

Index of Major Provisions
Patient Protection and Affordable Care Act of 2010 (enrolled bill)

§ 1001 (p.13)	Prohibiting rescissions
§ 10101(a) (p.765)	Prohibiting lifetime and annual limits (see §1001(5))
§ 10101(f) (p.768)	Requirement to provide value for premium payments (rebate) (see §1001(5))
§ 1201 (p.36)	Prohibiting pre-existing condition exclusions
§ 1201 (p.37)	Premium rating variation limits
§ 1201 (p.38)	Prohibiting discrimination based on health status in eligibility and renewal determinations
§ 10103(a) (p.774)	Excluding self-insured group plans from provision in original bill that extended premium rating rules to the large group market in states that permit health insurance issuers that offer large group coverage to offer such coverage through the exchange (see §1201(4))
§ 1201 (p.43)	Requiring insurance issuers who offer coverage in the individual or small group market in exchanges to cover essential health benefits
§ 1302(b) (p.45)	Essential health benefits
§ 1302(c) (p.47)	Annual cost-sharing cap (universal)
§ 1302(d) (p.49)	Defining bronze, silver, gold and platinum levels of coverage
§ 10104(c) (p.778)	Restrictions on coverage for abortion services (see §1303)
§ 1304(a),(b) (p.53)	Defining group market, individual market, large & small employer, etc.
§ 1322 (p.69)	Health insurance co-ops
§ 10104(q) (p.784)	OPM-certified multi-state plans (new §1334)
§ 1331 (p.81)	Alternative state health plans (see also amendments re: funding and lawful alien eligibility at §10104(o), p.2085)
§ 1401 (p.95)	Premium credits
§ 1402 (p.102)	Cost sharing subsidies & cost-sharing caps
§ 10105(f) (p.789)	Study of geographic variation of FPL (new §1416)
§ 2001(a)(1) (p.153)	Expanding Medicaid coverage to 133% FPL beginning 2014

§ 2001(a)(2) (p.153)	Medicaid benchmark package for expansion beneficiaries (<i>see also</i> §2001(c) at pp.407-408)
§ 2001(a)(3) (p.154)	Enhanced FMAP for expansion beneficiaries
§ 10201(c)(6) (p.801)	Excluding states that require political subdivisions to contribute to non-Federal share Medicaid expenditures from increased FMAP under ARRA and other sections of this bill, including enhanced FMAP for expansion beneficiaries (<i>see</i> §§ 2001(a)(3), 2001(a)(5)(C), 2006, 4107(a)(2))
§ 2005(a) (p.165)	Increasing Medicaid payment cap to Puerto Rico & territories by 30% and raising the FMAP from 50 to 55% beginning 2011
§ 2006 (p.166)	Stabilizing FMAP for states recovering from a major disaster
§ 10203 (p.809)	Extending CHIP through 2015 (<i>see</i> §2101)
§ 2401 (p.179)	Providing for Community First Choice option via state plan amendment
§ 10201(e) (p.802)	Changes to DHS allotments (<i>see</i> §2551))
§ 2602 (p.197)	Federal Coordinated Health Care Office for dual-eligibles
§ 10201(h) (p.2138)	Striking programming re: positive self-esteem and relationship dynamics, friendships, dating, and romantic involvement from "Adulthood Preparation Program" under "Personal Responsibility Education" section (<i>see</i> §2953)
§ 2954 (p.234)	Restoring funding for abstinence education
§ 10201(i) (p.804)	Requiring new regulations for §1115 waiver application process, including notice and comment to ensure meaningful level of public input
§ 10202 (p.805)	Increased FMAP as incentive for states to increase the portion of their long-term care services costs that are for community-based services instead of institutionalized care (up to \$3B from 10/1/2010 – 9/30/2015)
§ 3021 (p.271)	Center for Medicare and Medicaid Innovation in CMS
§ 3024 (p.286)	Independent-at-Home Medicaid pilot program
§ 10313 (p.825)	5-year extension of rural community hospital program (<i>see</i> §3123(a))
§ 10315 (p.826)	Adding low-income, dual-eligible, chronic illness, and underserved areas language to new study and report on the development of home health payment revisions in order to ensure access to care (<i>see</i> §3131)
§ 3301 (p.343)	Part D coverage gap 50% discount program

