

It's notable what the DNC did not attempt to refute: That the plan taxes small businesses and that centrist Democrats are the President's stumbling block.

Rep. Jason Altmire (D-PA): "Oh, I can't support the bill as it's currently written. The tax increases is going to put a burden on small businesses, who can't afford to offer health care right now. What makes anything think that, by increasing their tax burden, they are somehow going to find a way to offer health care to people that they can't afford to offer it to now?" (Fox News' "Your World With Neil Cavuto," 7/16/09)

Rep. Heath Shuler (D-NC): "Shuler, a leader of the Blue Dog Coalition, said the House bill accomplishes one objective of health reform, to expand access to health insurance, but does not do enough to reduce costs. 'While I do believe that we must ensure that every American has access to affordable, high-quality health care, it is imperative that we fix the current system to eliminate the waste and abuse that has significantly contributed to our skyrocketing health care costs,' Shuler said in a statement. While he does not support the legislation in its current form, Shuler said he is working to improve the bill by cutting waste and fraud, and adding reforms that include giving consumers incentive to live healthier lives." (Bill Theobald, "Blue Dogs Key In Health Plan," Asheville Citizen-Times, 7/22/09)

From the same Politifact linked by DNC...

"The House bill allows for existing policies to be grandfathered in, so that people who currently have individual health insurance policies will not lose coverage. The line the editorial refers to is a clause that says the health insurance companies cannot enroll new people into the old plans."

"Under the House bill, companies that offer insurance to individuals will do it through an exchange, where the government sets minimum standards for coverage."

Mischaracterizing Heritage...

<http://blog.heritage.org/2009/07/16/does-the-house-plan-outlaw-private-insurance/>

Text of Page 16:

LIMITATION ON NEW ENROLLMENT- (A) IN GENERAL- Except as provided in this paragraph, the individual health insurance issuer offering such coverage does not enroll any individual in such coverage if the first effective date of coverage is on or after the first day of Y1.  
SEC. 102. PROTECTING THE CHOICE TO KEEP CURRENT COVERAGE.

(a) Grandfathered Health Insurance Coverage Defined- Subject to the succeeding provisions of this section, for purposes of establishing acceptable coverage under this division, the term 'grandfathered health insurance coverage' means individual health insurance coverage that is offered and in force and effect before the first day of Y1 if the following conditions are met:

(1) LIMITATION ON NEW ENROLLMENT-

(A) IN GENERAL- Except as provided in this paragraph, the individual health insurance issuer offering such coverage does not enroll any individual in such coverage if the first effective date of coverage is on or after the first day of Y1.

(B) DEPENDENT COVERAGE PERMITTED- Subparagraph (A) shall not affect the subsequent enrollment of a dependent of an individual who is covered as of such first day.

(2) LIMITATION ON CHANGES IN TERMS OR CONDITIONS- Subject to paragraph (3) and except as required by law, the issuer does not change any of its terms or conditions, including benefits and cost-sharing, from those in effect as of the day before the first day of Y1.

(3) RESTRICTIONS ON PREMIUM INCREASES- The issuer cannot vary the percentage increase in the premium for a risk group of enrollees in specific grandfathered health insurance coverage without changing the premium for all enrollees in the same risk group at the same rate, as specified by the Commissioner.

(b) Grace Period for Current Employment-based Health Plans-

(1) GRACE PERIOD-

(A) IN GENERAL- The Commissioner shall establish a grace period whereby, for plan years beginning after the end of the 5-year period beginning with Y1, an employment-based health plan in operation as of the day before the first day of Y1 must meet the same requirements as apply to a qualified health benefits plan under section 101, including the essential benefit package requirement under section 121.

(B) EXCEPTION FOR LIMITED BENEFITS PLANS- Subparagraph (A) shall not apply to an employment-based health plan in which the coverage consists only of one or more of the following:

(i) Any coverage described in section 3001(a)(1)(B)(ii)(IV) of division B of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5).

(ii) Excepted benefits (as defined in section 733(c) of the Employee Retirement Income Security Act of 1974), including coverage under a specified disease or illness policy described in paragraph (3)(A) of such section.

(iii) Such other limited benefits as the Commissioner may specify.

In no case shall an employment-based health plan in which the coverage consists only of one or more of the coverage or benefits described in clauses (i) through (iii) be treated as acceptable coverage under this division

(2) TRANSITIONAL TREATMENT AS ACCEPTABLE COVERAGE- During the grace period specified in paragraph (1)(A), an employment-based health plan that is described in such paragraph shall be treated as acceptable coverage under this division.

(c) Limitation on Individual Health Insurance Coverage-

(1) IN GENERAL- Individual health insurance coverage that is not grandfathered health insurance coverage under subsection (a) may only be offered on or after the first day of Y1 as an Exchange-participating health benefits plan.

(2) SEPARATE, EXCEPTED COVERAGE PERMITTED- Excepted benefits (as defined in section 2791(c) of the Public Health Service Act) are not included within the definition of health insurance coverage. Nothing in paragraph (1) shall prevent the offering, other than through the Health Insurance Exchange, of excepted benefits so long as it is offered and priced separately from health insurance coverage.