



NEWSFLASH!

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On October 13, 2009, the Senate Finance Committee passed a health-care reform bill that has the potential to eventually reduce the uninsured population by more than half.

Some Highlights of the Bill:

GIRS analyzes far reaching changes for clients.

- The bill requires most Americans to obtain health coverage by creating a nationwide insurance pool called the Health Insurance Exchange
- Premium subsidies would be available to qualifying families and small businesses.
- All but small employers will be required to either cover their workers or pay a penalty into a fund for subsidizing their coverage.
- The bill would bar insurers from refusing to cover people with pre-existing conditions or dropping those with serious illnesses.
- The bill also creates state-based markets for health insurance called exchanges,
- The bill expands coverage under Medicaid by providing every American living below the poverty level with access to Medicaid. The bill also expands coverage under the Children's Health Insurance Program (CHIP).
- The bill also proposes to expand coverage for the Indian Health Services (IHS).
- The bill also increases access and coverage of preventative care.
- Private insurers offering coverage through the Exchange would be precluded from discrimination based on pre-existing conditions.

The bill would reduce the number of uninsured Americans in 2019 by 29 million. The bill makes no provision for a government-sponsored health plan. The lawmakers' discussions on health care are now going back behind closed doors; Senate leaders are trying to merge two very different bills into a new version that can get the 60 votes needed to guarantee passage. The Senate Health, Education, Labor and Pensions (HELP) Committee bill calls for both a government plan to compete with private insurers and a mandate that employers help cover their workers.

The task ahead is for Senate Majority Leader Harry Reid to pull together the Finance and HELP committee bills into a single piece of legislation. There are significant differences between the bills to reconcile, including the public option. The HELP Committee bill includes one; the Finance Committee bill does not.

As health reform draws closer to reality, the GIRS policy experts are closely tracking the developments to determine the impact on patient access and the market for our clients' products.

To analyze the potential impact of health care reform on your products, please contact GIRS at 901-322-6018 from 8:30 am CST– 5pm CST Monday to Friday . Calls received after hours will be returned the next business day. E-mail requests may be sent to info@girsinc.com. Additional information about GIRS services is available at www.girsinc.com.

Testimonials from GIRS clients are available for review at:

<http://www.girsinc.com/testimonials.html>

Sources:

- <http://finance.senate.gov/healthreform2009/finalwhitepaper.pdf>, Last viewed October 14, 2009
- <http://swampland.blogs.time.com/2009/10/13/senate-finance-committee-passes-its-health-reform-bill/?xid=rss-topstories>, Last viewed, October 14, 2009
- <http://www.medscape.com/viewarticle/710455?ssdmh=dm1.542314&src=ddd&uac=107464BN>, Last viewed October 14, 2009
- http://news.yahoo.com/s/ap/20091014/ap_on_go_co/us_health_care_overhaul, Last viewed, October 14, 2009

Key GIRS Services:

- **Identify payer mix for target patient population/ indications**
- **Develop coding strategies**
- **Conduct payer surveys to assess current/future trends**
- **Determine clinical and cost endpoints of interest to payers for coverage of new products**
- **Conduct ongoing payer policy monitoring and research**
- **Conduct payer advocacy to ensure appropriate coverage and payment**
- **Develop and conduct sales force training**
- **Support and Educate providers**
- **Provide international reimbursement services**
- **Help providers appeal denials of coverage for your products**

Important Notice: Important Notice: Do not print, distribute, edit, or duplicate. This newsletter is for the purpose of providing educational legislative developments for GIRS current and potential clients . It is not intended to increase reimbursement or provide a guarantee to anyone. Coverage and reimbursement are dynamic and change frequently. Every effort will be made to provide the most updated information. This information is current as of October 14, 2009.

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