



Health Care Reform Timeline: What Happens When

Within the first year

- Young adults will be able stay on their parents' insurance until their 26th birthday.
- Insurers will be barred from imposing exclusions on children with pre-existing conditions. Pools will cover those with pre-existing health conditions until health care coverage exchanges are operational.
- Insurers will not be able to rescind policies to avoid paying medical bills when a person becomes ill.
- Lifetime limits on benefits and restrictive annual limits will be prohibited.
- New plans must provide coverage for preventive services without co-pays. All plans must comply by 2018.
- A temporary reinsurance program will help offset costs of coverage for companies that provide early retiree health benefits for those ages 55 to 64.
- New plans will be required to implement an appeals process for coverage determinations and claims.
- Adoption tax credit and assistance exclusion will increase by \$1,000. The bill makes the credit refundable and extends it through 2011.
- Businesses with fewer than 50 employees will get tax credits covering 35 percent of their health care premiums, increasing to 50 percent by 2014.

January 1, 2011

- Medicare will provide free annual wellness visits and personalized prevention plans. New plans will be required to cover preventive services with no co-pay.
- A plan to provide a vehicle for small businesses to offer tax-free benefits will be created. This would ease the small employer's administrative burden of sponsoring a cafeteria plan.
- The Medicare payroll tax will increase from 1.45 percent to 2.35 percent for individuals earning more than \$200,000 and married filing jointly above \$250,000.

January 1, 2013

- Health plans must implement uniform standards for electronic exchange of health information to reduce paperwork and administrative costs.
- Contributions to flexible savings accounts will be limited to \$2,500 per year, indexed by the Consumer Price Index in subsequent years.
- There will be increases to the income threshold from 7.5 percent to 10 percent of adjusted gross income. Those older than 65 can claim the 7.5 percent deduction through 2016.
- A 2.9 percent excise tax on the first sale of medical devices will be established. Excepted are eyeglasses, contact lenses, hearing aids or other items for individual use.

January 1, 2014

- **Non-discrimination in health care:** No health plan or insurer may discriminate against any health provider acting within the scope of that provider's license or certification under applicable State law. This will ensure that insurance companies cannot unfairly exclude doctors of chiropractic from practicing under the capacity of their training and licensure on a federal level. Provision is a federal protection applicable to ERISA and other plans established or regulated under the bill. Just as the HIPAA protections now apply across the board, the non-discrimination provision will be applicable to all health benefit plans both insured and self-insured.
- **Community Health Teams: National Health Care Workforce Commission:** DCs named as potential members of Community Health Teams to support the development of "medical homes." These teams support the development of medical homes by increasing access to comprehensive, community based,

coordinated care. Community health teams are integrated teams of providers including primary care providers, specialists, other clinicians and licensed integrative health professionals as well as community resources to enhance patient care, wellness and lifestyle improvements. The language in the bill ensures that doctors of chiropractic can be included in these patient-centered and holistic teams.

- **National Health Care Workforce Commission:** DCs are specifically included as part of the National Health Care Workforce Commission defined as “Health Care Professionals,” and schools of chiropractic are also included in the health professional training schools definition. The Commission is tasked providing comprehensive information to Congress and the Administration about how to align federal health care workforce resources with national needs. Congress will use this information when providing appropriations to discretionary programs or in restructuring other federal funding. The language in the bill guarantees that the need for doctors of chiropractic will be addressed when considering federal health care workforce programs.
- Citizens will be required to have acceptable coverage or pay a penalty of \$95 in 2014, \$325 in 2015, \$695 (or up to 2.5 percent of income) in 2016. Families will pay half the amount for children, up to a cap of \$2,250 per family. After 2016, penalties are indexed to Consumer Price Index.
- Workers who are exempt from individual responsibility for coverage but don't qualify for tax credits can take their employer contribution and join an exchange plan.
- Companies with 50 or more employees must offer coverage to employees or pay a \$2,000 penalty per employee after their first 30 if at least one of their employees receives a tax credit. Waiting periods before insurance takes effect is limited to 90 days. Employers who offer coverage but whose employees receive tax credits will pay \$3,000 for each worker receiving a tax credit.
- Insurers can no longer refuse to sell or renew policies because of an individual's health status. Health plans can no longer exclude coverage for pre-existing conditions. Insurers can't charge higher rates because of health status, gender or other factors.
- Health plans will be prohibited from imposing annual limits on coverage.
- Health insurance exchanges will open in each state to individuals and small employers to comparison shop for standardized health packages.
- Credits will be available through exchanges for those whose income is above Medicaid eligibility and below 400 percent of poverty level who are not eligible for or offered other acceptable coverage.
- Medicaid eligibility will increase to 133 percent of poverty for all nonelderly individuals to ensure that people obtain affordable health care in the most efficient and appropriate manner. States will receive increased federal funding to cover these new populations.

January 1, 2018

- Taxing "Cadillac" plans: An excise tax will be imposed on high-cost, employer-provided health plans beyond \$27,500 for family coverage and \$10,200 for single coverage; it will increase to \$30,950 for families and \$11,850 for individuals, retirees and employees in high-risk professions.

Source: [Public Law 111-148](#); www.speaker.gov.

For Additional Information Please Contact:

American Chiropractic Association
Department of Government Relations
1701 Clarendon Blvd.
Arlington, Virginia 22209
(703)812-0224
www.acatoday.org
gr@acatoday.org