

as health information exchanges and regional health information organizations, an examination of the extent to which such best practices are successful with respect to the quality of the resulting health care provided to the individual and with respect to the ability of the health care provider to manage such best practices, and an examination of the use of electronic informed consent for disclosing protected health information for treatment, payment, and health care operations.

(e) Report required

Not later than 5 years after February 17, 2009, the Government Accountability Office shall submit to Congress and the Secretary of Health and Human Services a report on the impact of any of the provisions of this Act on health insurance premiums, overall health care costs, adoption of electronic health records by providers, and reduction in medical errors and other quality improvements.

(f) Study

The Secretary shall study the definition of “psychotherapy notes” in section 164.501 of title 45, Code of Federal Regulations, with regard to including test data that is related to direct responses, scores, items, forms, protocols, manuals, or other materials that are part of a mental health evaluation, as determined by the mental health professional providing treatment or evaluation in such definitions and may, based on such study, issue regulations to revise such definition.

(Pub. L. 111-5, div. A, title XIII, §13424, Feb. 17, 2009, 123 Stat. 276.)

REFERENCES IN TEXT

This subchapter, referred to in subsec. (a)(1), was in the original “this subtitle”, meaning subtitle D (§13400 et seq.) of title XIII of div. A of Pub. L. 111-5, Feb. 17, 2009, 123 Stat. 258, which is classified principally to this subchapter. For complete classification of subtitle D to the Code, see Tables.

This Act, referred to in subsec. (e), means div. A of Pub. L. 111-5, Feb. 17, 2009, 123 Stat. 116, see section 4 of Pub. L. 111-5, set out as a note under section 1 of Title 1, General Provisions. For complete classification of div. A to the Code, see Tables.

CHAPTER 157—QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS

SUBCHAPTER I—IMMEDIATE ACTIONS TO PRESERVE AND EXPAND COVERAGE

- Sec. 18001. Immediate access to insurance for uninsured individuals with a preexisting condition.
- 18002. Reinsurance for early retirees.
- 18003. Immediate information that allows consumers to identify affordable coverage options.

SUBCHAPTER II—OTHER PROVISIONS

- 18011. Preservation of right to maintain existing coverage.
- 18012. Rating reforms must apply uniformly to all health insurance issuers and group health plans.
- 18013. Annual report on self-insured plans.

SUBCHAPTER III—AVAILABLE COVERAGE CHOICES FOR ALL AMERICANS

PART A—ESTABLISHMENT OF QUALIFIED HEALTH PLANS

- 18021. Qualified health plan defined.

- Sec. 18022. Essential health benefits requirements.
- 18023. Special rules.
- 18024. Related definitions.

PART B—CONSUMER CHOICES AND INSURANCE COMPETITION THROUGH HEALTH BENEFIT EXCHANGES

- 18031. Affordable choices of health benefit plans.
- 18032. Consumer choice.
- 18033. Financial integrity.

PART C—STATE FLEXIBILITY RELATING TO EXCHANGES

- 18041. State flexibility in operation and enforcement of Exchanges and related requirements.
- 18042. Federal program to assist establishment and operation of nonprofit, member-run health insurance issuers.
- 18043. Funding for the territories.
- 18044. Level playing field.

PART D—STATE FLEXIBILITY TO ESTABLISH ALTERNATIVE PROGRAMS

- 18051. State flexibility to establish basic health programs for low-income individuals not eligible for medicaid.
- 18052. Waiver for State innovation.
- 18053. Provisions relating to offering of plans in more than one State.
- 18054. Multi-State plans.

PART E—REINSURANCE AND RISK ADJUSTMENT

- 18061. Transitional reinsurance program for individual market in each State.
- 18062. Establishment of risk corridors for plans in individual and small group markets.
- 18063. Risk adjustment.

SUBCHAPTER IV—AFFORDABLE COVERAGE CHOICES FOR ALL AMERICANS

PART A—PREMIUM TAX CREDITS AND COST-SHARING REDUCTIONS

- 18071. Reduced cost-sharing for individuals enrolling in qualified health plans.

PART B—ELIGIBILITY DETERMINATIONS

- 18081. Procedures for determining eligibility for Exchange participation, premium tax credits and reduced cost-sharing, and individual responsibility exemptions.
- 18082. Advance determination and payment of premium tax credits and cost-sharing reductions.
- 18083. Streamlining of procedures for enrollment through an Exchange and State medicaid, CHIP, and health subsidy programs.
- 18084. Premium tax credit and cost-sharing reduction payments disregarded for Federal and federally-assisted programs.

SUBCHAPTER V—SHARED RESPONSIBILITY FOR HEALTH CARE

PART A—INDIVIDUAL RESPONSIBILITY

- 18091. Requirement to maintain minimum essential coverage; findings.
- 18092. Notification of nonenrollment.

PART B—EMPLOYER RESPONSIBILITIES

- 18101. Repealed.

SUBCHAPTER VI—MISCELLANEOUS PROVISIONS

- 18111. Definitions.
- 18112. Transparency in Government.
- 18113. Prohibition against discrimination on assisted suicide.
- 18114. Access to therapies.
- 18115. Freedom not to participate in Federal health insurance programs.