



Chart Showing Selected Public Program Provisions in Health Reform Proposals

HOUSE BILL	SENATE BILL
Expands Medicaid to 150% of FPL – effective 2013 (§ 1701)	Expands Medicaid to 133% of FPL – effective 2011-2014 (§§ 2001, 2002)
Retains net income test	Gross income test for most (§§ 2001, 2002)
No asset test for most – 2013 [§ 1703(b)]	No asset test for most – 2014 (§§ 2001, 2002)
Requires coverage for newborns (§ 305)	Requires premium assistance where cost-effective (§ 2003)
Allows family planning to non-pregnant women (§ 1714)	Allows coverage of childless adults up to 200% of FPL [§ 2001 (e)]
Allows coverage for HIV+ at disabled levels (w increased FMAP) (§ 1731)	Allows creation of Basic Health Plan for uninsured between 133-200% of FPL (§ 1331)
Eliminates CHP by 2014 – kids between 100-150% of FPL go to Medicaid [§ 1703(d)]	
FMAP at 100% for all new childless adults (even those now covered in waiver), decreasing to 91% beginning in 2015. Also increase in FMAP for newly eligible categorical populations. (§ 1701)	FMAP at 100% for newly eligible adults (not those currently under waiver). In 2017 shifts to percentage increase, ranging from 30-34%. (§§ 2001, 2002)
Reduced Medicaid DSH funding by \$10B by 2019 with the largest reductions in states with lowest uninsured rates [§ 1704(d)]	Reduces Medicaid DSH funding by 50 or 25%, depending on current DSH funding (§ 2551)
States must maintain eligibility standards, methodologies and procedures in effect on 6/16/09 (§ 1703)	States must maintain eligibility standards, methodologies and procedures in effect on the date of enactment of health reform – obligation runs until 2019 [2001 (b)]
Eliminates cost sharing for preventive services (§ 1711)	Encourages the elimination of cost sharing for preventive services with a 1% increase in FMAP (§ 4106)