Module 3

THE PATIENT'S BILL OF RIGHTS

The Affordable Care Act includes several protections for consumers known as the Patient's Bill of Rights, which took effect in June 2010. The U.S. Departments of Health and Human Services, Labor, and Treasury each issued regulations to implement the Patient's Bill of Rights. These protections apply to nearly all health insurance plans.

These protections are especially beneficial to those who are most vulnerable, such as maternal and child health (MCH) populations, which include children and youth with special health care needs (CYSHCN). Title V leaders need to understand the new and expanded pathways to coverage, benefits, and consumer protections so they can help the MCH population navigate the new health care environment.

Provisions of the Patient's Bill of Rights

The Patient's Bill of Rights includes the following provisions:

Prohibition on Pre-existing Condition Exclusions

Insurers can no longer deny coverage to individuals with pre-existing conditions. Pre-existing conditions exclusions are defined as a limitation or denial of benefits related to a condition based on the fact that the condition was present before the date of enrollment for the coverage, whether or not any medical advice, diagnosis, care or treatment was recommended or received before that date. The ACA prohibits exclusion of benefits associated with a pre-existing condition or complete exclusion from a plan or coverage based on a pre-existing condition. It is still allowed, however, for a plan to not cover every service, as long as they do not cover it for anyone, not just those with pre-existing conditions.

Note: grandfathered individual plans are exempt from this provision.

Ban on Rescissions

The ACA prohibits the rescission or cancellation of a policy due to an inadvertent mistake or omission on an application, except for cases of fraud or intentional misrepresentation of a material fact. Before this change in the law, insurers could cancel an individual's plan due to misrepresentation of material facts even if it was not intentional. Plans may still be cancelled for: nonpayment of premiums; fraud or intentional misrepresentation of material fact; withdrawal of a product or withdrawal of an issuer from the market; movement of an individual or an employer outside the service area; or cessation of association membership if coverage is through that association. An

The Patient's Bill of Rights includes:

- **Prohibition of pre-existing conditions**
- **Ban on rescissions**
- **Ban on lifetime and annual limits**
- **Choice of health care professional**
- **Emergency services**
- **The right to appeal decisions made by health plans**
- **Coverage for young adults on parent's plan up to age 26**
- **Covering preventive care with no cost**

Learn more at:

The White House: Patient's Bill of Rights
http://www.whitehouse.gov/files/documents/healthcare-fact-sheets/patients-bill-rights.pdf

Families USA: The Affordable Care Act: Patient's Bill of Rights and Other Protections
http://familiesusa.org/sites/default/files/product_documents/Patients-Bill-of-Rights.pdf

insurer must give a consumer 30 days advance written notice if it is cancelling a policy and consumers have the right to an appeal.

Ban on Lifetime and Annual Limits

The ACA prohibits issuers from imposing lifetime or annual limits on the dollar value of health benefits. These protections apply to the essential health benefits which are: outpatient care, trips to the emergency room, treatment in the hospital for inpatient care, care before and after a baby is born, mental health and substance use disorder services, prescription drugs, habilitative and rehabilitative services, lab tests, preventive services and pediatric services.

An issuer may impose annual or lifetime dollar limits per individual on specific covered benefits that are considered non-essential.

Choice of Health Care Professional

If a health insurance plan or issuer requires a participant to designate a primary care provider, or assigns a primary provider to the participant, the individual has the right to designate an in-network primary care provider of his or her choice.

Emergency Services

When a health plan covers emergency services, it must do so without the individual or the health care provider having to obtain prior authorization (even if the emergency services are provided out of network) and without regard to whether the health care provider furnishing the emergency services is an in-network provider with respect to the services. Also, a plan should treat services, co-payments or co-insurance the same as it does those that are in-network.

The Right to Appeal Decisions Made by Health Plans

Consumers have the right to appeal decisions made by health insurance companies internally and decisions must be made in a timely manner. The law also states that consumers have the right to further appeal a decision to an outside, independent decision-maker, such as an insurance ombudsman or consumer-assister program.

Covering Young Adults on Parent's Plan

Insurers that offer dependent coverage for children must make this coverage available for children until the age of 26. Dependent coverage for those up to the age of 26 is not reliant on student status, residency, marital status, or financial support of the dependent.

Covering Preventive Care with No Cost

The ACA now requires health plans to provide coverage for recommended preventive services with no out-of-pocket costs such as deductibles, co-payments or co-insurance.

These preventive care services are:

1. Preventive items or services that have a current A or B rating from the U.S. Preventive Services Task Force (USPSTF). Notably, the law currently requires insurers to cover breast cancer screening every one to two years for women over the age of 40, in keeping with the 2002 USPSTF guidelines.
2. Vaccines recommended in the Immunization Schedules of the Centers for Disease Control and Prevention (CDC)
3. Services recommended in the guidelines for preventive services for infants, children, and adolescents from the Health Resources and Services Administration (HRSA), which include the Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care, and the Uniform Screening Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children
4. Services recommended in guidelines for women's preventive services supported by HRSA.

Test your knowledge

1. Insurance plans that offer dependent coverage must now offer coverage for dependents up to what age?

   a. 23
   b. 24
   c. 25
   d. 26

2. **True or False:** Because of the Affordable Care Act, insurance companies can cancel an individual's plan if they unknowingly make a mistake on their application form.

3. **True or False:** An issuer may impose annual or lifetime per-individual dollar limits on specific covered benefits that are considered non-essential.

Resources

The White House: Patient's Bill of Rights
http://www.whitehouse.gov/files/documents/healthcare-fact-sheets/patients-bill-rights.pdf

Families USA: Patients' Bill of Rights and Other Protections
http://familiesusa.org/sites/default/files/product_documents/Patients-Bill-of-Rights.pdf

Test Your Knowledge Answers: 1. d
2. False
3. True

This document is part of *The Affordable Care Act: A Working Guide for MCH Professionals*, available in its entirety on the Web at http://www.amchp.org/Transformation-Station/Pages/ACA-101.aspx

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