



Health Care Reform: Timeline for Implementation

Updated 3/30/2010

Benefit	Who is Helped	What it Means
Effective Immediately		
Closing Medicare Part D “Doughnut Hole”	Seniors	Provides a \$250 rebate to Medicare beneficiaries who hit the “doughnut hole” in 2010. (Beginning in 2011, institutes a 50% discount on brand-name drugs in the doughnut hole; also completely closes the doughnut hole by 2020.)
Effective 90 Days After Enactment		
Immediate Help for the Uninsured Until Exchange is Available (National High Risk Pool)	Families	Provides immediate access to coverage for uninsured people with a serious pre-existing condition through high risk pools. (Must be uninsured for six months to qualify.)
Effective Six Months After Enactment		
No Discrimination Against Children With Pre-Existing Conditions	Young Americans	Prohibits health plans from denying coverage to children with pre-existing conditions.
Dependent Coverage Extended Until Age 26	Young Americans	Requires health plans to allow young people up to their 26 th birthday to remain on their parents’ insurance policy.
Ends Rescissions	Families	Prohibits all plans from rescinding coverage except in instances of fraud or misrepresentation.
Bans Lifetime Limits on Coverage	Families	Prohibits individual and group health plans from placing lifetime limits on the dollar value of coverage.
Bans Restrictive Annual Limits on Coverage	Families	Prior to 2014, plans may only impose annual limits on coverage as determined by the Secretary of Health and Human Services. (Beginning 2014, the use of any annual limits would be prohibited for most plans.)
Guarantees Coverage for Preventive Care	Families	Guarantees coverage and eliminates out-of-pocket costs for USPSTF prevention services with “A” or “B” rating, and mammography coverage for all women 40 and older.
Effective in 2011		
Free Preventive Care Under Medicare	Seniors	Eliminates co-payments for preventive services and exempts preventive services from deductibles under the Medicare program.
Improves Prevention Services	Seniors	Improves Medicare coverage of annual wellness visit including a personalized prevention plan.
Requires Menu Labeling	Families	Requires chain restaurants and food sold from vending machines to disclose the nutritional content of each item.
Improves Prevention and Wellness Services	Families	Establishes a National Prevention Interagency Council to develop a national strategy to improve the nation’s health.

Benefit	Who is Helped	What it Means
Effective in 2011 (Continued)		
Improvements in Pain Management	Families	Authorizes Institute of Medicine conference and report on pain management, enhanced coordination of NIH pain research and establishes grant program to improve health professionals' understanding and ability to assess and appropriately treat pain. (IOM report due in 2011.)
Increases Community Health Center Funding	Families	Improves access to care by increasing funding by \$11 billion for community health centers and the National Health Service Corps for over five years and establish new programs to support school-based health centers and nurse-managed health clinics.
Effective in 2013		
Improve Administrative Simplicity	Families	Simplifies health insurance administration by adopting a single set of operating rules for eligibility verification and claims status, electronic funds transfer and health care payment and remittance.
Effective in 2014		
No Discrimination for Pre-Existing Conditions	Families	Eliminates pre-existing condition medical restrictions for all private insurance.
Bans Annual Limits on Coverage	Families	Prohibits most individual and all group health plans from placing annual limits on the dollar value of coverage.
Increased Access to Affordable Health Care	Families	Create state-based American Health Benefit Exchanges and Small Business Health Options Program (SHOP) Exchanges administered by a governmental agency or a non-profit organization, through which individuals and small businesses with up to 100 employees can purchase qualified coverage.
Require Guaranteed Issue of Health Coverage	Families	Require guaranteed issue and renewability and allow rating variation based only on age (limited to 3 to 1 ratio), premium rating area, family composition, and tobacco use in the individual and the small group market and the Exchanges.
Limit Waiting Periods	Families	Limit any waiting periods for coverage to 90 days.
Create Essential Health Benefits Package	Families	Create an essential health benefits package that provides a comprehensive set of services, covers at least 60% of the actuarial value of the covered benefits and limits annual cost-sharing.
Expands Medicaid	Families	Expand Medicaid to all individuals under age 65 (children, pregnant women, parents and adults without dependant children) with incomes up to 133% of the Federal Poverty Level and optional coverage for those above 133% of the Federal Poverty Level.
Limits Out-of-Pocket Maximums	Families	Reduces the out-of-pocket limits for those with incomes up to 400% of the Federal Poverty Level.
Limits Deductibles	Families	Limits deductibles for health plans in the small group market to \$2,000 for individuals and \$4,000 for families.
Provides Premium Subsidies	Families	Provides premium tax credits and cost-sharing subsidies to eligible individuals and families with incomes between 133%-400% of the Federal Poverty Level to purchase insurance through the Exchanges.
Requires Coverage of Clinical Trials	Families	Requires commercial health insurance plans and the Federal Employees Health Benefits Plan to cover the patient care costs associated with participation in clinical trials that are approved or funded by a variety of federal agencies.