

State-by-state comparison: Massachusetts, California, Pennsylvania, and Illinois (March, 2007)

Item	Massachusetts	California	Pennsylvania	Illinois
Public program expansions	Increases eligibility for both Medicaid and SCHIP to children in families earning up to 300% of poverty	Would increase eligibility for SCHIP to 300% of poverty for children and increase eligibility for Medicaid to 100% of poverty for childless adults.	None	Expands Medicaid and SCHIP coverage to childless adults up to 100% of poverty. Would also expand SCHIP to cover parents up to 400% of poverty.
Premium assistance	<p>Creates a new sliding-scale subsidized insurance program (Commonwealth Care Health Insurance Program) for those earning up to 300% of poverty but ineligible for other public insurance</p> <p>Expands employee eligibility to 300% of poverty for participation in the current small business Insurance Partnership Program</p>	Would create a new sliding-scale subsidized insurance program for those who earn up to 250 percent of poverty but are ineligible for other public insurance	Creates a new premium assistance program called Cover All Pennsylvanians (CAP) that would provide sliding-scale premium assistance for uninsured individuals working for small business	<p>Offers rebates to persons buying an individual policy, and creates a rebate program capping premium levels to a proportion of income.</p> <p>Premium subsidy program for residents with incomes up to 400% of poverty. Blind or disabled persons earning between 100 – 300 percent of poverty are also eligible for premium assistance.</p> <p>Businesses unable to afford coverage for employees would also be able to use the premium subsidy program to provide insurance for workers.</p>
Universal coverage for children	Proposes to cover all residents, including children (though not specifically addressed)	Proposes to cover all residents, including children	Pennsylvania is already implementing Cover All Kids, which expands SCHIP to 300 percent of poverty and allows any family with an income over 300 percent of poverty to buy into the program at the state's cost	Illinois has already enacted its AllKids program, which began operation on 7/1/06. Kids of all income levels are eligible for coverage under AllKids if they do not already have health insurance.
Individual mandate	Requires all residents for whom an affordable health insurance product is available to obtain coverage or face financial penalties	Would require all residents to obtain coverage or face financial penalties	Would phase-in a requirement for individuals with incomes over 300 percent of poverty and full-time students to obtain health insurance	According to Deputy Gov. Nix, participation in insurance programs would be voluntary for the first 3 years, but thereafter residents would be required to obtain coverage or likely will incur a fine.

State-by-state comparison: Massachusetts, California, Pennsylvania, and Illinois (March, 2007)

Item	Massachusetts	California	Pennsylvania	Illinois
Employer requirements	Requires employers with 11+ employees that do not offer coverage to their employees to contribute annually a “fair share contribution” Imposes “free rider surcharge” on employers who do not provide health coverage when employees receive free care	Would require employers with 10+ employees who choose not to offer coverage to pay a “fair share” contribution of 4% of wages	Phased-in requirement for employers that do not offer to pay 3 percent of payroll. Would only apply to firms larger than 50 employees in the first year	A 3 percent payroll fee will be imposed on employers with 10 or more employees that pay less than 4 percent of their payroll for healthcare costs.
Market reform	Establishes the Commonwealth Health Insurance Connector to facilitate access to coverage for eligible individuals and small businesses Merges the small group and individual markets	Would impose guarantee issue in the individual market; establish a health insurance subsidy purchasing pool; and require insurers and hospitals to spend 85 percent of revenue on patient care	Would require adjusted community rating and rate bands in the small group market (allows adjustments only for age, location, and family size); additional regulation of premiums; 85 percent MLR ; requirement for insurers; requires insurers to offer policies that cover dependents up to age 30	Would impose guarantee issue – not clear if in the individual market alone, or for a special Choice product. Requires extension of dependent eligibility to age 29. Possibly rate restrictions
Coverage for undocumented immigrants	Not addressed	Directs counties to cover undocumented immigrants with uncompensated care funding	Not addressed	Not addressed
Funding	Converts hospital uncompensated care funding (DSH) into premium assistance for low-income (but not Medicaid-eligible) uninsured; leverages federal dollars to enhance and match state spending; and uses revenue generated by employer contributions to fund health insurance coverage	Funding based on employer “fair share” contributions, existing uncompensated care funding, a 2% fee on physician revenue and 4% fee on hospital revenue; uses this funding to draw down a federal match	Redirection of uncompensated care funding, employer fair share assessment, tobacco tax and additional federal funds	Probably a gross receipt tax on business transactions