§ 3314 (p.360)

ADAP and IHS as TrOOP

§ 10321 (p.834)

Adding "and other primary care providers" to "personal physicians" for purpose of inclusion in health teams eligible grants geared to support the patient-centered medical home (see §3502(c)(2)(A))

§ 10333 (p.852)

Four-year PHSA grant program, "Community-Based Collaborative Care Network Program," for health care provider consortiums that provide comprehensive, integrated services, including transportation and case management, to low-income populations

§ 10334(a) (p.853)

Transferring Federal Office of Minority Health to office of HHS Secretary

§ 10334(b) (p.854)

Directing CHC, HRSA, SA/MH Services Admin., FDA, CMS, and Agency for Healthcare Research & Quality to establish own offices of minority health.

§ 10334(c) (p.855)

Redesignating the Center on Minority Health & Health Disparities as the National Institute on Minority Health & Health Disparities within NIH

§ 4001 (p.420)

Establishing the National Prevention, Health Promotion, and Public Health Council to establish a national prevention, health promotion, public health, and integrative health care strategy

§ 4002 (p.423)

Prevention and Public Health Fund

§ 4003 (p.423)

Establishing Preventive Services Task Force and Community Preventive Services Task Force

§ 4101 (p.428)

School-Based Health Centers

§ 4104 (p.439)

Eliminating cost-sharing for certain preventive services under Medicare

§ 4201 (p.446)

Community Transformation Grants for community health improvement activities including addressing racial, ethnic and geographic health disparities

§ 4301 (p.460)

Funding for research on optimizing the delivery of public health services

§ 4302(a) (p.460)

Requiring health disparities-related data collection under PHSA to include data on race, ethnicity, sex, primary language, and disability status

§ 4302(b) (p.463)

Extending Medicare requirement to address health disparities data collection to Medicaid and CHIP

§ 5101 (p.474)

National Health Care Workforce Commission (see also § 10501(a), directing Commission to study "eliminating barriers to entering and staying in primary care, including provider compensation" at p.2328)

- § 10501(b) (p.875) Interagency Task Force to Assess and Improve Access to Health Care in Alaska (*new* §5104)
- § 10501(e) (p.877) Demonstration grants for family nurse practitioner training (*new* §5316)
- § 10501(k) (p.881) State grant program for health care providers who serve high percentage of medically-underserved or other special populations (*new* §5606)
- § 10501(l) (p.882) Rural Physician Training Grants (PHSA)
- §10501(m) (p.883) Preventive Medicine and Public Health Training Grants (PHSA)
- § 10502 (p.885) Authorizing \$100M until 9/30/2011 for debt service on or construction of health care facility at state universities' sole public medical and dental school
- § 10503 (p.886) Providing funds (out of monies in Treasury not otherwise appropriated) for a new Community Health Center Fund under PHSA; to enhance funding for the National Health Service Corps; and to fund construction/renovation of community health centers
- § 10504 (p.886) Three-year state demonstration program to provide access to affordable care

This document was prepared by staff of the WilmerHale Legal Services Center of Harvard Law School & the Treatment Access Expansion Project (TAEP) for the HIV Health Care Access Working Group (HHCAGW). The Working Group is a coalition of over 100 national and community-based AIDS service organizations representing HIV medical providers, advocates and people living with HIV/AIDS and providing critical HIV-related health care and support services. For more information, contact co-chairs Laura Hanen, of the National Alliance of State and Territorial AIDS Directors, at 202.434.8091, or Robert Greenwald, of the Treatment Access Expansion Project, at 617.390.2584.

