WHAT DOES HEALTH CARE REFORM MEAN FOR HEART DISEASE AND STROKE PATIENTS?

The American Heart Association/American Stroke Association believe the new health care reform law, the Patient Protection and Affordable Care Act, makes significant progress toward the Association’s core principles for meaningful health reform. The Association has worked hard to make sure that the final package of reforms will make coverage more available, affordable, adequate and understandable for patients with heart disease and stroke. We will continue to work on these reforms in the months to come to ensure that implementation of health reform is successful and to build on these reforms in the years ahead. The law contains the following provisions that will benefit patients and their families and those at-risk for heart disease or stroke:

HEALTH CARE WILL BE MORE WIDELY AVAILABLE
- Heart disease and stroke patients and others with pre-existing medical conditions will no longer be denied insurance coverage due to their health needs, beginning this year for children and in 2014 for adults.
- Those who currently have health insurance coverage and like their plan will be able to keep it.
- Those who are uninsured or who currently must rely on the expensive individual and small group markets will be able to buy the private health plan of their choice through a marketplace called an insurance exchange. The health insurance exchanges will provide consumers with the benefit of competitive, group insurance rates, beginning in 2014.
- Doctors and their patients will decide what care is the right treatment – not insurance companies or the government.
- In exchange for guaranteed, affordable coverage regardless of health status, individuals will be responsible for obtaining health insurance coverage – just like they are required to buy car insurance for their automobiles – beginning in 2014.

HEALTH CARE WILL BE MORE AFFORDABLE
- People, including heart disease and stroke patients, will no longer be charged higher premiums because of their medical condition, gender, or occupation, beginning in 2014.
- Lifetime and annual caps on essential medical benefits will be prohibited (beginning this year, lifetime caps will be prohibited; for annual caps, tight restrictions will begin this year, followed by a complete ban on their use in 2014).
- There will be limits on out-of-pocket costs so that families are protected from bankruptcy, beginning in 2014.
- Charging older people significantly higher premiums because of their age will be limited, beginning in 2014.
- Tax credits based on financial need will be available to individuals and families with low and moderate-incomes who purchase coverage through an insurance exchange to help make coverage affordable, beginning in 2014.
- The smallest employers will receive tax breaks to help them provide affordable coverage to their employees beginning this year.

HEALTH CARE COVERAGE WILL BE ADEQUATE
- Consumers buying coverage through an exchange will be assured that essential health care services will be covered, including hospital care, ambulatory care, prescription drugs, preventive services, emergency care, and rehabilitative and habilitative services.
- Preventive care will be fully covered by Medicare and new private health insurance plans with no cost sharing (beginning this year for new private plans and next year for Medicare).
- The Medicare prescription drug “doughnut hole” will be narrowed immediately and completely closed by 2020.
- Patients will have access to an adequate number and type of providers so they can receive the specialized care they need without incurring out-of-network costs.
- Consumers will be given easily understandable information about their health insurance benefits and costs.
- The law includes incentives to improve the quality of care delivered to patients, including a greater emphasis on primary, preventive and coordinated care.