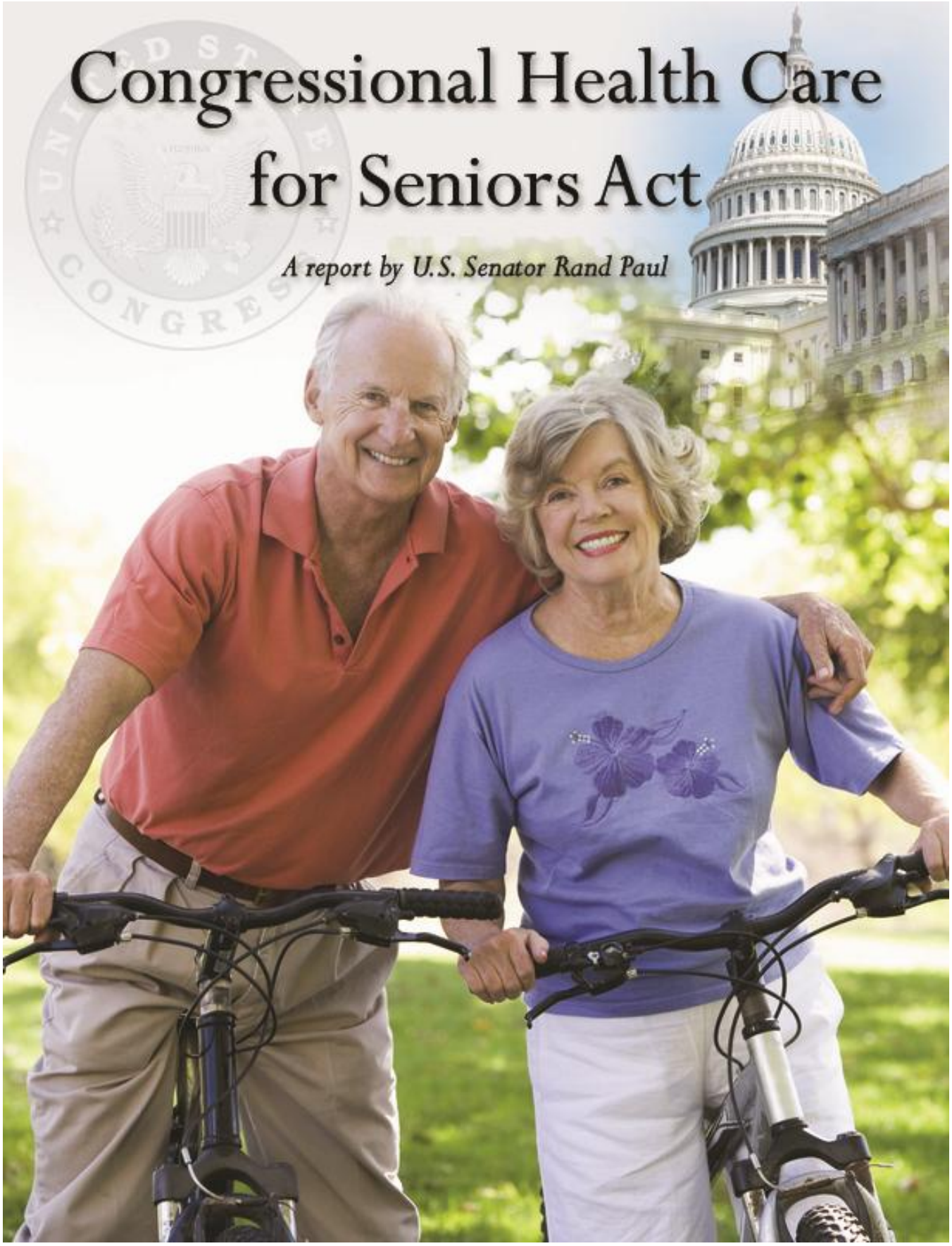
Congressional Health Care for Seniors Act

A report by U.S. Senator Rand Paul



The Congressional Health Care for Seniors Act

Senator Rand Paul (R-KY)

112th Congress

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Executive Summary

The Congressional Health Care for Seniors Act (CHCSA) allows for all seniors to be enrolled into the same health care plan as their Members of Congress and other federal employees. By all accounts, elected officials and federal employees receive the finest health insurance in the country. It is time for every senior to get the best health care in America.

