

AMERICA'S AFFORDABLE HEALTH CHOICES ACT (H.R. 3200):
THE HOUSE HEALTH CARE BILL EXPOSED:

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The House of Representatives remains in pitched battle over health care reform. Three different House committees have been working on a draft. In its current form the bill is extremely disturbing. This analysis points out some of the most distressing aspects of the bill, but certainly not all of them. The information is arranged under three headings: Sanctity of Human Life, Increased Costs and Taxes, and Increased Bureaucracy and Intrusiveness. Any one of these three areas is enough to garner opposition. When combined, they lead to the unavoidable conclusion that H.R. 3200 is extremely dangerous legislation to the health and wellbeing of most Americans.

Sanctity of Human Life

The Unborn:

- The House Energy and Commerce Committee passed a last minute amendment offered by Rep. Lois Capps that explicitly adds abortion coverage to the bill. Though the amendment does not add abortion as an essential benefit, it does allow insurers to include abortion as a benefit and also allows federal money to be used for the abortions, as long as the money doesn't flow through the Department of Health and Human Services (DHS). Much of the money for the health care plan will not flow through DHS, so federal money will be used to pay for abortion under H.R. 3200. At this time, abortion is not explicitly defined as an essential benefit in the bill. However, the terminology in Sec. 122 is vague enough to allow for abortion. It could easily fall under the "Preventive Services" requirement. An advisory panel appointed by a pro-abortion president is certainly going to come to the conclusion that abortion should be included in the essential benefits package. And if they did not, the courts are certain to interpret this new law in conjunction with Roe v. Wade and mandate abortion funding from the bench, in the same way they did with Medicaid in 1973.

SEC. 122. ESSENTIAL BENEFITS PACKAGE DEFINED.

(b) Minimum Services To Be Covered- The items and services described in this subsection are the following:

- (1) Hospitalization.
- (2) Outpatient hospital and outpatient clinic services, including emergency department services.
- (3) Professional services of physicians and other health professionals.
- (4) Such services, equipment, and supplies incident to the services of a physician's or a health professional's delivery of care in institutional settings, physician offices, patients' homes or place of residence, or other settings, as appropriate.
- (5) Prescription drugs.
- (6) Rehabilitative and habilitative services.
- (7) Mental health and substance use disorder services.

(8) Preventive services, including those services recommended with a grade of A or B by the Task Force on Clinical Preventive Services and those vaccines recommended for use by the Director of the Centers for Disease Control and Prevention.

(9) Maternity care.

(10) Well baby and well child care and oral health, vision, and hearing services, equipment, and supplies at least for children under 21 years of age.¹

The Elderly:

- The House Health Care Bill would create a program for senior citizens that likely would include education about end-of-life decisions and impacts on families. This program could essentially encourage the premature death of the elderly. “Advance Care Planning Consultation” could be a slippery slope that potentially leads to euthanasia.

SEC. 1233. ADVANCE CARE PLANNING CONSULTATION.

(hhh)(1) Subject to paragraphs (3) and (4), the term ‘advance care planning consultation’ means a consultation between the individual and a practitioner described in paragraph (2) regarding advance care planning, if, subject to paragraph (3), the individual involved has not had such a consultation within the last 5 years.²

The Public Health Insurance Option

- The public health insurance plan is under the Sanctity of Life heading because we have concerns about whether or not the government can provide a public health insurance plan that supplies the kind of services Americans now have. We do not object to the public health option simply out of principal, rather, we object because we are opposed to the impact the public health insurance option will have on most Americans. The simple truth is that most Americans will not have the same access to the levels of quality care they currently receive under their private plans.
- Under the proposed legislation, the Secretary of Health and Human Services will establish the public health insurance option. The option would be available through the government created insurance exchanges and will provide the essential benefits package. Bureaucrats in Washington will control the kind of health care that millions of Americans will receive, rather than the people themselves.

