

# Health Law Implementation Timeline

## (H.R. 3590 as Revised by H.R. 4872)

*DISCLAIMER: This document represents the best efforts of the Energy and Commerce Committee Republican staff to describe the substantive provisions and effective dates of the legislation. Because of the lack of clarity, internal inconsistencies, and ambiguity in the text, many provisions will inevitably be subject to dispute or alternative interpretations.*

### 2009

#### *Events Prior to Date of Enactment*

- *Medicaid:* Extends the drug rebate (the Federal minimum tax rate imposed on drug manufacturers participating in Medicaid) to managed-care organizations. (Sec. 2501)
- *Medicaid:* State Medicaid programs must offer premium assistance for the purchase of employer-sponsored health insurance and must also provide wrap-around benefits to such coverage (i.e., Medicaid-covered services not included in such employer-sponsored plans) when the cost to Medicaid for such coverage is less than the expected cost of providing full Medicaid benefits directly through the traditional Medicaid program. The statute's effective date for this provision is February 4, 2009. (Sec. 2203)
- *Medicare:* Effective starting July 1, 2009, the Secretary of Health and Human Services (the Secretary) must reduce the annual inflation update to Medicare payments for inpatient psychiatric facilities by 0.25 percentage points for rate year 2010. (Sec. 3401)
- *Medicare:* Effective starting October 1, 2009, Medicare's payments for certain outpatient department facility costs and ambulance services provided by critical access hospitals are increased from 100 percent of "reasonable costs" to 101 percent of "reasonable costs." (Sec. 3128)
- *Indian Health:* Extends the Indian Health Service authorization indefinitely by authorizing such sums as necessary to carry out the act for Fiscal Year 2010 and each fiscal year thereafter. (Sec. 10221; Sec. 825 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)

## 2010

### *Events Prior to the Date of Enactment*

#### *January 1, 2010*

- *Medicaid:* Increases the drug rebate (the Federal minimum tax rate imposed on drug manufacturers participating in Medicaid) on brand drugs from 15.1 to 23.1 percent, and increases the minimum Medicaid participation tax on generic drugs from 11 to 13 percent. (Sec. 2501)
- *Medicare and Medicaid:* Requires physicians to have a face-to-face encounter (including through telehealth) with an individual prior to issuing a certification or re-certification for home health services in order to reduce waste, fraud or abuse. (Sec. 6407)
- *Medicare:* Grants the Secretary the authority to disenroll, for no more than one year, a Medicare-enrolled physician or supplier who fails to maintain and provide access to the Secretary to written orders or requests for payment for durable medical equipment, certification for home services, or referrals for other items and services. (Sec. 6406)
- *Medicare:* Providers and suppliers have one year to file claims for payment. (Sec. 6404)
- *Medicare:* Allows the Secretary to modify what preventive services are covered under Medicare based on recommendations by the U.S. Preventive Services Task Force. (Sec. 4105)
- *Public Health:* Expands the Health Resources and Services Administration's 340B Drug Pricing Program, which requires prescription drug manufacturers to discount significantly the price of outpatient drugs dispensed at facilities that have large amounts of uncompensated care, to include the outpatient settings of qualifying children's hospitals, free-standing cancer hospitals, critical access hospitals, rural referral centers and sole community hospitals. This section applies to drugs purchased on or after January 1, 2010. (Sec. 7101)
- *Taxes:* Requires Blue Cross Blue Shield organizations to have a medical loss ratio of 85 percent or higher to take advantage of the special deductions afforded to such organizations under the Internal Revenue Code. Effective for tax years beginning after December 31, 2009. (Sec. 9016)
- *Taxes:* Increases the adoption tax credit incentive and extends it through the end of 2011. Effective for tax years beginning after December, 31 2009. (Sec. 10909)

### ***Events Prior to Date of Enactment, continued***

- *Taxes:* Eliminates the cellulosic biofuel producer (“black liquor”) tax credit. Effective for fuels sold or used on or after January 1, 2010. (H.R. 4872 Sec.1408)

### ***March 1, 2010***

- *Medicare and Medicaid:* Requires the Secretary of Health and Human Services to establish a Federal Coordinated Health Care Office to help coordinate Medicare and Medicaid services for dual-eligible beneficiaries and to improve coordination with States. (Sec. 2602)

### ***March 23, 2010 (Date of Enactment)***

- *Insurance:* Deadline for the Secretary to establish a process to annually review “unreasonable” premium increases for health insurance coverage. HHS may award up to \$250 million in grants to State Insurance Commissioners to provide HHS with information about premium increase trends and (until 2014) make recommendations as to whether particular health insurance issuers should be excluded from the Exchange based on a pattern of excessive or unjustified premium increases. (Sec. 1003; Sec.1004)
- *Insurance:* Deadline for the Secretary to award grants (\$30 million for the first fiscal year; such sums as necessary going forward) to States that create ombudsmen programs or offices of consumer assistance, which will help consumers file inquiries, complaints or appeals on health insurance problems, enroll in health plans, and report to the Secretary data on the presented problems and inquires. The Secretary shall share this information with State insurance regulators and the Secretaries of Labor and Treasury for use in their enforcement activities. (Sec. 1002; Sec. 1004)
- *Medicaid:* Start date for States to maintain their current Medicaid eligibility standards, methodologies, and procedures for adult populations until December 31, 2013, when the State Exchanges begin. States also must maintain their current eligibility standards, methodologies and procedures for children in Medicaid and in the State Children’s Health Insurance Program until September 30, 2019. (Sec. 2001 as modified by Sec. 10201)
- *Medicare, Medicaid and SCHIP:* Requires the Secretary to implement a transition process under which the Secretary shall cease operating the Health Integrity and Protection Databank and transfer the information contained in the databank to the National Practitioner Databank. (Sec. 6403)
- *Medicare and Medicaid:* Requires a physician, physician assistant, nurse practitioner or a clinical nurse specialist to have a face-to-face encounter (including through telehealth) with a patient to certify eligibility for durable medical equipment, in order to reduce waste, fraud or abuse. (Sec. 6407)

