

Timeline for Implementation of the Major Provisions in the Patient Protection and Affordable Care Act

On March 23, 2010, President Barack Obama enacted comprehensive health care reform legislation, the Patient Protection and Affordable Care Act. The legislation previously had received approval from the Senate on December 24, 2009, and from the House on March 21, 2010. In addition, Obama on March 30, 2010, signed the Health Care and Education Reconciliation Act, which made a number of revisions to the law. The following chart provides a timeline for the implementation of the major health insurance market reform, mental health, and addiction provisions of the law, as amended by the reconciliation legislation. For more information on these provisions, please review the National Council [fact sheet](#) on the law.

HEALTH INSURANCE MARKET REFORMS							
Provisions	2010	2011	2012	2013	2014	2016	2018 and Beyond
<p>High-Risk Health Insurance Pool Program</p> <p>Establishes a temporary high-risk health insurance pool program for U.S. citizens and legal immigrants who have a pre-existing condition and have lacked coverage for at least six months. See a National Council Issue Brief on this topic for more information.</p>	Begins 90 days after enactment and ends on January 1, 2014						
<p>Health Insurance for Young Adults</p> <p>Requires group and individual health plans to provide dependent coverage for young adults until age 26</p>	Begins six months after enactment						

Provisions	2010	2011	2012	2013	2014	2016	2018 and Beyond
Health Insurance for Young Adults (cont.) Allows all young adults who previously participated in foster care to qualify for Medicaid and all associated benefits, such as the Early Periodic Screening, Diagnosis, and Treatment Program, until age 25							Begins on Jan. 1, 2019
Pre-Existing Medical Conditions Prohibits discrimination by group or individual health plans against children who have pre-existing medical conditions Prohibits discrimination by group or individual health plans against all individuals who have pre-existing medical conditions	Begins six months after enactment				Begins on January 1, 2014		
Lifetime and Annual Limits on Benefits Prohibits the establishment of lifetime limits on benefits by group and individual health plans Prohibits the establishment of annual limits on benefits by group and individual health plans	Begins six months after enactment				Begins on January 1, 2014		

Provisions	2010	2011	2012	2013	2014	2016	2018 and Beyond
<p>Community Living Assistance Services and Supports Program</p> <p>Establishes a voluntary, public long-term care insurance program for the purchase of community living assistance services and supports by individuals who have functional limitations.</p>		Begins on January 1, 2011					
<p>Individual Responsibility</p> <p>Requires individuals to maintain minimum essential health insurance for themselves and applicable dependents in each month or pay a penalty, with exemptions for individuals who cannot afford health insurance, those who have incomes less than the federal tax filing threshold, members of Indian tribes, and those who lack coverage for less than three months in a year.</p>					Begins on January 1, 2014		
<p>Employer Responsibility</p> <p>Requires employers that have more than 50 full-time employees and have at least one worker who receives premium assistance to make payments</p>					Begins on January 1, 2014		

Provisions	2010	2011	2012	2013	2014	2016	2018 and Beyond
<p>Excise Tax on Health Insurers</p> <p>Imposes an excise tax of 40% on health insurers and health plan administrators for any plan with a premium that exceeds \$10,200 for individual coverage and \$27,500 for family coverage, with the tax applied to the amount of the premium in excess of the threshold</p>							Begins on January 1, 2018
HEALTH INSURANCE EXCHANGES							
<p>Health Insurance Exchanges</p> <p>Requires each state to establish an American Health Benefit Exchange and a Small Business Health Options Program Exchange for individuals and small businesses that have 50 to 100 employees (allows expansion to larger employers after 2016)</p> <p>Requires the HHS secretary to award grants to states to establish American Health Benefit Exchanges, as well as establish standards for Exchanges, qualified health plans, reinsurance, and risk adjustment.</p> <p>In the event that the HHS secretary determines a state will not have an operational Exchange by 2014, allows the secretary to operate an Exchange in that state.</p>				By January 1, 2013	By January 1, 2014		

