

H. RES.

H.R. 3962 - Affordable Health Care for America Act
H.R. 3961 - Medicare Physician Payment Reform Act of 2009

1. Provides for consideration of H.R. 3962 under a structured rule.
2. Provides four hours of debate in the House to be equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce, the chair and ranking minority member of the Committee on Ways and Means, and the chair and ranking minority member of the Committee on Education and Labor.
3. Waives all points of order against consideration of the bill except for clauses 9 and 10 of rule XXI.
4. Provides that the amendment printed in part A of the Rules Committee report, perfected by the modification printed in part B of the report, shall be considered as adopted.
5. Waives all points of order against provisions of the bill, as amended. This waiver does not affect the point of order available under clause 9 of rule XXI (regarding earmark disclosure).
6. Provides that the bill, as amended, shall be considered as read.
7. Makes in order the further amendment printed in part C of the Rules Committee report if offered by Representative Stupak of Michigan or his designee, which shall be in order without intervention of any point of order except those arising under clause 9 of rule XXI, shall be considered as read, shall be separately debatable for 20 minutes equally divided and controlled by the proponent and an opponent, and shall not be subject to a demand for a division of the question.
8. Makes in order the further amendment in the nature of a substitute printed in part D of the report of the Committee on Rules, if offered by Representative Boehner of Ohio or his designee, which shall be in order without intervention of any point of order, shall be considered as

read, and shall be separately debatable for one hour equally divided and controlled by the proponent and an opponent.

9. Provides one motion to recommit with or without instructions, which shall be considered as read.
10. Provides that during consideration of an amendment printed in the report of the Committee on Rules accompanying this resolution, the Chair may postpone the question of adoption as though under clause 8 of rule XX.
11. Provides for consideration of H.R. 3961 under a closed rule.
12. Provides one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce.
13. Waives all points of order against consideration of the bill except for clauses 9 and 10 of rule XXI.
14. Provides that the bill shall be considered as read.
15. Waives all points of order against provisions of the bill. This waiver does not affect the point of order available under clause 9 of rule XXI (regarding earmark disclosure).
16. Provides one motion to recommit with or without instructions.
17. Provides that in the engrossment of H.R. 3961, the Clerk shall add the text of H.R. 2920, as passed by the House, as new matter at the end of H.R. 3961.

RESOLUTION

Resolved, That upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 3962) to provide affordable, quality health care for all Americans and reduce the growth in health care spending, and for other purposes. All points of order against consideration of the bill are waived except those arising under clause 9 or 10 of rule XXI. The amendment printed in part A of the report of the Committee on Rules accompanying this resolution, perfected by the modification printed in part B of such report, shall be considered as adopted. The bill, as amended, shall be considered as

read. All points of order against provisions of the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) four hours of debate equally divided among and controlled by the chair and ranking minority member of the Committee on Energy and Commerce, the chair and ranking minority member of the Committee on Ways and Means, and the chair and ranking minority member of the Committee on Education and Labor; (2) the further amendment printed in part C of the report of the Committee on Rules, if offered by Representative Stupak of Michigan or his designee, which shall be in order without intervention of any point of order except those arising under clause 9 of rule XXI, shall be considered as read, shall be separately debatable for 20 minutes equally divided and controlled by the proponent and an opponent, and shall not be subject to a demand for division of the question; (3) the further amendment in the nature of a substitute printed in part D of the report of the Committee on Rules, if offered by Representative Boehner of Ohio or his designee, which shall be in order without intervention of any point of order, shall be considered as read, and shall be separately debatable for one hour equally divided and controlled by the proponent and an opponent; and (4) one motion to recommit, with or without instructions, which shall be considered as read.

Sec. 2. During consideration of an amendment printed in the report of the Committee on Rules accompanying this resolution, the Chair may postpone the question of adoption as though under clause 8 of rule XX.

Sec. 3. Upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 3961) to amend title XVIII of the Social Security Act to reform the Medicare SGR payment system for physicians. All points of order against consideration of the bill are waived except those arising under clause 9 or 10 of rule XXI. The bill shall be considered as read. All points of order against provisions in the bill are waived. The previous question shall be considered as ordered on the bill to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce; and (2) one motion to recommit.

Sec. 4. In the engrossment of H.R. 3961, the Clerk shall --

(a) add the text of H.R. 2920, as passed by the House, as new matter at the end of H.R. 3961;

(b) conform the title of H.R. 3961 to reflect the addition to the engrossment of the text of H.R. 2920;

(c) assign appropriate designations to provisions within the engrossment; and

(d) conform provisions for short titles within the engrossment.

