

Terry (R-NE)

#75

Summary: This amendment would ensure that additional hospital insurance taxes be deposited into the Federal Hospital Insurance (HI) Trust Fund and used only for purpose funding Medicare Part A. CMS actuaries found that although the bill would lower the exhaustion date of the HI trust fund in practice, the improved HI financing cannot be simultaneously used to finance other Federal outlays and to extend the trust fund, despite the appearance of this result. Instead of using these HI tax to improve the solvency of the Medicare program, this tax and the additional Medicare cuts will go towards creating new entitlement programs.

Action: The Democrat majority did not consider this bill in committee.

Terry (R-NE)

#79

Summary: This amendment would strike Medicare payment cuts to disproportionate share hospitals (DSH). The health reform bill reduces Medicare DSH payments by an estimated \$22 billion over ten years. Starting no later than 2014, and continuing on an annual basis, the Secretary would reduce current DSH payments by 75%. Again, these cuts are not used to reduce the deficit or improve the solvency of the Medicare program, but instead to create new entitlement programs.

Action: The Democrat majority did not consider this amendment in committee.

Upton (R-MI)

#77

Summary: This amendment would prohibit the employer mandate from going into effect if that state's unemployment is over 7%. It attempts to recognize the difficult challenges that employers and their workers are currently facing or may face in the future by providing an economic "safety valve."

Action: The amendment was rejected by a vote of 9 to 4. Rep. Hoekstra introduced a similar amendment in the House Education & Labor Committee mark-up of H.R. 3200.

Upton (R-MI)

#78

Summary: This amendment would prohibit the bill from taking effect until the Medicare Trustees publish projections show that Medicare is solvent for the next 30 years.

Action: The amendment was rejected by a vote of 9 to 4.

Walden (R-OR)

#63

Summary: This amendment would ensure proportional rural representation on the Independent Payment Advisory Board (IPAB). Currently, approximately 26.8% of Medicare recipients live in rural areas. This amendment would an equal proportion of rural healthcare in order to more appropriately represent the Medicare population and its needs.

Action: The amendment was rejected by a vote of 9 to 4. This amendment was previously introduced and accepted in House Energy & Commerce Committee mark-up of H.R. 3200.

Walden (R-OR)

#71

Summary: This amendment would help ensure the demographics of the Medicare Payment Advisory Commission (MEDPAC) more accurately represent the demographics of Medicare recipients. As stated previously, 26.8% of Medicare recipients live in rural areas. However, only 1 of MEDPAC's 17 commissioners has rural healthcare credentials. This amendment would

require that 5 commissioners on MEDPAC be representatives of rural healthcare in order to more appropriately represent the Medicare population and its needs.

Action: The amendment was rejected by a vote of 9 to 4. This amendment was previously introduced and accepted by voice vote in House Energy & Commerce Committee mark-up of H.R. 3200.

Whitfield (R-KY)

#56

Summary: The amendment would remove the “prompt pay” discount from the Medicare part B reimbursement formula. This ensures that we protect our distribution system in the U.S. by removing the incentive for wholesalers to sell directly to physician offices (Distributors save consumers \$32 billion dollars annually). It also ensures physician offices that administer part B drugs will be adequately reimbursed through Medicare.

Action: The amendment was rejected by a vote of 9 to 4. This amendment was previously introduced and accepted in House Energy & Commerce Committee mark-up of H.R. 3200.

Whitfield (R-KY)

#57

Summary: This amendment would place a moratorium on the cuts to reimbursement for procedure performed by interventional pain physicians.

Action: The amendment was rejected by a vote of 9 to 4.

Broun (R-GA), Franks (R-AZ), Johnson, Sam (R-TX)

#98

Summary: This amendment would provide that nothing in PPACA or reconciliation bill may authorize or permit access to or coverage of abortions except in the case of a woman who suffers a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed; or if the pregnancy is the result of an act of forcible rape or incest.

Action: The amendment was rejected by a vote of 9 to 4. Mr. Johnson introduced a similar amendment in House Ways & Means Committee mark-up of H.R. 3200, which was accepted.

Broun (R-GA), Franks (R-AZ)

#102

Summary: This amendment would provide that nothing in PPACA may authorize or permit access to or coverage of abortions.

Action: The Democrat majority did not consider this amendment in committee. Rep. Sam Johnson previously introduced this amendment in House Ways & Means Committee mark-up of H.R. 3200, which was defeated.

Flake, Jeff (R-AZ)

#106

Summary: This amendment would strike the employer mandate to provide health insurance for employees. PPACA includes a “pay or play” mandate on employers, which the National Federation of Independent Businesses (NFIB) estimates will result in 1.6 million job losses between now and 2013. Furthermore, PPACA encourages employers to drop coverage and dump people into an Exchange rather than pay the increase rates associated with the costly mandates.

Action: The amendment was rejected by a vote of 9 to 4.

