



Stages of the health care reform legislation & V-BID language at each stage:

Initial House bill passed out of Energy and Commerce, Education and Labor, and Ways and Means Committees, H.R. 3200 (July 2009)

Each committee's bill includes V-BID language under the public option, Sec. 224, part c: "Encouraging the Use of High Value Services—To the extent allowed by the benefit standards applied to all Exchange-participating health benefit plans, the public insurance option may modify cost-sharing and payment rates to encourage the use of services that promote health and value."

House bills are combined into tri-committee version, H.R. 3962 (October 2009)

Also includes V-BID language under the public option, Subtitle B, sec. 321, p. 219 lines 23-25 and p. 220 lines 1-3: "Encouraging the Use of High Value Services—To the extent allowed by the benefit standards applied to all Exchange-participating health benefit plans, the public insurance option may modify cost-sharing and payment rates to encourage the use of services that promote health and value."

Senate Finance passes their version of the bill out of Committee, S. 1796 (October 2009)

VBID is addressed in the Personal Responsibility Requirement section, p. 51, where the bill specifically exempts citizens from having to buy insurance in the large group market with first dollar coverage for preventive services only *if the plan uses value-based insurance design*. The Committee report, p. 31, explains: "A value-based design is defined as a methodology that would reduce or eliminate cost-sharing for the clinically beneficial screenings, lifestyle interventions, medications, immunizations, diagnostic tests and other procedures and treatments to reflect their high value and effectiveness."

Senator Reid introduces new version as amendment in the nature of a substitute to H.R. 3590 (late December 2009)

Includes V-BID language under coverage of preventive health services, Sec. 2713, p. 18, lines 11-15: "Value-Based Insurance Design—The Secretary may develop guidelines to permit a group health plan and a health insurance issuer offering group or individual health insurance coverage to utilize value-based insurance designs."

House and Senate pass reform bill minus reconciliation changes, H.R. 3590 (March 2010)

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Reconciliation bill with remaining reform objectives, H.R. 4872, passes House and Senate (March 2010)