

EXPECTED DEMOCRATIC AMENDMENTS

- Baldwin 15 – Provides for technical assistance to states to improve coordination between Medicare and Medicaid for dual eligibles, and new quality measures for reporting relating to care for dual eligibles.
- Barrow/Braley 003 – Establishes rules for health plan subrogation provisions for qualified health benefit plans, allowing for subrogation or reimbursement of qualified health benefit plans by enrollees for amounts recovered relating to personal injury or similar claims only if the enrollee has been fully compensated for all damages arising out of the claim.
- Butterfield 2 001 – Requires a report by the Secretary on the need and cost of providing oral health care as part of the essential benefits package.
- Castor 7 001 – Provides grants for employer wellness programs.
- Green TX7 001 – Authorizes the Secretary to award grants to certain communities to help develop integrated health care delivery systems.
- Green TX3 001 – Requires States, as a condition of receiving federal Medicaid funding, to enact laws requiring hospitals to disclose information on their charges and health insurers to estimate out-of-pocket costs for their policyholders.
- Hill 7 003 – Makes minor and technical changes to the Physician Payments Sunshine provisions reported by the Committee.
- Murphy 2 001 – Establishes an Office on Women's Health within the Office of the Secretary and within the director's office of each of the following agencies: AHRQ, CDC, FDA, HRSA, and SAMHSA.
- Pallone 001 – Authorizes the Secretary to establish infant mortality pilot programs.
- Pallone edc1 005 – Modifies the standards for qualified health benefit plans, including the public option, to provide for rules regarding Indian enrollees and Indian health care providers.
- Ross 17 001 – Modifies Medicare rules for coverage of home oxygen therapy services.
- Ross 16 001 – Provides that the Act will not supersede state laws prohibiting health plans or insurers from discriminating regarding participation, reimbursement, or related requirements against a health care provider acting within the scope of its license or certification under state law.

- Rush 003 – Authorizes the Secretaries of HHS and Education to award grants to public secondary schools to establish health science training programs to prepare students for careers in health sciences.
- Rush 11 001 – Authorizes the Secretary to award grants to community-based collaborative care networks that assist low-income patient populations in accessing health care services and in participating in case management.
- Sarbanes/Dingell FOHC 001 – Designates school-based health clinics funded under the new grant program in section 2511 of the Committee-reported bill as Federally-qualified health centers for purposes of Medicaid.
- Stupak med/rescission (A) – Clarifies the rescission prohibition providing insurers 30 days to rescind policies on the basis of fraud.
- Stupak 009 340b – Clarifies that manufacturers need not pay rebates to Medicaid on the drugs purchased by Medicaid managed care organizations (MCOs) if the MCOs have received discounts on the drugs through the 340B program.
- Waxman 340B-integrity 001 – Provides program integrity in the 340B program through procedures for improving compliance by covered entities and manufacturers with program requirements.
- Welch 9 001 – Clarifies that provisions of the Physician Payment Sunshine Act (Section 1451) do not preempt state laws relating to disclosure of payments to physicians.

II. REPUBLICAN AMENDMENTS

- Blackburn ECRT34 – Requires GAO to study how many individuals lose employer-sponsored insurance after Y1, and terminates the public option if more than 100,000 individuals lose ESI as a result of the public option.
- Burgess 18_001 – Prohibits the public option from extending to its enrollees the beneficiary protections in current Medicare law against balance billing and private contracts by physicians who opt out of Medicare.
- Burgess_31 – Prohibits the Secretary from using federal funds to market the public option unless private insurers participating in the Exchange receive the same “marketing cost rates” as the public option is charged.
- Deal ECRCITDOC242A_001 – Requires legal immigrants who are otherwise eligible to qualify for subsidies in the Exchange to wait for 5 years from entry into country, and requires all applicants for subsidies in the Exchange to document their citizenship using Medicaid verification methodology.
- Deal DSH – Strikes the provision in the bill that would reduce Medicaid DSH funding by \$10 billion over the period FY 2017 through 2019.
- Rogers 19 – Excludes part-time workers from employer responsibility and employer contribution requirements.
- Terry 2_001 – Requires the Commissioner, in carrying out audits of quality health benefit plan offering entities that are required under the bill, to identify “all contacts and communications received,” including those from members of Congress and staff, regarding “any individuals enrolled in an Exchange-participating plan.” This information would be published semi-annually.

MANAGER'S AMENDMENT

Following are amendments that to date are expected to be included in the manager's amendment:

- Christensen 23 001 – Requires that the Health Benefits Advisory Committee include an expert on “child and adolescent health.”
- DeGette/Sarbanes 3 001 – Requires that the Health Benefits Advisory Committee include “experts in oral health care.”
- Green 6 002 – Provides for a special enrollment period for chronic-care special needs plans targeted at end-stage renal disease.
- Markey 4 002 – Authorizes the Commissioner to use data on enrollee demographics, inpatient and outpatient diagnoses, and other such information as the Secretary may determine is necessary, in creating risk adjustment mechanisms for the Exchange.
- Murphy 7 001 – Requires the Secretary to attempt to attract ten percent of all eligible providers to act as bundling test sites under acute care bundling pilot program.
- Sarbanes 1 001 – Provides that Medicare Advantage plans serving continuing care retirement communities with a contract in effect on January 1, 2009, may continue operations with a waiver of geographic integrity rules.
- Sutton 22 001 – Clarifies the means by which individuals can submit information to the Qualified Health Benefits Plan Ombudsman, including mail, telephone, electronically, and in person.