

Affordable Healthcare for Americans Act – Table of Contents

The Affordable Healthcare Act for All Americans is without a doubt, a large and complex piece of legislation at just over 2,400 pages. Critics have claimed it's a government takeover of our health system. It may be news to those critics but over half of the health system is already government-run. And the great bulk of the reform bill deals with steps to improve existing government systems.

There are 10 "Titles" or major topics in the bill. Only the first, at 374 pages, less than one sixth of the entire bill deals with changes to how the private sector handles health care. Yet, this is the section that has garnered nearly all the criticism. The bulk of Title I deals with prohibiting abuses by the insurance industry, which, if you ask on an issue by issue basis, most people will agree with the new provisions. Nothing in the bill involves a "takeover" of private insurers.

The next three Titles [II,III,IV] deal with improving Medicare and Medicaid programs and comprise 852 pages, one-third of the bill. These Titles address reduction of waste, fraud and abuse, and pilot new payment methods towards a "results" oriented method common in most other industrialized countries. There are few objections to this section.

Title V, at 256 pages, addresses anticipated shortages of primary physicians and other healthcare workers due to services that will be required by aging baby boomers. This is totally opposite the "death panels" that ration healthcare that unfortunately got too much press for a falsehood.

Title VI uses 323 pages to improve transparency and integrity, yet more efforts to reduce waste, fraud and abuse in both the public and private health sectors. Who objects to efforts like this?

Title VII improves Access To Innovative Medical Therapies, with focus on lowering the cost of drugs

Title VIII addresses "Community Living Assistance Services and Supports Act" or CLASS Act. This title The purpose of this title is to establish a national voluntary insurance program for purchasing community living assistance services and supports. Moving people from higher cost hospitals and nursing homes to assisted living lowers costs, a laudable goal.

Title IX includes the revenue provisions that include provisions to raise revenue to pay for the expanded coverage.

The final Title X addresses 1) Medicaid and CHIP, 2) Support for pregnant and parenting women, and the major section 3) Indian health care improvements. None are controversial issues.

Title I-----Quality, Affordable Health Care For All Americans [374 pages – 14%]

Title II-----Role Of Public Programs [221 pages – 8%]

Title III-----Improving The Quality And Efficiency Of Health Care [501 pages – 19%]

Title IV-----Prevention Of Chronic Disease And Improving Public Health [130 pages – 5%]

Title V-----Health Care Workforce [256 pages – 9%]

Title VI-----Transparency And Program Integrity [323 pages – 12%]

Title VII-----Improving Access To Innovative Medical Therapies [65 pages – 2%]

Title VIII-----Class Act [53 pages – 2%]

Title IX-----Revenue Provisions [93 pages – 3%]

Title X-----Strengthening Quality, Affordable Health Care For All Americans [373 pages – 14%]

TITLE I—QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS [p. 18 – 392]

Subtitle A—Immediate Improvements in Health Care Coverage for All Americans

Sec. 1001. Amendments to the Public Health Service Act. (b)

“PART A—INDIVIDUAL AND GROUP MARKET REFORMS

“SUBPART II—IMPROVING COVERAGE

“Sec. 2711. No lifetime or annual limits. (b)

“Sec. 2712. Prohibition on rescissions. (b)

“Sec. 2713. Coverage of preventive health services. (b)

“Sec. 2714. Extension of dependent coverage. (b)

“Sec. 2715. Development and utilization of uniform explanation of coverage documents and standardized definitions. (b)

“Sec. 2716. Prohibition of discrimination based on salary. (b)

“Sec. 2717. Ensuring the quality of care. (b)

“Sec. 2718. Bringing down cost of health care coverage. (b)

“Sec. 2719. Appeals process. (b)

Sec. 1002. Health insurance consumer information. (a)

Sec. 1003. Ensuring that consumers get value for their dollars. (a)

Sec. 1004. Effective dates. (b)

Subtitle B—Immediate Actions to Preserve and Expand Coverage

Sec. 1101. Immediate access to insurance for uninsured individuals with a preexisting condition. (a)

Sec. 1102. Reinsurance for early retirees. (a)

Sec. 1103. Immediate information that allows consumers to identify affordable coverage options. (a)

Sec. 1104. Administrative simplification. (a)

Sec. 1105. Effective date. (a)

Subtitle C—Quality Health Insurance Coverage for All Americans

PART I—HEALTH INSURANCE MARKET REFORMS

Sec. 1201. Amendment to the Public Health Service Act.

“SUBPART I—GENERAL REFORM

“Sec. 2701. Fair health insurance premiums.

“Sec. 2702. Guaranteed availability of coverage.

“Sec. 2703. Guaranteed renewability of coverage.

“Sec. 2704. Prohibition of preexisting condition exclusions or other discrimination based on health status.

“Sec. 2705. Prohibiting discrimination against individual participants and beneficiaries based on health status.

“Sec. 2706. Non-discrimination in health care.

