In June, high-risk insurance pools were established for individuals with preexisting conditions who have been without insurance for at least 6 months.

**PRESCRIPTION DRUGS**

Seniors who reach the coverage gap will receive a 50 percent discount when buying Medicare Part D covered brand-name prescription drugs.

85% of all premium dollars collected by insurance companies for large employer plans must be spent on health care services and health care quality improvement. For plans sold to individuals and small employers, the amount is 80%. If insurance companies do not meet these goals, they must provide rebates to consumers.

States will receive two more years of funding for the Children’s Health Insurance Program (CHIP).

**INSURANCE EXCHANGE**

- a new transparent and competitive insurance marketplace where individuals and small businesses can buy affordable and qualified health benefit plans. Exchanges will offer you a choice of health plans that meet certain benefits and cost standards.

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### WHY THE SURVEY?

The Leapfrog Group aims to trigger giant leaps forward in the safety, quality and affordability of health care by supporting informed decisions by those who use and pay for health care and by promoting high-value health care through incentives and rewards. Leapfrog works with its employer members to encourage transparency and easy access to health care information. They work with over 30 leading medical experts to identify solutions that will improve hospital quality and safety and then gather this information from hospitals.

The Leapfrog Hospital Quality and Safety Survey asks hospitals to report on the steps they take to improve the quality of patient care. In 2000, 1,201 hospitals across the country completed the survey. Participation in the Leapfrog hospital survey is voluntary.

Survey results are available for public viewing on Leapfrog’s web site: www.leapfroggroup.org. The Leapfrog Hospital Quality and Safety Survey asks hospitals if they adhere to the following quality and safety practices:

- **Safe practices** - Select a hospital that has a full Leapfrog Safe Practices Score. This means it has put in place 17 procedures to reduce preventable medical mistakes.
- **Preventing medication errors** - Patients should choose a hospital that uses computerized provider order entry (CPOE) systems to order medications, tests, and procedures. CPOE systems are computer systems designed to alert doctors and other prescribers to potentially serious problems with their instructions.
- **Managing serious errors** - Patients should choose a hospital that has implemented Leapfrog’s policy on managing serious events (“or never events”) such as surgery on the wrong body part or death due to contaminated drugs or devices.
- **Appropriate ICU staffing** - Patients should choose a hospital with an intensive care unit (ICU) that is staffed by doctors and other caregivers who have special training in critical care medicine. These doctors are called “intensivists.”

### OVERALL PATIENT SAFETY RATINGS

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<tr>
<th>Hospital Name</th>
<th>Safe practices</th>
<th>Preventing medication errors</th>
<th>Appropriate ICU staffing</th>
<th>Managing serious errors</th>
<th>Heart bypass surgery</th>
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**WHAT THE SCORES MEAN**

- **Fully meets the standards** of Leapfrog’s recommended quality and safety practices.
- **Substantial progress** in implementing Leapfrog’s recommended quality and safety practices.
- **Some progress** in implementing Leapfrog’s recommended quality and safety practices.
- **Willing to report publicly** did not yet meet Leapfrog’s criteria for good early stage effort.
- **Hospital does not perform procedure**
HEALTH CARE REFORM BY THE NUMBERS

32 MILLION AMERICANS are uninsured and that number is growing as individuals continue to lose their jobs. The Institute of Medicine concludes that all members of a community are affected when others lack health insurance.

As a nation, WE HAVE BECOME UNHEALTHY.

70% of all health care costs generated in the United States are attributable to preventable risks and unhealthy choices. According to the Milken Institute, there will be 230 million reported cases of chronic disease in 2023 (an increase of 42% from 2003).

The current state of National health care

53% of Americans have forgone certain types of medical care, due to high health care costs.