Not only is the Congressional health care plan better, it's less expensive. Taxpayers will save $1 trillion over the first 10 years and reduce Medicare's 75-year unfunded obligation by almost $16 trillion. Individual seniors will save thousands of dollars from their personal health care budget each year while receiving more generous health benefits.

The Federal Employee Health Benefits Plan (FEHBP) includes an array of insurance options available to 4 million federal employees and their dependents—roughly 8.5 million people in total. The government pays roughly three-quarters of the cost of health insurance plans chosen by individual participants based on their needs and preferences.

In 2010, federal employees could choose from among the 250 plans participating in FEHBP, including 20 nationwide plans. The Office of Personnel and Management (OPM) enforces reasonable minimal standards for plans, ensures the health plans are fiscally solvent, and enforces rules for consumer protection. There are no price controls, standardized benefits, or detailed guidelines for doctors or hospitals. All individuals within a plan pay the same premium regardless of their health status or pre-existing conditions.

Key Points

- ✓ **The Congressional Health Care for Seniors Act (CHCSA) provides better health care—benefits, choice, quality, and outcomes—to our nation's seniors.**
- ✓ **The CHCSA will cost individual seniors $1,500 less per year in out of pocket costs, including premiums.**
- ✓ **The CHCSA will save taxpayers $1 trillion over ten years and reduce Medicare's 75-year unfunded obligation by almost $16 trillion over the 75-year window.**

Under the CHCSA, not only will OPM continue to ensure protections for seniors, but the proposal also prevents the agency from placing onerous new mandates on health insurance plans. Further, the CHCSA makes it easier for new insurance plans to enter the market to compete for seniors' business – even allowing employers to continue covering seniors through retirement.

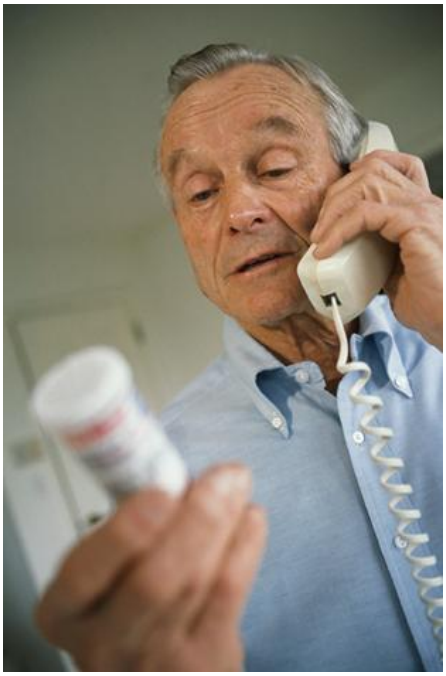
In order to maintain low premiums and prevent plans from cherry-picking patients, the CHCSA creates a new "high-risk pool" for the highest-cost patients within the FEHBP. The federal government will directly reimburse health care plans for enrolling the costliest 5 percent of patients. This arrangement keeps premiums low while allowing high-risk patients to get the same high-quality health care as every other enrollee – federal employees and seniors alike.

The CHCSA ensures that every senior can afford the high-quality insurance FEHBP offers. In addition to subsidizing three-quarters of the cost of the average plan, seniors who cannot afford to pay the remaining premium will receive additional premium assistance and cost-sharing through the Medicaid program.

The Congressional Health Care for Seniors Act provides Medicare patients with the best health care in America and will forever protect seniors' interests by aligning them with self-interested politicians. These reforms dramatically improve the lives of tens of millions of senior citizens and save Medicare from bankruptcy.

