

Public Law 111-148  
111th Congress

An Act

Entitled The Patient Protection and Affordable Care Act.

Mar. 23, 2010  
[H.R. 3590]

*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:

Patient  
Protection and  
Affordable Care  
Act.  
42 USC 18001  
note.

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 dates.

Subtitle B—Immediate Actions 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 I—GENERAL REFORM**

- “Sec. 2704. Prohibition of preexisting condition exclusions or other discrimination based on health status.
- “Sec. 2701. Fair health insurance premiums.
- “Sec. 2702. Guaranteed availability of coverage.

- Sec. 10212. Establishment of pregnancy assistance fund.
- Sec. 10213. Permissible uses of Fund.
- Sec. 10214. Appropriations.

## PART III—INDIAN HEALTH CARE IMPROVEMENT

- Sec. 10221. Indian health care improvement.

## Subtitle C—Provisions Relating to Title III

- Sec. 10301. Plans for a Value-Based purchasing program for ambulatory surgical centers.
- Sec. 10302. Revision to national strategy for quality improvement in health care.
- Sec. 10303. Development of outcome measures.
- Sec. 10304. Selection of efficiency measures.
- Sec. 10305. Data collection; public reporting.
- Sec. 10306. Improvements under the Center for Medicare and Medicaid Innovation.
- Sec. 10307. Improvements to the Medicare shared savings program.
- Sec. 10308. Revisions to national pilot program on payment bundling.
- Sec. 10309. Revisions to hospital readmissions reduction program.
- Sec. 10310. Repeal of physician payment update.
- Sec. 10311. Revisions to extension of ambulance add-ons.
- Sec. 10312. Certain payment rules for long-term care hospital services and moratorium on the establishment of certain hospitals and facilities.
- Sec. 10313. Revisions to the extension for the rural community hospital demonstration program.
- Sec. 10314. Adjustment to low-volume hospital provision.
- Sec. 10315. Revisions to home health care provisions.
- Sec. 10316. Medicare DSH.
- Sec. 10317. Revisions to extension of section 508 hospital provisions.
- Sec. 10318. Revisions to transitional extra benefits under Medicare Advantage.
- Sec. 10319. Revisions to market basket adjustments.
- Sec. 10320. Expansion of the scope of, and additional improvements to, the Independent Medicare Advisory Board.
- Sec. 10321. Revision to community health teams.
- Sec. 10322. Quality reporting for psychiatric hospitals.
- Sec. 10323. Medicare coverage for individuals exposed to environmental health hazards.
- Sec. 10324. Protections for frontier States.
- Sec. 10325. Revision to skilled nursing facility prospective payment system.
- Sec. 10326. Pilot testing pay-for-performance programs for certain Medicare providers.
- Sec. 10327. Improvements to the physician quality reporting system.
- Sec. 10328. Improvement in part D medication therapy management (MTM) programs.
- Sec. 10329. Developing methodology to assess health plan value.
- Sec. 10330. Modernizing computer and data systems of the Centers for Medicare & Medicaid services to support improvements in care delivery.
- Sec. 10331. Public reporting of performance information.
- Sec. 10332. Availability of medicare data for performance measurement.
- Sec. 10333. Community-based collaborative care networks.
- Sec. 10334. Minority health.
- Sec. 10335. Technical correction to the hospital value-based purchasing program.
- Sec. 10336. GAO study and report on Medicare beneficiary access to high-quality dialysis services.

## Subtitle D—Provisions Relating to Title IV

- Sec. 10401. Amendments to subtitle A.
- Sec. 10402. Amendments to subtitle B.
- Sec. 10403. Amendments to subtitle C.
- Sec. 10404. Amendments to subtitle D.
- Sec. 10405. Amendments to subtitle E.
- Sec. 10406. Amendment relating to waiving coinsurance for preventive services.
- Sec. 10407. Better diabetes care.
- Sec. 10408. Grants for small businesses to provide comprehensive workplace wellness programs.
- Sec. 10409. Cures Acceleration Network.
- Sec. 10410. Centers of Excellence for Depression.
- Sec. 10411. Programs relating to congenital heart disease.
- Sec. 10412. Automated Defibrillation in Adam's Memory Act.
- Sec. 10413. Young women's breast health awareness and support of young women diagnosed with breast cancer.

## Subtitle E—Provisions Relating to Title V

- Sec. 10501. Amendments to the Public Health Service Act, the Social Security Act, and title V of this Act.

