

Health Care Reform Provisions Summary with Enactment Dates

*Includes Reconciliation Changes awaiting President's signature where applicable

Consumer Provisions		
<u>Issue</u>	<u>Effective Date</u>	<u>H.R. 3590 Patient Protection and Affordable Care Act with Reconciliation changes</u>
Children with pre-existing conditions	6 months after enactment	Bars insurance companies from denying coverage to children with pre-existing conditions
Insurance reform Preexisting Condition (Sect. 2704) Premium Variation (Sect. 2701)	Jan. 1, 2014	Prohibits insurance companies from denying coverage to an individual with a pre-existing condition. Also limits premium variation to 3:1 based on certain conditions such as age, geography, family size, and tobacco use
Small Business tax credit (Sect. 1421)	Taxable year after Dec. 31, 2010 and 2014	Provides for tax credits to small businesses for contributions to provide health insurance for employees. Instituted in two phases, 2010 and 2014
Eliminate Lifetime Caps (Sect. 2711)	6 months after enactment	Eliminates Lifetime caps on all insurance plans
Extends age for children on parents plan (Sect. 2714)	6 months after enactment	Extends the age in which a child can remain on their parents' plan to age 26
Covered Preventative Health Services (Sect. 2713)	6 months after enactment	All new insurance plans must cover preventative services. Preventative services are; evidence based services with an "A" or "B" rating from the US Preventative Services Task Force; immunizations recommended by the Advisory Committee on Immunization Practices of the CDC; and preventative care recommended by HRSA guidelines for women and children
Insurance Mandate (Sect. 1501)	Jan. 1, 2014	Requires all individuals to purchase health insurance or face a tax unless they can prove financial hardship
State Based Insurance Exchanges (Sect. 1311)	Jan. 1, 2014	Creates state based "Insurance Exchanges" to enable consumers to purchase insurance based on large group experience
Individual Tax Credits	Jan. 1, 2014	Provides tax credits for low income individuals to purchase insurance through state exchanges. (Reconciliation bill defines people eligible to receive tax credits)

* The Patient Protection and Affordable Care Act was passed by the Senate on Dec. 24, 2009 and the House of Representatives on March 21, 2010. It was signed by the President and enacted into law (Public Law 111-148) on March 23, 2010.

Health Care Reform Provisions Summary with Enactment Dates

*Includes Reconciliation Changes awaiting President's signature where applicable

Primary Care Provisions		
<u>Issue</u>	<u>Effective Date</u>	<u>H.R. 3590 Patient Protection and Affordable Care Act with Reconciliation changes as passed by House and Senate</u>
Primary Care Bonus Payment (Sect. 5501)	Jan. 1, 2011	Medicare payments: 10% primary care bonus payment for primary care practitioners on services furnished on or after Jan. 1, 2011 and before Jan. 1 2016. Primary Care practitioners include primary care physicians, nurse practitioners, clinical nurse specialist, physician assistant, or individual for whom at least 60% of allowed charges were primary care services . Primary care services are defined by the Secretary as codes 99201 through 99215, 99304 through 99340, and 99341 through 99350.
Medicaid Parity with Medicare Payment (Reconciliation Bill. Sect. 1202)	2013	No provision. However the Reconciliation Bill contains a Medicaid parity section. Under the provision, in 2013 and 2014, Medicaid payments for primary care services by a physician with a primary care specialty designation must be at least equal to Medicare)
Misvalued physician payment codes (Sect. 3134)	Date of Enactment	The Secretary will identify misvalued physician services and make appropriate adjustments to the relative value. Increased authority for CMS to identify misvalued physician services and make appropriate adjustments to their relative value.
Medical Home Pilot Program (Sect. 2703)	Jan 1, 2011	Allows states to create patient centered medical homes for patients suffering from chronic conditions. Would be tested under the CMS innovation center. Medical home in general: New section allows the Secretary to allow plans to provide coverage through a qualified primary care medical home in the new Exchange. Additional new section provides grants to networks to coordinate care for low-income populations, including obtaining a primary care provider or medical home.
Accountable Care Organizations (ACO) (Sect. 3022)	Jan. 1, 2012	ACOs that meet performance criteria would receive payments for shared savings. Provides additional flexibility to the Secretary to implement innovative payment models for ACOs, including models currently used in the private sector.
CMS Innovation Center (Sect. 3021)	Jan. 1, 2012	A Center for Medicare and Medicaid Innovation would be created within CMS to test payment and delivery models
Payment Bundling Pilot (Sect. 3023 and Sect. 10308)	Developed by Jan. 1, 2013 and can be expanded after Jan. 1 2016	A 5 year pilot program would be implemented by the Secretary for patients with one or more of 10 conditions during an episode of care. Allows for expansion of the pilot if it is found to improve quality and reduce costs.

