

A Summary of the Ten Titles of the ACA by Thomas Godfrey, MD

There are ten “titles” in the law, each dedicated to a different aspect of our health care system. Some are quite extensive, some very specific, none of them written in a style anyone would want to read for pleasure.

Title I is “Quality Affordable Health Care for All Americans” and is 374 pages. This is the most important and widely debated part, as it deals with health insurance. Congress decided to make a complex and costly health care payment system more complex and costly to get it passed. It expanded coverage for 24 to 26 years olds through their parents’ plans. It also was designed to get rid of bad plans that left the purchaser under-insured and vulnerable in a crisis.

Congress wanted health insurance to change and mandated this. First, you cannot be turned down for coverage because you have an illness. Second, everyone is required to have coverage. This is the underlying mechanism of insurance --- spreading the risk around and sharing it with as wide a pool as possible. It is the only way health coverage is financially viable. Third, people who have difficulty affording coverage will get assistance paying for it unless they are under the 133% poverty level. Those people will go on Medicaid unless their state refuses to expand Medicaid, which many have.

Title II is “Role of Public Programs” and deals with, surprise, public programs. Medicaid and the Indian Health Services are covered. The VA system should have been. There are to be significant changes in how care is delivered. The interesting part of this provision is the development of patient-centered medical homes, which basically moves us from a pyramidal model of medical care to a team-based approach, and the move to home-based care for the chronically ill.

This is also the section of the law the Supreme Court had issue with – expanding Medicaid and withholding funding from states who refuse to cooperate. This has already had political repercussions in some states reconsidering their initial decision to pass on expansion. The number over time has slowly crept up as states see the advantage of extra federal funding

Title III is the most important section for health care providers and details changes in Medicare. **“Improving Quality and Efficiency of Health Care”** dedicates 501 pages for changing how health care will be compensated. It pushes us from a fee-for-service system toward pay-for-performance based on quality of delivery when it can be worked out. This starts with Medicare and what Medicare does is usually followed by private insurance. This should be a big step toward controlling costs.

Title IV acknowledges the change in American medicine. **“Prevention of Chronic Disease and Improving Health”** addresses the problem of chronic illness in our country. We have moved from a system that addressed primarily acute problems to one that addresses now chronic problems in the Twenty-first Century. Chronic illness is very costly. Reformers see the need to do a better job of preventing chronic disease or treating it very early before expensive complications arise. Many pioneering organizations were involved in this section of the law –

Mayo Clinic, the Cleveland Clinic and Kaiser Permanente to name only three. This section of the law needs to work if we are to accomplish major changes. Trouble is, bodies still wear out, brains deteriorate etc., death and dying is inevitable.

Title V addresses the **“Health Care Workforce”** and the legislation in these 256 pages recognizes that we don’t have enough health care workers to take care of everyone now, let alone the future. It especially addresses the lack of primary care in this country. Most of the problems patients experience don’t require a specialist to take care of them. Since we have over-rewarded specialty care through the years, our primary care system has suffered. No one has wanted to tackle this seriously since the obvious answer in the US is to throw money at it. Primary care has also borne the brunt of most of the reforms to date. Primary Care is not a Norman Rockwell experience these days. Countries with strong primary care systems have healthier populations and lower costs. Can we learn something from them? Will we even try?

Another important component is an increase in the Public Health Service Corp and creation of the Ready Serve Corp. This gets us into bio-terrorism as well as the medical aspects of public defense and security. Already the government is backing advanced educational programs to prepare people in this area. We have one at Penn State.

Title VI is 323 pages. **“Transparency and Program Integrity”** intends to reduce fraud and abuse. Billions and billions are lost each year in this area and we cannot ignore it much longer. Currently we do not have a system big enough to police this. The task is daunting but the government wants to find savings in this area.

Title VII sounds great --- **“Improving Access to Innovative Therapy”** and is 65 pages basically dedicated to improving access to generic drugs by giving pharmaceutical companies what they want in patent protection and protection from single purchasing monopolies (monopsonies.) It says nothing about innovative care outside the pharmaceutical industry, which we sorely need. Rewarding innovative ideas is dealt with elsewhere. This is simply putting the best face on the deal made with the pharmaceutical industry to buy their support.

Title VIII “Community Living Assistance Services and Support” is a bill that initiated a federally-run long term care insurance program. This was Ted Kennedy’s pet project, and since has been shelved indefinitely because it proved unworkable, relying on voluntary participation. However the problem it addresses is still there, growing in importance, and did not go away. It will need attention again soon. If newborns are to live now to 150, what will life at 125 look like?

Title IX is the 93-page **“Revenue Provisions”** and spells out how we were going to finance all this. It was vetted by the Congressional Budget Office, which gave the ACA its fiscal blessing. However already we are seeing that some of the assumptions were wrong, some being more expensive, some less expensive than anticipated. Congress has also tried to chip away at excise taxes associated with the bill that are unpopular with those who once agreed to pay them.

Title X was the provisions added in the reconciliation of the House and Senate's version. "**Strengthening Quality Affordable Health Care for All Americans**" might have been called "**Everything Else.**" These 372 pages include a grab bag of changes in health care delivery, and special favors for special interests. Luckily Congress pruned a lot of the most embarrassing stuff larded into the bill to get it to pass in the final reconciliation process (the 'Louisiana Purchase' and the 'Cornhusker Kickback' being most notorious,) but not everything. A large part deals with updating of the Indian Health System, which particularly affects Alaska and had fallen into a horrible condition, but there are still more little goodies in here for key players as well.

People knew from Day 1 that this Act would need revision and updating. Trouble is that with all the political wrangling and posturing since 2010 precious little of that has happened. Plus, the situation in American Healthcare has already changed. New problems have arisen, some as a result of the bill. Will the election of 2016 solve this? Stay tuned.