SUMMARY OF AMENDMENT IN PART A PROPOSED TO BE CONSIDERED AS ADOPTED

Dingell (MI) #8 - Would allow the Secretary to work with states that have alternative programs to state high risk pools as a part of the new temporary insurance program. It would provide that if the premiums of a retiree increase by an excessive amount, as determined by the Secretary, on or before the bill's introduction date (October 29, 2009), then such retiree is eligible for the high-risk pool. It prohibits undocumented individuals from accessing assistance from the national high risk pool program with requirements for verification of citizenship or lawful presence. It establishes a process for the review and public disclosure of health insurance premium increases and justifications by the Secretary of Health and Human Services and states. It permits the Commissioner to take into consideration excessive and unjustified premium increases in making decisions regarding which insurance companies will be permitted into the exchange and how quickly to open the exchange to employers for the purchase of insurance for their employees and provides funding for states to for this process. It clarifies that the consumer collaborative provided for in the early access health grants is a nonprofit business collaborative. It provides that the new Commissioner may permit a qualified health benefits plan to provide coverage through a qualified direct primary care medical home plan. The FTC may investigate insurance companies that are registered as not-for-profit companies. It clarifies that nothing in the Act overrides a state law governing medical malpractice cases. It repeals the McCarran-Ferguson Act insurance antitrust exemption with respect to health insurers and medical malpractice insurance. It imposes performance assessment and accountability measures on the Health Choices Administration. It provides that those women receiving Medicaid assistance only for family planning services would be eligible for the Health Insurance Exchange. It ensures that the interstate insurance compacts do not override state laws governing rate review and fraud and that compacting states determine which of the compacting state's laws serve as primary for the insurance company. It extends the Maryland all-payor cost containment waiver to the public option. It delays by 2 years a provision of the bill that eliminates the deductibility of expenses that relate to retiree prescription drug benefits that are subsidized by the federal government. It replaces a provision in the bill that delays the application of worldwide allocation of interest with a provision that deletes the allocation rule. It closes a biofuel tax credit loophole. It changes from January 1, 2010, to April 1, 2010, the effective date for Skilled Nursing Facilities classification changes. It permits approval for expansion of certain hospitals that have a high percentage of Medicaid admissions. States may agree to reimburse long-term care facilities for costs incurred in conducting background checks. It imposes quality indicators for Alzheimer's care. It imposes a 90-day wait period for new durable medical equipment suppliers to be paid if the Secretary believes there is a risk for fraud. It requires that the Medicare

fraud and abuse phone number be prominently displayed on Explanation of Benefits forms. It provides for Medicaid coverage of Compact of Free Association migrants. It includes a sense of Congress regarding Medicaid coverage of community-based attendant services and supports. It includes technical appropriations provisions. It provides that the medical malpractice demonstration projects do not preempt or modify state laws on attorneys' fee limits or damage caps. It provides for a new program on mental health and substance abuse screening, intervention, referral, and recovery services. It codifies the Office of Minority Health. It requires HHS to study and eliminate any duplicative programs. It provides for diabetes screening collaboration and outreach. It also includes changes to the Indian health provisions.

SUMMARY OF THE MODIFICATION IN PART B PROPOSED TO MODIFY THE AMENDMENT IN PART A

The revision modifies the biofuel tax credit provision in the manager's amendment. Second, it would authorize HHS grants to assist in acquiring or developing medical schools in areas in need of medical professionals. The recipient would have to prove it has substantial non-federal funds to develop the medical school. It authorizes \$100 million a year for five years. Third, it would modify provisions relating to FTC enforcement authority in patent settlement cases. Finally, it authorizes HHS to establish a demonstration program to make incentive payments for public health workers to work in areas with health professional shortages. The revision would authorize such sums as are necessary for five years.

SUMMARY OF AMENDMENT IN PART C PROPOSED TO BE MADE IN ORDER

Stupak (MI), Ellsworth (IN), Pitts (PA), Smith, Christopher (NJ), Kaptur (OH), Dahlkemper (PA)

#108 **Revised** The amendment codifies the Hyde Amendment in H.R. 3962. The amendment will prohibit federal funds for abortion services in the public option. It also prohibits individuals who receive affordability credits from purchasing a plan that provides elective abortions. However, it allows individuals, both who receive affordability credits and who do not, to separately purchase with their own funds plans that cover elective abortions. It also clarifies that private plans may still offer elective abortions.

**SUMMARY OF AMENDMENT IN THE NATURE OF A SUBSTITUTE
IN PART D PROPOSED TO BE MADE IN ORDER**

Boehner (OH) #9 Substitute Creates Universal Access Programs that expand 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 prevents insurers from unjustly canceling a policy or instituting annual or lifetime spending caps. The amendment puts in place medical liability reforms and gives small businesses the power to pool together and offer health care at lower prices. In addition, the legislation provides incentive payments to states that reduce premiums and the number of uninsured. The bill allows Americans living in one state to shop for coverage and purchase insurance in another. The legislation explicitly prohibits all Federal funds, whether they are authorized funds or appropriated funds, from being used to pay for abortion. The amendment creates new incentives to save for future and long-term care needs by allowing qualified participants to use HSAs to pay premiums.