**Health Care Reform: A Comparison to National MS Society Principles**

| Society Health Care Reform Principles | Senate Bill<br>H.R. 3590<br>Patient Protection and Affordable Care Act | Senate Effective Date | Reconciliation Bill Changes |
|---|---|---|---|
| **ACCESSIBLE HEALTH CARE COVERAGE** | | | |
| Access for all | Prohibits an insurer offering individual or group plans from establishing eligibility rules based on health status factors, including health status, medical condition, claims experience, receipt of healthcare, medical history, genetic information, disability and other health status-related factors determined by the Secretary. | January 1, 2014. | No Change. |
| Guaranteed renewable and portable coverage | Requires insurers offering individual or small group plans in a State must accept every employer and individual that applies for coverage in a State.<br><br>Requires insurers offering individual or small group plans to offer coverage on a guaranteed renewability basis. | January 1, 2014. | No Change. |
| No pre-existing condition exclusions or waiting period | Enacts a temporary high risk pool insurance program with financial assistance for people who have been uninsured several months and have a pre-existing condition. Provides $5B for program until 2014 when other pre-existing condition protections begin. | **90 days after enactment, ending January 1, 2014.** | No Change. |
| | Prohibits insurers offering individual or group plans from excluding coverage of pre-existing conditions | **6 months after enactment for enrollees under 19**; January 1, 2014 for others, except for grandfathered plans | **6 months after enactment for enrollees in new plans and are under 19 years old**; January 1, 2014 for all plans for people above 19 years old |

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| **AFFORDABLE HEALTH CARE SERVICES AND COVERAGE** | | | |
| Limit deductibles, co-pays, out of pocket (cost-sharing) | Prohibits out of pocket limits that are greater than limits for Health Savings Accounts ($5,950 for individuals and $11,900 for families). For small group markets, prohibits deductibles greater than $2,000 for individuals and $4,000 for families. | January 1, 2014. | No Change. |
| | Pharmaceutical manufacturers to provide a 50 percent discount on brand names drugs in donut hole; implements one-time, one-year $500 deduction in donut hole. | July 1, 2010. | Beginning January 1, 2011, builds on pharmaceutical manufacturers' 50 percent discount beginning to **completely close the donut hole with 75 percent discounts on brand name drugs in 2020**. Provides $250 rebate for all Medicare Part D enrollees who enter the donut hole in 2010 |
| | Requires all health plans to offer free preventive services and immunizations. | 6 months after enactment | No Change. |
| Eliminate annual and lifetime caps on medical expenses | Starting in 2014, no lifetime monetary caps on benefits and annual caps limited to "non-essential" services. Before 2014, annual limits can't be discriminatory and must be approved by the Secretary. After 2014, annual limits don't apply if benefits are "essential". | 6 months after enactment for lifetime caps, except grandfathered; January 1, 2014 for annual caps | **Lifetime limits eliminated for all plans 6 months after enactment**; Annual caps eliminated for new and grandfathered plans in 2014 (restricted annual benefits before 2014) |
| | Extends exceptions process for Medicare therapy caps | Extended until Dec. 31, 2010 | No Change. |

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| **STANDARDS FOR COVERAGE OF SPECIFIC TREATMENTS** | | | |
| Quick and easy appeals | Health insurers required to implement process for appeals.<br><br>Grants will be awarded to states to enable them to establish, expand, or provides support services (such as filing complaint and appeals) for consumers. | January 1, 2014. | No Change. |
| Plans should cover clinical trials and studies that increase the knowledge of comparative efficacy | Plans may not deny individuals if they participate in clinical trials and must cover routine care associated with trials. | January 1, 2014. | No Change. |
| **ELIMINATION OF DISPARITIES IN CARE** | | | |
| Same access, equipment and exam tables, assistive technology | New voluntary CLASS program benefits can be used for non-medical supports including home modification, assistive technology, accessible transportation, home maker services, respite care, personal assistance, home care and nursing services. | January 1, 2011. | No Change. |
| Transportation | New voluntary CLASS benefits can be used for non-medical supports including home modification, assistive technology, accessible transportation, home maker services, respite care, personal assistance, home care and nursing services. | January 1, 2011. | No Change. |

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| **COMPREHENSIVE QUALITY HEALTH CARE AVAILABLE TO ALL** | | | |
| Comprehensive benefits: preventive, medical, Rx, dental, rehab, in/out patient, DME, hospice | Requires all qualified health benefits plans, including those offered through the Exchanges and those offered in the individual and small group markets outside the Exchanges, except grandfathered individual and employer-sponsored plans, to offer at least the essential health benefits package.<br><br>Requires all health plans to offer free preventive services and immunizations. | January 1, 2014 essential benefits must be covered for small and individual plans. Large group plans are exempt unless they decide to participate in a state exchange, which is allowed | No Change. |
| **INCREASED VALUE OF HEALTH CARE** | | | |
| Electronic records | Requires the development of standards and protocols to promote the interoperability of systems for enrollment of individuals in federal and state health and human services programs. The Secretary may require state or other entities to incorporate such standards as a condition of receiving federal HIT funds. | January 1, 2014. | No Change. |
| **ACCESS TO HIGH-QUALITY, LONG-TERM SUPPORTS AND SERVICES** | | | |
| Caregiver supports | Cash benefits paid into a CLASS-program account of an eligible beneficiary shall be used to purchase nonmedical services and supports and allows for payment of caregivers. | January 1, 2011. | No Change. |
| Improve quality/quantity of home care | Creates the Community First Choice Option in Medicaid to provide community-based attendant supports and services to disabled individuals who require and institutional level of care. | October 1, 2010. | **October 1, 2011.** |
| Long-term care coverage and tax incentives | Voluntary payroll reductions are available for those wanting to enroll into the CLASS program, which will provide individuals with functional limitations a cash benefit to purchase non-medical services and supports necessary to maintain community residence. | January 1, 2011. | No Change. |

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| **OTHER ELEMENTS OF INTEREST TO NMSS** | | | |
| Improving access to innovative therapies | Establishes a process by which the Secretary is required to license a biologic product that is shown to be interchangeable with a licensed product. Provides 12 years exclusivity for innovator product. | Effective upon enactment. | No Change. |
| Research opportunities to bring new discoveries to the patient | Establishes a Cures Acceleration Network within the Office of the Director of the National Institutes of Health. Would authorize $1 billion in the first year for grants to biotech companies, drug companies, universities, and patient advocacy organizations. | January 1, 2014. | No Change. |