



Summary of Health Care Reform Provisions Effective on September 23rd, 2010

Background: The Patient Protection and Affordable Care Act was signed into law on March 23rd, 2010. The new regulations include a set of provisions and protections that come into effect on September 23rd, 2010 at the six-month anniversary of the Act.

Private Insurance Reforms

- **No Pre-Existing Condition Exclusions for Children under Age 19.** The new regulations prohibit insurance plans from limiting benefits for children or completely refusing to sell children coverage based on any pre-existing conditions the child may have. This policy applies to all types of insurance except for individual market plans that are “grandfathered”- i.e., plans or coverage existing as of March 23rd, 2010.
- **Extension of Dependent coverage to age 26.** Beginning September 23rd, children under 26 will be allowed to stay on, or be added to, their parent’s family policy. No other restrictions may be applied. “Grandfathered” group health plans can limit this option to adult children that don’t have the option of employment-based coverage.
- **No Unjustified Rescissions of Insurance Coverage.** Under the regulations, insurers may not rescind insurance retroactively when a person becomes sick on the pretext that it is a preexisting condition. Insurers may only rescind coverage in cases involving fraud or an intentional misrepresentation of material facts.
- **No Lifetime Limits on Coverage.** Right now, insurance companies may set lifetime dollar limits on what they will cover for your healthcare. Lifetime limits will be banned starting September 23, 2010.
- **Removing Insurance Company Barriers to Emergency Department Services.** The new rules make emergency services more accessible for consumers by prohibiting health insurers from charging higher cost-sharing for emergency services obtained outside the plan’s network.
- **Ensuring an Effective Appeals Process for a Denial of Coverage.** Requires new plans to implement an effective internal and external appeals process for coverage determinations and claims.
- **Protecting Your Choice of Doctors.** The new rules make clear that health plan members are free to designate any available participating primary care provider as their primary care provider.

Women

- **Remove insurance company barriers between you and your doctor.** Women may now see an OB-GYN without needing a referral from their primary care provider, reducing the time and cost involved in the process.

Affordability

- **Bringing Down the Cost of Health Care Coverage.** With the exception of employers that self-insure, all health plans must report on the share of premium dollars spent on medical care versus other expenses, such as salaries and administrative costs. This amount will be available on the internet for consumers, and must be 85 percent for large company plans and 80 percent for small companies and individuals.

Workforce Development

- **Establishing a National Health Care Workforce Commission.** The act provides funding for the development of an independent National Commission to provide comprehensive, objective information and recommendations to Congress and the Administration for aligning federal health care workforce resources with national needs.

Information compiled from [Families USA](#) and [HealthReform.gov](#) (updated 3-15-11)