



Health Reform Implementation Timeframe

Key Provisions

<p>2010</p>	<p>High Risk pool program to begin funding \$5B for health insurance coverage for eligible individuals (within 90 days of enactment until January 1, 2014). Insurance reforms imposed: no denial of coverage to children with preexisting conditions, children permitted to remain on parents' policies until age 26, prohibits lifetime limits on dollar value of coverage (within 6 months). States must establish and implement process for reviewing premium increases. For tax years 2010-2013, employer tax credit Phase I. Imposes 10% tax on indoor tanning services. Requires insurance companies to report medical loss ratios. Establish an office of health insurance consumer assistance or ombudsman program to advocate for people with private coverage in the individual and small group markets. Authorizes FDA to approve FOB's. Establishes Patient-Centered Outcomes Research Institute. \$250 rebate to Medicare beneficiaries reaching Part D coverage gap in 2010.</p>
<p>2011</p>	<p>Excludes cost for OTC drugs not prescribed by a doctor from being reimbursed through an HRA or health FSA and from being reimbursed on a tax-free basis through an HSA or Archer Medical Savings Account. Increase tax on distributions from HSA or Archer MSA not used for qualified Medical expenses to 20%. Imposes \$2.5 billion fee on pharmaceutical manufacturing sector. Requires insurance companies to begin providing rebates related to medical loss ratio. Develop standards for insurers to use in providing information on benefits and coverage. Rules adopted by July 1 for simplifying health insurance administration by adopting a single set of operating rules for eligibility verification and claims status. Revised payments to MA begin, phased in over 3 years. Creates payment innovation center within CMS. Establish CLASS program. 50% discount on prescriptions filled in Part D coverage gap. Begin phase-in of subsidies of 75% of generic drug cost for prescriptions filled in the Part D Coverage gap. Increases funding to community health centers by \$11B over five years.</p>
<p>2012</p>	<p>Imposes \$3.0 billion fee on pharmaceutical manufacturing sector through 2016. Electronic funds transfers and health care payment and remittance rules adopted by July 1. Reduce Medicare payments for preventive hospital readmissions.</p>
<p>2013</p>	<p>Limit amount of contributions to an FSA for medical expenses from 7.5% of adjusted gross income to 10% for regular tax purposes. Waives increase for individuals 65 and older for tax years 2013-2016. Increases Medicare Part A tax rate on wages by 0.9% on earning over \$200,000 for individuals and \$250,000 for married couples filing jointly. Imposes a 3.8% tax on unearned income for higher-income taxpayers. Eliminates tax deduction for employers receiving Medicare Part D retiree drug subsidy payments. Imposes excise tax of 2.9% on the sale of any taxable medical device. Create the Consumer Operated and Oriented Plan (CO-OP) program. Appropriate \$6 billion to finance program and award loans and grants to establish CO-Ops by July 1.</p>

2013	<p>Regulations issued by July 1 permitting states to form health care choice compacts and allow insurers to sell policies in any state participation in the compact.</p> <p>Administrative simplification rules become effective Jan 1.</p> <p>Electronic funds transfers and health care payment and remittance rules adopted by Jan 1.</p> <p>Federal subsidies of 25% of brand name drug cost phase-in-begins.</p> <p>Medicare pilot program begins to test bundled payments.</p>
2014	<p>Individual mandate phased-in.</p> <p>Premium and cost-sharing subsidies to individuals.</p> <p>Employer mandate begins.</p> <p>For tax years 2014 and beyond, employer tax credit Phase II begins.</p> <p>Medicaid expansions begins. States to receive 100% federal financing for increase paynet rates through 2016, after which the payment will phase-down.</p> <p>Temporary reinsurance program for employers providing insurance to retirees over age 55 still not eligible for Medicare begins.</p> <p>Imposes \$8 billion fee on insurance sector.</p> <p>Provisions relation to American Health Benefit Exchanges effective January 1, unless otherwise noted.</p> <p>Creates essential health benefits package. All health plans except grandfathered individual and employer-sponsored plans, required to offer at least the essential health benefits package.</p> <p>Grandfathered group plans may only impose annual limits as determined by HHS. Must eliminate pre-existing condition exclusions for adults.</p> <p>Limit waiting periods for coverage to 90 days.</p> <p>Allow states the option of merging the individual and small group markets.</p> <p>Require risk adjustment in the individual and small group markets.</p> <p>States permitted to create a Basic health Plan for uninsured individuals between 133-200% FPL in lieu of these individuals receiving premium subsidies to purchase coverage in the Exchange.</p> <p>Health claims or equivalent encounter information, enrollment and disenrollment in a health plan, plan premium payments and referral certification and authorization rules adopted by July 1.</p>
2015	<p>Imposes \$11.3 billion fee on insurance sector through 2016.</p> <p>Creates state-based American Health Benefit Exchange and Small Business Health Options Program Exchanges for individuals & small businesses with up to 100 employees.</p>
2016	<p>Health claims or equivalent encounter information, enrollment and disenrollment in a health plan, plan premium payments and referral certification and authorization rules adopted by Jan 1.</p>
2017	<p>Imposes \$3.5 billion fee on pharmaceutical manufacturing sector.</p> <p>Imposes \$13.9 billion fee on insurance sector.</p> <p>States may allow business with more than 100 employees to purchase coverage in the SHOP exchange.</p>
2018	<p>Excise tax on "Cadillac plans" valued at more than \$10,300 for individual coverage and \$27,500 for family coverage.</p> <p>Imposes \$4.2 billion fee on pharmaceutical manufacturing sector.</p> <p>Imposes \$14.3 billion fee on insurance sector.</p> <p>IPAB recommendations submitted if Medicare per capita spending exceeds GDP per capita plus 1%.</p>
2019	<p>Imposes \$2.8 billion on pharmaceutical manufacturing sector.</p>