

Side-by-side comparison of the Senate and House health reform proposals: Provisions of particular interest to ADA members

Provision	Senate Patient Protection & Affordable Care Act	House H.R. 3962 – Affordable Healthcare for America Act
Health Aging. Preventive Services for adults 55-64	Establishes a grant program for state and local health departments and Indian tribes for: public health interventions, community preventive screenings, and referral and treatment for chronic diseases for individuals between 55 and 64 years old. Intervention activities include improving nutrition and increasing physical activity.	No provision
Workforce	Analyzes current health care workforce to determine gaps in delivery of care in underserved communities. Includes registered dietitians.	Includes provisions that offer loan repayment programs for those entering the field of public health and who work in an underserved area for 2+ years.
Wellness/Prevention for Employees	Allows Department of Health and Human Services and the Department of Labor to set discounts up to 50 percent of insurance premiums if the wellness program is determined beneficial for employee.	Department of Health and Human Services and the Department of Labor will jointly award wellness grants to employers who offer wellness plans as part of an employment-based health plan. Qualified programs for these grants will provide for obesity treatments and nutrition counseling.
School-Based Health Clinics	Establishes grants to launch school-based clinics. Does not specifically provide for nutrition counseling.	Establishes grants to launch school-based clinics to provide health services during and after school hours. These clinics can offer nutrition counseling to children in need.
Prevention Task Forces, etc.	Establishes a Preventive Services Task Force and a Community Preventive Services Task Force. Establishes Prevention and Public Health Investment Fund – funding increases from \$500 million in 2010 to \$2 billion in 2015 and thereafter.	Establishes the Task Force on Clinical Preventive Services and the Task Force on Community Preventive Services. Establishes the Prevention and Wellness Trust Fund (\$15.4 billion over the next five years). The goal of the Trust and the task forces are to develop a national prevention strategy and provide for better coordination of prevention research.
Medicare Changes	Reduced market basket updates and payments for preventable readmission. One year SGR (physician fee schedule that includes RDs) fix.	Reduce market basket updates and payment for preventable readmission. No SGR (physician fee schedule that includes RDs) fix.
Medicare Preventive Services	Adjust current law to allow the Centers for Medicare and Medicaid to expand current and new preventive services. MNT is included in the list of possible services to be expanded. CMS is allowed to make these determinations. Eliminates cost-sharing for preventive services (co-payments and deductibles).	Eliminates cost-sharing for preventive services (co-payments and deductibles).

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	Provides for an annual wellness visit. RDs are listed as providers for screening and counseling.	
Medicaid	<p>Establish a five-year grant program to incentivize healthy lifestyles including: weight reduction, reduce cholesterol, prevent the onset of diabetes and diabetes self managements.</p> <p>Covers preventive services recommended by the USPSTF.</p>	<p>Covers preventive services in Medicaid and SCHIP (State Children’s Health Insurance Program) recommended by the USPSTF.</p> <p>Identifies the DTR and the Certified Dietary Manager as qualified to serve as food service director in nursing facilities when a RD or qualified dietitian with equivalent education and training is not employed full-time by the facility (applies to Medicare-certified facilities as well).</p>
Home Health	Establishes a demonstration program that would provide direct, home-based care. RDs are listed as possible providers under this program.	Requires the Medicare Payment Advisory Commission (MedPAC) to conduct a study regarding variation in performance of home health agencies in an effort to explain variation in Medicare margins for these agencies.
Medical Homes	<p>MEDICAID: Allows for medical home waivers for state-coordinated programs that focus on diabetes treatment and prevention, treat cardiovascular disease and treat those considered overweight. Nutritionists are listed among providers under this program, allowing for inclusion of RDs.</p> <p>COMMUNITY: Establishes the medical home in public health programs and includes the dietitian as part of the medical home team.</p>	Establishes community-based and individual-based medical home pilot programs which are to be led by a primary physician or nurse practitioner who work with other non-physician practitioner in chronic care management activities (such as managing chronic illnesses, transitional care services, care plan setting, and nutritional counseling).
Other information on the Senate and House proposals. ADA has not taken a stance on these provisions.		
Public Option	<p>Included. Allows states to opt out. Provider reimbursement to be determined by Health and Human Services and capped at average of private rates.</p> <p>\$6 billion start-up fund for loans to provide for initial operation of co-ops.</p> <p>Allows states to offer programs for individuals between 133 and 200 percent of poverty who are not eligible for Medicaid.</p>	<p>Included (with no opt in or opt out provisions for states).</p> <p>Provider reimbursement to be determined by HHS between Medicare and private rates.</p>
Health Insurance Exchange	State-based, limited to individuals and small firms until 2017. Large groups permitted after 2017. Policies must offer preventive services recommended by the U.S. Preventive Services Task Force (USPSTF).	National, limited to individuals without employer-based coverage or Medicaid. Open to all in 2015. Policies must offer preventive services recommended by the U.S. Preventive Services Task Force (USPSTF).

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Employer Mandate	\$750 for each employee not offered coverage for firms of 50 or more. Firms of 200+ must automatically enroll	Penalties are tax based on sliding scale, up to 8.0 percent for payrolls over \$750,000.
Individual Mandate	Included. Penalties for noncompliance = \$95.00 in 2014, \$350.00 in 2015, \$750.00 in 2016 and beyond, indexed for inflation. Exempt, if premiums are more than 8 percent of income, or for hardship.	Included. Non-compliance penalty of 2.5 percent of adjusted gross income capped at average premium in exchange. Exemption for financial hardship.