42 USC 285b-8.

**“SEC. 425. CONGENITAL HEART DISEASE.**

“(a) **IN GENERAL.**—The Director of the Institute may expand, intensify, and coordinate research and related activities of the Institute with respect to congenital heart disease, which may include congenital heart disease research with respect to—

“(1) causation of congenital heart disease, including genetic causes;

“(2) long-term outcomes in individuals with congenital heart disease, including infants, children, teenagers, adults, and elderly individuals;

“(3) diagnosis, treatment, and prevention;

“(4) studies using longitudinal data and retrospective analysis to identify effective treatments and outcomes for individuals with congenital heart disease; and

“(5) identifying barriers to life-long care for individuals with congenital heart disease.

“(b) **COORDINATION OF RESEARCH ACTIVITIES.**—The Director of the Institute may coordinate research efforts related to congenital heart disease among multiple research institutions and may develop research networks.

“(c) **MINORITY AND MEDICALLY UNDERSERVED COMMUNITIES.**—In carrying out the activities described in this section, the Director of the Institute shall consider the application of such research and other activities to minority and medically underserved communities.”

(c) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out the amendments made by this section such sums as may be necessary for each of fiscal years 2011 through 2015.

**SEC. 10412. AUTOMATED DEFIBRILLATION IN ADAM'S MEMORY ACT.**

Section 312 of the Public Health Service Act (42 U.S.C. 244) is amended—

(1) in subsection (c)(6), after “clearinghouse” insert “, that shall be administered by an organization that has substantial expertise in pediatric education, pediatric medicine, and electrophysiology and sudden death,”; and

(2) in the first sentence of subsection (e), by striking “fiscal year 2003” and all that follows through “2006” and inserting “for each of fiscal years 2003 through 2014”.

**SEC. 10413. YOUNG WOMEN'S BREAST HEALTH AWARENESS AND SUPPORT OF YOUNG WOMEN DIAGNOSED WITH BREAST CANCER.**

(a) **SHORT TITLE.**—This section may be cited as the “Young Women's Breast Health Education and Awareness Requires Learning Young Act of 2009” or the “EARLY Act”.

(b) **AMENDMENT.**—Title III of the Public Health Service Act (42 U.S.C. 241 et seq.), as amended by this Act, is further amended by adding at the end the following:

→ Young Women's  
Breast Health  
Education and  
Awareness  
Requires  
Learning Young  
Act of 2009.  
42 USC 201 note.

**“PART V—PROGRAMS RELATING TO BREAST  
HEALTH AND CANCER**

**“SEC. 399NN. YOUNG WOMEN’S BREAST HEALTH AWARENESS AND SUP-  
PORT OF YOUNG WOMEN DIAGNOSED WITH BREAST  
CANCER.**

42 USC 280m.

**“(a) PUBLIC EDUCATION CAMPAIGN.—**

**“(1) IN GENERAL.—**The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall conduct a national evidence-based education campaign to increase awareness of young women’s knowledge regarding—

**“(A)** breast health in young women of all racial, ethnic, and cultural backgrounds;

**“(B)** breast awareness and good breast health habits;

**“(C)** the occurrence of breast cancer and the general and specific risk factors in women who may be at high risk for breast cancer based on familial, racial, ethnic, and cultural backgrounds such as Ashkenazi Jewish populations;

**“(D)** evidence-based information that would encourage young women and their health care professional to increase early detection of breast cancers; and

**“(E)** the availability of health information and other resources for young women diagnosed with breast cancer.

**“(2) EVIDENCE-BASED, AGE APPROPRIATE MESSAGES.—**The campaign shall provide evidence-based, age-appropriate messages and materials as developed by the Centers for Disease Control and Prevention and the Advisory Committee established under paragraph (4).

**“(3) MEDIA CAMPAIGN.—**In conducting the education campaign under paragraph (1), the Secretary shall award grants to entities to establish national multimedia campaigns oriented to young women that may include advertising through television, radio, print media, billboards, posters, all forms of existing and especially emerging social networking media, other Internet media, and any other medium determined appropriate by the Secretary.

Grants.

**“(4) ADVISORY COMMITTEE.—**

**“(A) ESTABLISHMENT.—**Not later than 60 days after the date of the enactment of this section, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish an advisory committee to assist in creating and conducting the education campaigns under paragraph (1) and subsection (b)(1).

Deadline.

**“(B) MEMBERSHIP.—**The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall appoint to the advisory committee under subparagraph (A) such members as deemed necessary to properly advise the Secretary, and shall include organizations and individuals with expertise in breast cancer, disease prevention, early detection, diagnosis, public health, social marketing, genetic screening and counseling, treatment, rehabilitation, palliative care, and survivorship in young women.