* The Patient Protection and Affordable Care Act was passed by the Senate on Dec. 24, 2009 and the House of Representatives on March 21, 2010. It was signed by the President and enacted into law (Public Law 111-148) on March 23, 2010.

Health Care Reform Provisions Summary with Enactment Dates

*Includes Reconciliation Changes awaiting President's signature where applicable

<p>Reporting of quality measures (Sect. 3002) Physician Compare Website (Sect. 10331)</p>	<p align="center">Jan 1. 2011</p>	<p>Additional 0.5 percent Medicare payment bonus to physicians who report quality measures to CMS through a qualified maintenance of certification program. Additional new provision requires public reporting of performance information using a "Physician Compare" website beginning in 2011 with information to be made available to the public in 2013. Establishes a pilot program, beginning in 2019, to provide financial incentives to beneficiaries who choose high quality physician providers. Medicare claims data will be allowed to be released to measure provider performance.</p>
<p>Graduate Medical Education (GME) (Sect. 5503)</p>	<p align="center">Based on cost reporting periods on or after 7/1/2011</p>	<p>A hospital that hasn't filled its positions up to the cap (measured from the highest level from the 3 most recent years) will be reduced by 65% of the difference between filled positions and the cap. There are exceptions that allow a hospital to retain its unfilled positions, including a hospital in a rural area with fewer than 250 beds, a hospital that already underwent voluntary cap reduction. Hospitals that are given an increase in their cap (additional slots) must: 1) maintain the average number of primary care residents that they had during the past three years and use 75% of the new slots for primary care or general surgery. Distribution shall be based on the following three factors: 70% of positions go to fill the first category -- 1) Located in a state with a resident-to-population ratio in the lowest quartile (which means less teaching hospitals in the state compared to the population size). 30% of positions go to fill the next two categories. 2) Located in the "top ten" of areas (states, territories or DC) with highest ratio of population living in health professional shortage areas to total population of the area. 3) Located in a rural area.</p>
<p>Volunteer Preceptor (Sect. 5504) Didactic Training, sick, vacation, and other leave (Sec. 5505) Closed hospital residency position redistribution (Sec. 5506)</p>	<p align="center">Based on cost reporting periods on or after 7/1/2010</p>	<p>Modifies DGME and IME funding to count costs incurred at non-hospital setting including Volunteer Preceptor Fix, Didactic Training, vacation, sick or other approved leave. Removes the 90% rule. When a hospital closes, their residency positions will be distributed to other hospitals. The statute contains a priority order for the distribution.</p>
<p>Teaching Health Centers (Sect. 5508) Development Grants</p>	<p align="center">FY 2010</p>	<p>Allows the Secretary to award grants to THC's (community based ambulatory patient care center that operates a primary care residency program; listed as FQHC, rural health clinic, community mental health center, health center operated by Indian Health Service, or a center receiving Title X grants) to establish new accredited or expanded primary care residency programs. These would be considered planning grants. Appropriated funds equal \$25 million for FY 2010 and \$50 million for FY 2011-12.</p>
<p>THC Operating Funds</p>		<p>Operating funds would be established through a mandatory appropriations trust fund equal to \$230 million over five years. Payment is only for expansion -- funding for residents above a base level -- or establishment of new programs. Funding is only to programs where the teaching health center is the institutional sponsor of the residency program. Allows up to 50% fulfillment of NHSC service obligation time through clinical teaching at Teaching Health Centers.</p>