SEC. 221. ESTABLISHMENT AND ADMINISTRATION OF A PUBLIC HEALTH INSURANCE OPTION AS AN EXCHANGE-QUALIFIED HEALTH BENEFITS PLAN.

(a) Establishment- For years beginning with Y1, the Secretary of Health and Human Services (in this subtitle referred to as the ‘Secretary’) shall provide for the offering of an Exchange-participating health benefits plan.³

- The Secretary of Health and Human Services would also have control over health care pricing. Specifically, Sec. 225 establishes a hierarchy of preferential treatment. This will pressure medical service providers to follow federal guidelines or mandates instead of their best judgments. Doctors spend years in training and work hard to provide quality services. By implementing price controls and treatment restrictions, the government not only limits incentives to join the medical field and the motivations to continue in the profession, but also hinders doctors from giving the best quality care.

SEC. 223. PAYMENT RATES FOR ITEMS AND SERVICES.

(a) Rates Established by Secretary-

1) IN GENERAL- The Secretary shall establish payment rates for the public health insurance option for services and health care providers consistent with this section and may change such payment rates in accordance with section 224.⁴

SEC. 225. PROVIDER PARTICIPATION.

c) Payment Terms for Providers-

(1) PHYSICIANS- The Secretary shall provide for the annual participation of physicians under the public health insurance option, for which payment may be made for services furnished during the year, in one of 2 classes:

(A) PREFERRED PHYSICIANS- Those physicians who agree to accept the payment rate established under section 223 (without regard to cost-sharing) as the payment in full.

(B) PARTICIPATING, NON-PREFERRED PHYSICIANS- Those physicians who agree not to impose charges (in relation to the payment rate described in section 223 for such physicians) that exceed the ratio permitted under section 1848(g)(2)(C) of the Social Security Act.

(2) OTHER PROVIDERS- The Secretary shall provide for the participation (on an annual or other basis specified by the Secretary) of health care providers (other than physicians) under the public health insurance option under which payment shall only be available if the provider agrees to accept the payment rate established under section 223 (without regard to cost-sharing) as the payment in full.⁵

Rationed Health Care:

- The current health care bill would call for rationing of medical services. **Even if implementation of a public health insurance option does not occur, rationing will be likely under the health care bill.** Private insurers will face mandates to provide the essential benefits package and to cut costs. This will create a situation where rationing is inevitable. The government would decide who should live or die. Americans must ask themselves if there is a price tag that can be put on human life. One of our country’s founding documents says that all people are entitled to “Life, liberty, and the pursuit of happiness.” When we start rationing off life-saving treatment to those deemed more valuable to society, we undercut those ideals. The following definitions gives the government control over determining what benefits your plan is required to provide at a minimum and maximum level. This requirement takes away your choice. The American citizen should be able to choose which plan best meets their family’s needs, not the government.

QUALIFIED HEALTH BENEFITS PLAN — The term “qualified health benefits plan” means a health benefits plan **that meets the requirements** for such a plan under title I and includes the public health insurance option.⁶

- The government will determine what benefits are essential and who can access them. This will lead to rationing and a total removal of choice from the American consumers and their doctors. Doctors and patients should be making medical decisions, not a bureaucrat. This plan replaces the insurance company employee who denies your claim with a government bureaucrat that denies your claim.

TITLE I—PROTECTIONS AND STANDARDS FOR QUALIFIED HEALTH BENEFITS PLANS: SEC. 101 REQUIREMENTS REFORMING HEALTH INSURANCE MARKETPLACE

(a) PURPOSE — the purpose of this title is to establish standards to ensure that new health insurance coverage and employment-based health plans that are offered meet standards guaranteeing access to affordable coverage, **essential benefits**, and other consumer protections.⁷

SEC. 122. ESSENTIAL BENEFITS PACKAGE DEFINED.