Appointment.

**“(b) HEALTH CARE PROFESSIONAL EDUCATION CAMPAIGN.—**The Secretary, acting through the Director of the Centers for Disease

Control and Prevention, and in consultation with the Administrator of the Health Resources and Services Administration, shall conduct an education campaign among physicians and other health care professionals to increase awareness—

“(1) of breast health, symptoms, and early diagnosis and treatment of breast cancer in young women, including specific risk factors such as family history of cancer and women that may be at high risk for breast cancer, such as Ashkenazi Jewish population;

“(2) on how to provide counseling to young women about their breast health, including knowledge of their family cancer history and importance of providing regular clinical breast examinations;

“(3) concerning the importance of discussing healthy behaviors, and increasing awareness of services and programs available to address overall health and wellness, and making patient referrals to address tobacco cessation, good nutrition, and physical activity;

“(4) on when to refer patients to a health care provider with genetics expertise;

“(5) on how to provide counseling that addresses long-term survivorship and health concerns of young women diagnosed with breast cancer; and

“(6) on when to provide referrals to organizations and institutions that provide credible health information and substantive assistance and support to young women diagnosed with breast cancer.

“(c) PREVENTION RESEARCH ACTIVITIES.—The Secretary, acting through—

“(1) the Director of the Centers for Disease Control and Prevention, shall conduct prevention research on breast cancer in younger women, including—

“(A) behavioral, survivorship studies, and other research on the impact of breast cancer diagnosis on young women;

“(B) formative research to assist with the development of educational messages and information for the public, targeted populations, and their families about breast health, breast cancer, and healthy lifestyles;

“(C) testing and evaluating existing and new social marketing strategies targeted at young women; and

“(D) surveys of health care providers and the public regarding knowledge, attitudes, and practices related to breast health and breast cancer prevention and control in high-risk populations; and

“(2) the Director of the National Institutes of Health, shall conduct research to develop and validate new screening tests and methods for prevention and early detection of breast cancer in young women.

“(d) SUPPORT FOR YOUNG WOMEN DIAGNOSED WITH BREAST CANCER.—

Grants.

“(1) IN GENERAL.—The Secretary shall award grants to organizations and institutions to provide health information from credible sources and substantive assistance directed to young women diagnosed with breast cancer and pre-neoplastic breast diseases.

“(2) PRIORITY.—In making grants under paragraph (1), the Secretary shall give priority to applicants that deal specifically with young women diagnosed with breast cancer and pre-neoplastic breast disease.

“(e) NO DUPLICATION OF EFFORT.—In conducting an education campaign or other program under subsections (a), (b), (c), or (d), the Secretary shall avoid duplicating other existing Federal breast cancer education efforts.

“(f) MEASUREMENT; REPORTING.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—

“(1) measure—

“(A) young women’s awareness regarding breast health, including knowledge of family cancer history, specific risk factors and early warning signs, and young women’s proactive efforts at early detection;

“(B) the number or percentage of young women utilizing information regarding lifestyle interventions that foster healthy behaviors;

“(C) the number or percentage of young women receiving regular clinical breast exams; and

“(D) the number or percentage of young women who perform breast self exams, and the frequency of such exams, before the implementation of this section;

“(2) not less than every 3 years, measure the impact of such activities; and

“(3) submit reports to the Congress on the results of such measurements.

“(g) DEFINITION.—In this section, the term ‘young women’ means women 15 to 44 years of age.

“(h) AUTHORIZATION OF APPROPRIATIONS.—To carry out subsections (a), (b), (c)(1), and (d), there are authorized to be appropriated \$9,000,000 for each of the fiscal years 2010 through 2014.”.

## Subtitle E—Provisions Relating to Title V

### SEC. 10501. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT, THE SOCIAL SECURITY ACT, AND TITLE V OF THIS ACT.

(a) Section 5101 of this Act is amended—

(1) in subsection (c)(2)(B)(i)(II), by inserting “, including representatives of small business and self-employed individuals” after “employers”;

(2) in subsection (d)(4)(A)—

(A) by redesignating clause (iv) as clause (v); and

(B) by inserting after clause (iii) the following:

“(iv) An analysis of, and recommendations for, eliminating the barriers to entering and staying in primary care, including provider compensation.”; and

(3) in subsection (i)(2)(B), by inserting “optometrists, ophthalmologists,” after “occupational therapists.”.

(b) Subtitle B of title V of this Act is amended by adding at the end the following:

42 USC 294q.