

Patient Protection and Affordable Care Act of 2010

Public Law 111-148

Todd Hoover, MD, DHT

The Patient Protection and Affordable Care Act (PPACA) was signed into law by President Obama on March 23, 2010. This document is available for free online at <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/content-detail.html>. The purpose of this legislation is to increase access to health care for all Americans and to begin to reduce costs associated with health care in this country. The PPACA is a massive document of over 900 pages in length. A synopsis is presented here to cover the salient points of this legislation as they may apply to Homeopathic Medical Practice.

This legislation establishes legislative requirements for expanded medical insurance coverage in two specific phases. Phase 1 entails provisions that go into effect in 2010, while Phase 2 will go into effect in 2014. Smaller effects will continue to occur through 2018.

The primary effects of Phase 1 include the following:

- ♦ Children can remain on parents' insurance policy up to age 26 years old (most changes begin in 2011)
- ♦ Children cannot be denied insurance due to pre-existing conditions
- ♦ Individuals cannot be dropped from coverage due to health problems
- ♦ No maximum annual or lifetime coverage limits (for new plan enrollment)
- ♦ Medicare will provide a \$250 rebate for enrollees this year
- ♦ Medicare will remove cost sharing for certain preventive screenings
- ♦ Tax credits are now extended to small businesses

The primary effects of Phase 2 include the following:

- ♦ May be private or public
- ♦ Subsidies will be provided as needed
- ♦ Cannot be denied due to pre-existing conditions
- ♦ Expansion of State Medicaid and CHIP programs
- ♦ Further Small Business Tax credits
- ♦ Annual and lifetime coverage limits prohibited on all plans
- ♦ New patient care models will be instituted

Important Provisions that Affect Homeopathic Patients and Providers

Due to the efforts of Integrative Medicine support or-

ganizations including the primary action of Integrative Healthcare Policy Consortium (www.ihpc.org), a number of Integrative Medicine friendly provisions were included in the PPACA legislation. While these provisions represent landmark language for integrative medicine within health-care legislation, they remain only very small steps toward a goal of acceptance of integrative medicine within the larger healthcare framework including reimbursement for providers, availability of codes for insurance submission of services, access to integrative care by patients, recognition.

I. Non-Discrimination of Providers operating within the scope of their license.

Section 2706:

A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable State law.

Importance to Homeopathic Medicine:

This Non-discrimination language defines Health Care Providers for the purpose of the entire legislation. Because of its inclusive language, Homeopathic Physicians or other Licensed Providers cannot be discriminated against when applying for coverage under a medical insurance provider for inclusion as a member provider of that plan. The Insurer does retain the right to require any licensed provider to comply with quality assurance and documentation procedures, and can vary reimbursement of providers based upon quality and performance measures.

II. Establishing Community Health Teams to Support the Patient-Centered Medical Home Section 3502

(a) In General- The Secretary of health and Human Services...shall establish a program to provide grants to or enter into contract with eligible entities to establish community-based interdisciplinary, inter-professional, teams (referred to as "health teams") to support primary care practices, including obstetrics and gynecology practices, within the hospital service areas served by eligible entities.

(b) Eligible Entities – To be eligible to receive a grant or

contract under subsection (a), an entity shall –

(4) ensure that the health team established by the entity includes interdisciplinary, inter-professional team of health care providers as determined by the Secretary; such team may include medical specialists, nurses, pharmacists, nutritionists, dieticians, social workers, behavioral and mental health providers..., doctors of chiropractic, licensed complementary and alternative medicine practitioners, and physicians' assistants;

Importance to Homeopathic Medicine:

The broad scope of inclusive language in the team members provides adequate coverage of licensed providers of CAM modalities including homeopathic medicine (as defined by NCCAM). Inclusion in such inter-professional teams creates the possibility to receive federal grant money for integrative medical practices.

II. Prevention, Health Promotion and Wellness Provisions

Section 4001

(d) Purposes and Duties – The Council shall –

- (1) provide coordination and leadership at the Federal level, and among all Federal departments and agencies with respect to prevention, wellness, and health promotion practices, the public health system and integrative health care in the United States.
- (2) After obtaining input from relevant stakeholders, develop a National prevention, health promotion, public health and integrative health care strategy...
- (3) Provide recommendations to the President and Congress concerning...changes in Federal policy to achieve national wellness, health promotion and public health goals...
- (4) Consider and propose evidence-based models, policies, and innovative approaches for the promotion of transformative models of prevention, integrative health, and public health on individual and community levels across the United States
- (5) Establish processes for continual public input, including input from State, Regional, and local leadership committees and other relevant stakeholders...

(f) Advisory Group

- (1) In General – The President shall establish an Advisory Group to the Council...
- (2) Composition-
 - (a) In General – The Advisory group shall be composed of not more than 25 non-federal members to be appointed by the President
 - (b) Representation – In appointing members under subparagraph (a), the President shall ensure that the Advisory Group includes a diverse group of licensed health professionals including integrative health practitioners.

Purpose:

To apprise the group of select government and community activities related to the pursuit of better health, lower cost, including the Administration's implementation of the Affordable Care Act and the Prevention, Health Promotion and Public Health Council.