(c) Requirements Relating to Cost-sharing and Minimum Actuarial Value-

(A) ANNUAL LIMITATION- The cost-sharing incurred under the essential benefits package with respect to an individual (or family) for a year does not exceed the applicable level specified in subparagraph (B).⁸

INCREASED COSTS/TAXES

Penalties for Businesses:

- American businesses will be required to pay more for health care. Under the bill the government mandates coverage. Businesses can no longer choose to omit health care coverage from their benefits packages. The government will require them to provide health care in one of two ways. The first option is to enroll their workers in the public health insurance option plan and pay the taxes as listed below. The second option, if American companies prefer their current health insurance over the public health insurance option, is to continue with their private insurance. However, they may still have to pay the taxes in order to keep it. The private plans will be obligated to meet the minimum essential benefits package. Any plan that does not will be assessed the taxes. The amounts shown below illustrate the breakdown of tax rates, maxing out at 8% for companies making over \$400,000. It will be so financially difficult to keep your private health care plans that many companies will have no choice but to opt for the government option plan.

SEC. 313. EMPLOYER CONTRIBUTIONS IN LIEU OF COVERAGE.

(b) Special Rules for Small Employers-

(1) IN GENERAL- In the case of any employer who is a small employer for any calendar year, subsection (a) shall be applied by substituting the applicable percentage determined in accordance with the following table for 8 percent:

Does not exceed \$250,000	0 percent
Exceeds \$250,000, but does not exceed \$300,000	2 percent
Exceeds \$300,000, but does not exceed \$350,000	4 percent
Exceeds \$350,000, but does not exceed \$400,000	6 percent ⁹

Penalties for Individuals:

- Americans can keep their health care plan if they want to. However, individuals on a plan that the government does not deem “acceptable,” will have to pay an additional 2.5% in taxes per year. The government will likely consider most private health insurance plans to be unacceptable, making it much harder for Americans to keep their current health care plans.

SEC. 59B. TAX ON INDIVIDUALS WITHOUT ACCEPTABLE HEALTH CARE COVERAGE:

(a) Tax Imposed- In the case of any individual who does not meet the requirements of subsection (d) at any time during the taxable year, there is hereby imposed a tax equal to 2.5 percent of the excess of-

- (1) the taxpayer's modified adjusted gross income for the taxable year, over
- (2) the amount of gross income specified in section 6012(a)(1) with respect to the taxpayer.¹⁰

Penalties for Hospitals:

- The government will penalize hospitals for not offering “linguistically appropriate communication” to patients. Therefore, hospitals will have to hire people that can speak languages the government deems “appropriate” or pay a fine or tax. This will drive up hospital costs which will cause the government to raise taxes in order to compensate.

SEC. 204. CONTRACTS FOR THE OFFERING OF EXCHANGE-PARTICIPATING HEALTH BENEFITS PLANS:

(b)...in order for a QHBP offering entity to offer an Exchange-participating health benefits plan, the entity must meet the following requirements:

(7) CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES AND COMMUNICATIONS.—The entity shall provide for culturally and linguistically appropriate communication and health services.¹¹

- If you are readmitted to the hospital after being released, the hospital is penalized. Under the guise of increasing efficiency the government will refuse to pay claims to hospitals that are not thorough enough in preventing readmissions. This will have two potential effects. One, it will incentivize hospitals to keep people longer and do more tests to ensure they don't miss anything. Or, two, hospitals will simply not admit patients, but rather triage and give minimal treatment. These are the same problems we are currently experiencing with doctors attempting to avoid lawsuits.

SEC. 1151. REDUCING POTENTIALLY PREVENTABLE HOSPITAL READMISSIONS.¹²

Read the entire section for more detail.

Subsidies for the Uninsured:

- Section 152 of the bill is very vague. One Interpretation is that government will mandate that all people, (including illegal aliens and the uninsured), get health care treatment, regardless of whether they can pay for it. Another interpretation is that the section refers to not discriminating against those with pre-existing conditions. The text is below. You decide.¹³

SEC. 152. PROHIBITING DISCRIMINATION IN HEALTH CARE.