***March 23, 2010, continued***

- *Medicare:* The Secretary, using the recommendations of a multi-stakeholder group, assumes responsibility for selecting measures related to the “quality and efficiency” of health care for use in specified Federal quality programs. (Sec. 3014 as amended by Sec. 10304)
- *Medicare:* The Secretary may require a face-to-face encounter with a medical provider to certify patients’ eligibility for items and services for which Medicare pays, based upon a finding that such a decision would reduce the risk of waste, fraud, or abuse (Sec. 6407).
- *Medicare:* Extends through September 30, 2010, Section 508 reclassifications, which allow for the geographic reclassification of certain hospitals to areas with higher wage index values, and restores reclassification thresholds to the percentages used in Fiscal Year 2009. (Sec. 3137)
- *Medicare:* Extends through 2010 an exception to a CMS payment rule permitting laboratories to receive direct payment from Medicare when providing technical pathology services that have been outsourced to clinical labs. (Sec. 3104)
- *Medicare:* Extends through 2010 increased payments for certain Medicare mental health services by five percent established in the Medicare Improvements for Patients and Providers Act of 2008. (Sec. 3107)
- *Medicare:* Extends through 2010 a repeatedly extended exception process (contained in the Deficit Reduction Act of 2005) for coverage of services that exceed the per-beneficiary annual limit on the allowed Medicare amount for outpatient physical therapy and speech-language pathology and occupational therapy. (Sec. 3103)
- *Medicare:* Extends through 2010 current law’s expiring minimum work component of the geographic adjustment for Medicare physician payments and establishes a new methodology for calculating the adjustment for 2010 and subsequent years. Directs the Secretary to analyze current methods of establishing practice expense geographic adjustments in order to make appropriate adjustments to ensure accurate geographic adjustments across payment areas by January 1, 2012. (Sec. 3102, and H.R. 4872, Sec. 1108)
- *Medicare:* Requires the Secretary to reduce the annual inflation update to Medicare payments for hospital outpatient departments by 0.25 percentage points for 2010. (Sec. 3401)
- *Medicare:* Extends through September 30, 2011, the Medicare Rural Hospital Flexibility Program (a grant program administered by the Health Resources and Services Administration) and makes grant funding available to assist small rural hospital to participate in delivery-system reforms made by the Act. (Sec. 3129)
- *Medicare:* Extends through September 30, 2011, the current demonstration authority for existing gain-sharing projects authorized in the Deficit Reduction Act of 2005 to evaluate financial arrangements between hospitals and physicians. (Sec. 3027)

***March 23, 2010, continued***

- *Medicare:* Extends through FY 2012 funding for beneficiary outreach and education activities related to low-income programs with an additional \$45 million for such activities. (Sec. 3306)
- *Medicare:* Sets Medicare payment for bone-density tests at 70 percent of the 2006 reimbursement rates in 2010 and 2011, subject to conversion and geographic adjustment factors. (Sec. 3111)
- *Medicare:* Extends through December 29, 2012, (1) an exemption for certain long-term care hospitals (located within a hospital or a satellite facility to a hospital) from the requirement that they be separate entities; (2) the moratorium on implementation of a CMS payment adjustment for short-stay outliers and new long-term care hospitals; and (3) an existing moratorium on new long-term hospitals and restrictions on increases in the number of beds in existing long-term care hospitals. (Sec. 3106)
- *Medicare:* Extends through the end of 2012 the authority for dual-eligible special-needs plans to continue to operate without contracting with State Medicaid programs. (Sec. 3205)
- *Medicare:* Revises a current five-year rural community hospital demonstration by extending it for an additional five years, expanding the number of participating hospitals to 30, and specifying that the 20 States with low population densities participate in the demonstration. (Sec. 3123 as modified by Sec. 10313)
- *Medicare:* Permits the Secretary to periodically identify physician services as potentially misvalued, and make appropriate adjustments to the relative values of such services under the Medicare physician fee schedule. (Sec. 3134)
- *Medicare:* Removes all funds (\$22.2 billion) from the Secretary's Medicare Improvement Fund. (Sec. 3112)
- *Medicare:* Begins Medicare coverage for certain individuals exposed to environmental health hazards, such as asbestos. (Sec. 10323)
- *Medicare:* Makes available a 12-month special-enrollment period for military retirees, spouses and dependent children, who are otherwise eligible for TRICARE and entitled to Medicare Part A based on disability or end-stage renal disease, but who have declined Medicare Part B coverage. (Sec. 3110)
- *Medicare:* Requires the Secretary to conduct a three-year demonstration program, using no more than 15 hospice programs, for patients who are eligible for hospice care to receive all Medicare-covered services. (Sec. 3140)

***March 23, 2010, continued***

- *Medicare:* Permits for three years (January 1, 2010 to January 1, 2013) reasonable-cost plans to continue operating regardless of the number of other Medical Advantage plans serving the area. Reasonable-cost plans are Medicare Advantage plans that are reimbursed by Medicare for the actual cost of providing services to enrollees. (Sec. 3206)
- *Medicare:* Makes permanent certain Medicare Advantage senior-housing facilities if they meet criteria outlined in the statute (e.g., operating in the Secretary's demonstration project for more than a year, restricting enrollment to individuals who reside in a continuing care retirement community, providing primary care services and transportation to specialists outside the facility). (Sec. 3208)
- *Medicare:* Eliminates the Medicare Advantage Regional Plan Stabilization Fund and transfers the fund's money to Part B. (Sec. 10327(c))
- *Medicare:* Requires the Secretary to develop a system to handle Medicare Advantage and Part D drug complaints that includes a model electronic complaint form to be displayed online. Requires the Secretary to submit to Congress annual reports analyzing the complaints received, the timeliness of responses to complaints, and the resolution of complaints. (Sec. 3311)
- *Public Health:* The Secretary, subject to appropriations, must collect and analyze quality data from a variety of sources, may award grants or contracts for this purpose, must establish a strategic framework to carry out the public reporting of performance information, and must develop a Web site to make this information publicly available. (Sec. 3015 as amended by Sec. 10305)
- *Public Health:* Requires the Secretary, subject to appropriations, to establish a program to provide grants funding community health teams for States, Indian tribes or tribal organizations. These teams will provide support to primary care providers, including support for patient-centered medical homes, and provide capitated payments to these providers. (Sec. 3502 and 3511)
- *Public Health:* Requires the Secretary, as soon as practicable after the date of enactment and subject to appropriations, to award contracts to develop patient-decision aids, educate providers, and establish Shared Decision Making Resource Centers to encourage best practices on the use of patient-decisions aids and shared decision-making. (Sec. 3506)
- *Public Health:* Requires the Secretary to award at least four contracts or competitive grants (\$24 million appropriated each fiscal year from 2010 through 2014) to support States' and Indian tribes' emergency medical and trauma system pilot projects. The Secretary must also support Federal programs to improve emergency and trauma care. (Sec. 3504)

