

Health Care Reform Timeline

Effective in First 6 Months

- State grants to establish or expand ombudsman programs are awarded
- New federal rate review processes established
- National risk pool created 90 days from enactment (June 23)
- Temporary retiree reinsurance program established
- Small business tax credit established

Effective October 1, 2010

- Lifetime benefit limits prohibited
- Restricted annual limits for essential benefits
- Rescissions prohibited, exempt for fraud or intentional misrepresentation
- Cost-sharing for preventative services prohibited
- Dependent age limit increased to 26
- Internal and external appeal processes established
- Discrimination based on salary prohibited
- Website for consumer and small employer coverage shopping created
- Coverage for in-network emergency services cost-sharing level with no prior-authorization required
- New health plan disclosure & transparency requirements created
- Pre-existing condition exclusions for dependents under age 19 prohibited

Grandfathered Plans

- Lifetime benefit limits prohibited
- Rescissions prohibited, exempt for fraud or intentional misrepresentation
- Dependent age limit increased to 26
- Pre-existing condition exclusions for dependents under age 19 prohibited
- Restricted annual limits for essential benefits

Effective January 1, 2014

- Health insurance exchange established
- Guarantee issue required
- Rating restrictions that limit use of age and tobacco use as rating factors imposed
- Individual & employer responsibility requirements established
- Individual affordability tax credits created; small business tax credits expanded
- Essential benefit plan created
- Pre-existing condition exclusions prohibited
- Co-ops established
- Lifetime and annual dollar limits prohibited for essential benefits
- Coverage for approved clinical trials mandated
- Multi-state qualified health plans created and offered through Exchange
- Health insurance provider fee imposed: \$8 billion

Grandfathered Plans

- Pre-existing condition exclusions prohibited
- Prohibits annual benefit limits

2010 2011 2012 2013 2014 2015 2016 2017 2018

Effective January 1, 2011

- Uniform coverage documents & standard definitions developed by HHS (with NAIC)
- 85% MLR for large group (with refund) and 80% MLR for individual & small group (with refund) mandated

Effective January 1, 2013

- Health insurance fee to fund Comparative Effectiveness imposed

January 1, 2015

- Health insurance provider fee imposed: \$11.3 billion

January 1, 2016

- Health insurance provider fee imposed: \$11.3 billion

January 1, 2017

- Health insurance provider fee imposed: \$13.9 billion

January 1, 2018

- Health insurance provider fee imposed: \$14.3 billion
- High-cost insurance excise tax established