Provisions	2010	2011	2012	2013	2014	2016	2018 and Beyond
<p>Health Insurance Exchanges (cont.)</p> <p>Allows states to apply for a waiver for as many as five years of requirements related to Exchanges, qualified health plans, and cost-sharing, provided that states can prove the waivers would provide comprehensive and affordable health insurance to at least a comparable number of residents as Exchanges</p>						After December 31, 2016	
<p>Premium Assistance Credits, Caps on Out-of-Pocket Costs for Health Plans</p> <p>Establishes premium assistance credits for individuals and families that have incomes at or less than 400% of the federal poverty level and enroll in health plans in Exchanges</p> <p>Caps standard out-of-pocket costs for health plans in Exchanges at \$5,950 for individuals and \$11,900 for families, with lower caps for individuals and families that receive premium assistance credits</p>					<p>Begins on January 1, 2014</p> <hr/> <p>Begins on January 1, 2014</p>		
<p>Health Care Choice Compacts</p> <p>Requires the HHS secretary to issue regulations for interstate Health Care Choice Compacts, which can offer qualified health plans in all associated states, provided that these plans adhere to the consumer protection and other laws of each of the states</p>				By July 31, 2013			

Provisions	2010	2011	2012	2013	2014	2016	2018 and Beyond
<p>Health Care Choice Compacts (cont.)</p> <p>Allows Health Care Choice Compacts to begin operations</p>						Begins on January 1, 2016	
MEDICAID AND CHIP							
<p>Medicaid Expansion</p> <p>Allows state Medicaid programs to cover parents and childless adults who have incomes at or less than 133% of the federal poverty level at their current federal match rates</p> <p>Maintenance of effort: requires states to maintain current Medicaid income eligibility levels for children</p> <p>Requires state Medicaid programs to cover all individuals who are younger than age 65 and have incomes at or less than 133% of the federal poverty level and provides these programs with increased match rates for coverage of newly eligible individuals</p>	<p>Begins immediately</p> <hr/> <p>Begins immediately and ends on December 31, 2015</p>					<hr/> <p>Begins on January 1, 2014</p>	

Provisions	2010	2011	2012	2013	2014	2016	2018 and Beyond
<p>CHIP</p> <p>Maintenance of effort: requires states to maintain current income eligibility levels for CHIP through September 2019</p> <p>Provides states with a 23 percentage point increase in their federal CHIP match rates, with a cap at 100%</p>	<p>Begins immediately and ends on September 30, 2019</p>			<p>Begins on October 1, 2013, and ends on September 30, 2019</p>			
<p>Medicaid Medical Home Pilot</p> <p>Allows states to enroll Medicaid beneficiaries with chronic conditions, which include serious and persistent mental illness, into medical homes as part of pilot projects.</p>		<p>Begins on January 1, 2011</p>					
<p>Medicaid Emergency Psychiatric Demonstration Project</p> <p>Requires HHS to establish a three-year Medicaid demonstration project to reimburse certain institutions for mental disease for services provided to beneficiaries who are between ages 21 and 65 and require medical assistance to stabilize an emergency psychiatric condition.</p>		<p>Begins on October 1, 2011</p>					

Provisions	2010	2011	2012	2013	2014	2016	2018 and Beyond
<p>Medicaid Community-Based Services</p> <p>Establishes a Community First Choice Option through which state Medicaid programs can offer community-based attendant services and supports to beneficiaries who otherwise would require the level of care offered in a hospital, nursing home, or intermediate care facility for the mentally retarded</p>		Begins on October 1, 2011					
<p>Medicaid Accountable Care Organization Pilot Program</p> <p>Establishes a demonstration project that will allow qualified pediatric providers to receive recognition and payments under Medicaid as accountable care organizations, as well as permit ACOs that meet quality of care standards and reduce costs to share in a portion of their savings to the program</p>			Begins on January 1, 2012				
MEDICARE							
<p>Specialized Medicare Advantage Plans for Special Needs Individuals</p> <p>Extends the Special Needs Plan program through 2013</p> <p>Allows HHS to apply a frailty payment adjustment to fully integrated, dual-eligible SNPs that enroll frail Medicare beneficiaries.</p>	Begins immediately	Begins on January 1, 2011					