***March 23, 2010, continued***

- *Public Health:* Permits the Secretary, subject to appropriations, to award grants for demonstration projects to develop and implement academic curricula that integrates quality improvement and patient safety into the clinical education of health professionals. (Sec. 3508 and 3511)
- *Public Health:* Establishes Offices on Women's Health in the Offices of the Secretary of Health and Human Services, the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration and the Food and Drug Administration. (Sec. 3509)
- *Public Health:* Start date of new requirements on the Secretary, subject to appropriations, when awarding grants through the patient-navigator program to those meeting minimum core proficiencies. Grants may only be awarded to entities that provide assurances that patient navigators recruited, assigned, trained or employed using grant funds meet minimum core proficiencies, as defined by the entity that submits the application, that are tailored for the main focus or intervention of the navigator involved. (Sec. 3510)
- *Public Health:* Creates the Prevention and Public Health Fund to provide for expanded investment in prevention and public health programs. Appropriates to the fund from the Treasury the following amounts: \$500 million for FY2010; \$750 million for FY2011; \$1 billion for FY2012; \$1.25 billion for FY2013; \$1.5 billion for FY2014; and \$2 billion for each fiscal year thereafter. (Sec. 4002)
- *Public Health:* Reauthorizes a clinical preventive services task force and codifies authority for a community preventive services task force, subject to appropriations. (Sec. 4003)
- *Public Health:* Requires the Secretary to create grant programs for the establishment and operating costs of school-based health centers. For the establishment of such centers, appropriates from the Treasury \$50 million for each of Fiscal Year 2010 through Fiscal Year 2013, to remain available until expended. (Sec. 4101)
- *Public Health:* Requires the Secretary to create grant programs and education campaigns on oral health, subject to appropriations. (Sec. 4102)
- *Public Health:* Requires the Secretary to create a program of competitive grants for the implementation, evaluation and dissemination of evidence-based community preventive health activities, in order to reduce chronic disease rates, address health disparities, and develop a stronger evidence base of effective prevention programming. Although subject to appropriations, such appropriations may be available from funds provided through the Prevention and Public Health Fund established under Sec. 4002. (Sec. 4201)

**March 23, 2010, continued**

- *Public Health:* Requires the Secretary to create a program of grants to State or local health departments or Indian tribes for five-year pilot programs to provide community prevention interventions, screenings, and clinical referrals for individuals who are between 55 and 64 years of age. The Secretary also is required to conduct an evaluation of community-based prevention and wellness programs, and, based on findings, develop a plan for promoting healthy lifestyles and chronic disease self-management for Medicare beneficiaries. To fund this evaluation, the Secretary is required to transfer to CMS \$50 million in total from the Medicare Part A and Part B Trust Funds, in whatever proportion the Secretary determines. (Sec. 4202)
- *Public Health:* Permits the Secretary to negotiate and enter into contracts with manufacturers for the purchase of vaccines for adults, and permits States to purchase such vaccines at the prices negotiated by the Secretary. Permanently reauthorizes the Public Health Services Act's Section 317 immunization grant program. (Sec. 4204)
- *Public Health:* Requires the Secretary to conduct a demonstration program of grants to States to improve immunization coverage of children, adolescents and adults, subject to appropriations. (Sec. 4204)
- *Public Health:* Requires the Secretary, subject to appropriations, to establish a pilot program in not more than 10 community health centers to test the impact of providing at-risk individuals who use the centers with individualized wellness plans. (Sec. 4206)
- *Public Health:* Requires employers to provide a reasonable break time and private location (other than a bathroom) for an employee to express breast milk when nursing for one year after the child's birth. Employers with fewer than 50 employees may be exempted if requirements would pose undue hardship. (Sec. 4207)
- *Public Health:* Requires the Secretary to fund research on public health services and systems, such as examining evidence-based practices. (Sec. 4301)
- *Public Health:* Requires the Centers for Disease Control and Prevention Director to provide employers with technical assistance and other resources to evaluate workplace wellness programs. (Sec. 4303)
- *Public Health:* Requires the Secretary, acting through the CDC and subject to appropriations, to establish an Epidemiology and Laboratory Capacity Grant Program to strengthen national epidemiology, laboratory and information management capacity for responding to infectious diseases. Eligible entities include State, local and tribal health departments and certain academic centers. (Sec. 4304)
- *Public Health:* Requires the Secretary to conduct an evaluation and report to Congress regarding the health status of the Federal workforce. (Sec. 4402)



***March 23, 2010, continued***

- *Public Health:* Establishes a 15-member National Health Care Workforce Commission to review health care workforce supply and demand and make recommendations on national priorities and policies, and to review and make recommendations on several specified topics. Requires the Commission to submit annual reports on both sets of activities to Congress and the Administration beginning in 2011. (Sec. 5101)
- *Public Health:* Establishes a State health care workforce development grants program, subject to appropriations, to help State partnerships implement comprehensive health care workforce development strategies at the State and local level. (Sec. 5102)
- *Public Health:* Establishes Federal loan repayment programs, subject to appropriations, for appropriately trained health professionals who agree to work in the following fields: pediatric medical and surgical specialist, child and adolescent mental and behavioral health, and public health. (Sec. 5203 and 5204)
- *Public Health:* Provides for loan repayment to allied health professionals (e.g., dental hygienists, dieticians, physical therapists and speech language pathologists) employed at public health agencies, acute care or ambulatory care facilities, residences, or medically underserved areas. Provides for the establishment of a public health workforce loan repayment program. Authorizes grants for scholarships to train mid-career professionals in public and allied health. All three programs are subject to appropriations. (Sec. 5205 and 5206)
- *Public Health:* Establishes a grant program, subject to appropriations, to fund nurse-managed health clinics. (Sec. 5208)
- *Public Health:* Eliminates the cap on the number of Regular Corps officers in the U.S. Public Health Service Commissioned Corps and places active-duty reserve officers in the Regular Corps. Also establishes a Ready Reserve Corps of officers who are subject to intermittent involuntary deployment to bolster public health workforce capacity. (Sec. 5209 and 5210)
- *Public Health:* Authorizes the Secretary, subject to appropriations, to award grants or contracts for training in family medicine, general internal medicine, general pediatrics, physician assistantship and dentistry. Requires the Secretary, subject to appropriations, to award grants or contracts for training opportunities for direct care workers employed in long-term care settings. (Sec. 5301-5303)
- *Public Health:* Authorizes the Secretary, subject to appropriations, to establish a demonstration program to train alternative dental health care providers to increase access to dental care in rural and other underserved communities. (Sec. 5304)

**March 23, 2010, continued**

- *Public Health:* Requires the Secretary to award grants or contracts for geriatric workforce development training programs to qualified entities that operate a Geriatric Education Center. Establishes a grants program for health professionals entering the field of geriatrics, long-term care and chronic-care management. Both programs are subject to appropriations. (Sec. 5305)
- *Public Health:* Authorizes the Secretary, subject to appropriations, to award grants for education and clinical education in child and adolescent mental health. (Sec. 5306)
- *Public Health:* Requires the Secretary, subject to appropriations, to support the development and evaluation of research, demonstration projects, and model curricula for use in health professions and nursing schools and in continuing education programs for training in cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities. (Sec. 5307)
- *Public Health:* Authorizes the Secretary, subject to appropriations, to award grants or contracts to enhance the nursing workforce by increasing nurse retention. (Sec. 5309)
- *Public Health:* Permits the Secretary, acting through the Health Resources and Services Administration and subject to appropriations, to enter into agreements with eligible individuals for the repayment of education loans to increase the number of qualified nursing faculty. (Sec. 5311)
- *Public Health:* Permits the Secretary, subject to appropriations, to expand existing fellowship training in public health epidemiology, public health laboratory science, public health informatics and the epidemic intelligence service. (Sec. 5314)
- *Public Health:* Authorizes the Secretary to establish the United States Public Health Sciences Track to award degrees that emphasize team-based service, public health, epidemiology, and emergency preparedness and response at accredited and affiliated health profession education training programs to be selected by the Secretary. Requires the Secretary, beginning in Fiscal Year 2010, to transfer funds from the Public Health and Social Services Emergency Fund to carry out these activities. (Sec. 5315).
- *Public Health:* Requires the Secretary, subject to appropriations, to expand the Area Health Education Centers program and to establish grant programs to provide support for health professionals in underserved communities. (Sec. 5403)
- *Public Health:* Requires the Secretary, subject to appropriations, to establish a grant program to educate primary care providers about preventive medicine, health promotion, chronic disease management, mental health services and evidence-based therapies. (Sec. 5405)