Heller (R-NV), Johnson, Sam (R-TX)

#96

Summary: This amendment would strike the individual mandate exemption for illegal immigrants. PPACA excludes illegal immigrants from the individual mandate.

Action: The amendment was rejected by a vote of 9 to 4.

Heller (R-NV)

#97

Summary: This amendment would prevent the \$2,000 per employee tax from impacting employers in states where unemployment is greater than 6%. With the current state of the U.S. economy, this “pay or play” mandate is a job killer.

Action: The amendment was rejected by a vote of 9 to 4.

Heller (R-NV), Johnson Sam (R-TX)

#103

Summary: This amendment would add an identification requirement for receiving taxpayer-funded benefits by strengthening identification requirements for government-provided health benefits.

Action: The Democrat majority did not consider this amendment in committee.

Heller (R-NV)

#104

Summary: This amendment would reform the medical liability system, improve access to health care for rural and indigent patients through providing loan forgiveness for primary care providers, enhance access to affordable prescription drugs, encouraging preventative care through mobile mammography promotion, and allow Veterans a deduction for travel expenses to VA Medical Centers.

Action: The Democrat majority did not consider this amendment in committee.

Issa (R-CA)

#95

Summary: This amendment would strike all after the enacting clause and insert language that would allow every American to obtain the same health insurance that members of Congress have by using the existing framework of the Federal Employees Health Benefits Plan (FEHBP). The Office of Personnel Management (OPM) would contract with insurance providers to make private health insurance plans available to all Americans. The Access to Insurance for All Americans Act allows for non-federal employees to enroll in the same health care plan that is currently enjoyed by Members of Congress and federal employees through the Federal Employee Health Benefit Program. Individuals may enroll in a health benefits plan, unless the individual is enrolled or is eligible to enroll for coverage under a public health insurance program, like Medicare or Medicaid. Uniformed service members and those enrolled or eligible to enroll in a plan under Chapter 89 are not eligible.

This legislation would allow for a tax deduction equal to the amount paid for premiums during the taxable year for coverage for the taxpayer, spouse, and dependents. This legislation also allows the insurance plans to be portable, so employees can take their coverage with them when they change jobs.

Action: The amendment was rejected by a vote of 9 to 4. This amendment was previously introduced on July 31, 2009, as stand-alone legislation, H.R. 3438, *Access to Insurance for All Americans Act*. Additionally, Reps. Gingrey, Terry and Blunt introduced a similar amendment, which was rejected, in the House Energy & Commerce mark-up of H.R. 3200.

Kingston (R-GA)

#99

Summary: This amendment would suspend the employer mandate for every year that the national unemployment rate is at or above 9%.

Action: The amendment was rejected by a vote of 9 to 4. Rep. Hoekstra introduced a similar bill in House Education & Labor Committee mark-up of H.R. 3200, which was defeated in committee.

Kingston (R-GA)

#100

Summary: This amendment would strike the student loan provision in the bill.

Action: The Democrat majority did not consider this bill in committee. Rep. Foxx introduced a similar amendment to Rules Committee mark-up of H.R. 4872.

Kingston (R-GA)

#101

Summary: This amendment would suspend new taxes unless Medicare fraud is below 1%. Current estimates place Medicare fraud in the billions of dollars.

Action: The amendment was rejected by a vote of 9 to 4. This amendment was previously introduced by Rep. Camp and rejected by the House Ways & Means Committee mark-up of H.R. 3200.

Rogers, Mike (R-MI)

#107

Summary: This amendment would force health insurance companies to compete across state lines, which expands consumers' choice and increases affordability. Interstate shopping is vital to bringing down prices down through free enterprise.

Action: The Democrat majority did not consider this bill in committee. Rep. John Shadegg introduced similar stand-alone legislation, H.R. 3217, the *Health Care Choices Act of 2009*.

Rogers, Mike (R-MI)

#108

Summary: This amendment would strengthen patient access to state high-risk pools. PPACA requires the Secretary of HHS to establish a national high-risk pool by July 1, 2010. CMS Chief Actuary, Richard Foster, estimates the funding (\$5 billion) for the new high-risk pool will run out by 2012—two years before insurance companies are required to cover everyone regardless of pre-existing conditions and the Exchanges are up and running. Either the federal government will have to spend even more money, require the states to pay the tab, or substantially raising premiums for those enrolled.

Action: The Democrat majority did not consider this bill in committee.

Rogers, Mike (R-MI)

#109

Summary: This amendment would strike “special deals” in the Senate bill given to specific Senators for the purpose of gaining their support of the bill. PPACA still includes numerous special deals for Members of Congress including “Louisiana Purchase,” “U-Conn Deal,” and the “Rocky Top Vote Swap.”

Action: The Democrat majority did not consider this bill in committee.

