

Health Care Reform

An Act

Entitled The Patient Protection and Affordable Care Act

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Patient Protection and Affordable Care Act”.

(b) **TABLE OF CONTENTS.**—The table of contents of this Act is as follows:

Sec. 1 Short title, table of contents

TITLE I—QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS

Subtitle A—Immediate Improvements in Health Care Coverage for All Americans

Sec. 1001 Amendments to the Public Health Service Act

*PART A—INDIVIDUAL AND GROUP MARKET REFORMS

*SUBPART II—IMPROVING COVERAGE

- *Sec. 2711 No lifetime or annual limits
- *Sec. 2712 Prohibition on rescissions
- *Sec. 2713 Coverage of preventive health services
- *Sec. 2714 Extension of dependent coverage
- *Sec. 2715 Development and utilization of uniform explanation of coverage documents and standardized definitions
- *Sec. 2716 Prohibition of discrimination based on salary
- *Sec. 2717 Ensuring the quality of care
- *Sec. 2718 Bringing down the cost of health care coverage
- *Sec. 2719 Appeals process

Sec. 1002 Health insurance consumer information

Sec. 1003 Ensuring that consumers get value for their dollars

Sec. 1004 Effective date

Subtitle B—Immediate Action to Preserve and Expand Coverage

Sec. 1101 Immediate access to insurance for uninsured individuals with a pre-existing condition

Sec. 1102 Reinsurance for early retirees

Sec. 1103 Immediate information that allows consumers to identify affordable coverage options

Sec. 1104 Administrative simplification

Sec. 1105 Effective date

Subtitle C—Quality Health Insurance Coverage for All Americans

PART I—HEALTH INSURANCE MARKET REFORMS

Sec. 1201 Amendment to the Public Health Service Act

*SUBPART 1—GENERAL REFORM

- *Sec. 2704 Prohibition of preexisting condition exclusions or other discrimination based on health status
- *Sec. 2705 Fair health insurance premiums
- *Sec. 2702 Guaranteed availability of coverage



Health Care Reform Timeline

(2009-2010)

- March 5: Obama launches reform effort
- November 7: House passes HCR
- December 24: Senate passes its bill
- January 19: Scott Brown wins Senate election
- February 22: Obama unveils his own proposal
- February 25: Obama presides over a healthcare summit
- March 21: House approves Senate-passed bill
- March 23: Obama signs into law
- March 25: House and Senate pass Reconciliation
- March 30: Obama signs Reconciliation

What Health Care Reform Means For...

- Families
 - No denial for pre-existing conditions (for children, starts this year)
 - Young people may remain on parents' policy until 26th birthday
- Communities
 - Increase funding for community health centers
 - Increase number of primary care doctors, nurses, nurse practitioners, physician assistants
- Seniors
 - Close Medicare Part D "donut hole"
 - Create temporary re-insurance plan for early retirees



What Health Care Reform Means For...

- Insurance companies will no longer be able to
 - Deny coverage for a pre-existing condition;
 - Drop you because you become sick;
 - Set annual or lifetime coverage limits
 - Implement unreasonable premium increases
- The U.S. Economy
 - Parts of plan will be implemented over time – some start in 2010
 - Ultimately, it will reduce the deficit by an estimated
 - \$100 billion in next decade
 - \$1 trillion+ in decade after

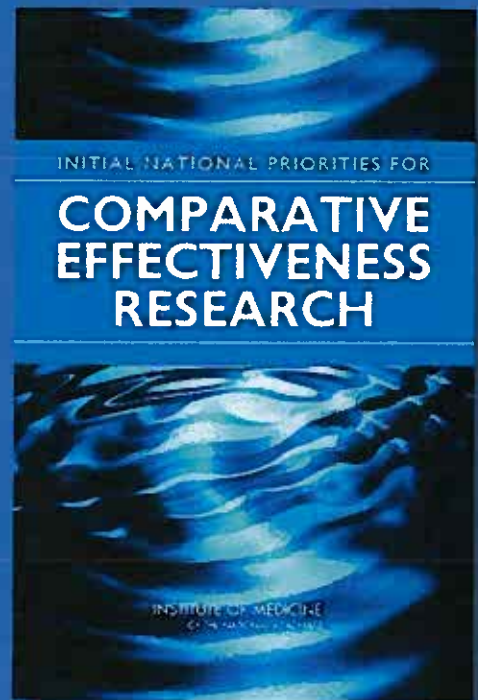
What Health Care Reform Means For...