(a) In General- Except as otherwise explicitly permitted by this Act and by subsequent regulations consistent with this Act, all health care and related services (including insurance coverage and public health activities) covered by this Act shall be provided without regard to personal characteristics extraneous to the provision of high quality health care or related services.

Government Created Funds:

- The government would create a Public Health Investment Fund in order to try to pay for public health care. The government projects \$88 billion would go into the fund over the first ten years of the public health care system. How would the government get these funds? Inevitably, the American people would pay higher taxes in order to have “cheaper” health care for everyone.

SEC. 2002. PUBLIC HEALTH INVESTMENT FUND.

(1) IN GENERAL- There is established a fund to be known as the 'Public Health Investment Fund' (referred to in this section as the 'Fund').

(A) There shall be deposited into the Fund:

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| (i) for fiscal year 2010, \$4,600,000,000; | (vii) for fiscal year 2016, \$10,100,000,000; |
| (ii) for fiscal year 2011, \$5,600,000,000; | (viii) for fiscal year 2017, \$10,800,000,000; |
| (iii) for fiscal year 2012, \$6,900,000,000; | (ix) for fiscal year 2018, \$11,800,000,000; |
| (iv) for fiscal year 2013, \$7,800,000,000; | (x) for fiscal year 2019, \$12,700,000,000. ¹⁴ |
| (v) for fiscal year 2014, \$9,000,000,000; | |
| (vi) for fiscal year 2015, \$9,400,000,000; | |

Changes to Insurance Coverage:

- Just like section 152 mentioned previously, the following language is vague. It seems to imply that once this bill goes into effect the government will not allow insurance companies to write new policies. Therefore, if you do not already have insurance or you change jobs or want to change insurance companies you will not be able to and keep your current insurance. It appears that once H.R. 3200 goes into effect only the government's preapproved health insurance plans will be available to new customers. At the very least, the language will prevent insurers from offering new policies that do not meet the government's minimum standards of coverage.

(1) LIMITATION ON NEW ENROLLMENT — (A) IN GENERAL — Except as provided in this paragraph, the individual health insurance issuer offering such coverage does not enroll any individual in such coverage if the first effective date of coverage is on or after the first day of Y1.¹⁵

INCREASED BUREAUCRACY and INTRUSIVENESS

Bureaucracy:

- The government will create an advisory committee chaired by the Surgeon General that decides (recommends) what treatments and benefits you can receive. The Secretary of Health and Human Services then has the option of adopting or refusing the recommendations.

SEC. 123. HEALTH BENEFITS ADVISORY COMMITTEE.

(1) IN GENERAL.—There is established a private-public advisory committee which shall be a panel of medical and other experts to be known as the Health Benefits Advisory Committee to recommend covered benefits and essential, enhanced, and premium plans.¹⁶

- The bill further expands the largesse of the government, creating more bureaucracy and federal spending on bureaucrats and overseers.

SEC. 141. HEALTH CHOICES ADMINISTRATION

(a) IN GENERAL — there is hereby established, as an independent agency in the executive branch of the Government, a Health Choices Administration (in this division referred to as the Administration).¹⁷

- The Government establishes a Center for Comparative Effectiveness Research that will implement **Evidence Based Medicine.**

SEC. 1181. (a) CENTER FOR COMPARATIVE EFFECTIVENESS RESEARCH ESTABLISHED

(1) IN GENERAL—The Secretary shall establish within the Agency for Healthcare Research and Quality a Center for Comparative Effectiveness Research (in this section referred to as the ‘Center’) to conduct, support, and synthesize research

(2) DUTIES —The Center shall:

(A) conduct, support, and synthesize research relevant to the comparative effectiveness of the full spectrum of health care items, services and systems, including pharmaceuticals, medical devices, medical and surgical procedures, and other medical interventions;¹⁸

- The Government will establish school based health clinics that will treat and “educate” your children.