***March 23, 2010, continued***

- *Public Health:* Requires the Secretary, in consultation with the Secretary of Labor, to establish a grants program to conduct demonstration projects to aid Temporary Assistance for Needy Families welfare recipients and other low-income individuals in obtaining training for health care jobs. Also establishes a demonstration program to award grants to States to develop core training competencies and certification programs for personal and home health care aides. Appropriates \$85 million to carry out both demonstration projects for each of Fiscal Year 2010 through 2014. (Sec. 5507)
- *Public Health:* Permits the Secretary, subject to appropriations, to establish a grants program to allow teaching health centers to create or expand their primary care residency programs. (Sec. 5508)
- *Public Health:* Authorizes the establishment of a Patient-Centered Outcomes Research Institute as a nonprofit research corporation to identify comparative clinical effectiveness research priorities and support systematic review and primary research. (Sec. 6301)
- *Public Health:* Establishes a Patient-Centered Outcomes Research Fund in the U.S. Treasury. Appropriates to the fund specified amounts for each of Fiscal Years 2010 through 2019 to be transferred from the general fund of the Treasury from funds not otherwise appropriated. (Sec. 6301)
- *Public Health:* Terminates the Federal Coordinating Council on Comparative Effectiveness Research. (Sec. 6302)
- *Public Health:* Start date for a pathway for the Secretary to approve biosimilar biological products. Requires the Secretary to perform biennial audits on the cost of reviewing biosimilar applications, through October 1, 2013. The completion of the first audit is dependent on the date of the first biosimilar application submitted under 351(k) of the Public Health Service Act. (Note: no effective date listed.) (Sec. 7002)
- *Public Health:* Requires the Secretary, subject to appropriations, to develop a system to verify the “ceiling price” that manufacturers charge under the 340B program. (Sec. 7102)
- *Taxes:* Establishes in statute the economic substance doctrine (a judicially developed doctrine that IRS has used to fight tax shelters), which permits transactions lacking in economic substance to be disregarded for tax purposes. (H.R. 4872 Sec. 1409)
- *Taxes:* Provides an exclusion from gross income for certain Indian tribe health benefits, including health plan coverage and medical care provided by Indian tribes to their members and their members’ families (Sec. 9021)

**March 23, 2010, continued**

- *Taxes:* Establishes additional requirements and penalties for nonprofit hospitals to qualify as Sec. 501(c)(3) charitable hospital organizations under the Internal Revenue Code. Hospitals must limit the amount charged for those eligible for assistance. The Treasury Secretary must review the community benefit activities of each hospital every three years. The Treasury Secretary, in consultation with the Secretary, must submit an annual report to Congress. (Sec. 9007)
- *Indian Health:* Requires the Secretary to establish grant programs for public, nonprofit Indian Health Service, Indian tribal and urban Indian trauma centers, and establish grants to States to support trauma doctors and access. (Sec. 3505).
- *Indian Health:* Requires the Secretary, acting through the Indian Health Service, to develop a Community Health Aide Program to provide for the training of Alaska Natives as health aides or community health practitioners, use those aides or practitioners in the provision of health care, and provide for the establishment of teleconferencing capacity for use by community health aides or practitioners. (Sec. 10221; Sec. 111 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009).
- *Indian Health:* Directs the Secretary, acting through the Indian Health Service, to fund demonstration programs to address the chronic shortage of health professionals. (Sec. 10221; Sec. 112 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Exempts employees of tribal health programs from payment of fees imposed by a Federal agency to the same extent as Public Health Service and Indian Health Service employees. (Sec. 10221; Sec. 113 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Permits the Secretary, acting through the Indian Health Service, to expend funds to eliminate health status and health resource deficiencies of Indians. (Sec. 10221; Sec. 121 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Creates a catastrophic health emergency fund, intended to meet the extraordinary medical costs associated with treatment of victims of disasters or catastrophic illnesses. (Sec. 10221; Sec. 122 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Requires the Secretary, acting through the Indian Health Service, to determine the prevalence of diabetes, undertake efforts to prevent, treat and control diabetes, and maintain existing model diabetes projects. (Sec. 10221; Sec. 123 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)

***March 23, 2010, continued***

- *Indian Health:* Permits the Secretary, acting through the Indian Health Service, to provide funding for the following services: hospice, assisted-living and home- and community-based services for disabled elderly persons, and long-term care. (Sec. 10221; Sec. 124 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Allows the Federal government and Indian tribes to be reimbursed by health insurers for health services provided. (Sec. 10221; Sec. 125 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Requires reimbursements recovered under Medicare, Medicaid, SCHIP and other laws to go to the unit that provided the health service. (Sec. 10221; Sec. 126 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Covers cancer screenings, in addition to mammographies, for Indian women. (Sec. 10221; Sec. 128 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Permits the Secretary, acting through the Indian Health Service, to provide funds for patient travel costs and escorts. (Sec. 10221; Sec. 129 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Requires the Secretary to establish epidemiology centers, permits the Secretary to provide grants for epidemiological studies, and stipulates the Secretary must coordinate with CDC in these activities. (Sec. 10221; Sec. 130 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Requires the Secretary, acting through the Indian Health Service, to make grants for the purpose of developing and maintaining Indian psychology career recruitment programs. Authorizes appropriations of \$2.7 million for Fiscal Year 2010 and each fiscal year thereafter. Nine colleges or universities are eligible to receive grants, including the University of North Dakota. (Sec. 10221; Sec. 132 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Permits the Secretary, acting through the Indian Health Service and after consultation with the CDC, to make grants for prevention and control of infectious diseases. (Sec. 10221; Sec. 133 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Exempts health professionals employed by tribal health program, if licensed in any State, from licensure requirements in the State(s) where the tribal health program provides services. (Sec. 10221; Sec. 134 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)

