

Health Reform: Provisions For Decisions

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Why are we here today?

A pivotal moment for Extension family and consumer sciences:

- People are lack understanding of the Affordable Care Act (ACA) and its provisions—including prevention services
- An increasing number of people will be selecting among health insurance plans yet most dread purchasing and don't understand key concepts
- Many are concerned about the costs and benefits
- We have a teachable moment.

Ladder of Inference: A Tool for Working Through Policy Matters

- Make thinking process visible
- Publicly test conclusions and assumptions
- Slowly, walk up the ladder ↑

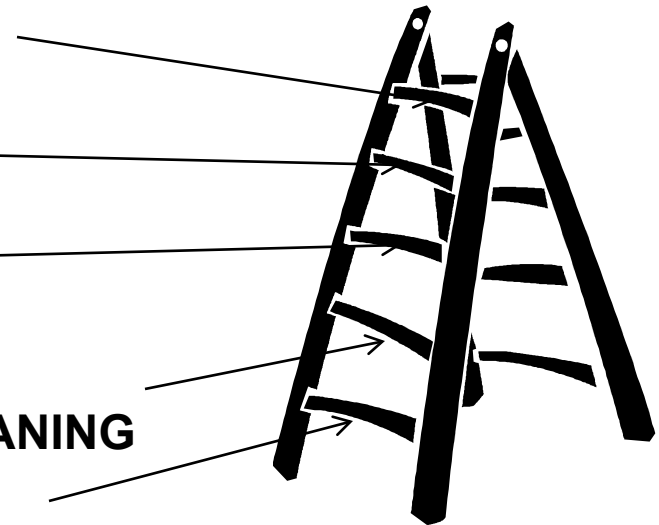
ADOPT BELIEFS & ASSUMPTIONS

MAKE ↑ INFERENCES

REACH ↑ CONCLUSIONS

ADD ↑ PERSONAL/CULTURAL MEANING

START WITH → OBSERVABLE DATA



“Six I” Policy Analysis Organizing Framework

Information		
Issues		
Impacts		
Implications		
Imperative		
Interventions		



Your Feelings About the Health Reform Law

Does

**CONFUSED – ANXIOUS – ANGRY -
ENTHUSIASTIC**

**describe your own feelings about the
health reform law?**

You May Feel Confused By Our New Health Care Law

It's a big
law ...

... with 10
provisions ...
and
implications
for most
Americans.





This Confusion has Grave Consequences

- Consumers find themselves underinsured, too often leading to medical bankruptcy
- Under-insured consumers act like uninsured consumers – they delay getting care
- Inability to effectively compare plans undermines the health plan marketplace
- Strains customer help lines



Public Law
111-148
&
111-152

111-148 and 111-152 are collectively known as health reform law, the Patient Protection and Affordable Care Act or the Affordable Care Act (ACA).

Signed into law, March 23, 2010

Information for You
Implementation Resources

Full Text of the Affordable Care Act (PDF – 2.6 MB)

Read the Affordable Care Act and its amendments. Note: The text is searchable within the PDF file.

The Affordable Care Act, Section by Section

Below you will find all 10 Titles of the Affordable Care Act, with amendments to the law called for by the... Click on a Title to read the law section by section.

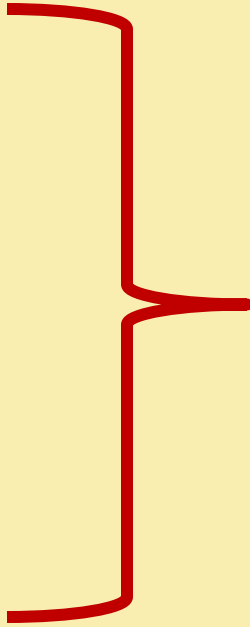
- ▼ Title I. Quality, Affordable Health Care for All Americans
- ▼ Title II. The Role of Public Programs
- ▼ Title III. Improving the Quality and Efficiency of Health Care
- ▼ Title IV. Prevention of Chronic Disease and Improving Public Health
- ▼ Title V. Health Care Workforce
- ▼ Title VI. Transparency and Program Integrity
- ▼ Title VII. Improving Access to Innovative Medical Therapies
- ▼ Title VIII. Community Living Assistance Services and Supports Act (CLAS)
- ▼ Title IX. Revenue Provisions
- ▼ Title X. Reauthorization of the Indian Health Care Improvement Act

Certified Full-Text Versions

The PDFs above are full-text versions of each title and related content. They have been excerpted because in a single PDF results in a very large file which may present download difficulties. While no language was full certified versions of the two bills are available here:

- [Affordable Care Act](#) (PDF - 4.27 MB)

Provisions of the Affordable Care Act



2010: Coverage for Children's Pre-existing Conditions

The next time your health plan renews after September 23, 2010:

Children under age 19:

- May not be denied access to their parents' health insurance plan
- Insurers cannot exclude the child's pre-existing medical condition from that coverage.