National health spending is projected to increase:

- 2009: $2.5 TRILLION
- 2019: $4.7 TRILLION

Employers may be forced to reduce or eliminate medical benefits due to their inability to remain competitive in the global market. In the manufacturing industry, the U.S. hourly health benefits cost averages:

- $2.36 PER WORKER PER HOUR compared to the foreign trade weighted average of:
- $0.96 PER WORKER PER HOUR

SOURCE: Centers for Medicare and Medicaid Services (CMS), The Heritage Foundation, Partnership to Fight Chronic Diseases

INSURANCE POLICY PRACTICES

1. Single dependents up to 26 years old, will be allowed to remain on their parents health plan.
2. Minor children with preexisting conditions will be covered by all plans.
3. Health plans can no longer cancel coverage for individuals who become diagnosed with a serious condition and can no longer impose lifetime limits or unreasonable annual limits. Insurers cannot refuse to sell or renew policies based on an individual’s health status.
4. Individuals with a Health Savings Account (HSA), Health Reimbursement Arrangement (HRA), or Flexible Spending Account (FSA), will no longer be able to use these funds to pay for over-the-counter medications unless they obtain an authorized prescription.
5. By 2013, individuals who have a FSA will be able to contribute up to $2,500 per year.
6. The reform also calls for a standardized outline of your benefits, in a language that you can understand, with no fine print, and will include contact information if you have additional questions.

PREVENTIVE CARE

As of January 1, 2011, all health plans will be required to fully cover the following:

1. Services like colorectal cancer screenings as recommended by the US Preventive Services Task Force (USPSTF). To access a list of these recommendations go to: www.ahrq.gov/clinic/uspsftx.htm
2. Immunizations as recommended by the Advisory Committee on Immunization Practices of the CDC. For a list, visit: www.cdc.gov/vaccines/recs/acip/default.htm#recs
3. Services like pap smears, mammograms and cholesterol screenings as recommended by the Health Resources and Services Administration (HRSA). For more information, visit: www.mchb.hrsa.gov/whuas08/hus/pages/305pc.html

Please carefully review your annual summary of benefits to find out which preventive services are covered by your plan and consult with your physician to determine when you should receive these screenings.

SOURCE: Pfizer Prevention and Affordable Care Act (July 2010), http://www.healthcareforallours.org/docs/files/PPACA_Test.pdf

The potential impact in South Carolina

4,700 DOCTORS in South Carolina that practice primary care would qualify for a new 5 to 10 percent payment bonus under health insurance reform.

Approximately 613,000 people, or 14 percent of South Carolina’s population, cannot access a primary care provider due to shortages in their communities. Health insurance reform will expand and improve programs to ensure that more people can get the quality care they need, when they need it.

An estimated 58,500 PEOPLE RETIRED before they were eligible for Medicare and have health coverage through their former employers. In June, a $5 billion temporary early-retiree reinsurance program will help stabilize early-retiree coverage and help ensure that firms continue to provide health coverage to their early-retirees.

14%

764,000 Residents who do not currently have insurance

714,000 Residents of South Carolina who would receive free preventive services.

290,000 Residents who have nongroup insurance

127,000 South Carolina residents who could get affordable coverage through the insurance exchange.

57,900 SMALL BUSINESSES could be helped by a small business tax credit to make premiums more affordable. Small businesses pay, on average, 18 percent more than large businesses for the same coverage, and health insurance premiums have gone up three times faster than wages in the past 10 years.

724 MILLION spent on uncompensated care in South Carolina often gets passed along to families in the form of a hidden premium “tax”. By expanding coverage to the uninsured, health insurance reform will eliminate this burden on people who already have insurance.

WEST VIRGINIA

714,000 Residents of West Virginia who would receive free preventive services.

290,000 Residents who have nongroup insurance

127,000 West Virginians who could get affordable coverage through the insurance exchange.

57,900 SMALL BUSINESSES could be helped by a small business tax credit to make premiums more affordable. Small businesses pay, on average, 18 percent more than large businesses for the same coverage, and health insurance premiums have gone up three times faster than wages in the past 10 years.

724 MILLION spent on uncompensated care in West Virginia often gets passed along to families in the form of a hidden premium “tax”. By expanding coverage to the uninsured, health insurance reform will eliminate this burden on people who already have insurance.