Summary of Key Provisions

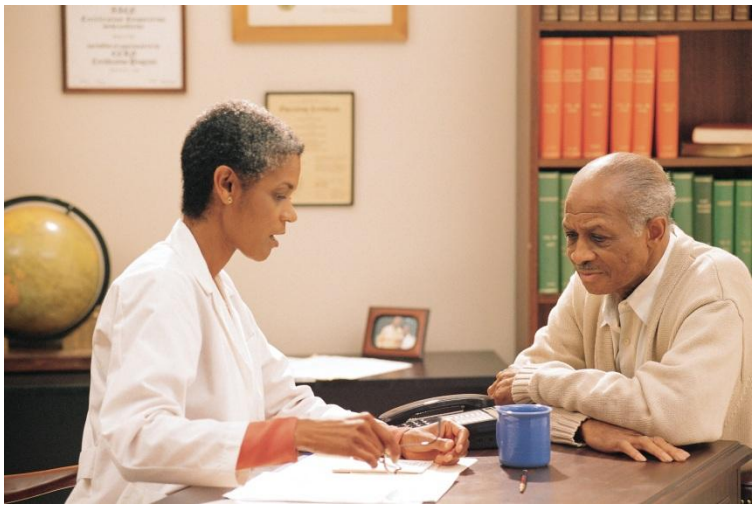
- Beginning in 2014, all Medicare-eligible patients will be able to enroll in the FEHBP as if they were federal employees.
- New plans with equivalent or superior benefits to an existing plan can enter the market freely without new requirements or mandates.
- Willing employers can give eligible patients the option of staying on their current plan and still receive the government's contribution.
- Insurers will be rewarded for enrolling high-cost patients (referred to as a "high-risk pool"). The program assumes 90 percent of the total costs for the 5 percent of patients with the highest medical expenses.
- Medicaid will continue to provide assistance to help low-income seniors afford their care.
- The initial eligibility age for seniors is gradually increased from age 65 to age 70 over a period of 20 years by three months per year).



- Wealthy seniors will be asked to pay a greater percentage of their health costs than low-income seniors, using the same income thresholds as the Medicare Part B and D programs.
- The existing Medicare program will sunset with transition rules to ensure continuity.

Better Health Care for Seniors

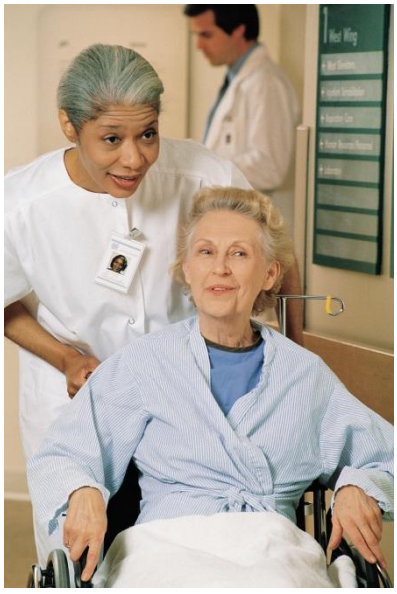
The most important aspect of any Medicare reform proposal is that it must improve upon the lackluster care seniors currently receive under Medicare. The CHCSA improves seniors' health care by providing richer benefits, higher quality health care, and better access to doctors and providers. Perhaps most importantly, because Members of Congress will be enrolled in the same plans, seniors can expect the program to continue as the best health insurance in the country.



Better Benefits. FEHBP provides richer benefits than Medicare. Medicare, on average, is worth 90 percent of the overwhelmingly most popular plan in the FEHBP, the Blue Cross Blue Shield Standard Option. In fact, Medicare coverage is so insufficient that over 90 percent of beneficiaries have some other form of coverage to fill in gaps in Medicare coverage.

Medicare's design is stuck in the 1960s and badly outdated. Many benefits important to seniors are not covered, and without a catastrophic limit, seniors are exposed to significantly higher personal costs. Medicare's coverage of preventive services is poor and it fails to provide dental care. Medicare also fails to cover overseas health care costs – leaving seniors in a bind if they travel abroad and need to access health care.

