

MEDICARE FOR ALL AND FEDERAL PRE-EMPTION

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IS MEDICARE FOR ALL SERIOUS?

POLLS WELL WITH THE PUBLIC

**FOCUS OF HOUSE DEMOCRAT MAJORITY AND
DEMOCRATIC CANDIDATES FOR PRESIDENT**

**ADDRESSES COST OF EXPANDED COVERAGE AND
PREEXISTING CONDITION ISSUES THROUGH FEDERAL
DEFICIT SPENDING**

**ASPIRATIONAL CAMPAIGN SLOGAN WITH DETAILS TO BE
WORKED OUT LEGISLATIVELY AND ADMINISTRATIVELY**

MEDICARE FOR ALL LEGISLATION

**S 1129 (SANDERS) INTRODUCED APRIL 10, 2019
PROVIDES**

**NO EMPLOYEE BENEFIT PLAN MAY PROVIDE BENEFITS THAT
DUPLICATE PAYMENTS FOR ITEMS AND SERVICES FOR WHICH PAYMENT
MAY BE MADE UNDER THE UNIVERSAL MEDICARE PROGRAM FOR THE
COST OF SUCH SERVICES.**

**COULD EMPLOYEE BENEFIT PLANS THAT PROVIDE FOR WORKERS'
COMPENSATION STILL BE WRITTEN OR CONTINUED?**

**DO WC POLICY PROVISIONS TIED TO STATE LAW “DUPLICATE” ITEMS
AND SERVICES UNDER MEDICARE?**

**WOULD ONLY INDEMNITY PAYMENTS AND ITEMS AND SERVICES NOT
COVERED BY MEDICARE BE LEFT?**

WHO IS PROHIBITED FROM WRITING “DUPLICATIVE” POLICIES?

PRIVATE HEALTH INSURERS

**EMPLOYERS WHO PROVIDE BENEFITS UNDER AN ERISA
PLAN FOR EMPLOYEES, AND/OR DEPENDENTS OF
FORMER EMPLOYEES**

**WHAT ABOUT STATE WC FUNDS, SELF INSURED FUNDS,
SECOND INJURY FUNDS, GUARANTY FUNDS ?????**

WHAT IS COVERED BY MEDICARE FOR ALL – COMPARISON TO WC?

HOSPITAL SERVICES

AMBULATORY PATIENT SERVICES

**PRIMARY AND PREVENTIVE SERVICES – INCLUDING
CHRONIC DISEASE MANAGEMENT**

**PRESCRIPTION DRUGS, MEDICAL DEVICES BIOLOGICAL
PRODUCTS, INCLUDING OUTPATIENT PRESCRIPTION
DRUGS, AND MEDICAL DEVICES**

**MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT
SERVICES, INCLUDING INPATIENT CARE**

WHAT IS COVERED BY MEDICARE FOR ALL – COMPARISON TO WC?

LABORATORY AND DIAGNOSTIC SERVICES

**COMPREHENSIVE REPRODUCTIVE, MATERNITY, AND
NEWBORN CARE**

**PEDIATRICS, INCLUDING EARLY AND PERIODIC
SCREENING, DIAGNOSTIC, AND TREATMENT SERVICES**

ORAL HEALTH, AUDIOLOGY, AND VISION SERVICES

**SHORT-TERM REHABILITATIVE AND HABILITATIVE
SERVICES AND DEVICES**

EMERGENCY SERVICES AND TRANSPORTATION

WHAT IS COVERED BY MEDICARE FOR ALL – COMPARISON TO WC?

**NECESSARY TRANSPORTATION TO RECEIVE HEALTH
CARE SERVICES FOR INDIVIDUALS WITH DISABILITIES
AND LOW INCOME INDIVIDUALS**

**HOME AND COMMUNITY BASED LONG-TERM SERVICES
AND LABORATORY AND DIAGNOSTIC SERVICES**

INSTITUTIONAL LONG-TERM CARE SERVICES

WHAT PROVISION IS SPECIFIC TO WORKERS' COMPENSATION?