2010: Your Insurance Is More Protective

The next time your health plan renews after September 23, 2010:

Lifetime benefit limits are prohibited and annual benefit limits are curtailed.



2010: Coverage for Young Adults

*The next time your health plan renews after
September 23, 2010:*

1. Adult children:

- under age 26
- without access to coverage through their own employer

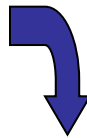
can be covered under parent's private health plan.

2. Adult child does NOT need to be a full-time student, claimed on parent's tax return, or even live with parent.



2012: Your Insurance Policy is Revealed

Instead of this:



Benefits are payable for Covered Medical Expenses (see "Definitions") less any Deductible incurred by or for a Covered Person for loss due to Injury or Sickness subject to: a) the Maximum Benefit for all services; b) the maximum amount for specific services; both as set forth in the Schedule of Benefits; and c) any coinsurance amount set forth in the Schedule of Benefits or any endorsement hereto. The total payable for all Covered Medical Expenses shall never exceed the Maximum Benefit stated in the Schedule of Benefits. Read the "Definitions" section and the "Exclusions and Limitations" section carefully.

...you'll see something like this:

Insurance Company 1: PPO Plan 1

Summary of Coverage: What this Plan Covers & What it Costs

Policy Period: 1/1/2011 – 12/31/2011

Coverage for: Individual + Spouse | Plan Type: PPO



This is not a policy. You can get the policy at www.insurancecompany.com/PLAN1500 or by calling 1-800-XXX-XXXX. A policy has more detail about how to use the plan and what you and your insurer must do. It also has more detail about your coverage and costs.

Important Questions	Answers	Why this Matters:
What is the premium ?	\$481 monthly	The premium is the amount paid for health insurance. This is only an estimate based on information you've provided. After the insurer reviews your application, your actual premium may be higher or your application may be denied.
What is the overall deductible ?	\$2,500 person / \$7,500 family Doesn't apply to preventive care	You must pay all the costs up to the deductible amount before this health insurance plan begins to pay for covered services you use. Check your policy to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	Yes; \$300 for pharmacy expenses	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. \$2,500 person / \$7,500 family	The out-of-pocket limit is the most you could pay during a policy period for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit ?	Co-payments, premium, balance-billed charges, prescription drugs, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit . So, a longer list of expenses means you have less coverage.
Is there an overall annual limit on what the insurer pays?	No.	The chart starting on page 2 describes any limits on what the insurer will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes. See www.insurancecompany.com for a list of participating doctors and hospitals.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Plans use the term in-network , preferred , or participating for providers in their network.
Do I need a referral to	No. You don't need a referral to	You can see the specialist you choose without permission from this plan.

2014: Most People Can Get Health Insurance Coverage

Starting January 1, 2014:

You can't be

- turned down or
- charged more

...because you have a pre-existing medical condition.



2014: Help Paying for Health Coverage

Starting January 1, 2014, if:

- you don't have access to employer coverage or public coverage (like Medicare) and
- your income is below a certain threshold

...you can get help to pay for coverage in the form of **new tax credits**.

Tax credits will be refundable, meaning, you don't have to owe federal income tax to get the money.

Tax credits must be used for coverage purchased through the new exchanges.

2014: A Health Insurance Exchange

Starting January 1, 2014:

- Individuals and small businesses can **shop in a new health insurance marketplace** featuring:
- standardized insurance products (and better peace of mind);
 - tools for comparing options and finding the best plan for you; and
 - strong insurer oversight



Health Reform: Issues

- ❖ Provisions still being converted to federal rules and regulations.
- ❖ States making decisions on extent of adoption of the federal law.
- ❖ Courts considered constitutionality.
- ❖ Diversity of opinion the value of the law.

Health Reform: Impacts

- ❖ State legislative and executive branches responding
- ❖ Families and communities searching for information

Health Reform: Implications

- ❖ Public Policy Arena
- ❖ Private Sector Arena
- ❖ Non-profit Sector Arena
- ❖ Educational Arena
- ❖ Civic Arena
- ❖ Personal and Family Arena



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