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- *Indian Health:* Stipulates that a patient who receives contract health services authorized by the Indian Health Service is not liable for any charges or costs associated with the service. (Sec. 10221; Sec. 135 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Permits the Secretary to establish an Office of Indian Men's Health and an Office of Indian Women's Health. (Sec. 10221; Sec. 136 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Requires GAO to issue a report on the funding and administration of the contract health service program (as soon as practicable). (Sec. 10221; Sec. 137 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Requires the Secretary, acting through Indian Health Service, to maintain a health care facility priority system that takes into account each Indian tribe's needs and to submit a report on such system to the President for inclusion in the President's annual report to Congress on the Indian Health Service. (Sec. 10221; Sec. 141 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Protects the priority of specified types of projects under the new health care facility construction priority system. (Sec. 10221; Sec. 142 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Permits the Secretary, acting through the Indian Health Service, to authorize demonstration projects on health care delivery and set forth guidelines for the projects. (Sec. 10221; Sec. 143 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Establishes rules for tribal health program management of federally owned employee quarters, including collection of rent and other compensation. (Sec. 10221; Sec. 144 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Authorizes the transfer of funds, equipment or supplies from Federal agencies to the Secretary for construction and operation of health care or sanitation facilities. (Sec. 10221; Sec. 145 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Requires the Secretary, acting through the Indian Health Service, to establish a demonstration program on the use of modular-component facilities. Authorizes \$50 million for each fiscal year from 2010 through 2014. (Sec. 10221; Sec. 146 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)

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- *Indian Health:* Requires the Secretary, acting through the Indian Health Service, to establish a mobile health station demonstration program. (Sec. 10221; Sec. 147 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Establishes that payments received by an Indian health program or by an urban Indian organization under Medicare, Medicaid and SCHIP cannot be considered in determining appropriations for the provision of health care to Indians. Further, dictates how funds received by an Indian health program under Medicare, Medicaid and SCHIP can be used. (Sec. 10221; Sec. 151 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Permits Indian organizations to purchase health insurance coverage for beneficiaries, including through self-insured plans, HMOs and high-deductible or Health Savings Account plans. (Sec. 10221; Sec. 152 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Requires the Secretary, acting through the Indian Health Service, to make grants and enter into contracts to assist Indians in enrolling in Medicare, Medicaid and SCHIP. (Sec. 10221; Sec. 153 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Permits the Secretary to enter into arrangements for the sharing of medical facilities between the Indian Health Service, Indian tribes, Veterans Affairs Department and Defense Department. (Sec. 10221; Sec. 154 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Sets forth for the Secretary guidelines governing payments to Veterans Affairs for the treatment of Indian veterans authorized under Veterans Affairs laws and provided at an Indian Health Service facility. (Sec. 10221; Sec. 155 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Requires all Federal health programs to accept Indian Health Service and Indian organizations as providers, if the Indian entity meets generally applicable State or other requirements for providers, and exempts those organizations from State or local licensure or recognition requirements if the entity meets all applicable standards for licensure. (Sec. 10221; Sec. 156 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Establishes that tribal health programs and urban Indian health projects may purchase coverage for their employees under the Federal Employees Health Benefits Program or the Federal Employees Group Life Insurance program under certain conditions. (Sec. 10221; Sec. 157 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)

***March 23, 2010, continued***

- *Indian Health:* Sets forth the types of third-party health insurance that are subject to the rules governing the handling of reimbursement. (Sec. 10221; Sec. 158 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Authorizes the construction and renovation of facilities of urban Indian organizations. (Sec. 10221; Sec.161 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Makes permanent the Tulsa Clinic and Oklahoma City Clinic demonstration projects and authorizes the construction or renovation of facilities. (Sec. 10221; Sec. 162 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Requires the Secretary, acting through the Indian Health Service, to confer with urban Indian organizations in carrying out the Act. (Sec. 10221; Sec. 163 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Permits the Secretary, acting through the Indian Health Service, to enter into grants with urban Indian organizations on prevention, control and elimination of communicable and infectious diseases, Indian youth detoxification and rehabilitation, and behavioral health prevention and treatment services. (Sec. 10221; Sec.164 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Permits the Secretary to enter into contracts with urban Indian organizations and make grants through the Community Health Representative Program. (Sec. 10221; Sec. 165 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Permits the Secretary to allow an urban Indian organization to use Federal government real property or personal property to carry out a grant or contract. Permits urban Indian health projects to be deemed Federal executive agencies with access to Federal sources of supply including Federal prime vendors. Permits the Secretary to make grants to Urban Indian Organizations for the development, adoption and implementation of health information technology and telemedicine services. (Sec. 10221; Sec. 166 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Reestablishes the Indian Health Service as an Agency of the Public Health Service and directs the head of the Indian Health Service to report to the HHS Secretary. (Sec. 10221; Sec. 171 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Establishes the Office of Direct Service Tribes. (Sec. 10221; Sec. 172 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)



***March 23, 2010, continued***

- *Indian Health:* Requires the Secretary, acting through the Indian Health Service, to develop a comprehensive behavioral health prevention and treatment program, and to encourage tribes to develop local plans. The Secretary, if funds are available, must develop comprehensive care programs. (Sec. 10221; Sec. 181 (702) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Requires the Secretary to establish and maintain a mental health technician program within the Indian Health Service. (Sec. 10221; Sec. 181 (705) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Requires licensure of any individual employed as psychologist, social worker or marriage/family therapist for the purpose of providing mental health care services to Indians. (Sec. 10221; Sec. 181 (706) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Permits the Secretary to make grants to Indian tribes/organizations to develop/implement a comprehensive behavioral health program that addresses the needs of Indian women. (Sec. 10221; Sec. 181 (707) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Requires the Secretary, acting through the Indian Health Service, to develop and implement a program for acute detoxification and treatment for Indian youths and to establish one treatment center or treatment network within each area under the jurisdiction of an area office (California must have two centers instead of one and funds are authorized for two facilities in Fairbanks and southeast Alaska). Additionally, the Secretary may provide intermediate behavioral health services and build facilities for same. (Sec. 10221; Sec. 181 (708) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Requires the Secretary, in cooperation with the Secretary of the Interior, to develop and implement a program of community education and involvement designed to provide timely information to the community leadership of each tribal community. (Sec. 10221; Sec. 181 (710) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Permits the Secretary, acting through the Indian Health Service, to develop programs that deliver innovative, community-based health services to Indians. The law authorizes grants for same. (Sec. 10221; Sec. 181 (711) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009).
- *Indian Health:* Permits the Secretary to establish and operate fetal alcohol spectrum disorder programs and award grants for same, and requires the Secretary to provide services for the prevention, treatment and care for those affected by fetal alcohol spectrum disorders. (Sec. 10221; Sec. 181 (712) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)

