



AFFORDABLE HEALTH CARE FOR AMERICA ACT

SUMMARY OF MANAGER'S AMENDMENT

Building on the legislation House Democrats introduced last week, the manager's amendment provides for several changes to the bill, including the following:

- Establishes a process for the review and public disclosure of health insurance premium increases and justifications for those increases by the Secretary of Health and Human Services and states beginning in 2010. Permits the Commissioner of the Health Insurance Exchange, beginning in 2013, to take into consideration excessive and unjustified premium increases in making decisions regarding which insurance companies will be permitted into the exchange and how quickly to open the exchange to employers for the purchase of insurance for their employees. Provides a total of \$1 billion in funding for states for this process over the period 2010 to 2014.
- Repeals the McCarran-Ferguson Act insurance antitrust exemption with respect to health insurance and medical malpractice insurance.
- Authorizes the Federal Trade Commission to investigate insurance companies that are registered as not-for-profit companies.
- Directs the HHS Secretary to work with states that have alternative programs to state high risk pools as a part of the new National High-Risk Pool program for people who can't get health insurance in today's marketplace.
- Amends the National High-Risk Pool to make those early retirees whose premium increases are excessive eligible for the new program.
- Prohibits undocumented individuals from accessing financial assistance from the national high risk pool program with requirements for verification of citizenship or lawful presence.
- Requires that the Medicare fraud and abuse phone number be printed prominently on beneficiaries' Explanation of Benefits forms.
- Imposes a 90-day waiting period for new durable medical equipment suppliers to be paid if the HHS Secretary believes there is a risk for fraud.

- Establishes a new public health program on mental health and substance abuse screening, intervention, referral, and recovery services.
- Provides for the development of quality indicators for Alzheimer's care.
- Provides for diabetes screening collaboration and outreach through the Department of Health and Human Services in collaboration with the Centers for Disease Control and Prevention.
- Codifies the Office of Minority Health within the Office of the HHS Secretary and establishes satellite minority health offices in various HHS agencies.
- Clarifies that states may reimburse nursing homes for costs incurred in conducting background checks on potential employees.
- Provides a special rule for the expansion of certain physician-owned hospitals that consistently treat the highest percentage of Medicaid patients in their communities.
- Changes the effective date for a payment change for skilled nursing facilities from January 1, 2010 to April 1, 2010.
- Imposes performance assessment and accountability measures on the Health Choices Administration, including requirements for improving customer service and streamlining redundant rules, regulations, and procedures.
- Permits a qualified health benefits plan to provide coverage through a qualified direct primary care medical home plan.
- Repeals the worldwide interest allocation rules.
- Closes down the loophole that allows unprocessed fuels (like black liquor) to claim the \$1.01 producers credit.
- Makes clarifications to the interstate insurance compacts that require the Secretary of Health and Human Services to develop model guidelines for compacting states, ensures that the interstate insurance compacts do not override state laws governing rate review and fraud, and makes clear that the compacting states determine which of the compacting state's laws serve as primary for the insurance company.
- Delays implementation of the provision that would eliminate the ability of employers to deduct Federal subsidies with respect to prescription drug benefits provided to retirees by two years.

- Clarifies that the business/consumer purchasing collaborative provided for in the early access health grants is a non-profit business collaborative.
- Requires HHS Secretary to conduct a study to determine the existence of duplicative HHS programs and establishes a process for the elimination of any such program.