

Timeline:

Federal Health Reform – Patient Protection and Affordable Care Act

2010

Within 90 days after enactment:

- Requires HHS to create a temporary high risk pool for individuals with pre-existing conditions who have been uninsured for at least six months.
- Creates a temporary reinsurance program for employers providing insurance to retirees who are 55 and over and who are not eligible for Medicare.

Within 6 months of enactment:

- Allow adult children up to age 26 to remain on or be added to a parent's policy at next open enrollment after 9-23-10.
- Prohibits pre-existing condition exclusions for children under 19 years of age.
- Prohibits lifetime benefit limits.
- Prohibits policy rescissions except for fraud and material misrepresentation of a material fact.
- Requires coverage for immunizations and designated preventive health services without the payment of co-payments and deductibles.
- Requires coverage for emergency services received at an out-of-network facility to be provided at the in-network cost sharing level without prior-authorization.
- Requires claims, financial, rating, enrollment, disenrollment and cost-sharing information to be in plain language.
- Prohibits eligibility requirements based on employee salary.
- Requires all plans to provide specified internal and external health care appeal rights.
- Medicare beneficiaries who incur prescription costs in the donut hole will receive a rebate of \$250 in 2010.
- Requires HHS to establish a web portal for individuals and small employers to obtain information on availability of insurance.

2011

- Plans must make rebates to consumers if the percentage of premium spent on health care is less than 85% for small groups and less than 80% for individuals.
- Medicare beneficiaries with Part D prescription coverage who enter the donut hole will receive a 50% discount on brand name drugs. Additional subsidies are phased in through 2020.

2012

- Requires insurers to comply with uniform requirements for summary of benefits and explanation of coverage documents.
- Requires insurers to use standardized definitions in all policies and standardized explanation of coverage.

2013

- Requires insurers to comply with standard requirements for electronic eligibility and claims status transactions.

2014

- Requires taxpayers to maintain minimum essential coverage or pay a federal tax penalty.
- Prohibits all plans from denying coverage to people with pre-existing conditions.
- Requires all plans to include the essential health benefits.
- Prohibits employers from imposing waiting periods that exceed 90 days.
- Prohibits lifetime and annual dollar limits for essential benefits.
- Statewide Health Insurance Exchange for individuals and small businesses to comparison shop for health insurance policies must be operational by 01/01/14.
- Premiums can only vary by age (no more than 3:1), place of residence, family size and tobacco use.
- Requires plans to cover routine care for individuals participating in a clinical trial to treat cancer or other life threatening diseases.
- Limits deductibles in small group market to \$2,000 for individual s and \$4,000 for a family.
- Defines small employer as groups of 1-100.

- Allows employers to offer rewards up to 30% of coverage cost to enrollees participating in wellness programs.

2016

- States may enter into health care choice compacts allowing cross-state insurance sales.

2020

- The donut hole coverage gap in a Medicare Part D prescription drug plan is completely phased out.