SUBTITLE B – SCHOOL BASED HEALTH CLINICS

(1) COMPREHENSIVE PRIMARY HEALTH SERVICES.—The term ‘comprehensive primary health ‘services’ means the core services offered by SBHCs, which shall include the following:

(A) PHYSICAL.—Comprehensive health assessments...

(B) MENTAL HEALTH.—Mental health assessments, crisis intervention, counseling...

(C) OPTIONAL SERVICES.—Additional services, which may include oral health, social, and age-appropriate health education services, including nutritional counseling.¹⁹

- Examples of Government Subcontracting to Groups like **ACORN**:

(d) COMMUNITY-BASED MEDICAL HOME MODEL

(B) COMMUNITY-BASED MEDICAL HOME DEFINED — in this section, the term ‘community-based medical home’ means a nonprofit community-based or State-based organization that is certified under paragraph (2) as meeting the following requirements.²⁰

- The Bill empowers government to take over medical education through, building, running, developing, or licensing Public Health Training Centers.

SEC. 2233. PUBLIC HEALTH TRAINING CENTERS

(a) GRANTS.—The Secretary, acting through the Administrator of the Health Resources and Services Administration and in consultation with the Director of the Centers for Disease Control and Prevention, shall award grants to, or enter into contracts with, eligible entities to provide training to graduate medical residents in preventive medicine specialties.²¹

Intrusiveness:

- The government will be intrusively auditing the books of all employers who dare to self-insure.

STUDY AND REPORTS: Such study shall examine the following:

(C) The financial solvency and capital reserve levels of employers that self-insure by employer size.²²

- HR 3200 will allow the government to access individual financial records related to health care coverage and will create a national health care ID card.

SEC. 1173A. STANDARDIZE ELECTRONIC ADMINISTRATIVE TRANSACTIONS.

(D) enable the real-time (or near real time) determination of an individual’s financial responsibility at the point of service and, to the extent possible, prior to service, including whether the individual is eligible for a specific service with a specific physician at a specific facility, which may include utilization of a machine-readable health plan beneficiary identification card;²³

- The House bill permits government direct access to your bank accounts for electronic funds transfer.

SEC. 1173A. STANDARDIZE ELECTRONIC ADMINISTRATIVE TRANSACTIONS.

(C) enable electronic funds transfers, in order to allow automated reconciliation with the related health care payment and remittance advice;²⁴

- For Doctors in Residency – the government will now be involved in educating doctors or indoctrinating them into their government controlled health care mindset. A bureaucrat will determine where you can do your residency and what you will be specializing in during that residency. The following is a small sample from the larger section entitled: TITLE V: MEDICARE GRADUATE MEDICAL EDUCATION

(iv) PRIORITY FOR CERTAIN HOSPITALS — In determining for which qualifying hospitals the increase in the otherwise applicable resident limit is provided under this subparagraph, the Secretary shall distribute the increase to qualifying hospitals based on the following criteria:²⁵

- The Government will develop “Healthy People & National Public Health Performance Standards”. What does this mean exactly? Will the government be telling us how much and what to eat and when and how to exercise? What does this do to freedom and personal choice?

SUBTITLE B—NATIONAL PREVENTION AND WELLNESS STRATEGY

(2) Establishment of national priorities for prevention and wellness, taking into account unmet prevention and wellness needs.

(3) Establishment of national priorities for research on prevention and wellness, taking into account unanswered research questions on prevention and wellness.²⁶

- The House bill gives unfettered access for the government to come into your home and inspect it to determine if it is a suitable environment for children and ascertain if you are a fit parent. They do this by establishing the Home Visitation Program for families with young kids & families expecting kids. If this program becomes non-voluntary, it would certainly sound like a violation of the Fourth Amendment of the Constitution.

SEC. 440. HOME VISITATION PROGRAMS FOR FAMILIES WITH YOUNG CHILDREN AND FAMILIES EXPECTING CHILDREN.