- NIH
 - Comparative Effective Research
 - Cures Acceleration Network



Institute of Medicine Report, “Initial National Priorities for CER” (June 2009)

- Established working definition of CER
 - *“the generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent, diagnose, treat, and monitor a clinical condition or to improve the delivery of care”*
- Identified requirements necessary for robust, sustainable CER enterprise
- Developed list of **100 research priorities**



NIH Has a Long History of CER

- Prevention
- Diagnosis
- Treatment
- Behavior change
- Health systems
- Special populations



NIH conducts research in 88 of 100 IOM CER priority areas

NIH CER Landmark Studies

The NEW ENGLAND JOURNAL of MEDICINE

SEPTEMBER 22, 2005

Effectiveness of Antipsychotic Drugs in Patients with Chronic Schizophrenia

Jeffrey A. Lieberman, M.D., T. Scott Stroup, Robert A. Rosenheck, M.D., Dan Sonia M. Davis, Ph.D., Clarence E. D. and John C. Russo, M.D., for the Clinical Antipsychotic

ORIGINAL CONTRIBUTION

BACKGROUND
The relative effectiveness of second-generation antipsychotic drugs compared with first-generation antipsychotic drugs in patients with chronic schizophrenia is unclear.

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Mortality Results from a Randomized Prostate-Cancer Screening Trial

Gerald I. Andriole, M.D., E. David Crawford, M.D., Robert L. Grubb III, M.D., Saundia S. Buys, M.D., David Chia, Ph.D., Timothy R. Church, Ph.D., Mona N. Fouad, M.D., Edward P. Gelmann, M.D., Paul A. Kvale, M.D., Lance A. Yokochi, M.D., David Clapp, B.S., Joshua M. Rathmell, M.S., Robert B. Hayes, Ph.D., Barnett S. Kramer, M.D., Larry R. Miller, M.B., Paul F. Pinsky, Ph.D., William D. Haggan, Ph.D., and Christine D. Berg, M.D., for the Prostate Cancer Prevention Trial (PCPT) Investigators*

JAMA EXPRESS

ABSTRACT
In a randomized trial, prostate cancer screening with PSA testing and digital rectal examination (DRE) reduced mortality from prostate cancer in men aged 55 to 70 years.

The New England Journal of Medicine

VOLUME 344

REDUCTION IN THE INCIDENCE OF TYPE 2 DIABETES WITH EDENTYL INTERVENTION OR METFORMIN

DIABETES PREVENTION PROGRAM RESEARCH GROUP*

ABSTRACT
Type 2 diabetes affects approximately 16 percent of adults in the United States. Some risk factors—elevated blood glucose concentrations in people with impaired glucose tolerance, known as prediabetes—lead to the development of type 2 diabetes. In a randomized trial, treatment with either the alpha-glucosidase inhibitor acarbose or the biguanide metformin reduced the risk of developing type 2 diabetes in people with prediabetes.

The NEW ENGLAND JOURNAL of MEDICINE

JANUARY 20, 2005

Amiodarone or an Implantable Cardioverter-Defibrillator for Congestive Heart Failure

Guthrie B. Rizzo, M.D., Jerry L. Eve, Ph.D., Daniel B. Mark, M.D., Jeanne E. Poole, M.D., Douglas E. Porter, M.D., Edouard Benamer, M.D., Mahesh Desai, M.D., Charles Tranchesi, M.D., John Anderson, Ph.D., George Johnson, Ph.D., E. Steven L. McNulty, M.S., Nancy Clapp-Channing, R.N., M.P.H., Linda D. Davidson, M.A., Elizabeth S. Frada, R.N., Daniel P. Fishbein, M.D., Richard M. Luzzo, M.D., and John H. Ip, M.D., for the Sudden Cardiac Death in Heart Failure Trial (SCDHeFT) Investigators*

The American Reinvestment and Recovery Act of 2009

One Hundred Eleventh Congress of the United States of America

AT THE FIRST SESSION

*Began and held at the City of Washington on Tuesday,
the sixth day of January, two thousand and nine*

An Act

Making supplemental appropriations for job preservation and creation, infrastructure investment, energy efficiency and science, assistance to the unemployed, and State and local fiscal stabilization, for the fiscal year ending September 30, 2009, and for other purposes.

*Be it enacted by the Senate and House of Representatives of
the United States of America in Congress assembled,*

SECTION 1. SHORT TITLE.

This Act may be cited as the "American Recovery and Reinvestment Act of 2009".

- \$10B to NIH
- \$1.1B to AHRQ for CER
 - \$400M to NIH



The Recovery Act and CER at NIH

As of March, 2010, NIH has

- Obligated ~\$342M toward 166 CER projects,* including:
 - Treatment and Outcomes for Atrial Fibrillation in Clinical Practice
 - Comparative Effectiveness of Breast Imaging Strategies in Community Practice
 - Conservative Versus Dialytic Management in Stage V Chronic Kidney Disease
- Identified gaps; developed RFAs to address:
 - Methods (\$10M)
 - Research Gaps (\$15M)
 - Training (\$33M)
 - Behavioral Economics (\$29.5M)

