



THE AFFORDABLE HEALTH CHOICES ACT

Approved by the Senate Committee on Health, Education, Labor & Pensions
July 15, 2009

MAJOR PRIMARY CARE PROVISIONS

Healthcare Workforce.

- Establishes a National Health Care Workforce Commission to determine current and projected workforce needs, and to advise Congress and the Administration how to align workforce resources with national needs.
- Supports training for family medicine, general internal medicine, general pediatricians and physician assistants.
- Gives priority to programs that educate students in team-based approaches to care, including the patient-centered medical home.
- Increases the supply of qualified health care workers by providing low-interest student loans and loan repayment programs.
- Creates a Primary Care Extension Program in the Agency for Healthcare Research Quality to educate and provide assistance to primary care providers about evidence-based therapies, preventive medicine, health promotion, chronic disease management, and mental health.

National Quality Strategy.

- Establishes a new national strategy and infrastructure to improve the quality and performance of the U.S. health care system by targeting specific priorities and using health information technology.
- Funds Community Health Teams to support the development of medical homes and to ensure a patient's care is coordinate by a team that includes primary care.
- Other goals are to reduce medical errors, promote evidence-based medicine and disseminate best care practices. Establishes a center within the Agency for Healthcare Quality and research to promote health outcomes research and evaluation to identify the best way to treat health conditions.

Prevention and Wellness.

- Establishes a federal Prevention and Public Health Council to coordinate federal agencies and to develop a national strategy with public health goals and objectives for the nation.
- Includes improved immunization coverage of children, adolescents, and adults through evidence-based interventions.

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OTHER PROVISIONS

Current Insurance. Allows everyone who likes his or her current health insurance (employer, individual or government-sponsored) to keep it.

American Health Benefit Gateway. The American Health Benefit Gateway is a new federally sponsored and state-run way for individuals and small employers to find and purchase quality, affordable health insurance. Only insurance plans meeting high standards for quality and benefits will sell through the Gateway.

- **Subsidies:** For those with incomes up to four times the federal poverty level (\$43,000 in annual income for an individual), premium subsidies will be available on a sliding-scale basis according to family income.
- **Community Health Insurance Option.** One option available to consumers through the Gateway will be a publicly-sponsored plan called the “*Community Health Insurance Option*.”
 - Neither individuals nor providers will be required to participate.
 - Reimbursement rates will be negotiated by the Secretary of HHS.

Insurance Market Reforms

- Guaranteed issue: Insurance companies will be required to take all applicants.
- No medical underwriting or pre-existing condition exclusions: Insurance companies will be forbidden to write or to price policies based on health status, medical condition, or gender.
- Community rating: Insurance companies will charge everyone premiums that may only vary by family composition, type of plan, geography, tobacco use, participation in wellness programs, and age.
- Medical loss ratios: Insurers will report publicly how much of premium dollars are spent on medical costs versus non-medical costs such as marketing, administration, and profits.
- Coverage for young adults: Insurers will allow young adults extra time to stay on their parents’ plans.
- Elimination of lifetime and annual benefit caps.

Small Businesses.

- A new health insurance credit for businesses with 50 or fewer workers will cover up to half the cost to the employer of providing health insurance for their workers. The credits phase out as the firm size increases, and the assistance is most generous for firms with lower-wage workers.

Shared Responsibility – Individuals.

- There is a new requirement for all individuals to purchase health insurance.

Shared Responsibility – Employers.

- Except for small employers with 25 or fewer workers, those businesses not providing coverage for their workers will be asked to contribute to the cost of providing publicly-sponsored coverage for those workers. The maximum assessment will be \$750 annually for full-time and \$375 for part-time workers.

Fraud and Abuse.

- Ramps up efforts to combat fraud, especially in the private health insurance market, giving new tools to states and federal agencies to stop and prevent fraudulent activities.

Follow-on Biologics.

- The legislation will establish a way for FDA to approve new or “follow-on” versions of these lifesaving medicines ensuring that less expensive options can be made available to the patient.