

**Time Line of Health Care Law:
Specifically the Affordable Care Act of 2010**

Passed by both house, Signed by President Obama, and Upheld by the Supreme Court as Constitutional.

Recent healthcare laws pertain to the Patient Protection and Affordable Care Act (906 pages), as well as the Healthcare and Education Reconciliation care (55 pages).

Starting 2014, most people must have health coverage or pay a fee called the “Individual shared Responsibility Payment”

- Why? Because when someone isn't covered in order to pay for their medical bills, and they need urgent care, others must compensate for them which gets expensive.
- The Fee= 1% of your yearly income, or \$95 per person.
- The Fee will increase every year.

With individuals and families now being able to find an affordable plan for their medical care, there shouldn't be an excuse not to be covered. In addition, those not covered will have to pay for their medical care out-of-pocket and risk being unprotected.

In 2010

- Coverage of adults until they're 26 under their parent's health insurance even if they're: married, not living with parents, attending school, not financially dependent on parents, eligible to enroll in their employer's plan.
- Ending Lifetime/ Yearly Limits: Insurance companies can't set a dollar limit on what they spend for essential health benefits for entire time you're enrolled in plan, as well as yearly limits.
 - These include: Ambulatory Patient Services (outpatient care without being admitted to a hospital), Emergency Services, Hospitalization (surgery included), Maternity/ Newborn Care (before and after birth), Mental health/ Substance abuse disorder (counseling/ psychotherapy included), Prescription drugs, Rehabilitation/ Habilitation Services, Laboratory services, Pediatric Services, Preventative/ Wellness Services, and Chronic Management.
- No more frivolous cancellations due to mistakes on applications: Insurance companies were able to take away coverage, declare policy invalid, and/ or ask to pay back money for services if there were mistakes on applications.
 - Under this law, applications may still be cancelled, but only if there is false information stated or if the information given is incomplete. Also, the company must give the client 30 days to appeal or to find new coverage.
- Right to appeal health plan decisions
- Business Tax Credits: Employers qualify if they have fewer than 25 full-time equivalent employees making an average of \$50,000/ year or less.

- Access to Community Health Centers that provide: prenatal care, baby shots, general primary care, referrals to specialized care.

In 2011

- Prescription Drug Discounts for Seniors: If they already have Medicare, then they're considered covered.

-Medicare open enrollment is from October 15th- December 7th, 2013

- Rate Review and 80/20 Rule: These are two new ways to hold insurance companies accountable and to keep costs low.

-Rate Review: insurance companies must publicly justify any rate increase of 10% or more before raising your premium

-80/20 Rule: Requires insurance companies to spend at least 80% of money they take from premiums on health care and quality improvement activities, instead of on administrative, overhead, and marketing costs.

-Should they not follow these guidelines, there will be a rebate to those customers.

In 2012

- Preventative Services for Women by in an in-network provider.

- 1) Anemia Screening
- 2) Breast Cancer Genetic Test Counseling
- 3) Breast Cancer mammography screenings
- 4) Breast Cancer Chemoprevention Counseling
- 5) Breastfeeding comprehensive support/ counseling
- 6) Cervical cancer screening
- 7) Chlamydia infection screening
- 8) Folic acid
- 9) Gestational diabetes screening
- 10) Gonorrhea screening
- 11) Hepatitis B screening
- 12) HIV screening
- 13) Human Papillomavirus Screening
- 14) Sexual Transmitted Infections Counseling
- 15) Syphilis Screening
- 16) Tobacco Use Screening and Interventions
- 17) Urinary Tract and Infection Screening

*Insurance companies used to practice the discriminatory “Gender Rating”, which had them charge women more for coverage simply because of their gender based on women’s multiple needs for adequate care.

In 2014

- Coverage begins by Health Insurance Marketplace.
- Coverage for Pre-Existing Conditions for all, not just for children.
- Medicaid Expansion: Different for each state, but if eligible there will be a free/ low-cost care, and one doesn’t need to buy a marketplace plan.
- No more Yearly Limits
- Expansion Small Business Tax Credit

In 2015

- Employer Shared Responsibility Payment: A new requirement for large employers who don’t offer insurance that meet certain minimum standards, must pay this “penalty” =\$2,000/ employee
-the minimum value coverage is at least 60%

<https://www.healthcare.gov/timeline-of-the-health-care-law/#part=1>

For those that are need of health insurance, especially with the “Individual Responsibility Shared Payment” going into place, please visit www.healthcare.gov to find the right insurance plan for you. You can also access California’s “California Covered” specific Fact Sheet at:

https://www.coveredca.com/PDFs/English/Covered_California_Getting_Covered_fact_sheet_English.pdf