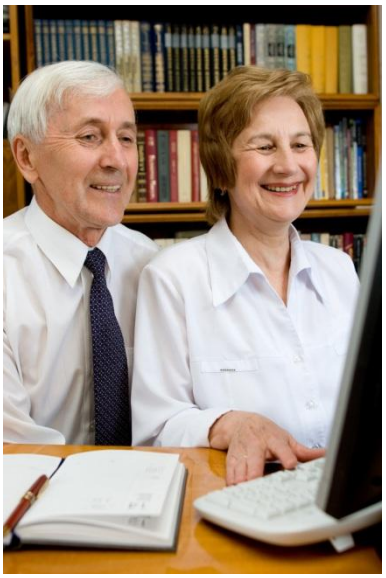
FEHBP offers generous health care coverage options precluding the need for any form of wrap-around or supplemental coverage. All plans cover basic hospital, surgical, physician, and emergency care. FEHBP plans follow the guidelines on preventive care for children recommended by the American Academy of Pediatrics and base preventive care requirements on accepted medical practice. All plans cover prescription drugs and mental health care with parity to general medical care coverage.[1]



Unlike Medicare, there are limits on an enrollee's total out-of-pocket costs for a year. Once an enrollee's covered out-of-pocket expenditures reach the catastrophic limit – which differs based on the chosen health care plan – the plan pays 100 percent of covered medical expenses for the remainder of the year.

Greater Access. FEHBP is superior to Medicare in providing access to physicians, health plans, and rural health coverage. Almost every doctor – 99 percent of physicians – accepts national FEHBP plans, while only 73 percent of doctors are taking new Medicare patients. The American Medical Association reports that nearly one-third (31 percent) of primary care doctors refuse to see Medicare patients. In addition to paperwork and bureaucratic concerns, Medicare pays just 78 percent of what private insurers pay, such as those in FEHBP.[2]

In rural areas, FEHBP provides an unprecedented level of access. According to one study, 87 percent of rural counties enroll federal employees and retirees in six or more plans, and that 98 percent enroll them in three or more plans.[3]



More Choice. FEHBP enrollees have, on average, a choice of between 12 and 20 plans.[4] This encourages even more choices for seniors, including providing for willing employers to participate in the program and continue offering coverage to Medicare-eligible individuals after they reach the age of 65.

The choices in FEHBP allow seniors to make better decisions regarding their health care. For many seniors, choosing a more generous health package is going to be preferable in order to provide greater peace of mind. Yet for others, a lower premium and the opportunity to manage more of their own health care dollars – without sacrificing catastrophic coverage – would be their preferred option.

Offering more choice will allow seniors to choose plans that specialize in providing the particular benefits they need most. Some seniors will gravitate toward plans known for their success in managing particular diseases or conditions. Still others will choose plans based on superior customer service. Many seniors will make their choices based on consumer satisfaction rates. Whether it's the product, price, quality or other measure, seniors will be in the driver's seat instead of politicians and bureaucrats.

Higher Quality. One way to compare quality is to compare private plans contracting under Medicare with traditional Medicare benefits. These "Medicare Advantage (MA)" plans are achieving fewer admissions, readmissions, and hospital days than conventional Medicare.[5] Data from the Journal of the American Medical Association (JAMA) and the National Committee for Quality Assurance (NCQA) demonstrate Medicare Advantage plans outperform traditional Medicare in numerous quality measures.[6]

Consumers would similarly be better served under the FEHBP than under traditional Medicare. Consumer satisfaction with FEHBP is consistently higher than traditional Medicare.[7] Unsurprisingly, patients are happier with a plan they choose and can hire and fire at will. If a plan isn't meeting their needs, they can hold it accountable by choosing one of the plan's competitors. This kind of consumer accountability currently doesn't exist in traditional Medicare today, which loses at least $60 billion fraud, waste, and abuse each year.[8]

Improved Health Care Marketplace. Thomson Reuters estimates that as much as $700 billion per year is wasted on unnecessary care in our health care system.[9] Medicare is largely to blame, by creating economic incentivizes for patients and providers to unnecessarily increase the consumption of health care.

The Soviet Union, at the height of its centrally planned economy, could never get the price of bread right. Yet in America, government bureaucrats and politicians are trying to figure out the price of a bone density "DEXA" scan. One of the most important aspects of the CHCSA is to get the federal government out of the price-setting business and move toward real price competition. There will never again be the need to pass a "doc-fix" or convince federal bureaucrats of the worthiness of individual procedures. Seniors will demand the care they need and deserve.

Transforming Preventative Health and Chronic Disease Management. Seniors enrolling in a plan at age 65 are given the option of staying with that plan indefinitely. As plans compete with other plans based on price and quality, their ability to hold costs down for their existing patients is central to their business model. The result? A renewed emphasis on preventive care and chronic disease management that saves lives.