***March 23, 2010, continued***

- *Indian Health:* Requires the Secretary to establish treatment programs for children who are victims of sexual abuse and their families. (Sec. 10221; Sec. 181 (713) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Permits the Secretary to establish treatment programs for victims of domestic violence and sexual abuse and their families. The bill also requires the Secretary to coordinate with the Attorney General and Federal and tribal law enforcement authorities to develop appropriate victim service and victim advocate training programs. (Sec. 10221; Sec. 181 (714) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Requires the Secretary to make grants for research on the incidence and prevalence of behavioral health problems. (Sec. 10221; Sec. 181 (715) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Permits the Secretary to carry out a demonstration project to test telemental health services in suicide prevention, intervention and treatment of Indian youth. (Sec. 10221; Sec. 181 (721) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Permits the Secretary, acting through the Indian Health Service and through consultation with the Substance Abuse and Mental Health Services Administration, to award grants for up to four years for the provision of telemental health services to young Indians. Requires the Secretary to submit a report to Congress on the projects funded within two years of issuing the first grant and to submit a report describing the demonstration project within 270 days of its completion. Authorizes annual appropriations of \$1.5 million for Fiscal Years 2010- 2013. (Sec. 10221; Sec. 181 (723) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Requires the Secretary to carry out measures to maximize the efficiency of the process used by Indian organizations to apply for grants, including new requirements for receipt of grants such as requirements that grant-receiving States report how the State collaborated with Indians in the State. (Sec. 10221; Sec. 181 (724) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Requires the Secretary to encourage Indian tribes to obtain the services of pre-doctoral psychology and psychiatry interns. (Sec. 10221; Sec. 181 (725) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)

***March 23, 2010, continued***

- *Indian Health:* Authorizes the Secretary to carry out a demonstration program to test the effectiveness of life skills curricula for the prevention of Indian youth suicide and award grants for same, and report on the program's results within 180 days after termination of demonstration program. Authorizes \$1 million to be appropriated for each of fiscal years 2010 through 2014. (Sec. 10221; Sec. 181 (726) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Establishes protections for medical quality-assurance records. (Sec. 10221; Sec. 191 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Establishes Arizona, North Dakota and South Dakota as contract health care service areas and sets forth eligibility of California Indians for health services. (Sec. 10221; Sec. 192 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Prevents the Secretary from removing a National Health Service Corps member from an Indian program unless the Secretary has ensured that Indians will not experience a reduction in services. Permits an Indian health program to limit the services of National Health Service Corps personnel to those eligible to be served by the Indian health program. (Sec. 10221; Sec. 193 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Set forth rules regarding provision of health services by the Indian Health Service to persons otherwise ineligible for those services. (Sec. 10221; Sec. 194 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Establishes requirements for the President's budget request. (Sec. 10221; Sec. 195 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Requires the Secretary, in coordination with Secretary of Interior and the Attorney General, to establish a prescription drug-monitoring program. (Sec. 10221; Sec. 196 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Permits tribal health programs operating under self-governance compacts to charge Indians for health services but prevents the Indian Health Service from charging Indians. (Sec. 10221; Sec. 197 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Establishes that the Federal government is not liable for any damages resulting from traditional health care practices. (Sec. 10221; Sec. 199A of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)

***March 23, 2010, continued***

- *Indian Health:* Establishes a director of HIV/AIDS Prevention within the Indian Health Service; requires the director to issue biennial report to Congress describing HIV/AIDS prevention efforts. (Sec. 10221; Sec. 199B of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Reauthorizes the Native Hawaiian health care programs. (Sec. 10221; Sec. 202 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)

***April 1, 2010***

- *Medicaid:* Start date for a new State option to expand Medicaid to certain non-elderly individuals up to 133 percent of the Federal Poverty Level. Funding for an early expansion would be at the State's regular Medicaid matching rate. (Sec. 2001 as amended by Sec. 10201 and H.R. 4972 Sec. 1004 and 1201)
- *Medicare:* Start date for the Secretary to reduce the annual inflation update to Medicare payments for inpatient acute hospitals, inpatient rehabilitation facilities and long-term care hospitals by 0.25 percentage points for fiscal year 2010. (Sec. 3401)
- *Medicare:* Start date for an extension (through January 1, 2011) of bonus payments for ground ambulance services originating in rural areas, and an increase in Medicare reimbursement rates for ambulances. (Sec. 3105 as modified by Sec. 10311)
- *Public Health:* Deadline for a negotiated rulemaking committee to report to the Secretary about the committee's progress toward achieving a consensus on a rulemaking process to develop a comprehensive methodology and criteria for designating medically underserved populations and health professional shortage areas. (Sec. 5602)

***April 22, 2010 (30 days after enactment)***

- Deadline for the Secretary to publish on the Web site of the Department of Health and Human Services a list of all of the authorities provided to the Secretary under this Act. (Sec. 1552)
- *Public Health:* Deadline for Congress to appoint members to the "Commission on Key National Indicators." (Sec. 5605)

***May 1, 2010***

- *Public Health:* Deadline for the Secretary, subject to appropriations, to establish a program to provide grants or contracts in support of medication-management services provided by licensed pharmacists in the treatment of chronic disease. (Sec. 3503 and 3511)

***May 22, 2010 (60 days after the date of enactment)***

- ***Insurance:*** Deadline for the Secretary to develop a standard format to describe information about health care coverage options (including private insurance, Medicaid, Medicare and State high-risk pools). Information shall be provided on the percentage of total premium revenue spent on nonclinical costs, eligibility, availability, premium rates and cost-sharing. These standards will be used by the Secretary to present the information on a Web site starting July 1, 2010. (Sec. 1103)

***May 23, 2010***

- ***Public Health:*** Deadline for the newly created Commission on Key National Indicators to develop and implement a schedule for completion of a GAO study, financial audit and programmatic review. (Sec. 5605)

***June 21, 2010 (90 days after the date of enactment)***

- ***Insurance:*** Deadline for the Secretary to establish a temporary \$5 billion high-risk health insurance pool program to provide coverage for individuals who have been without coverage for more than six months and have a pre-existing condition as defined by the Secretary. The funding would be used to cover claims and administrative costs associated with operating the high-risk pool. HHS could operate the program either directly or through contracts with States or other eligible entities. States with programs already in place will have to continue their current funding levels in order to receive funding. Program terminates January 1, 2014. (Sec. 1101)
- ***Insurance:*** Deadline for the Secretary to establish a temporary \$5 billion re-insurance program to reimburse partially employers (including State and local government employers) for costs associated with health plans for retirees ages 55-64 and eligible family members. Employers will receive 80 percent of claim costs that exceed \$15,000 but are less than \$90,000. Program terminates January 1, 2014. (Sec. 1102)
- ***Indian Health:*** Deadline for the Secretary to develop a plan to increase the Indian Health Service's health care staff providing behavioral health services by 500 positions within five years (200 of which will be devoted to child, adolescent and family services). (Sec. 10221; Sec. 127 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)

***July 1, 2010***

- ***Insurance:*** Deadline for the Secretary to establish a mechanism, including a Web site, through which a resident of any State may identify health coverage options, including private insurance, Medicaid and State high-risk pools. (Sec. 1103)

