

HEALTH CARE REFORM IMPLEMENTATION TIMELINE

In March 2010, President Barack Obama signed into law historic health care reform, a combination of the Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152). These new laws will provide 32 million currently uninsured individuals with health insurance coverage, make health care more affordable, and improve the quality of health care provided.

The Asian & Pacific Islander American Health Forum has created this timeline to highlight some of the important health care reform provisions affecting the Asian American, Native Hawaiian, and Pacific Islander communities and when they will take effect. Please note that this timeline does not reflect state-level health care reform implementation activities.

2010

Pre-existing Conditions: Those with pre-existing conditions can receive coverage in high-risk pools in place from July 2010-January 1, 2014.

Dependent Coverage: Parents can include children up to age 26 in their health plans.

Caps on Coverage: Ban on lifetime limits and restrictions on annual limits applied to new individual and group health plans.

Preventive Services: Beginning in August 2010, those enrolled in new private health insurance plans will not have to pay for certain preventive services, immunizations, and preventive care and screenings for infants, children, adolescents, and women.

Small Businesses: Small businesses (25 full-time equivalent employees or fewer) within certain average annual salary restrictions will receive tax credits to provide health coverage for employees.

Medicare Part D Prescription Drug "Doughnut Hole"¹: Medicare beneficiaries that reach the gap in prescription drug coverage will receive a \$250 rebate.

2011

Community Living Assistance Services and Supports: Individuals can choose to purchase coverage through a national health insurance program that would provide financial support for in-home care necessary for those with functional limitations.

Preventive Services in Medicare: Medicare beneficiaries no longer have to pay for preventive services.

Workplace Wellness Programs: The Department of Health and Human Services will provide five-year grants to businesses that employ less than 100 employees who work 25 hours or greater per week and that do not currently have workplace wellness programs in place to establish such programs.

Medicare Part D Prescription Drug Doughnut Hole: Pharmaceutical manufacturers will provide a 50% discount on brand-name medication to those in the "doughnut hole."

¹ Under current law, once Medicare beneficiaries accrue \$2,830 on prescription drug costs, they must pay full costs for the next \$4,550 of prescription drug costs. These individuals are in the "doughnut hole."

Headquarters

450 Sutter Street, Suite 600
San Francisco, CA 94108
(P) (415) 954-9988
(F) (415) 954-9999

National Policy Office

1828 L Street, NW, Suite 802
Washington, DC 20036
(P) (202) 466-7772
(F) (202) 466-6444

Follow us online:

www.apiahf.org
www.facebook.com/apiahf
www.twitter.com/apiahf
www.youtube.com/apiahf

Health Homes to Manage Chronic Disease: A two-year, 90% federal matching grant will be provided to states that choose to establish a Medicaid plan that would cover the costs of creating health homes (a coordinated team of health professionals) for individuals with two chronic conditions, one chronic condition and is at risk of having a second chronic condition, or one serious and persistent mental health condition.

Community Health Centers: \$11 billion allocated for community health centers from 2011-2016.

2012

Data Collection: Federally-funded public health and health care programs must collect data on race, ethnicity, and primary language among other characteristics. Where practicable, surveys will over sample certain subpopulations to ensure sufficient data on those populations.

2013

Medicare Part D Doughnut Hole: Medicare Part D beneficiaries caught in the doughnut hole will receive subsidies for brand-name prescriptions.²

2014

Individual Mandate: With few exceptions (e.g. exempt religious sect members, individuals with financial hardship, those not lawfully present in the United States), individuals and their dependents must have health coverage or pay a penalty.

Employer Responsibility: Employers with 50 or more full-time equivalent employees must offer employees coverage or pay a penalty if any employee is eligible for or receives premium or cost-sharing credits.

Pre-Existing Conditions and Annual Limits: Group health plans can no longer deny coverage due to a pre-existing condition and cannot create an annual limit on health coverage.

Restrictions on Age-and Gender-Based Premium Increases: Individual and small group health plans will no longer charge higher premiums based on a person's gender. Plans are also subject to new restrictions on how much health plans can charge older adults.

Exchanges: States establish their respective American Health Benefit Exchanges and Small Business Health Options Program Exchanges. These Exchanges will serve individuals and businesses with up to 100 employees.

Premium and Cost-Sharing Assistance: Individuals and families at up to 400% of the federal poverty level³ purchasing coverage through the Exchanges will be eligible for premium tax credits. Individuals and families up to 250% FPL are also eligible for cost-sharing reductions.

Medicaid Expansion: Childless adults with incomes up to 133% FPL⁴ will be eligible for Medicaid.

2015

Excise Tax: Excise tax applied to high-cost employer-sponsored health plans.

¹ Under current law, once Medicare beneficiaries accrue \$2,830 on prescription drug costs, they must pay full costs

for the next \$4,550 of prescription drug costs. These individuals are in the "doughnut hole."

³ In 2010, 400% FPL = \$43,320.00/individual and \$88,200.00/family of four.

⁴ In 2010, 133% FPL = \$14,403.90/individual and 29,326.50/family of four.

Headquarters
450 Sutter Street, Suite 600
San Francisco, CA 94108
(P) (415) 954-9988
(F) (415) 954-9999

National Policy Office
1828 L Street, NW, Suite 802
Washington, DC20036
(P) (202) 466-7772
(F) (202) 466-6444

Follow us online:
www.apiahf.org
www.facebook.com/apiahf
www.twitter.com/apiahf
www.youtube.com/apiahf