

Affordable Health Care for America Act

Keeping What Works, Fixing What is Broken

Improve Coverage

Keep What You Have. If you like the insurance you have, you will keep it.

Guaranteed coverage. Insurance companies will no longer be able to deny or limit coverage based on pre-existing conditions.

Essential benefits. The proposal establishes a set of benefits that must be covered in all insurance plans, including hospital and physician services, preventive care, mental health services, and oral health and vision care for children.

A Health Insurance Exchange. A new Health Insurance Exchange will provide a one-stop-shopping location where people can compare and purchase health insurance.

A voluntary public health insurance option. People who shop for insurance in the Health Insurance Exchange will be able to choose from a range of private insurance plans or a new public health insurance option. While a voluntary public option will guarantee access and help to lower costs by increasing competition, it is estimated that less than 2% of the population will be covered through a public plan option while employer-based coverage is expected to increase.

Lower Costs

Protection from burdensome costs. The proposal sets maximum patient contributions for out-of-pocket health care costs to prevent family budgets from being broken due to catastrophic health care costs.

Eliminating co-payments for preventive care. The proposal requires all insurance companies to provide preventive services free of charge.

Administrative simplification. The proposal will simplify the paperwork that leads to tremendous cost and hassle today for patients, physicians, and employers.

Reforms to Payment System. The proposal institutes payment reforms so patients can receive one bill, rather than a dozen, when they leave the hospital.

Improve Quality

Implementation of best practices. The proposal will assist physicians and hospitals in implementing more quickly proven best practices in health care.

Improved coordination of care. The proposal will begin paying primary care physicians for coordinating a patient's care with specialists, communicating with patients via phone or email when appropriate, and being available on nights and weekends to avoid emergency room care.

Partnership between the Federal Government, Employers and Individuals

The federal government will provide affordability credits so people earning less than \$43,000 a year will qualify for assistance with the cost of premiums and out-of-pocket costs for insurance.

Employers who currently offer coverage will be able to continue offering coverage to workers. Employers who don't could choose to cover their workers or pay into a fund that provides coverage. Small employers with payroll under \$500,000 are exempt from the requirement.

All individuals would be required to get coverage, either through their employer or the exchange. The proposal is estimated to cover 96% of Americans.

Improvements in Medicare

Lowering drug costs. The proposal phases out the "donut hole" in the Medicare prescription drug program to lower the costs of drugs for seniors.

Elimination of co-payments for preventive services. The proposal eliminates co-payments for preventive services such as mammography and other cancer screenings, bone density tests, glaucoma screenings, and more.

Fully Paid For - Deficit Reducing

Deficit reducing. Under the Congressional Budget Office (CBO) estimate, the reform package is estimated to reduce the deficit by \$104 billion over ten years.

Revenue raised from wealthiest households. The legislation pays for part of health care reform by assessing a surcharge on income above \$500,000 for individuals and \$1,000,000 for couples, affecting the wealthiest .3% of taxpayers.