Even more broadly, however, is the potential for this plan to drive a paradigm shift in health care for those under 65. Many of the private insurers within FEHBP will be covering patients both before and after they become eligible. The CHCSA allows employers to participate in the plan so that their employees can keep their health care if they like it. At the same time, many of the major insurance companies in the broader health insurance industry participate in FEHBP and will be competing for their own patients' business, which gives them special incentive to keep their patients healthy and happy.

Focusing on preventing illnesses and better managing chronic disease could save our health care system enormous amounts time and money, while improving quality of life.

Less Bureaucracy. Medicare is governed by a dizzying array of rules and regulations detailed in thousands of pages of statutory and regulatory requirements. The program takes over 4,000 federal bureaucrats to administer. That's 20 times as many bureaucrats to administer a program that covers just four times as many patients. FEHBP, in comparison, is run by fewer than 200 people.[10] Because of the light regulatory touch needed to administer a program that is driven by consumer choice, dramatically increasing the number of patients in FEHBP will not require a significant expansion in administrative costs or new bureaucracy.


PHOTO: MIKE SIMONS/GETTY IMAGES

Ask any doctor or hospital administrator about the amount of time they spend on paperwork and unnecessary administrative tasks. Up to $150 billion is estimated to be wasted every year due to redundant paperwork.[11] By putting individual patients rather than faceless bureaucrats in Washington, D.C., in charge, we can redirect health care providers' accountability to the patients they serve. [12] We will no longer need Medicare's thousands of pages of rules, regulations, and reporting requirements.

Lower Personal Health Care Costs for Seniors

Under the Congressional Health Care for Seniors Act, many seniors can expect to pay <u>less on average</u> each year for their health care. An individual senior budgets for their health care costs based on the total premiums they

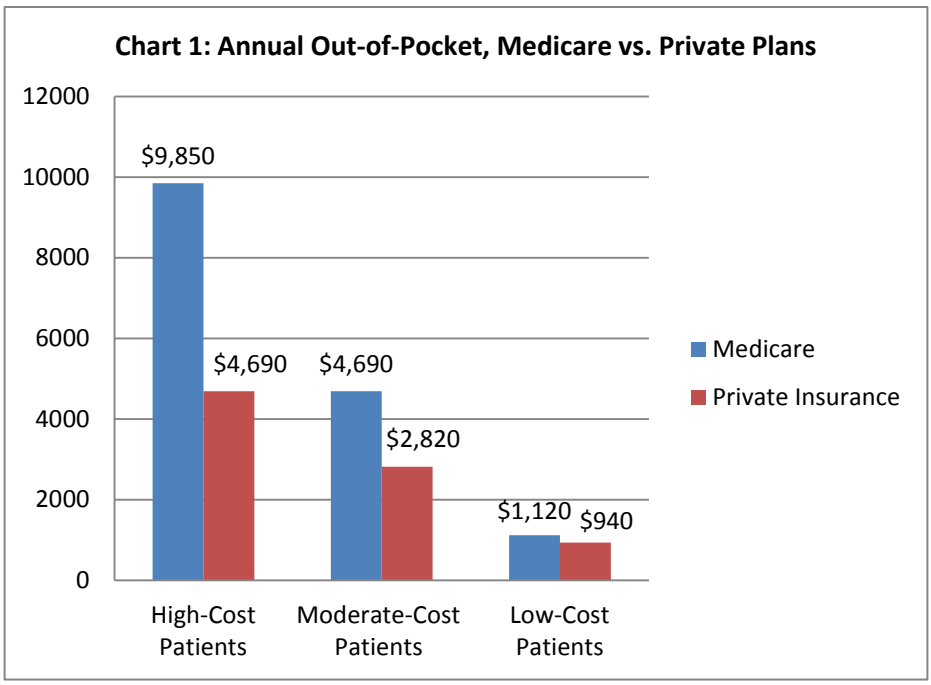
pay coupled with any additional out-of-pocket costs they reasonably expect to incur. Under the CHCSA, seniors will have real insurance that caps their total costs each year. Additionally, the CHCSA will provide seniors with huge savings on their premium costs.