* The Patient Protection and Affordable Care Act was passed by the Senate on Dec. 24, 2009 and the House of Representatives on March 21, 2010. It was signed by the President and enacted into law (Public Law 111-148) on March 23, 2010.

Health Care Reform Provisions Summary with Enactment Dates

*Includes Reconciliation Changes awaiting President's signature where applicable

Title VII primary care cluster (Sect. 5301)	FY 2010 - FY2014	Reauthorizes Title VII Section 747 training.
Title VII; other provisions	FY 2010	New provision establishes a grant program to: help medical schools recruit students most likely to practice medicine in underserved rural communities, provide rural-focused training and experience, and increase the number of medical graduates who practice in underserved rural communities.
National Health Service Corps (Sect. 5207)	FY 2010 - FY 2015	Increases funding from \$320 million in 2010 to over \$1.15 billion by 2015. Allows fulfillment of Corps service obligation through part time service as well as through clinical teaching at THCs, of up to 50% of the obligated service time. Establishes a Ready Reserve Corps.
Workforce Demonstration Programs (Sect. 5507)	18 months after enactment	Established demonstration project to educate low income individuals in health care fields with projected labor shortage or high demand. Also creates a demonstration project to train home aides.
Primary Care Extension Program (Sect. 5405)	FY 2011	Establishes a Primary Care Extension program that will support and assist primary care providers with the incorporation of techniques to improve community health. State Hubs and local extension programs may be created. \$120 million is authorized in FY 2011 and FY 2012 and as much as necessary in FY 2013 and FY 2014. Specifies primary care departments as able to apply.
Commissions and Committees MACPAC- (Sect. 2801) Workforce Commission- (Sect. 5101)	MACPAC- FY 2010 Workforce Commission- Initial Appointments Due Sept 30th, 2010	Establishes Medicaid and CHIP Payment and Advisory Commission (MACPAC), which will consult with MedPAC. Establishes a National Healthcare Workforce Commission. Requires the Workforce Commission to provide "analysis of, and recommendations for, eliminating the barriers to entering and staying in primary care, including provider compensation."
Comparative Effectiveness Research (Sect. 6301)	FY 2010	Establishes a non profit corporation known as the Patient Centered Outcomes Research Institute ran by a governing board composed of the director of AHRQ and NIH along appointed stakeholders. The Institute would identify research priorities, establish research project agenda, and study how health problems can be studied, monitored, treated and managed. The Institute will be funded through a Patient Centered Outcomes Research Institute Trust Fund with funds available without appropriation.
MedPAC Study on Adequacy of Medicare Payments for Health Care Providers Serving Rural Areas (Sect. 3127)	Due Jan. 1, 2011	By Jan. 1, 2011, MedPAC should complete a study on the adequacy of Medicare payments in rural areas, access by beneficiaries in rural areas, and adjustments to providers in rural areas. The study will also include recommendations on appropriate modifications as necessary.
Medical Liability (Sect. 10607)	Coverage for Free Clinics- Date of Enactment Demonstration Projects- FY 2011	Allows state demonstration programs to evaluate alternatives to current medical tort litigation and provides extension of medical malpractice coverage to free clinics. It also states it is sense of the Senate that states should be encouraged to develop alternatives to existing litigation systems.

* The Patient Protection and Affordable Care Act was passed by the Senate on Dec. 24, 2009 and the House of Representatives on March 21, 2010. It was signed by the President and enacted into law (Public Law 111-148) on March 23, 2010.