

Key Health Care Reform Dates for Children & Families

<p>2010</p>	<ul style="list-style-type: none"> • States must maintain Medicaid/CHIP eligibility levels and enrollment procedures in effect on March 23, 2010 (until 2014, with some exceptions, for adults and 2019 for children). • States can continue to expand eligibility or simplify enrollment in Medicaid and CHIP. • Small employers receive tax credits to purchase employee health care premiums. • States can provide CHIP to children eligible for coverage under a state employee health care plan (under certain conditions). • By July 1, 2010, a temporary, high-risk pool is established for qualified uninsured persons with pre-existing conditions (in place until 2014). • Seniors begin to receive rebates/discounts toward drug coverage (with elimination of the “doughnut hole” by 2020). • After September 23, 2010 (as a new health plan year begins): <ul style="list-style-type: none"> o Young adults can remain on their parents' health plan until age 26. o Children with insurance can no longer be denied coverage for pre-existing conditions. o Insurance plans can no longer impose lifetime caps or restrictive annual limits on coverage, and cannot rescind coverage when a person becomes sick. o New plans must provide free preventive services to all enrollees.
<p>2011-2013</p>	<ul style="list-style-type: none"> • By March 23, 2011, states provided federal grants to plan for and establish Exchanges. • Medicaid physician payments increased, at federal cost, to Medicare levels for primary care services (for 2013 and 2014). • Medicare beneficiaries receive annual exams and other preventive services at no cost.
<p>2014</p>	<ul style="list-style-type: none"> • Most people required to purchase coverage or pay a tax penalty. • New federal Medicaid floor of 133% of the FPL (based on adjusted gross income with 5 percent disregard) for adults and children. Medicaid and CHIP coverage for children still maintained. • Enhanced federal financial assistance for states covering newly-eligible adults and for expansion states (those that already cover adults up to or above 100% of the FPL) covering childless adults. • Individuals (including lawfully residing immigrants) and small businesses can purchase affordable coverage through state-based Exchanges; low- to moderate-income families receive premium tax credits and cost sharing subsidies. • Children up to age 26 who "age-out" of foster care are eligible to continue receiving Medicaid. • Insurance companies must cover the care of pre-existing conditions for both adults and children, can no longer set annual coverage limits (in addition to lifetime limits), and cannot deny coverage or charge higher premiums based on health status. • Exchanges must be financially self-sustaining by end of 2014.
<p>2015</p>	<ul style="list-style-type: none"> • CHIP funded through September 30, 2015. If state runs out of federal funding, children can be enrolled in comparable Exchange plans. • States receive a 23 percentage points increase in CHIP federal match rate (effective October 1, 2015).