

H.R. 3200, The America's Affordable Health Choices Act of 2009
Snapshot of Key Issues

August 2009

KEY ISSUES IN HR3200	CONSISTENT WITH ACP POLICY?
Coverage	
Medicaid expanded to cover the poor (133% of FPL)	Yes
Sliding scale tax credits	Yes
People can keep own insurance or buy coverage through an exchange	Yes
Health plans must cover people with pre-existing conditions, guarantee renewability, not vary premiums based on health	Yes
Employers required to fund health insurance coverage	Yes
Individuals required to have coverage	Yes
Plans must provide essential benefits, including preventive services; no cost-sharing for preventive services	Yes
Workforce	
Advisory council to recommend workforce goals	Yes
Scholarships and loan repayment programs for primary care physicians	Yes
Increased GME slots for primary care	Yes
Delivery and Payment System Reform	
Eliminates current Sustainable Growth Rate and accumulated cost	Yes
Higher updates for primary care (separate and higher spending target for primary care)	Yes, but does not completely eliminate GDP as basis of formula. Provides GDP plus 2% for visits and consults and preventive services, GDP plus 1% for other services
Medicaid primary care pay increased to Medicare rates	Yes
Bonus payments for primary care: 5% for designated services by primary care physicians, increased to 10% in health professional shortages areas; permanent beginning in 2011, paid for by \$5 billion in "new money"	Yes, but ACP is pushing for a higher bonus of at least 10% as a step to achieve parity with other specialists
Patient centered medical home to be tested on a national scale	Yes, provides \$1.5 billion to fund the pilots, descriptions and criteria consistent with joint principles
NP-led practices can participate in pilots within limits of state licenses	Yes. ACP policy favors physician-led teams but allows for inclusion of NP-led PCMHs for purposes of pilots if they meet same standards and within license
Funding for a transparent process to conduct Comparative Effectiveness Research (CER)	Yes
CER cannot be used to deny coverage based on cost	Yes, but ACP opposes amendments that could prohibit any use of CER for coverage decisions
Administrative Simplification	
Standardize language and forms	Yes
Establish operating rules and companion guides for using and processing health care transactions	Yes
Increase consistency of claims edits and code corrections	Yes
Increase electronic exchange of administrative and clinical data	Yes

Standardize quality reporting requirements	Yes
Development of "smart card" technology	Yes
Plans must spend at least 85% of premiums on patient care instead of administration	Yes
Public Plan Option	
Offers a public plan to compete on level playing field with private insurers	Yes
Physician participation is voluntary---not mandated if you also accept Medicare	Yes, but ACP has expressed concern that HHS discretion to set "conditions of participation" could lead to a mandate
Secretary shall negotiate rates with providers. Not based on Medicare rates	Yes. However, safeguards need to be in place including independent assessment of public plan's payments compared to private sector and ensuring sufficient participation by physician specialty and locale