Average Premium Costs[13]		
CHCSA	vs.	Medicare
$1,900		$3,500

The average premium for a senior under the CHCSA will be an estimated $1,900 per year.[14] This premium is significantly less than Medicare's premium structure when the cost of supplemental policies is considered. Currently, seniors pay just upwards of $1,200 per year in Part B premiums and roughly $425 for Part D premiums.[15] The average supplemental insurance plan – of which over 90 percent of seniors have – is roughly $1,750-$2,000.[16] Thus, a senior's premiums are roughly $3,500 annually on average under Medicare.

Not only will premiums be significantly less and out of pocket exposures capped at reasonable amounts, average out of pocket exposure will be roughly equal. A report by the Kaiser Family Foundation found that in 2007, costs paid by individuals were 26 percent of Medicare's overall costs compared to just 17 percent for the FEHBP standard option.[17]

An analysis of the 2007 Medical Expenditure Panel Survey shows that even with seniors' extreme aversion to risk and overly generous supplemental insurance policies, they continue to pay large sums on top of their premiums out of pocket. Chart 1 shows the difference in out-of-pocket costs between Medicare beneficiaries and those on private health insurance.[18] As you would expect, the moderate and high-cost patients pay more under Medicare. For these patients, Medicare continues to be an awful deal even with expensive supplemental policies.



This data tracks with independent estimates of personal health care costs. The Kaiser Family Foundation estimates that total personal costs were $4,241 on average per person in 2010.[19] The majority of this spending

was for premiums (39 percent) and non-covered Medicare costs including the cost of supplemental insurance premiums (25 percent).

AARP reported annual median out-of-pocket Medicare spending as $3,103 in 2006, based on data from the most recent Medicare Current Beneficiary Survey[20]. These "out-of-pocket costs" include all personal costs, including premiums and cost-sharing under Medicare Part B and premiums for supplementary policies carried by more than 90 percent of beneficiaries. The report also indicated that 10 percent of Medicare beneficiaries — over 4 million seniors – spent more than $8,300 of their own money on health care per year.

The CHCSA limits out-of-pocket exposure through a catastrophic cap and allows seniors to choose better cost-sharing arrangements to meet their individual needs. **No longer will there be a need to buy a supplemental insurance policy to cover what Medicare fails to provide**.

The inadequacy of Medicare and superiority of FEHBP is most evident among high-cost patients. For example, the popular Blue Cross Blue Shield Standard Option pays a higher percentage of costs than Medicare for high-cost patients: 86 percent compared to 81 percent.[21] These patients have an out of pocket cost of $9,850 under Medicare compared to just $7,430 per year in the Blue Cross Standard Option.[22]

Exact annual spending costs for individual seniors under the CHCSA are difficult to predict, but a reasonable estimate based on this data (equal or only marginally higher out of pocket costs and significantly cheaper premiums) would be an average annual savings of $1,500 – roughly one-third lower than their current spending.

Lower Costs for Taxpayers

We have a moral imperative to fix Medicare to better serve our nation's seniors. It just so happens that solving Medicare's problems is also the only way to preserve the program for future generations. The Congressional Health Care for Seniors Act saves the Medicare program $1 trillion over 10 years and reduces unfunded obligation by almost $16 trillion over the next 75 years.[23] To put it another way, the CHCSA is a 26 percent reduction in spending compared to current Medicare projections.

To put that number in perspective, the Medicare Board of Trustees recently reported that Medicare currently has unfunded liabilities of $36.8 trillion over the 75-year horizon. This plan solves almost half of the problem without resorting to the budget gimmicks and massive payment cuts to doctors and providers assumed by the Medicare Trustees.

The Congressional Health Care for Seniors Act achieves the majority of its savings by providing Medicare-eligible patients with better, less expensive health care. There are, however, other reforms included in the plan to achieve additional savings.

The CHCSA gradually increases the eligibility age from 65 to age 70 over the course of 20 years – three months annually. This change saves $373.6 billion over the course of 10 years.