TITLE VIII PROVIDES AMENDMENT TO ERISA

NO EMPLOYEE BENEFIT PLAN MAY PROVIDE BENEFITS THAT DUPLICATE PAYMENT FOR ANY ITEMS AND SERVICES FOR WHICH PAYMENT MAY BE MADE UNDER MEDICARE FOR ALL.

EACH WORKERS' COMPENSATION CARRIER THAT IS LIABLE FOR PAYMENT FOR WORKERS COMPENSATION FURNISHED IN A STATE SHALL REIMBURSE THE UNIVERSAL MEDICARE PROGRAM FOR THE COST OF SUCH SERVICES.

WHAT IS DEFINED AS A WORKERS' COMPENSATION CARRIER?

INSURANCE COMPANY THAT UNDERWRITES WORKERS COMPENSATION MEDICAL BENEFITS WITH RESPECT TO ONE OR MORE EMPLOYEES

AN EMPLOYER OR FUND THAT IS FINANCIALLY AT RISK FOR THE PROVISION OF WORKERS COMPENSATION MEDICAL BENEFITS.

WHAT ARE WORKERS COMPENSATION MEDICAL BENEFITS AND SERVICES?

THE COMPREHENSIVE MEDICAL BENEFITS FOR WORK-RELATED INJURIES AND ILLNESSES PROVIDED UNDER SUCH LAWS

WORKERS COMPENSATION SERVICES ARE ITEMS AND SERVICES INCLUDED IN WORKERS COMPENSATION MEDICAL BENEFITS AND INCLUDE ITEMS AND SERVICES (INCLUDING REHABILITATION SERVICES AND LONG-TERM CARE SERVICES) COMMONLY USED FOR TREATMENT OF WORK-RELATED INJURIES AND ILLNESSES.

WHAT HAPPENS IN TRANSITION?

MEDICARE FOR ALL PROHIBITS THE USE OF THE SSN AS A UNIQUE IDENTIFIER ON THE MEDICARE CARD – HOW WILL ITEMS AND SERVICES BY INDIVIDUAL BE TRACKED FOR COMPARISON?

HOW WILL POLICY TERMS AND LAPSES BE HANDLED?

WHAT MEDICAL PROVIDERS WILL BE APPROVED?

WHAT PROVIDERS WILL CHOOSE TO PARTICIPATE?

WHO COVERS THE COST OF TRANSITION AND CHANGES IN POLICY COVERAGE AND COSTS?

WHAT HAPPENS IN TRANSITION?

MANAGEMENT OF HEALTH INFORMATION SYSTEMS

HIPAA AND OTHER CONFIDENTIALITY ISSUES

EXCHANGE OF INFORMATION BETWEEN PRIVATE AND PUBLIC DATA BASES

IMPACT ON TREATMENT, HOSPITAL AND PHYSICIAN ACCESS AND COSTS

PATIENT CHOICE LIMITATIONS

FEDERAL FUNDING OF COSTS

MSP ON STEROIDS

CURRENT ISSUES WITH MEDICARE SECONDARY PAYER AND WORKERS' COMPENSATION EXPANDED TO ALL HEALTH CARE CLAIMS WITH EXPANSION OF MEDICARE

FEDERAL EXPANSION AND PREEMPTION RESULTS IN CMS BEING INVOLVED IN VIRTUALLY EVERY WORKERS' COMPENSATION SETTLEMENT

REQUIRED SUBMISSION OF WC SETTLEMENTS TO CMS FOR REVIEW AND APPROVAL?

INCREASED EFFORTS TO ASSURE "REIMBURSEMENT" THROUGH COLLECTION ACTIONS, LIENS, AND TREASURY OFFSET PROGRAM

WHAT SURVIVES NEGOTIATIONS

SOME EXPANSION OF MEDICARE COVERAGE (PERHAPS 55 AND UP AND HOME HEALTH CARE)

CLARIFICATION OF EXPANDED MSP

ENHANCED RECOVERY AUTHORITY

DOES MEDICARE CLEARLY PRE-EMPT STATE WC LAW?

