

# SB 160

## Health Insurance For All Alaskans

Senators French, Ellis and Wielechowski

### Other State Reform Efforts

Issue Area	Alaska - Senate Bill 160	California - Governor Schwarzenegger's Plan	Colorado—Legislature's Blue Ribbon Commission
<b>Sliding Scale Subsidies</b>  <i>Definitions:</i> FPL = Federal Poverty Line	<b>Yes:</b> Households with incomes below 300% of the FPL will receive vouchers to make the price of coverage affordable. Residents only eligible for ACHIA coverage will receive vouchers up to 450% FPL.  Health care vouchers will put the consumer in control when choosing a plan and a provider.	<b>Yes:</b> Households with incomes below 400% of the FPL will receive a tax subsidy to help cover insurance costs, residents below 250% FPL won't pay more than 5% of income for coverage, and individuals below 150% FPL won't pay anything- including co-pays and deductibles - for health care	<b>Yes:</b> Full subsidy of most basic plan for households with incomes below 250% FPL and partial subsidy for households below 300%.  Colorado is also proposing a asset test and an additional subsidy to households below 400% of the FPL if a premium will be more than 9% of household income.
<b>Establishing A New Insurance Marketplace</b>	The health care Clearinghouse will disseminate information, encourage competition, and help residents learn about different health coverage options.	A purchasing pool will be established for residents who receive sliding scale assistance to cover health insurance costs.	The Coverage Clearinghouse will disseminate information, encourage competition, and help residents learn about different health coverage options.
<b>Requirements for Consumers</b>	All Alaskans would be required to have a minimum level of coverage, as defined by statute. If a product isn't affordable a hearing can allow an exception.	All Californians must have a minimum level of coverage, as defined by the Secretary of Health and Human Services, through the regulatory process.	All legal residents of Colorado must have basic plan coverage, with some exceptions if a product isn't affordable. Basic coverage includes plans with benefit caps.
<b>Effect on Existing Public Programs</b>	No changes to existing publicly funded programs.	Expansion of S-CHIP to 300% regardless of immigration status, and Medicaid expansions to certain groups up to 250% FPL.	Expansion of S-CHIP to 250% and Medicaid. Allows for a Medicaid buy in program for households at 200% FPL and up.
<b>Financing</b>	Employer payroll tax, varying from 0-2% of payroll, depending on the number of employees.  Federal dollars will be pursued through 1115 waivers.  State funds will also be used.	Employer payroll tax, varying from 1-6.5% of payroll depending on payroll size.  Hospitals will pay 4% of revenue towards the reform effort.  Federal dollars will be pursued through 1115 waivers.	Increases in alcohol and tobacco taxes. In addition, taxes on snacks and soda will be established.  Increase the state income tax.  Federal dollars will be pursued through 1115 waivers.
<b>Insurance Market Reforms</b>	<b>Yes:</b> Guarantee Issue for individual health plans, on the premise that the individual responsibility clause will prevent adverse selection.	<b>Yes:</b> Guarantee issue and guarantee renewal to all Californians in the individual market.  Rating bands will ensure that only age and geography determine premiums.  Health plans will have to spend 85% of premiums on patient care.	<b>Yes:</b> Guarantee Issue for individual health plans, on the premise that the individual responsibility clause will prevent adverse selection.  High risk pool will exist for those who currently are uninsured. Premiums will equal the normal price paid in the individual market.

For more information, contact Sen. French's office:

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