

<b>COMPONENTS</b>	<b>MARKET BASED/SB 6030/HB 1539 (2007)</b>	<b>WISCONSIN/SB 6221 (2008)</b>	<b>MASSACHUSETTS</b>	<b>COMMISSIONER'S BILL/SB 6603 (2008)</b>	<b>SINGLE PAYER/HB 1886 (2007)<sup>1</sup></b>
<b>EMPLOYER MANDATE</b>	None in either bill.	Employer pays payroll tax.	Employers provide coverage to employees or pay "fair share" or "free rider surcharge."	No. Employers pay payroll taxes.	No. Employers pay payroll taxes.
<b>FUNDING MECHANISM</b>	None necessary in either bill. Funding is through premiums.	Citizens under 65 YOA pay minimum of 2% and maximum of 4 % payroll tax. Employers pay no less than 9% or more than 12% payroll tax. There are also startup costs assessed.	See above. "Fair share" is required of employers who do not provide coverage in an amount of \$295/employer/year. Employers must have more than 11 employees.	<ul style="list-style-type: none"> <li>a. Employers pay 3% tax on wages up to \$500,000.</li> <li>b. Employers pay 4% tax on wages between \$500,000 and \$1 million.</li> <li>c. Employers pay 5% tax on wages above \$1 million.</li> <li>d. Employees pay 1% of wages.</li> </ul>	Employers pay 10% payroll tax above \$125,000/quarter. Non-Medicare citizens over 18 years of age will pay \$75/month if over 150% of the federal poverty level. Medicare eligible pay \$50/month. Employers collect employee tax. There is also a start up assessment.
<b>COMPREHENSIVE/BASIC BENEFITS PACKAGE</b>	HB 1539 is a mandate free package. SB 6030 is package designed for 19-34 years of age, which is the largest demographic of no coverage.	Comprehensive package designed by Board. Benefits are specifically outlined in bill.	Benefits approved by the Board. No new mandated benefits. Existing mandates are included.	<ul style="list-style-type: none"> <li>a. Preventative benefits are covered (annual exams, cancer screenings, immunizations).</li> <li>b. Medically necessary care above \$10,000.</li> <li>c. All mandated benefits at time of enactment are covered.</li> </ul>	Comprehensive as designed by the Board. Specific benefits included in the bill. "Effective and necessary for good health." Long term care possible if funding is adequate.

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<b>CITIZENS MUST HAVE INSURANCE (INDIVIDUAL MANDATE)</b>	No in either bill.	All citizens are eligible for coverage unless eligible for Medicare, Medicaid, military or government.	Yes, with subsidies for low-income citizens.	Citizens of state except those in Medicare, CHAMPUS, Tricare are automatically covered. Medicaid managed care can participate, but not fee-for-service.	Everyone is covered by program if citizen of the state. Non-residents covered for emergencies.
<b>TREATMENT FOR LOW INCOME RESIDENTS</b>	Medicaid and Basic Health Plan still exist.	Medicaid and Basic Health Plan still exist.	Medicaid is expanded to cover children under 300% of the federal poverty level.	Medicaid fee-for-service still exists. No means testing in the bill.	Medicare/Medicaid apply for waivers to participate in the program. Medicare and Medicaid funds put in the pool if waiver granted.
<b>SUBSIDIES FOR SMALL BUSINESS</b>	No in either bill.	Assumes business no longer provides insurance.	The bill creates Commonwealth Care Health Insurance for access for citizens below 300% of the federal poverty level. This is similar to Washington's Basic Health Plan.	Assumes business will still provide coverage for employees up to \$10,000 and primary care services.	Assumes businesses no longer provide health insurance.
<b>PREEXISTING CONDITIONS ALLOWED</b>	Yes.	Yes.	Not specifically covered in the bill.	Yes.	Yes.
<b>EMPHASIS ON PREVENTION AND PRIMARY CARE</b>	No in either. Relies on evidence based.	Medical home required. Study of incentives for primary care.	Nothing specified in the bill.	Yes. Considers U.S. Preventative Services Task Force standards.	Continue enrollment until waivers are granted.

