

THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

What American Families, Small Businesses and Workers Get Right Away

The Patient Protection and Affordable Care Act will make coverage more affordable for families and businesses and slow the growth of health care spending so costs are more sustainable for American families, businesses and the federal budget. This investment is financed responsibly and is fully paid for, so it doesn't add to the federal deficit. Though some opponents of health care reform claim the offsets for the legislation come before the benefits, many benefits begin right away -- in the first year the bill becomes law. Below are descriptions of more than a dozen benefits that American families and businesses receive right away under health care reform.

Consumer Protections

- **Ending Insurance Company Discrimination** - In 2010, the bill will set aside \$5 billion to provide immediate, affordable insurance coverage options, through a high-risk pool, for Americans that have been denied coverage because they have a pre-existing condition and who have been uninsured for six months. This provision will provide immediate insurance options for those who would otherwise not have coverage until the new health insurance marketplaces, or exchanges, are up and running.
- **Ending Harmful Insurance Company Practices** - Beginning in 2010, the Senate health care reform bill will make it illegal for insurance companies to drop coverage for Americans who get sick. The bill will also bar insurance companies from limiting the total benefits Americans can use over the course of their lifetime or unreasonably restricting the benefits Americans can use each year.
- **Transparency and Accountability for Insurance Companies** - Between 2010 and 2013, insurance companies will be required to report the proportion of premium dollars that are spent in areas other than medical care -- including profits. If a company isn't spending enough of its premium dollars providing benefits, it will be required to issue rebate checks to its customers to make up the difference.
- **Increasing Services for Health Care Consumers** -- Beginning in 2010, the bill requires insurance companies to create effective appeals processes for customers who have been denied claims and provides grants for states to create ombudsmen to act as consumer advocates regarding health insurance coverage. And in 2010, before exchanges are up and running, the bill requires the Secretary of Health and Human Services to set up a website where Americans in any state can access the quality, affordable health insurance options available to them.

Investing in Wellness and Prevention

- **Access to Preventive Services** -- Beginning in 2010, the bill will require all insurance plans in the individual market to provide first dollar coverage for preventive services. That means all Americans who purchase insurance on their own will receive preventive care from their doctor without paying a co-pay. Beginning in 2010, the bill will also create a public health investment fund to promote wellness and prevention nationwide. By 2011, seniors in Medicare will receive free annual check-ups and personal wellness plans. And the bill will require states to provide pregnant women with tobacco cessation services in Medicaid.
- **Patient-Centered Outcomes Research Institute** - Beginning in 2010, the Senate health care reform bill creates an independent research institute to provide for research on which treatments work best for different patients. This research will help patients and doctors get the best possible information when making decisions about their health, and it is critical in the effort to develop new innovations, like generic prescription drugs, that save money and contribute to better patient health.

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Access to Quality Care

- **Ensuring Seniors Have Access to Doctors** - In 2010, the Senate health care reform bill will prevent a scheduled pay cut for doctors in the Medicare Program to ensure that doctors can continue to provide care for seniors in Medicare. By 2011, the bill also provides a 10 percent bonus to primary care doctors and general surgeons through the Medicare Program to ensure seniors have access to these crucial services.
- **Family Coverage up to Age 26** – Beginning in 2010, the Senate health care reform bill will require insurance plans that cover dependents to provide benefits to children up to age 26.
- **Help for Seniors' Prescription Drug Costs** - Beginning in 2010, the legislation provides a 50 percent discount on the costs of brand name prescription drugs and biologics for seniors who are in the gap in coverage in the Medicare Prescription Drug Program, often referred to as the “doughnut hole,” where no coverage exists today. This legislation also closes the coverage gap by \$500 in 2010.
- **Support for Rural Providers** - Effective immediately in 2010, the Senate health care reform bill extends Medicare payment protections for small rural hospitals, to help those hospitals continue to provide vital services to their communities.
- **Investing in the Health Care Workforce** - Effective immediately in 2010, the Senate health care reform bill expands and improves financial aid for medical students to help ensure we have enough quality doctors and nurses to serve patients' needs.

Tax Credits

- **Investment in Innovative Treatments** - The Senate health care reform bill will provide a tax credit to qualifying small businesses for 2009 and 2010 investments in new therapies to treat and prevent chronic health conditions.
- **Small Business Tax Credits** - In 2011 through 2013, small businesses that provide health insurance for their employees can receive a small business credit for up to 35 percent of their contribution. Once the health insurance exchanges are up and running in 2014, qualified small employers purchasing insurance through the exchanges can receive a tax credit for two years that covers up to 50 percent of the employer's contribution.

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