Council Provisions

- ♦ Established within the HHS (chaired by Surgeon General)
 - ▶ Secretaries of HHS, Agriculture, Education, Transportation and Labor
 - ▶ Representative from Domestic Policy Council
 - ▶ Administrator of EPA
- ♦ Coordinate Federal prevention, wellness and health promotion practices; the public health system; and integrative health care.
- ♦ Supported by an advisory group (<25 members) appointed by the President
- ♦ Develop a national prevention, health promotion, and public health strategy

Importance to Homeopathic Medicine:

Given the broad scope of this group in prevention and integrative health care, Homeopathic Medicine has significant experience and expertise to offer the council. Placement of a licensed homeopathic provider or integrative provider who understands the homeopathic perspective would be beneficial to help optimize a plan for national wellness initiatives. Other options include development of a National Leadership Group for Health, including licensed providers from various CAM communities, including Homeopathic Medicine, to fill an advisory role to the council. Homeopathic Medicine presents the opportunity to guide development of long term national health promotion strategies along truly holistic pathways, outside of the current paradigm.

I. Patient Centered Outcomes Research (Institute) - PCORI

Section 6301

Part D – Comparative Clinical Effectiveness Research

(4) Appointing Expert Advisory Panels

- (b) Composition- An expert advisory panel appointed under subparagraph (a) shall include representatives of practicing and research clinicians, patients, and experts in scientific and health services research, health services delivery, and evidence based medicine who have experience in the relevant topic, and as appropriate, experts in integrative health and primary prevention strategies.

PCORI Board of Governors to include

- (C) Seventeen members appointed not later than 6 months after the date of enactment of this section, by the Comptroller General of the United States as follows:
 - (i) 3 members representing patients and health care consumers
 - (ii) 5 members representing physicians and provid-

ers, including at least 1 surgeon, nurse, state licensed integrative health care practitioner and representative of a hospital.

Importance to Homeopathic Medicine:

Comparative Effectiveness Trials differ from traditional Efficacy based trials. Efficacy trials are scientific studies that primarily isolate single effects to determine if they are related and potentially causative of a desired outcome. The ideal efficacy trial involves a Randomized Controlled trial which has traditionally been a poor measure of homeopathic effectiveness. Comparative effectiveness research in contrast, may show that the therapy is effective in the real world, under real practice conditions even when efficacy could not be demonstrated in a controlled setting. All factors that go into the patient encounter are allowed to affect the outcome. In these trials, homeopathic treatment can be compared in a head to head nature against conventional therapies to see what level of benefit can be obtained.

Ensuring that funding for studies using homeopathic treatment will require advocates on as many subcommittees of PCORI as possible so that input into selection of grantees, methodology issues, prioritization of studies, and qualification of researchers can all be assured.

Potential Threats to Implementation of the New PPACA Legislation

While the legislation has been passed in 2010, implementation requires several more steps:

Language Revisions

Due to the speed at which this legislation was passed,



congress reserved the ability to return to the document and revise language. While this is meant to include only corrective changes, and not substantive changes, it is possible that some meaning within the legislation may be altered.

Regulations

In order to translate the law into meaningful action, a series of regulations will be produced by various government agencies within the executive branch to ensure the legislation gets enacted. The Primary Agency involved will be Health and Human Services, but other agencies might include FDA, Agriculture, Transportation, Commerce, and Treasury. These regulations may either reinforce the primary objectives of the legislation, or potentially whittle away at specific provisions that are of importance to licensed homeopathic providers and their patients.

Funding

Once Regulations are written, implementation is dependent upon funding through the Senate Appropriations Committee and inclusion in the federal budget. Regulations without funding are ineffective. Funding of this legislation is likely to be highly political and special interest groups will lobby heavily both to influence the writing of regulations as well as funding through the appropriations process.

Historical Implementation Concerns in Similar Legislation

In Washington State, a similar provision for non-discrimination was placed into law. Subsequent to passage of that law, medical insurance companies interpreted the law in a number of challenging ways including:

1. Insurance Industry Sued to challenge the law (lost), and supported efforts for repeal five times (all failed)
2. Initially excluded whole groups of Integrative Medicine providers
3. Established Limitations on number of visits for CAM practices
4. Capped dollar amount of reimbursements
5. Allowed very few Integrative Medicine providers into networks
6. Limited time allowed for services that were of CAM nature
7. Narrowed the scope of practice that was covered for various practitioners
8. Created burdensome claim filing and appeal processes for providers which decreased the likelihood for ultimate reimbursement of Integrative medicine providers

Current Threats to Implementation of PPACA

Some pressure is already being applied to this legislation due to its controversial nature and powerful special interests within both the medical and insurance industries.

1. FL, ID, VA and other states have challenged constitutionality of the law
2. AMA wants to repeal the non-discrimination part of the law
3. Efforts may occur to limit appropriations to fund the aspects of this law. This may occur by shunting funding for this bill to other areas of the budget that may have nothing to do with healthcare.
4. GOP currently promoting repeal of entire law


The threats to implementation of this groundbreaking legislation are real, and continued vigilance by the AIH and

other Licensed Integrative Medicine Providers will be necessary to ensure that these important gains continue to be included in the current and future legislation.

About the Author: Todd A. Hoover, MD has practiced homeopathic medicine in Philadelphia, PA for the past ten


years. He is currently a President of the American Institute of Homeopathy and columnist for "Homeopathy Today." Dr. Hoover is a graduate of the New England School of Homeopathy and currently a clinical preceptor for Hahnemann University School of Medicine.

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