Amendments Submitted to the Budget Committee

Mack (R-FL), Austria (R-OH)

Prevent Government from Interfering with Doctor-Patient Relationship

Summary: Several measures in health care overhaul call for the government to decide what treatments are worth paying for – limiting patient choice and provider freedom. Would prohibit the use of comparative effectiveness data to restrict medical professionals from providing and/or prescribing the care they believe to be medically necessary.

Action: The amendment was rejected by a vote of 23 to 14. A total of 23 Democrats voted no.

Campbell (R-CA), Lummis (R-WY)

Put Government on a Sustainable Fiscal Path First

Summary: Would delay the bill’s implementation until Congress has enacted legislation to put the country on a sustainable fiscal path according to CBO estimates.

Action: The amendment was rejected by a vote of 23 to 14. A total of 23 Democrats voted no.

Ryan (R-WI), Diaz-Balart (R-FL)

No Medicare Cuts to Pay for a New Entitlement

Summary: This amendment would direct all Medicare savings to the Medicare program. Medicare is on an unsustainable path – 38 trillion in unfunded liability. CBO says Medicare cuts used to pay for other spending “will not enhance the ability of the government to pay for future Medicare benefits.”

Action: The amendment was rejected by a vote of 21 to 17. A total of 21 Democrats voted no.

Lummis (R-WY), McHenry (R-NC)

Prohibit Government from Limiting Choice and Competition

Summary: This amendment would prohibit government from limiting choice and competition. The Secretary has unprecedented discretion to regulate health plan choices. Regardless of patients’ needs, government decides what is best. Limits competition and destroys innovation.

Action: The amendment was rejected by a vote of 20 to 15. A total of 20 Democrats voted no.

Jordan (R-OH), Aderholt (R-AL)

Prohibit Federal Funding of Abortions

Summary: This amendment would add the “Stupak amendment” to prohibit federal funding of abortions. The Senate bill still allows for the funding of abortion, and is very different from the Stupak language that passed the House with support of 64 Democrats. The Stupak language

would have maintained current law and provide that no federal funding will go towards the funding of abortions. Additionally, the bill fails to provide adequate conscience protections, as it does not prohibit any government entity or program from discriminating against health care providers to participate in abortions.

Action: The amendment was rejected by a vote of 19 to 17. A total of 19 Democrats voted no.

Garrett (R-NJ), Nunes (R-CA), Latta (R-OH)

No Raising Taxes During a Recession

Summary: This amendment would protect American jobs and families by striking the new mandates. The pay-or-play mandate on employers penalizes workers and further cripples our struggling economy. CBO says “requiring employers to offer health insurance, or pay a fee if they do not, is likely to reduce employment...”

Action: The amendment was rejected by a vote of 21 to 14. A total of 21 Democrats voted no.

Garrett (R-NJ), Ryan (R-WI)

Health Care Reform Must Bend the Cost Curve

Summary: This amendment would prevent the bill’s provisions from taking effect if the CMS Office of the Actuary concludes it will increase national health care expenditures and/or increase the federal commitment to health care. Health care reform must bend health care cost curve. CMS Actuaries recently have found the health reform bill will actually increase National Health Expenditures (NHE) by a total of \$311 billion above current projections. Additionally, the actuaries have serious doubts about the proposed Medicare cuts actually occurring.

Action: The amendment was rejected by a vote of 23 to 13. A total of 23 Democrats voted no.

Simpson (R-ID), Harper (R-MS)

Require Up-to-Date Estimate on Full Cost of Bill

Summary: This amendment would require a current cost estimate using CBO’s new baseline. New cost estimate must include estimate of discretionary appropriations. Cost estimate and bill must be available 72 hours in advance to allow for time to read.

Action: The amendment was rejected by a vote of 21 to 16. A total of 21 Democrats voted no.

McHenry (R-NC), Nunes (R-CA)

No Raising Health Insurance Premiums

Summary: This amendment would state health care reform cannot increase premiums. Despite Democrats' claims, the bill will increase premiums by 10% to 13%. As JCT, CBO, and six other studies have shown, imposing new benefit mandates, taxes on insurance policies, health care products, and various new insurance regulations, will only drive up the cost of premiums for patients of all ages.

Action: The vote was rejected by a vote of 22 to 16. A total of 22 Democrats voted no.

Latta (R-OH), Mack (R-FL)

Eliminate New Bureaucracies Devoted to Expanding the Federal Government

Summary: This amendment would eliminate new bureaucracies devoted to expanding the federal government. PPACA creates new bureaucracies, boards, commissions, advisory panels, and other federally sponsored entities, which will add to an already expanding federal government workforce at taxpayers' expense. These new bureaucratic boards cede the definition of quality and give more power to the federal government.

Action: The amendment was rejected by a vote of 23 to 15. A total of 23 Democrats voted no.

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Special thanks to former RSC interns Sarah Riser and Nina Shelat.