PURPOSE —The purpose of this section is to improve the well-being, health, and development of children by enabling the establishment and expansion of high quality programs providing voluntary home visitation for families with young children and families expecting children.²⁷

- More on the government telling you how to raise your children:

(v) PROVIDE PARENTS WITH:

- (I) knowledge of age-appropriate child development in cognitive, language, social, emotional, and motor domains (including knowledge of second language acquisition, in the case of English language learners); modeling, consulting, and coaching on parenting practices;
- (V) Skills to interact with their child to enhance age-appropriate development;
- (VI) Skills to recognize and seek help for issues related to health, developmental delays, and social, emotional, and behavioral skills; and
- (VII) Activities designed to help parents become full partners in the education of their children;²⁸

CONCLUSION:

The House Health Care Bill, H.R. 3200, is 1018 pages in length. The magnitude of the bill along with the innumerable citations to other legislation makes it nearly impossible to figure out what everything in the bill actually means. The information in this document is a compilation of what we have determined to be the most dangerous language in the bill and our analysis of what that language could potentially mean. The simple fact is that if passed, no one can say for certain how badly this will all play out in practice. However, what we can say with absolute certainty is that this legislation will lead to diminished health care for most Americans, less choice, higher taxes, and unprecedented government intrusion into every level and aspect of society, from business, to education, to marriage, to individual liberty.

¹H.R. 3200 Page 26-8, *See also*, Pg.. 769-70

²H.R. 3200 Page 425, *See also*, Pg.. 427, 429-30

³ H.R. 3200 pg. 116.

⁴ H.R. 3200 pg. 121.

⁵ H.R. 3200 pg. 126-127.

⁶ H.R. 3200, Page 13

⁷ H.R. 3200, Page 14, *See also*, Pg.. 26, Pg. 29 Ln. 4-16, Pg.. 85 Ln. 7, Pg. 239, Pg. 253, Pg. 354, Pg. 272 Sec 1145, Pg. 335 Ln. 16-25, Pg. 336-39, Pg. 494-498 and Pg. 801 Sec 1751 for more examples of how the government will ration your health care

⁸H.R. 3200 Page 29, *See also*, Pg. 272, 335, and 801

⁹H.R. 3200 Page 149-150, *See also*, Pg. 126 and 145

¹⁰H.R. 3200 Page 167, *See also*, Pg. 701-704 and 829-33

¹¹H.R. 3200 Page 91

¹² H.R. 3200, Page 280

¹³H.R. 3200 Page 50, *See also*, Pg. 170 and 740-757.

¹⁴H.R. 3200 Page 859, *See also*, Pg. 524, 622, 686-700, 824-29, 835, and 932

¹⁵ H.R. 3200, Page 16

¹⁶ H.R. 3200, Page 30

¹⁷ H.R. 3200, Page 41, *See also*, Pg. 768 Sec 1713, Pg. 898, Pg. 810 Sec 1759, Pg. 379 Sec 1191, Pg. 898, Pg. 865, Pg. 900, and Pg. 942 Ln. 22-25 for more examples of government expansion

¹⁸ H.R. 3200, Page 502-03

¹⁹ H.R. 3200, Page 993-98

²⁰ H.R. 3200, Page 469, *See also*, Pg. 95 Ln. 8-18

²¹ H.R. 3200, Page 910-11

²² H.R. 3200, Page 22

²³ H.R. 3200, Page 58

²⁴ H.R. 3200, Page 59

²⁵ H.R. 3200, Page 660-71, *See also*, Pg. 865-76, Pg. 876-92, Pg. 127 Ln. 1-16, Pg. 241 Ln. 6-8, and Pg. 253 Ln. 10-18 for more examples of how government will regulate doctors time, salary, education, etc

²⁶ H.R. 3200, Page 936, *See also*, Pg. 935 for more on how the government will impose specific goals and objectives for wellness

²⁷ H.R. 3200, Page 838-40, *See also*, 768-79 for more information on government home inspections and directives to first time mothers

²⁸ H.R. 3200, Page 844-45, *See also*, Pg. 489 Sec 1308 for more on government intrusion into your family life