



WHAT YOU CAN EXPECT FROM HEALTH CARE REFORM

The process to reform our health care system has been long and confusing. There were many proposals – these are some of the things that made it into the final bill that was recently signed into law.

How it will work:

Depending on income, people will become eligible for government money (federal subsidies) to buy health insurance policies. People will be able to use this money to purchase insurance plans in a virtual marketplace, called the Exchange; the hope is that when a large pool of people purchase plans from this marketplace, prices for policies will go down. Like now, people with very low incomes will be eligible for Medicaid, and persons 65 and over will be eligible for Medicare. The law will require that everyone is insured.

The bill includes many positive provisions:

- ☀ Medicaid will be expanded to 133% of the Federal Poverty Level, and will drop restrictions that had previously made it difficult for low-income people to qualify.
- ☀ Many people will qualify for federal subsidies to purchase insurance policies for themselves or their families.
- ☀ Community Health Centers will receive \$11 billion in new funding.
- ☀ Funds Community Health Worker (or Promotora) models for medically underserved communities.
- ☀ Affordable health care insurance may still be within reach for new legal permanent residents. Thanks to a technical clarification, legal permanent residents are eligible for subsidies to purchase a plan in the Exchange without a waiting period.
- ☀ Under the new reforms, insurers will not charge co-pays or other fees for important preventive health services such as Pap smears and mammograms.
- ☀ Insurance companies will not be able to cancel your policy if you get sick, or deny you a policy because of a “pre-existing condition.”

Unfortunately, however, not everything is good:

- ☀ Undocumented immigrants will **not** be eligible for federal subsidies to purchase insurance policies for themselves or their families.
- ☀ Undocumented persons will not be able to purchase insurance through the Exchanges even if they have the money to do so themselves.
- ☀ The five-year bar remains in place, meaning that otherwise-eligible legal permanent residents will still be unable to access a number of public programs, including Medicaid, until five years after obtaining that status.
- ☀ The final bill includes the Nelson provision, which requires that policyholders write two separate checks if their insurance covers abortion. It also allows states to ban insurance policies that cover abortion from participating in their exchanges.
- ☀ In a deal to gain support for the final bill, the president signed an Executive Order that reinforces the federal funding ban on abortion, also known as the Hyde Amendment, and stated that the money slated for the expansion of Community Health Centers could not be used to provide abortions.