Provisions	2010	2011	2012	2013	2014	2016	2018 and Beyond
<p>Specialized Medicare Advantage Plans for Special Needs Individuals (cont.)</p> <p>Requires an evaluation of Medicare Advantage risk adjustment for chronically ill beneficiaries.</p> <p>Requires SNPs to obtain approval from the National Committee for Quality Assurance.</p> <p>Requires HHS to transition Medicare beneficiaries enrolled in SNPs that do not meet statutory target definitions.</p> <p>Mandates that dual-eligible SNPs contract with state Medicaid programs</p>		<p>Begins on January 1, 2011</p> <hr/>	<p>Begins on January 1, 2012</p> <hr/>	<p>By January 1, 2013</p> <hr/> <p>Begins on January 1, 2013</p> <hr/>			
<p>Medicare Part D</p> <p>Requires pharmaceutical companies to provide a 50% discount to Medicare Part D beneficiaries for brand-name medications and biologics purchased in the “donut hole” coverage gap</p>		<p>Begins on January 1, 2011</p>					
<p>Medicare Medical Home Pilot Program</p> <p>Establishes a program to create and fund the development of community health teams to support the creation of medical homes through increased access to comprehensive, community-based, and coordinated care</p>			<p>By January 1, 2012</p>				

Provisions	2010	2011	2012	2013	2014	2016	2018 and Beyond
<p>Medicare Accountable Care Organizations</p> <p>Allows accountable care organizations that meet quality of care standards and reduce costs to share in a portion of their savings to Medicare.</p>			Begins on January 1, 2012				
WORKFORCE AND OTHER PROVISIONS							
<p>Co-Location of Primary and Specialty Care in Community-Based Behavioral Health Settings</p> <p>Authorizes \$50 million in grants for coordinated and integrated services through the co-location of primary and specialty care in community-based mental and behavioral health settings.</p>	Begins immediately						
<p>National Health Service Corps</p> <p>Authorizes specific funding amounts for the National Health Service Corps, with funding to increase from \$320,461,632 in 2010 to \$1,154,510,336 in 2016. After 2016, adjusts funding annually based on a formula.</p>	Begins immediately						

Provisions	2010	2011	2012	2013	2014	2016	2018 and Beyond
<p>Training for Behavioral Health Professionals</p> <p>Allows the HHS secretary to award grants to schools for the development, expansion, or improvement of training programs in social work, graduate psychology programs, professional training in child and adolescent mental health, and pre-service or in-service training to paraprofessionals in child and adolescent mental health. Authorizes funding for the grants from 2010 to 2013.</p>	Begins immediately						
<p>Loan Repayment for Pediatric Behavioral Health Specialists in Underserved Areas</p> <p>Establishes and authorizes funds for a Pediatric Specialty Loan Repayment Program for individuals who are employed in health professional shortage or medically underserved areas for at least two years and provide pediatric medical subspecialty; pediatric surgical specialty; or child and adolescent mental and behavioral health services, which include substance abuse prevention and treatment services.</p>	Begins immediately						

Provisions	2010	2011	2012	2013	2014	2016	2018 and Beyond
<p>Educating Primary Care Providers About Behavioral Health</p> <p>Establishes and authorizes funds for a Primary Care Extension Program to educate primary care providers about preventive medicine; chronic disease management; mental and behavioral health services, which include substance abuse prevention and treatment services; and evidence-based and evidence-informed therapies and techniques.</p>	Begins immediately						
<p>Community Transformation Grants</p> <p>Authorizes competitive grants to eligible entities for programs that promote individual and community health and prevent the incidence of chronic disease. Includes programs to prevent or reduce the incidence of mental illness.</p>	Begins immediately						
<p>Community Health Workforce Grants</p> <p>Authorizes grants to eligible entities to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers.</p>	Begins immediately						

Provisions	2010	2011	2012	2013	2014	2016	2018 and Beyond
<p>National Health Care Workforce Commission</p> <p>Establishes a National Health Care Workforce Commission to evaluate education and training programs to determine whether they will meet the expected demand for health care workers in the future; identify barriers to improved coordination of these programs at the federal, state, and local levels and recommend proposals to address these issues; and encourage innovations in these programs to address population needs, changes in technology, and other environmental factors.</p>	Begins by September 30, 2010						
<p>Federal Definition of Community Mental Health Centers</p> <p>Changes the federal definition of community mental health centers to include a requirement that these facilities provide at least 40% of their services to individuals who do not qualify for benefits under Medicare and excludes from the definition of partial hospitalization services provided by CMHCs or other entities any services provided in the homes of individuals or in inpatient or residential settings</p>		Begins on April 1, 2011					