



Fact Sheet

BYRON L. DORGAN
CHAIRMAN

DPC Staff Contact: Jacqueline Garry Lampert (202) 224-3232
DPC Press Contact: Barry Piatt (202) 224-0577

July 16, 2010

Available Online: dpc.senate.gov

Senate Democrats Are On Your Side: Implementing Health Reform that Works for Middle-Class Americans

Earlier this year, Congress passed and the President signed landmark health insurance reform legislation, the *Patient Protection and Affordable Care Act* (**P.L. 111-148**) and the *Health Care and Education Reconciliation Act* (**P.L. 111-152**), and Americans are already experiencing the benefits. These two laws, together referred to as the *Affordable Care Act*, put control over health care decisions in the hands of the American people, not insurance companies. Senate Democrats are committed to implementing health reform that holds insurance companies accountable, brings costs down for everyone, and provides Americans with the insurance security and choices they deserve. This fact sheet provides an overview of recent health reform implementation activity. Previous updates on health reform implementation and other information are available from the DPC. [[DPC](#)]

Free Preventive Care to Keep Americans Healthy

The *Affordable Care Act* makes preventive care more accessible and affordable by requiring new health insurance plans to cover recommended preventive services without charging a copayment, coinsurance, or deductible. On July 14, 2010, the Administration announced regulations implementing this critical benefit of the new health reform law. [HealthCare.gov, 7/14/10] New health insurance plans with policy years beginning on or after September 23, 2010, must cover evidence-based preventive care and must eliminate cost-sharing for these critical health care services. Types of services that will be covered without cost-sharing are:

- Preventive services with a grade of A or B from the U.S. Preventive Services Task Force (USPSTF), like breast and colon cancer screenings, screenings for high cholesterol, high blood pressure, and iron deficiency in pregnant women, and tobacco cessation counseling [[More information at USPSTF](#)];
- Routine vaccinations recommended by the Advisory Committee on Immunization Practices, such as childhood immunizations and periodic tetanus shots for adults [[More information at ACIP](#)];
- Preventive services for infants and children to age 21 recommended under the American Academy of Pediatrics *Bright Futures* program, including regular well-baby and well-child visits, vision and hearing screening, immunizations, and other services [[More information at Bright Futures](#)]; and
- Preventive services for women recommended by the USPSTF and under new guidelines now being developed by doctors, nurses, scientists and expected to be issued by August 1, 2011.

Americans use preventive care at about half the recommended rate, and approximately 11 million children and 59 million adults have private insurance that does not adequately cover immunizations. [New England Journal of Medicine, [6/26/03](#); Institute of Medicine, [8/4/03](#)] The Administration estimates that 31 million Americans in new employer-sponsored insurance and 10 million Americans in new individual insurance will receive more accessible, affordable preventive care next year as a result of the *Affordable Care Act* with 88 million Americans benefitting by 2013. [HealthCare.gov, [7/14/10](#)] While there is an estimated effect on health insurance premiums of approximately 1.5 percent, on average, Americans who currently have no or limited preventive care coverage will see significant out-of-pocket savings. For example, a 58-year-old woman at risk for heart disease could save more than \$300 in out-of-pocket costs if she receives all recommended preventive care and screenings. [HealthCare.gov, [7/14/10](#)]

Ensuring Americans receive evidence-based preventive care without cost-sharing is part of the comprehensive strategy of disease prevention in the *Affordable Care Act*. The new health reform law also created a National Prevention and Health Promotion Strategy and a Prevention and Public Health Fund. Beginning January 1, 2011, this will ensure that seniors enrolled in Medicare also have access to recommended preventive care services without cost-sharing.

Helping Providers Deliver Better and More Effective Care

Under the *Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 (P.L. 111-5)*, eligible health care professionals and hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified Electronic Health Record (EHR) technology and use it to achieve specified objectives. The Administration announced two regulations this week. The first defines the “meaningful use” objectives that providers must meet to qualify for the bonus payments and the second identifies the technical capabilities required for certified EHR technology. [*Federal Register*, [7/13/10](#) and [7/13/10](#)]

With “meaningful use” definitions in place, EHR system vendors can ensure that their systems deliver the required capabilities and providers can be assured that the system they acquire will support achievement of “meaningful use” objectives. For example, in order to be considered a meaningful user, hospitals must use their EHR system to electronically order a medication for 30 percent of their patients. Meaningful use incentive payments will be implemented over a multi-year period, phasing in additional requirements that will raise the bar for performance on IT and quality objectives in later years.

As much as \$27 billion may be expended in incentive payments over ten years with eligible professionals receiving as much as \$44,000 under Medicare and \$63,750 under Medicaid, and hospitals receiving millions of dollars for implementation and meaningful use of certified EHRs under both Medicare and Medicaid. [HHS, [7/13/10](#)]

Health policy leaders have consistently urged adoption of electronic health records throughout our health care system to improve quality of care and ultimately lower costs. This national program helps make that goal a reality and will help providers deliver better and more effective care.

Reducing Elder Abuse, Neglect, and Exploitation

Included in the *Affordable Care Act* is the *Elder Justice Act*, legislation to combat the abuse, neglect, and exploitation of the elderly by their caregivers. The *Elder Justice Act* establishes an Advisory Board to create strategic plans in developing the field of elder justice. On July 14, 2010, the Administration released regulations to establish the Advisory Board and announce that the

Secretary of Health and Human Services is accepting nominations to the 27-member board. [*Federal Register*, [7/14/10](#)] The *Affordable Care Act* requires the Advisory Board to issue its first report by September 23, 2011, and annually thereafter. [[P.L. 111-148](#)]

Additional Information

The Democratic Policy Committee has released five previous updates on health reform implementation, available on the DPC website [here](#), with the following direct links:

- [June 30, 2010](#)
- [June 18, 2010](#)
- [June 11, 2010](#)
- [May 28, 2010](#)
- [May 19, 2010](#)

In addition, DPC maintains a centralized listing of health reform implementation resources which is frequently updated and is available [here](#).