

Affordable Care Act (Supplementary Information)

<p>10 The Patient Protection and Affordable 16 Care Act (the Affordable Care Act), 23 Public Law 111–148, was enacted on 30 March 23, 2010; the Health Care and 34 Education Reconciliation Act (the 39 Reconciliation Act), Public Law 111– 46 152, was enacted on March 30, 2010. 52 The Affordable Care Act and the 56 Reconciliation Act reorganize, amend, 65 and add to the provisions of part A of 72 title XXVII of the Public Health Service 79 Act (PHS Act) relating to group health 85 plans and health insurance issuers in 91 the group and individual markets. The 96 Affordable Care Act adds section 103 715(a)(1) to the Employee Retirement 108 Income Security Act (ERISA) and 115 section 9815(a)(1) to the Internal 120 Revenue Code (the Code) to 127 incorporate the provisions of part A of 135 title XXVII of the PHS Act into ERISA 141 and the Code, and make them 147 applicable to group health plans, and 151 health insurance issuers providing 155 health insurance coverage in 160 connection with group health plans. 166 The Departments of Labor, Health and 171 Human Services, and the Treasury 176 (the Departments) have been issuing 181 regulations in several phases to 186 implement the revised PHS Act 191 sections 2701 through 2719A and 196 related provisions of the Affordable 198 Care Act.</p> <p>205 Section 2719 of the PHS Act applies 211 to group health plans and health 216 insurance coverage that are not 221 grandfathered health plans within the 227 meaning of section 1251 of the 233 Affordable Care Act. It sets forth 238 standards for plans and issuers 243 regarding both internal claims and 248 appeals and external review. The 252 Departments published interim final 256 regulations implementing PHS Act</p>	<p>section 2719 on July 23, 2010, at 75 FR43330 (the interim final regulations). In general, the interim final regulations require plans and issuers to comply with the requirements of 29 CFR2560.503–1 (the DOL claims procedure regulation) and impose specified additional standards for internal claims and appeals.</p> <p>Section 2719 of the PHS Act provides that plans and issuers in States without an applicable State external review process shall implement an effective external review process that meets minimum standards established by the Secretary through guidance and that is similar to a State external review process described in PHS Act Section 2719(b)(1). The statute and the interim final regulations also provide a basis for determining when plans and issuers must comply with an applicable State external review process and when they must comply with the Federal external review process. Generally, if a State has an external review process that meets, at a minimum, the consumer protections set forth in the interim final regulations, an issuer (or a plan) subject to the State process must comply with the State process. The regulations include a transition period for plan years (in the individual market, policy years) beginning before July 1, 2011, during which the Department of Health and Human Services (HHS) will work individually with States on an ongoing basis to assist in making any necessary changes to incorporate additional consumer protections so that the State process will continue to apply after the end of the transition period.</p>	<p>264 268 273 278 283 287 291 295 299 302 309 315 320 325 330 333 338 346 351 357 362 368 373 379 384 390 396 402 408 414 420 427 433 438 445 450 456 461 466 473 478 482 486 492 498</p>
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