

There are several important healthcare provisions that will become effective within 6 months of the final health reform package being signed into law. Many of these changes will have a positive impact on our community making health care more affordable and easier to obtain.

Within 90 days of enactment (June 23, 2010)

- Makes insurance accessible to adults with pre-existing conditions in high-risk pools
- Creates a temporary insurance program for retirees ages 55-64 that protects coverage

Within six months of enactment (September 23, 2010)

- Prohibits insurers from denying coverage to children with pre-existing conditions (applies to all adults under any plan in 2014)
- Extends coverage to young adults up to their 26th birthday through their parents' insurance plans
- Prohibits insurers from dropping your coverage when you get sick
- Eliminates lifetime coverage caps
- Tightly regulates how insurers can use annual limits on healthcare coverage
- Insurance plans can no longer require co-pays or deductibles for preventative care
- Ensures that any new group or individual plan implement an effective internal and external review process to evaluate claims
- prohibits new employer health plans from eligibility rules favoring employees with higher salaries

Throughout the remainder of 2010

- Provides a tax credit of up to 35% to qualified small businesses that choose to provide coverage to their employees (In 2014 this tax credit will increase to cover up to 50% of small business contributions for up to two years)
- Provides Seniors that are enrolled in Medicare Part D, and have fallen into the donut hole, with a \$250 rebate check
- Provides aid to states so that they can provide assistance to consumers and handle complaints and appeals
- Provides financial support for states to keep insurance providers accountable for any unreasonable increase in rates
- Begins to implement enhanced procedures to catch eliminate fraud and waste within health care system
- Increases and expands the child adoption credit and assistance program through 2011
- Immediately provides states with options as to who can be covered by state run Medicaid program

- Protects the aid that the government currently provides to rural hospitals with a low volume of Medicare patients. This funding ensures that rural hospitals can still provide out patient and lab services in underserved areas.

-January 1, 2011

- Provides a 50% discount on brand name drugs for Medicare beneficiaries in the donut hole
- Provides seniors with Medicare free preventative care and exempts these services from deductibles
- Insurance providers in the individual market are required to spend at least 80% of premiums received on healthcare services; for insurers in the large group market the requirement is 85% (if insurers fail to meet this requirement they must provide policy holders with rebates)
- Increases funding for community health centers
- Increases the number of primary care providers and provides incentives to retain primary care physicians
- Creates a long-term insurance care program that can be voluntarily financed through payroll deductions to provide benefits for functionally disabled adults

-2012

- Begins initiatives to reform the way in which medical services are reimbursed by basing reimbursements on the quality of service provided. This is particularly good for low cost, high quality states like Oregon. Providers will see a significant increase in compensation which will adequately reimburse the services that they provide to Medicare beneficiaries.

-2013

- Enhances health care delivery system reform by establishing pilot programs that increase care coordination for patients. Coordinating health care for individuals improves the quality and effective outcomes for patients by focusing on the specific needs of each patient.

-2014, Health care coverage provisions fully implemented

- Prohibits discrimination based on gender that subjects women to higher premiums than men
- Provides caps on out-of-pocket consumer expenses (on private health plans)
- Establishes a 3 to 1 ratio for premiums that are based on age
- Eliminates all annual limits, prohibits insurance companies from dropping an individual's coverage because they choose to engage in a clinical trial
- Establishes health insurance exchanges in each state

- Premium tax credits become available for low income Americans so that individuals afford to purchase healthcare
- Provides a multi-state coverage plan
- Ensures that individual's have a choice in their plan coverage through a free choice voucher program
- Implements strong reforms that prohibit insurers from using discriminatory practices
- Allows small businesses to form associations to pool purchasing power for lower cost health plans

-2015

- Creates a doctor value-based payment program that encourages doctors to provide high-quality healthcare over the quantity of healthcare they provide.

-2018

- Excise tax on high cost health plans provided by employers becomes effective. This applies to plans in excess of \$27,500 (family), \$10,200 (individual), and \$30,950 (family) and \$11,850 (individual) for employees in high risk professions and retirees