This plan also asks wealthy seniors to pay more for their Medicare benefits. The government's contribution to their plan is phased out based on the income brackets currently used to means-test Medicare Part B and D premiums. The breakdown is as follows, and is indexed to wage growth:

Individual Income Bracket	**Percentage of the Normal Government Contribution**
$85,000 or less	Full Subsidy
$85,000 - $107,000	80 percent of the full subsidy
$107,000 - $160,000	50 percent of the full subsidy
$160,000 - $213,000	30 percent of the full subsidy
$213,000 – $1,000,000	15 percent of the full subsidy
$1,000,000 +	No assistance from the federal government

Our country is facing a fiscal crisis. We have a national debt of $14.3 trillion. The Obama Administration's annual budgets have stopped even trying to balance our books. The largest cost-driver across our entire government is the Medicare program. The Congressional Health Care Plan for Seniors Act is the first and most important step to putting our country's fiscal future back on track.

Asking Members of Congress and Federal Employees to Share the Burden

Federal employees are the one group of people who may have a legitimate argument with the Congressional Health Care Plan for Seniors. Asking them to share their health care with the elderly will cause their premiums to increase. However, it is important to understand the actual impact on federal employees these reforms could have once implemented.

Placing seniors into FEHBP – coupled with a separate risk pool for the top 5 percent patients in costs – will increase premiums by roughly 24 percent.[24] The average premium for a federal employee is currently $5,250 and would increase to about $6,800 in year X. For an individual federal employee, they would be on the hook for $400 more per year of their own health care costs.

But the federal workforce already receives generous benefits and compensation. The typical federal worker receives hourly wages 22 percent higher than comparable private-sector workers. In non-cash benefits – such as health care – the federal government provides over triple the compensation of the average private sector worker: $32,115 vs. $9,882 respectively. [25] Federal employees get more paid leave and receive other perks such as student loan repayments and on-site child care. The overall compensation of the average federal worker is between 30-40 percent higher than a similar private sector worker.[26]

Moreover, federal employees experience unprecedented job security while their private-sector counterparts are must face the constant risks and challenges of our reeling economy. Federal agencies rarely lay off employees for poor performance. As our economy has lost millions of jobs over the past few years, the federal government has hired hundreds of thousands of new employees.[27]

Asking federal employees to pay $400 more per year is not even really asking them to share the burden. It amounts to just a fraction of the difference in non-cash compensation they receive each year. Yet combining the Medicare population with federal employees provides for a stable, well-functioning health care market to welcome the senior population. This is a sacrifice our federal workers should be prepared to make so that the citizens who pay their salaries and benefits can have the same health care benefits.

The federal government has made a commitment to provide for the health care needs of two separate populations. One group is receiving excellent health care coverage that is more generous than they deserve, as politicians and their staffs take care of themselves. The other – the elderly and disabled – have received substandard care in a broken health care program. The simple answer is to ask politicians and federal employees to pay more for their health care to share it with seniors desperately in need of better health care coverage.

The Unsustainability of the Status Quo

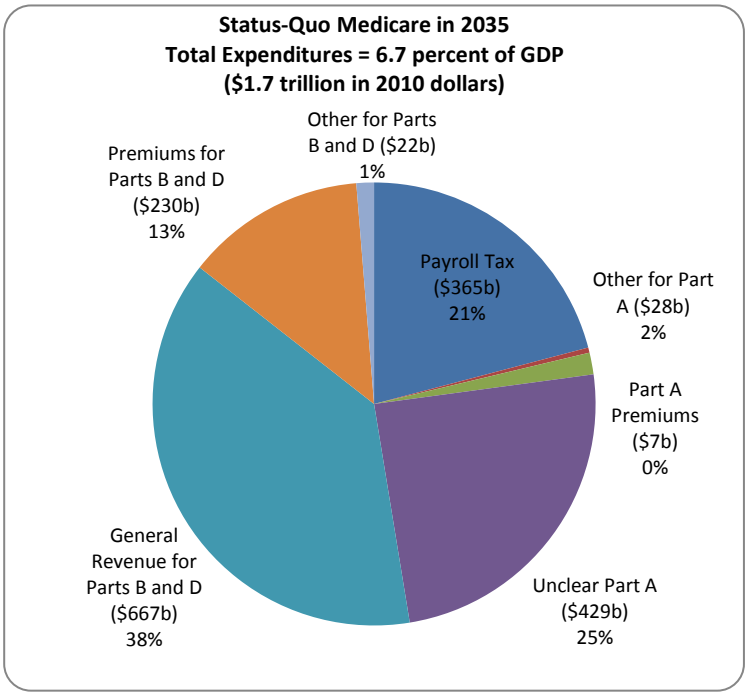
The Congressional Health Care for Seniors Act would be a better option for our nation's seniors and future retirees no matter what the fiscal climate. There is urgency, however, to adopt these reforms as soon as possible. The status quo is an already bankrupt Medicare program that will not be able to pay its bills as early as 2016 and definitely no later than 2024.