DOES MEDICARE BECOME “PRIMARY” FOR HEALTH CARE COSTS OTHERWISE TO BE PAID UNDER WORKERS’ COMPENSATION LAW?

WHERE ARE WE NOW WITH MEDICARE FOR ALL LEGISLATION

**HOUSE BILL VERSION (HR 1384 WAS HEARD BY THE
HOUSE RULES COMMITTEE ON APRIL 30, 2019**

**COULD BE MARKED UP BY THE COMMITTEE AND MOVED
TO THE FLOOR AT ANY TIME**

**THE CBO SCORE MAY BE AN OBSTACLE
BROAD BASED OPPOSITION NEEDED AT TIME OF
MARK-UP**

IF PASSED WOULD GO TO SENATE

S 1129 (SANDERS) NOT LIKELY TO MOVE IN SENATE

SENATE SUBSTITUTE FOR HR 1384 POSSIBLE

WHERE ARE WE NOW WITH MEDICARE FOR ALL LEGISLATION

**MOVEMENT IN SENATE IN 2019 OR EARLY 2020 NOT
LIKELY**

**IF BOTH HOUSES TURN TO DEMOCRAT MAJORITIES
AND/OR PRESIDENCY CHANGES IN 2020 ELECTION
MEDICARE FOR ALL ENACTMENT (OR SOME
NEGOTIATED FORM OF IT) MUCH MORE LIKELY**

**WOULD A PRESIDENT TRUMP IN A SECOND TERM VETO
A “MEDICARE FOR ALL” BILL PASSED BY BOTH
HOUSES???**

BEYOND MEDICARE FOR ALL WHAT ARE CONTINUING ISSUES?

**SOCIAL SECURITY REPORTING (SIMILAR TO SECTION
111 REPORTING)**

PROPOSED BY JOHN BURTON

ASSURE THAT SSDI OFFSET IS CORRECT

ELIMINATION OF SSDI/WC REVERSE OFFSET

**ELIMINATION OF HIPAA EXCEPTION FOR WORKERS'
COMPENSATION TO ENABLE FEDERAL MANAGEMENT OF
ALL HEALTH RELATED INFORMATION**

BEYOND MEDICARE FOR ALL WHAT ARE CONTINUING ISSUES?

FEDERAL STANDARDS IMPOSED ON STATE WORKERS' COMPENSATION (BASED ON 1972 COMMISSION REPORT)

COVERAGE

BENEFIT ADEQUACY

DEFINITION OF DISABILITY

DEFINITION OF LIABILITY STANDARD

ELIMINATION OF LIMITS ON LIABILITY (E.G.

NUMBER OF WEEKS OF TTD)

ATTORNEY FEES

POSITIVE PROPOSALS

**HR 6619 (THOMPSON D-CA) AND S 3079 (PORTMAN R-OH)
REINTRODUCTION**

**CLARIFIES THAT WC LAW CONTROLS IN DEFINING
FUTURE MEDICAL AMOUNTS IN WC SETTLEMENTS**

**ENABLES PRO-RATA COMPROMISE SETTLEMENTS
(INCLUDING REDUCTION IN AMOUNTS FOR MEDICARE)**

**PROVIDES A RIGHT OF APPEAL FROM WCMSA
DETERMINATIONS (IF PARTIES CHOSE TO SUBMIT)**

**PERMITS PARTIES TO MAKE DIRECT PAYMENT OF SET-
ASIDE AMOUNTS TO MEET MSP OBLIGATIONS**

UWC CONTINUES TO MONITOR AND ADVOCATE THROUGH 2019

UWC CONTINUES TO MONITOR ACTIVITY THROUGH 2019

THE END OF YEAR IS GREATEST RISK AS CONGRESS TIES UP LOOSE ENDS BEFORE THE OFFICIAL BEGINNING OF THE PRESIDENTIAL ELECTION YEAR.

WORKING TO HAVE HR 6619 AND S 3079 REINTRODUCED AND LOOK FOR OPPORTUNITIES TO INSERT ALL OR PART OF IT IN MUST PASS LEGISLATION.

