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The Patient Protection and Affordable Care Act (Health Care Law Series)

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The Patient Protection and Affordable Care Act (Health Care Law Series) LandMark Publications This casebook contains 24 federal court of appeals decisions that address issues raised by the Patient Protection and Affordable Care Act of 2010 (PPACA). The book was reissued to include National Federation of Independent Business v. Sebelius, 567 US __ (2012), decided on June 28, 2012. Justice Roberts, writing for the Court, found the Act constitutional under the Constitution's Taxation Clause.

The PPACA contains five essential components designed to improve access to the health care and health insurance markets, reduce the escalating costs of health care, and minimize cost-shifting.

First, the Act builds upon the existing nationwide system of employer-based health insurance. It establishes tax incentives for small businesses to purchase health insurance for their employees, 26 U.S.C. § 45R, and requires certain large employers to offer health insurance to their employees, id. § 4980H.

Second, the Act provides for the creation of state-operated "health benefit exchanges." These exchanges allow individuals and small businesses to leverage their collective buying power to obtain price-competitive health insurance. 42 U.S.C. § 18031.

Third, the Act expands federal programs to assist the poor with obtaining health insurance. For eligible individuals who purchase insurance through an exchange, the Act offers federal tax credits for payment of health insurance premiums, 26 U.S.C. § 36B, and authorizes federal payments to help cover out-of-pocket expenses, 42 U.S.C. § 18071. The Act also expands eligibility for Medicaid. Id. § 1396a(a)(10)(A)(i)(VIII).

Fourth, the Act bars certain practices in the insurance industry that have prevented individuals from obtaining and maintaining health insurance. The guaranteed issue requirement bars insurance companies from denying coverage to individuals with preexisting conditions, id. §§ 300gg-1(a), 300gg-3(a), and the community rating requirement prohibits insurance companies from charging higher rates to individuals based on their medical history, id. § 300gg.

Finally, the Act's "Requirement to Maintain Minimum Essential Coverage," 26 U.S.C. § 5000A, takes effect in 2014 and requires every "applicable individual" to obtain "minimum essential coverage" for each month.

Thomas More Law Center v. Obama, 651 F. 3d 529 (6th Cir. 2011)

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