

# HEALTHCARE SYSTEM REFORM 2010 THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)

## SUMMARY OF KEY PROVISIONS

### General

- Cost \$938 billion over ten years.
- Expands coverage to 32 million uninsured Americans.
- Requires most US citizens and legal residents to carry health insurance.

### Physicians

- Establishes an Independent Payment Advisory Board.
- Establishes a non-profit Patient-Centered Outcomes Research Institute.
- Provides a 10 percent bonus payment for physicians in general internal medicine and others whose visits comprise at least 60 percent of their total Medicare charges. (2011 – 2016)
- Creates a 10 percent bonus payment to primary care physicians who practice in health professional shortage areas. (2011 - 2015)
- Raises Medicaid payments made to general internal medicine and others for evaluation and management services to at least Medicare rates in 2013 and 2014.
- Extends incentive payments under the Physician Quality and Improvement Incentive (PQRI) program and puts in place penalties for failure to participate in the PQRI beginning in 2015.
- Sets up a national electronic database for reporting payments or items of value from manufacturers to physicians or teaching hospitals.
- Creates the Center for Medicare and Medicaid Innovation (CMI) to test payment and delivery models that improve quality and slow cost growth.
- Creates a process to standardize and streamline health insurance claims.
- Does *not* reform the Medicare Sustainable Growth Rate formula.

### Insurance Coverage

- Creates state-based American Health Benefit Exchanges and Small Business Health Options Program Exchanges.
- Creates an essential health benefits package that provides a comprehensive set of services. All qualified health benefit plans must offer at least the essential health benefits package.
- Provides dependent coverage for individuals up to 26 years of age.
- Prohibits rescissions of coverage in all plans, except in cases of fraud.
- Improves care coordination for dual eligibles within the Centers for Medicare and Medicaid services through the creation of the Federal Coordinated Health Care Office.

### Medical Malpractice

- Creates five-year demonstration grants to advance the development, implementation and evaluation of alternatives to medical malpractice litigation.
- Extends medical liability protections under the Federal Tort Claims Act (FTCA) to officers, governing board members, employees and contractors for free health clinics.

### Miscellaneous

- Establishes a National Prevention, Health Promotion and Public Health Council.
  - Requires chain restaurants and food sold from vending machines to include nutritional information.
  - Reforms graduate medical education to promote growth in primary care and general surgery.
  - Establishes Teaching Health Centers to provide Medicare payments for primary care residency programs in federally qualified health centers.
- Increases funding to Community Health Centers by \$11 billion.