



Fact Sheet

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Senate Democrats Are On Your Side: Implementing Health Reform that Works for Middle-Class Americans

Earlier this year, Congress passed and the President signed landmark health insurance reform legislation, the *Patient Protection and Affordable Care Act (P.L. 111-148)* and the *Health Care and Education Reconciliation Act (P.L. 111-152)*, and Americans are already experiencing the benefits. These two laws put control over health care decisions in the hands of the American people, not insurance companies. Senate Democrats are committed to implementing health reform that holds insurance companies accountable, brings costs down for everyone, and provides Americans with the insurance security and choices they deserve. The following fact sheet provides an overview of recent health reform implementation activity. Previous updates on health reform implementation and other information are available from the DPC. [[DPC](#)]

Keeping the Health Plan You Like

The *Patient Protection and Affordable Care Act (PPACA)* greatly enhances health insurance consumer protections and benefits while ensuring that if you like your current plan, you can keep it. *PPACA* protects the ability of individuals and businesses to keep their current plan, provides important consumer protections to put Americans, and not insurance companies, in control of their health care, and provides stability and flexibility to insurers and businesses that offer insurance coverage during the transition to a more competitive insurance marketplace in 2014.

This week, the Administration issued a new regulation for “grandfathered” health plans, which are plans in place when health reform was signed into law on March 23, 2010. [[Federal Register, 6/17/10](#)] In implementing *PPACA*, the rule requires all health plans to provide certain, important new consumer benefits and protections and allows plans in existence on March 23, 2010 to make routine changes without losing their grandfather status. [[HHS, accessed 6/17/10](#)] Plans that make changes to significantly decrease consumer protections – such as by cutting or reducing benefits, raising co-insurance, significantly raising co-payments or deductibles, significantly reducing employer contributions, or adding or tightening an annual limit – will lose their grandfather status, and individuals in those plans will gain consumer protections in a new plan. The rule strikes a balance between protecting consumers and allowing plans and employers the flexibility they need to innovate and contain costs.

Increasing the Primary Care Workforce

The *Patient Protection and Affordable Care Act* established a new Prevention and Public Health Investment Fund to provide an expanded and sustained national investment in prevention and public health programs, and provided \$500 million for this fund in Fiscal Year 2010. Improving Americans' access to preventive health care requires expanding the primary care workforce to ensure that all Americans have access to quality, preventive health care.

This week, the Administration announced the allocation of \$250 million toward boosting the supply of primary care providers. [HHS, [6/16/10](#)] Specifically, this investment will fund 500 additional primary care physician residency slots, fund the development of more than 600 physician assistants, fund the training of 600 additional nurse practitioners, fund the operation of 10 nurse-managed health clinics, which assist in the training of nurse practitioners and provide health care to underserved communities, and assist states in planning and implementing strategies to increase their primary care workforce. [HHS, accessed [6/17/10](#)] This funding builds on the health care workforce investments made in scholarships, loan repayment, and low-interest loan programs included in the *Patient Protection and Affordable Care Act*, including \$1.5 billion over five years for the National Health Service Corps.