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<b>STATUS OF MEDICARE, MEDICAID AND BASIC HEALTH PLAN</b>	Still exist.	Still exist.	Still exist. Medicaid expanded to 300% of the federal poverty level for children. Commonwealth Health Insurance Program started, which is similar to Washington state's Basic Health Plan. Citizens pay sliding scale up to 300% of the Federal Poverty Level.	Medicare still exists, but waivers are sought from federal government. Medicaid fee-for-service still continues. Healthy Options enrollees can participate.	No.
<b>INCLUDES HEALTH INSURANCE EXCHANGE</b>	No.	No.	Yes. Provides opportunity for coverage to employees of small employers. The Connector certifies and offers products of high value and good quality. Allows multiple employers to pay premiums for employees. Employee contribution is pre-tax dollars.	No.	Basic Health Plan no longer necessary. Everyone covered through pool.
<b>EXPANDS BASIC HEALTH PLAN</b>	No.	No.	Begins Commonwealth Health Insurance Program to provide coverage below 300% of the federal poverty level.	No. Basic Health Plan not mentioned in the bill.	Yes. Everyone covered.

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<b>COVERS ALL CHILDREN</b>	Could if successful.	Everyone covered.	Medicaid in increased to provide coverage to children up to 300% of the federal poverty level.	Everyone Covered.	Study medical savings accounts for possible inclusion.
<b>ALLOWS HIGH DEDUCTIBLE PLAN</b>	Yes.	No, but does include enrollee cost participation.	Yes. HSAs given preferential tax treatment.	Everyone covered above \$10,000 outlay per year.	Assumed because of single payer methodology.
<b>UNCOMPENSATED CARE ELIMINATED</b>	No, unless program is successful.	Yes, everyone is covered.	Eventually as everyone is covered.	Except for first \$10,000 per year.	Yes. Everyone is covered.
<b>FOSTERS ADMINISTRATIVE SIMPLIFICATION</b>	None specified.	None specified.	Nothing specified.	Nothing specified.	Assumed because it is a single payer.
<b>GOVERNANCE OF PROGRAM</b>	None.	14 board members. Serve 6-year terms. Appointed by the Governor.	11 member connector board appointed from multiple sources.	9 Member board appointed by the Governor. The Washington State Health Care Authority manages the program.	9-member Board selected by the Governor for 6-year terms. Also includes citizen advisory committee. Technical advisory also exists. Executive Director and staff.
<b>EFFECTIVE DATE OF COVERAGE</b>	Immediately.	2012.	Program began 7/01/06.	Enrollment begins 7/1/2010 for operation effective 1/1/2011.	May 15, 2009 begins tax collection.

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<b>COST CONTROLS</b>	Assumes basic package is less expensive.	Board decides enrollee cost participation. No cost shifting because everyone is covered.	Program paid for from existing resources.	Board manages competitive bidding process with health plans. No cost shifting because everyone is covered above \$10,000.	Annual budget by board, which cannot grow by more than consumer price index. Cost sharing determined by board, but not more than \$500/year. No cost shifting because everyone is covered.
<b>HEALTH INSURERS REMAIN</b>	Yes.	Yes as "networks." Also includes "provider networks."	Yes as approved by the connector board.	Yes.	No.
<b>PHYSICIAN CONTRACTING</b>	Contract with health plan.	Contract with networks. Physicians can form their own networks and contract with the board.	Physicians contract with health plans. The bill provided for substantial Medicaid fee increase over a few years.	Physicians contract with health plans.	Physicians paid by trust account. Negotiations allowed exempt from antitrust laws. No balance billing. Hospitals have global budgets. Group practices also can negotiate global budgets.
<b>BAN ON SELF REFERRALS</b>	No.	Yes.	No.	No.	No

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