“Sec. 2707. Comprehensive health insurance coverage.

“Sec. 2708. Prohibition on excessive waiting periods.

PART II—OTHER PROVISIONS

Sec. 1251. Preservation of right to maintain existing coverage.

Sec. 1252. Rating reforms must apply uniformly to all health insurance issuers and group health plans.

Sec. 1253. Effective dates. (g)

Subtitle D—Available Coverage Choices for All Americans

PART I—ESTABLISHMENT OF QUALIFIED HEALTH PLANS

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Sec. 1302. Essential health benefits requirements.

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Sec. 1304. Related definitions.

PART II—CONSUMER CHOICES AND INSURANCE COMPETITION THROUGH HEALTH BENEFIT EXCHANGES

Sec. 1311. Affordable choices of health benefit plans.

Sec. 1312. Consumer choice.

Sec. 1313. Financial integrity.

PART III—STATE FLEXIBILITY RELATING TO EXCHANGES

Sec. 1321. State flexibility in operation and enforcement of Exchanges and related requirements.

Sec. 1322. Federal program to assist establishment and operation of nonprofit, member-run health insurance issuers.

Sec. 1323. Community health insurance option.

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PART IV—STATE FLEXIBILITY TO ESTABLISH ALTERNATIVE PROGRAMS

Sec. 1331. State flexibility to establish basic health programs for low-income individuals not eligible for Medicaid.

Sec. 1332. Waiver for State innovation.

Sec. 1333. Provisions relating to offering of plans in more than one State. (i)

PART V—REINSURANCE AND RISK ADJUSTMENT

Sec. 1341. Transitional reinsurance program for individual and small group markets in each State.

Sec. 1342. Establishment of risk corridors for plans in individual and small group markets.

Sec. 1343. Risk adjustment.

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SUBPART A—PREMIUM TAX CREDITS AND COST-SHARING REDUCTIONS

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Sec. 1413. Streamlining of procedures for enrollment through an exchange and State Medicaid, CHIP, and health subsidy programs.

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Sec. 1513. Shared responsibility for employers. (g)

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Sec. 1552. Transparency in government.

- Sec. 1553. Prohibition against discrimination on assisted suicide.
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- Sec. 1555. Freedom not to participate in Federal health insurance programs.
- Sec. 1556. Equity for certain eligible survivors.
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- Sec. 2002. Income eligibility for nonelderly determined using modified gross income. (g)**
- Sec. 2003. Requirement to offer premium assistance for employer-sponsored insurance. (g)**
- Sec. 2004. Medicaid coverage for former foster care children. (m)**
- Sec. 2005. Payments to territories.
- Sec. 2006. Special adjustment to FMAP determination for certain States recovering from a major disaster.
- Sec. 2007. Medicaid Improvement Fund rescission.

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- Sec. 2101. Additional federal financial participation for CHIP.
- Sec. 2102. Technical corrections.

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- Sec. 2201. Enrollment Simplification and coordination with State Health Insurance Exchanges.
- Sec. 2202. Permitting hospitals to make presumptive eligibility determinations for all Medicaid eligible populations. (g)**

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- Sec. 2301. Coverage for freestanding birth center services.
- Sec. 2302. Concurrent care for children.
- Sec. 2303. State eligibility option for family planning services.
- Sec. 2304. Clarification of definition of medical assistance.

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- Sec. 2401. Community First Choice Option.
- Sec. 2402. Removal of barriers to providing home and community-based services.

Sec. 2403. Money Follows the Person Rebalancing Demonstration. (1)

- Sec. 2404. Protection for recipients of home and community-based services against spousal impoverishment.
- Sec. 2405. Funding to expand State Aging and Disability Resource Centers.
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- Sec. 2702. Payment Adjustment for Health Care-Acquired Conditions.
- Sec. 2703. State option to provide health homes for enrollees with chronic conditions.
- Sec. 2704. Demonstration project to evaluate integrated care around a hospitalization.
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- Sec. 10328. Improvement in part D medication therapy management (MTM) programs.
- Sec. 10329. Developing methodology to assess health plan value.
- Sec. 10330. Modernizing computer and data systems of the Centers for Medicare & Medicaid services to support improvements in care delivery.
- Sec. 10331. Public reporting of performance information.
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- Sec. 10908. Exclusion for assistance provided to participants in State student loan repayment programs for certain health professionals.
- Sec. 10909. Expansion of adoption credit and adoption assistance programs. (2)**

EFFECTIVE DATES

- (a) Date of enactment
 - (b) 6 months after enactment
 - (c) January 1, 2010
 - (d) January 1, 2011
 - (e) January 1, 2012
 - (f) January 1, 2013
 - (g) January 1, 2014
 - (h) January 1, 2015
 - (i) January 1, 2016
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- (1) Date of enactment + 30 days
 - (2) October 1, 2010 (fiscal year start)
 - (3) October 1, 2011 (fiscal year start)
 - (4) May 1, 2013
 - (5) July 1, 2010