***July 1, 2010, continued***

- *Medicare/FDA*: Start date for new reimbursement formula for Medicare Part B biosimilar biological products once approved by the Food and Drug Administration. Such products are to be reimbursed by Medicare at the average sales price of the biosimilar biological product plus six percent of the average sales price of the referenced biological product. (Sec. 3139)
- *Medicare*: Start date for the Secretary to reduce the annual inflation update to Medicare payments by 0.25 percentage points for inpatient psychiatric facilities. (Sec. 3401)
- *Medicare*: Reinstates reasonable costs reimbursement for clinical diagnostic laboratory service for qualifying rural hospitals with under 50 beds until July 1, 2011. (Sec. 3122)
- *Medicare*: Requires physicians or eligible professionals who order durable medical equipment or home health services (and other items and services as required by the Secretary) to be enrolled in the Medicare program. (Sec. 6405)
- *Public Health*: Target date for the Secretary to publish a negotiated rule to develop a comprehensive methodology and criteria for designating medically underserved populations and health professional shortage areas. Such rule would be effective and final on an interim basis, but subject to change and revision after public notice and period for public comment. (Sec. 5602)
- *Taxes*: Start date for new 10 percent excise tax on ultraviolet tanning services. Effective for services performed on or after July 1, 2010. (Sec. 10907)

***September 1, 2010***

- *Medicaid*: Deadline for the Secretary to take steps to allow States to implement by October 1, 2010 the National Correct Coding Initiative, which will promote correct coding and control improper coding leading to inappropriate payment. (Sec. 6507)

***September 19, 2010 (180 days after the date of enactment)***

- *Government Programs*: Deadline for the Secretary to develop information technology standards and protocols to facilitate enrollment of individuals in Federal and State health and human services programs. (Sec. 1561)

***September 19, 2010, continued***

- **Medicare, Medicaid and SCHIP:** Deadline for the Secretary, in consultation with the Office of the Inspector General, to determine screening procedures for enrolling providers and suppliers in Medicare, Medicaid and SCHIP. The level of screening will be determined according to the risk of fraud, waste and abuse for a category of providers or suppliers. Screening procedures must include a licensure check, and may include (at the Secretary's discretion) a criminal background check, fingerprinting, unscheduled and unannounced site visits, database checks, and other screening as deemed appropriate. To pay for the new screening measures, the Secretary is required to impose a fee of \$500 for institutional providers. The new screening procedures will apply to those providers and suppliers revalidating their enrollment beginning September 19, 2010; to new providers and suppliers beginning March 23, 2011; and to current providers and suppliers March 23, 2012. (Sec. 6401)
- **Public Health:** Deadline for the Secretary to issue regulations establishing an administrative process for resolving claims by covered entities (i.e. children's hospital and disproportionate share hospitals) that they have been overcharged for drugs purchased under the 340B program and for claims by drug manufacturers against covered entities they claim have violated the program. (Sec. 7102)

***September 23, 2010 (6 months after the date of enactment)***

**Insurance: Start date for new requirements on insurance companies** (Note: requirements apply for plan years beginning on or after 6 months after enactment; for most plans, this date is likely January 1, 2011).

- All insurance companies may not:
  - impose lifetime limits on essential health benefits (Sec. 10101 and H.R. 4872 Sec. 2301) or
  - rescind coverage except in instances in which an individual commits fraud (Sec. 1001 and H.R. 4872 Sec. 2301)
- All insurance companies must allow "children" to remain on their parent's health plan until age 26, if the "child" is not eligible to enroll in an employer-sponsored health plan. (Sec. 101 and H.R.4872 Sec. 2301).
- Group health plans and new individual plans may not:
  - exclude payment for treating a pre-existing condition for any child under 19. (H.R. 4872 Sec. 2301)
  - impose unrestricted annual limits on "essential health benefits" as defined by the law and the Secretary. (Sec. 1001 and H.R.4872 Sec. 2301)
- All insurance companies that are not grandfathered (i.e., all new plans) must:
  - cover – without cost-sharing requirements – preventive services as graded "A" or "B" by the U.S. Preventive Services Task Force, certain immunizations; preventive services for infants, children, adolescents and women as provided in guidelines developed by HHS's Health Resources and Services Administration. (Sec. 1001); and
  - implement an internal and external appeals process for coverage determinations and claims. (Sec. 1001)

***October 1, 2010 (start of Fiscal Year 2011)***

- *Medicaid*: Deadline for Medicaid to cover tobacco-cessation services for pregnant women. (Sec. 4107)
- *Medicaid*: Start date of new requirement that States use the National Correct Coding Initiative. (Sec. 6507)
- *Medicare*: Start date of a two-year payment increase to hospitals that are at least 15 road miles from another hospital and have 1,600 discharges of Medicare Part A beneficiaries. (Sec. 3125 as modified by Sec. 10314)
- *Medicare*: Start date for the Secretary to provide a total of an additional \$400 million during the two years Fiscal Years 2011 and 2012 to hospitals located in counties that are in lowest quartile of Medicare Part A and Part B spending. (H.R. 4872, Sec. 1109).
- *Medicare*: Start date for the Secretary to reduce the annual inflation update for Medicare payments to inpatient acute hospitals and inpatient rehabilitation facilities by 0.25 percentage points for fiscal year 2011, and to long-term care hospitals by 0.5 percentage points for rate year 2011. (Sec. 3401)
- *Medicare*: Start date for the Secretary to increase payments for inpatient hospital services in States with a majority of counties that have a population density of less than six people per square mile. (Sec. 10324)
- *Medicare*: Start date for Secretary to implement, with respect to the Medicare wage index, a national (instead of a state-specific) budget neutrality requirement. (Sec. 3141)
- *Public Health*: Start date for the Secretary to begin making payments for direct and indirect costs to qualified teaching health centers for approved graduate medical residency programs. Appropriates Social Services Emergency Fund funds, not to exceed \$230 million, for the period Fiscal Years 2011-2015 (Sec. 5508)
- *Public Health*: Deadline for the Secretary to develop initial recommendations for the development of a biosimilars user fee program to be presented to Congress with respect to goals for reviewing biosimilar biological products for the first five fiscal years after fiscal year 2012. Subject to appropriations for each of Fiscal Year 2010 through 2012. (Sec. 7002)
- *Public Health*: Presumed start date for the Secretary of Treasury to determine, for each fiscal year and in consultation with the HHS Secretary, the amount of savings to the Federal government as a result of the new biosimilar approval pathway. These savings must be used for deficit reduction. (Sec. 7003)



***December 23, 2010***

- *Medicare and Medicaid:* Deadline for the Secretary to post a plan on a Web site for modernizing the computer and data systems of CMS. (Sec. 10330)

***December 31, 2010***

- *Medicaid:* Deadline for the States to establish programs to contract with recovery audit contractors to identify underpayments and overpayments and recoup them. (Sec. 6411)
- *Medicare:* Physician-owned hospitals must have provider agreements in place by December 31, 2010 (and meet other requirements) in order to be exempt from the Stark self-referral prohibition. (Sec. 6001 as modified by Sec. 10601 and H.R. 4872 Sec. 1106)
- *Public health:* Deadline for a newly established interagency working group comprised of numerous departments to report to Congress on Federal efforts to promote health care quality. (Sec. 3012)

