

## **Joint Task Force reports on how provisions of Health Care Reform laws will be implemented over time**

The ACAAI/AAAAI Joint Task Force on Health Care Reform was established to assist allergists in preparing for health care reform, including issues related to managed care, referral networks (the medical home), electronic health records (EHR), meaningful use, accountable health partnerships and third-party recognition and reimbursement of diseases related to allergy, asthma and immunology.

The Patient Protection and Affordable Care Act was signed into law on March 23, 2010. The Health Care and Education Reconciliation Act of 2010 was signed into law on March 30, 2010 and it amended the PPACA and changed the student loan programs.

“These two acts will affect Health Care Reform for years to come,” said Richard Honsinger, MD, FACAAI, task force co-chair. “The PPACA alone has almost 2000 pages. Our report, ‘Implementation Schedule for Provisions on Health Care Reform Laws’ focuses on the major changes that will affect Allergy/Immunology. The provisions of the law will be implemented gradually over years.”

The Joint Task Force reported on “EHR Adoption and Health Care Reform” in April. Both reports are available on the ACAAI/AAAAI Joint Statements page of the College member website. Watch for upcoming reports on the Patient-Centered Medical Home (PCMH), the Patient Centered Medical Home-Neighbor (PCMH-N) and Accountable Care Organizations (ACO).

The Joint Task Force includes Daniel Ein (co-chair), MD, FACAAI; Dr. Honsinger; Michael Clayton, MD, FACAAI; Michael Foggs, MD, FACAAI; Russell Leftwich, MD; and James Tracy, MD, FACAAI.

## **Implementation Schedule for Provisions on Health Care Reform Laws**

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ACAAI and AAAAI Joint Task Force on Health Care Reform  
September 2011

## 2010

**Biosimilar Biologics:** Allows generic equivalents of biologic drugs. New biologics get a 12 year patent

### **Tax Credit to Buy Insurance**

#### **Insurance Reform:**

- Uninsured risk pools for patients with preexisting illness
- Dependent coverage to age 26, even if not living at home or not in school
- No lifetime benefit restrictions on new insurance policies (extends to all in 2014)
- Dependents under age 19 eligible for coverage even if ill or disabled
- Guarantee appeals for denied services

**Physician Owned Hospitals:** Must accept Medicare

**Drug Benefit:** Starts to close the gap on Medicare Part D benefits (donut hole finally closes in 2020)

**PQRI:** Computerized practices will receive rewards for meeting guidelines. Outcomes measures will be developed for asthma and other allergic diseases.

**Primary Care Training and Federally Qualified Health Centers:** Increased funding. However this will likely detract from specialty training.

**Independent Payment Advisory Board:** Replaces the Medicare Payment Advisory Commission (MEDPAC), but does not take effect until 2015.

**GPCI floor:** Rural areas will continue to receive 100% of GPCI until 2014.

**No Medicare Discounts:** Physicians who treat Medicare patients will be paid full Medicare fee.

## 2011

**Medicare Preventive Care:** Vaccinations and a free prevention visit

**Insurance Reform:** Insurance companies must spend 85% (80% for small companies) of premium on health care benefits. The insurance companies are already complaining.

**Long Term Disability Care:** A voluntary program is offered.

**Medicare bonus for underserved areas**

**Center for Medicare and Medicaid Innovation:** will develop new payment and delivery models.

**Accountable Care Organizations:** to be a subject of a future report from your Health Care Reform Task Force.

**Patient Centered Medical Home:** to be a subject of a future report from your Health Care Reform Task Force.

## 2014

**Insurers Cannot Deny for Pre-existing Conditions**

**Expand Medicaid to 133% of Federal Poverty Level**

**Subsidy for Health Exchange 133-400% of Federal Poverty Level**

**Federal Health Insurance Exchanges for states that have not established.**

**Employer Mandate:** Employers of over 50 must provide insurance to full time employees.

**Reduce Funds for Safety Net Hospitals:** As patients will have insurance coverage.

**MANDATORY HEALTH INSURANCE:** The mandate is currently being challenged in court. It is felt to be essential to the success of the program.

## 2015

**Independent Advisory Payment Board:** makes recommendations to Congress for physician payment. These have the effect of law unless overturned by a supermajority.

The implementation of many of these changes will depend on the courts and the 2012 elections. However, it will not be possible for Congress to take away many of the reforms that are already helping patients.