Medicare is facing a demographic tsunami as the baby boomer generation retires. But the real problem is exploding health care costs, growing at twice the rate as the rest of the economy. The Medicare Trustees indicate that the unfunded obligation for the program over the next 75 years is $24.4 trillion.[28] The Trustees and Medicare's top actuary agree that this estimate is based on overly optimistic assumptions, calling the projections unrealistic and explaining they would lead to severe access issues for seniors and put many doctors and hospitals out of business. An alternative, more realistic scenario put out by the Trustees indicates Medicare is in the hole $36.8 trillion over the next 75 years.[29]

Putting the $36.8 trillion number in perspective, in order to balance Medicare's books, the federal government would need to come up with $36.8 trillion immediately. In other words, we would need to tax every American family $335,350.

Medicare is already a drain on our economy. The program's Hospital Insurance (HI) Trust Fund is already bleeding red, borrowing $32 billion this year and projecting deficits as far as the eye can see. On top of these deficits, the program is relying on selling Treasury bonds held in the fictitious Medicare Trust Fund, which also increases the federal deficit.

Another way to illustrate Medicare's financial problems is to take a snapshot of the year 2035. That year, under the status quo, 63 percent of the costs of the program are unaccounted for – 38 percent is slated to be paid for out of general revenues and 25 percent of the program is supposed to come from the insolvent Trust Fund. The overall costs of Medicare will be $1.7 trillion – 6.7 percent of GDP – and $1.1 trillion will need to be found through benefit cuts, higher taxes, or massive borrowing. Compare Medicare's year 2035 with the Congressional Health Care for Seniors Act. Total expenditures will be just $1.2 trillion – 4.7 percent of GDP – and there will be no holes in the program's financing.



Conclusion: What's Good for the Goose is Good for the Gander

Medicare plans put forward by other elected officials—good, sensible ones that would do a great deal to fix Medicare's problems—have been demagogued, with opponents even resorting to television advertisements showing an elderly woman being pushed off of a cliff. Such thinking is nonsense, and I reject the notion that those of us wishing to make Medicare better are insensitive to the needs of seniors and the promises we have made to them.

Thankfully, nobody can accuse the Congressional Health Care for Seniors Act as being anything but an improvement in the health care services we offer to seniors. Members of Congress receive the best health care in the world. Why not share it with seniors?

Seniors are constantly being contacted by the AARP or other groups scaring them about something politicians might do to their health care – usually potential cuts in reimbursements to doctors. Giving power back to patients ensures that Washington, D.C., is no longer a threat to their current health care needs.

If the federal government were to ever consider limiting the choices or quality of health care for seniors, the elderly can take comfort that Members of Congress and their entire staff are in the same boat as them. Any changes politicians or bureaucrats want to make to the program, they'll be forced to consider how it will impact their families in a very personal way.

In short, what's good for the goose is good for the gander. The Congressional Health Care for Seniors Act is a common-sense, limited-government, affordable alternative to the top-down, command-and-control Medicare system we have today. It provides seniors with the best health care in the world at a lower personal cost. In doing so, this plan saves the Medicare program from fiscal disaster and puts our country on better financial footing.

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[13] Average premium cost for Medicare is estimated based on the sum total of the average seniors' Medicare Part B and Part D and Supplemental Insurance Premiums. The estimate for the CHCSA does not take into account larger premiums required of wealthier seniors (explained in the following chapter).
[14] These estimates are based on an analysis of the average per patient cost under the CHCSA compared to current Medicare. Based on a thorough analysis of Medical expenditure data for the Medicare population compared to the medical spending of the federal employee population. A "load factor" was determined of 1.9, meaning the average overall premium would increase by 90 percent. The government's contribution is then calculated based on that figure.
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