

Federal Health Reform Implementation - Year by Year Timeline

We will continue to update this as we receive more information.
Please visit our website at www.oregon.gov/oha for future updates.

2010	<ul style="list-style-type: none">• Within 90 days of enactment:<ul style="list-style-type: none">• Federal funding helps provide health insurance for individuals with pre-existing conditions who have been denied coverage.• A federal temporary re-insurance program was established. Re-insurance is the purchase of insurance on insurance, making it easier for employers to provide coverage for higher-risk employees and retirees. This program will reimburse employers 80% of the cost of claims for retirees aged 55-64 in employment-based health plans. States and local governments will be eligible to receive the reimbursement.• Federal government begins creating standards for state-based health insurance exchanges for individuals and small business. Grants may be awarded to states between 2010-2014 for planning and implementation of the health insurance exchanges. A health insurance exchange is a central marketplace for health insurance that provides one-stop shopping for individuals and small businesses to compare rates, benefits and quality among plans. The exchange will also administer the new federal health insurance tax credits for those who qualify and make it easier to enroll in health insurance.• Federal and state governments will review premium increases to ensure they are not unreasonable. Grants will be awarded to states to assist with review of premiums.• On Sept. 23, new federal insurance rules took effect, including:<ol style="list-style-type: none">(1) there will be no lifetime limits on benefits;(2) annual limits on benefits will be restricted;(3) insurers cannot cancel coverage except for fraud;(4) certain preventive services and immunizations must be covered;(5) children can remain on a parent's health plan until age 26; and(6) a new federal subsidy goes into effect for small businesses that provide health insurance.• Medicare benefits:<ul style="list-style-type: none">• Payments adjusted (details pending).• A \$250 rebate will be available for the 4 million individuals who are in the Medicare drug coverage gap area and pay for drugs out of pocket.• Preventive care will be free of co-payments and deductibles.• States may expand Medicaid to individuals up to 133% of Federal Poverty Level (FPL).
2011	<ul style="list-style-type: none">• Medicaid:<ul style="list-style-type: none">• On Oct. 1, a state Medicaid option supported by federal funding will be available for individuals with disabilities to receive home and community-based services.• Federal funding may be increased for state Medicaid programs that cover certain evidence-based preventive services.• Medicare:<ul style="list-style-type: none">• Certain Medicare Advantage benefits, such as free eye-glasses, will be reduced.• Out-of-pocket expenses for brand-named drugs will be reduced by 50%.• Insurers will be required to spend 80-85% of their revenue from premiums on medical claims.

2013	<ul style="list-style-type: none"> • States will be eligible for an additional 23 percentage-point increase in the Children’s Health Insurance Program (CHIP) matching funds. • Medicare payroll tax increase goes into effect for individuals earning over \$200,000 and couples earning over \$250,000. • A new tax goes into effect on unearned income, such as dividends and interest, over a certain amount.
2014	<ul style="list-style-type: none"> • The personal responsibility component of the law goes into affect, requiring all individuals have health insurance or pay a penalty. • Individuals up earning up to 400% of the federal poverty line will receive a sliding-scale subsidy that will cap premiums and out-of-pocket expenses. • Individuals up to 400% federal poverty line will receive a tax credit to assist in paying health insurance premiums. • Employers with more than 50 employees must offer health insurance or pay a fee if any of their employees receives a premium tax credit to purchase health insurance. • Insurers: <ul style="list-style-type: none"> • Must accept all applicants. Insurers cannot coverage for preexisting conditions and there will be no annual limit on benefits received. • Are prohibited from using any factor in setting health insurance premiums other than limited use of age, family size, geography, and tobacco use. • Must provide a basic set of minimum benefits to all individuals free of out-of-pocket cost. • A health insurance exchange will be launched in each state by January 1, 2014, available to individuals and small businesses. • Medicaid will be expanded to cover all citizens under age 65, up to 133% of the federal poverty line. States will disregard 5% of income in determining eligibility, effectively expanding Medicaid to 138% FPL. The expansion will be fully funded by the federal government between 2014 and 2016. • The small business subsidy for employers that provide insurance is increased up to 50% of cost. • States may be allowed to establish a state-negotiated health insurance plan offered outside the insurance exchanges for non-Medicaid eligible individuals between 133% - 200% FPL.
2015	<ul style="list-style-type: none"> • Health insurance exchanges must be self-sustaining and can charge an assessment or fee for use. • A tax credit will be available for children to obtain insurance through an exchange.
2016-18	<ul style="list-style-type: none"> • 2016: Insurance can be offered across state lines if the states agree. • 2017: States begin to pay a share of the Medicaid expansion. • 2017: States may allow large companies with more than 100 employees to participate in exchanges. • 2018: An excise tax goes into effect on insurers for high-cost health insurance plans.