**2011**

***January 1, 2011***

- *Insurance:* Deadline for grandfathered plans to comply with information transparency requirements developed by the Secretary (not required to be released until March 23, 2012), which will allow consumers to compare a plan's benefits, cost-sharing requirements and renewability and continuation of coverage provisions. (Sec. 1001 as amended by Sec. 10103) (*Note: This provision applies for plan years beginning after the date of enactment. For most plans, this provision will be effective January 1, 2011.*)
- *Insurance:* Deadline for insurance companies to begin annual reporting on the share of premium dollars spent on medical care and health care quality activities, and provide plan enrollees rebates if the percent of premiums spent on such activities is less than 85 percent (80 percent for insurers covering small businesses and individuals). (Sec. 1001 as amended by Sec. 10101)
- *Medicaid:* Deadline for the Secretary to award grants to States to provide incentives for Medicaid beneficiaries to participate in programs to promote the adoption of healthy lifestyles. (Sec. 4108)
- *Medicare, Medicaid, and SCHIP:* Deadline for the Secretary to issue a regulation requiring all providers and suppliers who bill Medicare or Medicaid to include a national provider identifier (if they qualify for one) on all applications to enroll in either program and on all claims for payment submitted under such programs. (Sec. 6402)

***January 1, 2011, continued***

- *Medicare, Medicaid and SCHIP:* Deadline for the Secretary to establish within CMS a Center for Medicare and Medicaid Innovation, which will test innovative payment and service-delivery models to reduce program expenditures under Medicare, Medicaid and SCHIP while preserving or enhancing the quality of care furnished to individuals under the programs. (Sec. 3021)
- *Medicare:* Start date of 10 percent bonus payments on select evaluation and management and general surgery codes to primary care providers and general surgeons for services provided January 1, 2011 through December 31, 2015. (Sec. 5501)
- *Medicare:* Start date for increased payments for outpatient hospital and physician services in States with a majority of counties that have a population density of less than six people per square mile. (Sec. 10324)
- *Medicare:* Deadline for the Secretary to issue grants under a newly created, five-year “Community-Based Care Transition Program” program. Grants will go to entities that provide transition services, including care coordination, to beneficiaries considered (according to criteria established in the statute and by the Secretary) at high risk for hospital readmission. (Sec. 3026)
- *Medicare:* Permits physician assistants (who are working under the supervision of a physician) to be one of the qualified health care providers permitted to certify that a Medicare beneficiary needs post-hospital, extended-care service paid for by Medicare. (Sec. 3108)
- *Medicare:* Start date for the Secretary’s authority to exempt certain pharmacies (i.e., a pharmacy that has been a registered provider of durable medical equipment for at least five years and has a low volume of durable medical equipment sales) from the accreditation standards that were created by the *Medicare Improvements for Patients and Providers Act of 2008*. (Sec. 3109)
- *Medicare:* Deadline for the Medicare Payment Advisory Commission to submit a report to Congress on the adequacy of payments for items and services furnished by medical providers and supplier in rural areas. (Sec. 3127)
- *Medicare:* Deadline for the Secretary to (1) begin collecting data necessary to inform future decisions about ways to make budget-neutral changes to payments for hospice care by October 1, 2013, and (2) impose new requirements that medical providers have a face-to-face encounter with a patient to certify the patient needs continued hospice care after being treated for 180 days. (Sec. 3132)

***January 1, 2011, continued***

- *Medicare:* Deadline for the Secretary to increase Medicare payments to nurse-midwives to be the same rate as the payment paid a physician for providing the same services. (Currently, nurse-midwives are paid 65 percent of a physician's fee.) (Sec. 3114)
- *Medicare:* Deadline for the Secretary to implement changes to the way Medicare pays for wheelchairs. Medicare will no longer provide a lump-sum payment for "power-driven" wheelchairs unless they are classified as "complex, rehabilitative power-driven" wheelchairs. Moreover, Medicare will change the rental-fee payments for power-driven wheelchairs to 15 percent of the purchase price for the first three months (up from 10 percent) and six percent (down from 7.5 percent) of the purchase price for the next 10 months. (Sec. 3136)
- *Medicare:* Start-date for the Secretary to use a new utilization rate assumption for calculating payment for advanced imaging equipment. The rate is to be 75 percent for payments in 2011 and in subsequent years (rather than the 50 percent assumption used in prior years and the 90 percent assumption CMS used in developing the 2010 Medicare physician fee schedule final rule). (Sec. 3135 as amended by H.R. 4872 Sec. 1107)
- *Medicare:* Deadline for the Secretary to adjust payments for the cost of outpatient cancer drugs to certain cancer hospitals if their costs exceed drug costs incurred by other hospitals. (Sec. 3138)
- *Medicare:* Start date for the Secretary to reduce the annual inflation update to Medicare payments for hospital outpatient departments by 0.25 percentage points for 2011. (Sec. 3401)
- *Medicare:* Start date for the Secretary to reduce Medicare payments by applying a "productivity adjustment" to payments for ambulance services, ambulatory surgical centers, durable medical equipment suppliers, and certain Medicare Part B providers paid through the clinical laboratory test fee schedule. (Sec. 3401)
- *Medicare:* Start-date for the Secretary to reduce the annual inflation update to Medicare payments for home health providers by 1.0 percentage point for calendar years 2011 through 2013. (Sec. 3401)
- *Medicare:* Start date for the Secretary to reduce the annual inflation update to Medicare payments for providers paid through the clinical laboratory test fee schedule by 1.75 percentage points for 2011 through 2015. (Sec. 3401)
- *Medicare:* Start date of a provision to change the threshold for beneficiaries subject to the income-related Part B premium by freezing (through 2019) at 2010 levels the income thresholds used in the formula to calculate the beneficiary premium. (Sec. 3402)
- *Medicare:* Start date for new requirement that Medicare pay 100 percent the cost of certain preventive services. (Sec. 4104)

***January 1, 2011, continued***

- *Medicare:* Start date for new requirement that Medicare cover annual wellness visits. (Sec. 4103)
- *Medicare:* Deadline for federally qualified health centers to submit data necessary to establish a mandated prospective payment system by October 1, 2014. (Sec. 10501)

***Medicare Advantage***

- *Medicare:* Government payments to private plans participating in Medicare Advantage are frozen at 2010 levels (H.R. 4872 Sec. 1102).
- *Medicare:* Deadline for private plans participating in the Medicare Advantage program to stop charging enrollees cost-sharing amounts that are greater than the cost-sharing required under fee-for-service Medicare for certain services including chemotherapy treatment, renal dialysis, skilled nursing care and other services as determined by the Secretary. (Sec. 3202)
- *Medicare:* Deadline for the Secretary to implement a new requirement to give any Medicare beneficiary who enrolls in a Medicare Advantage plan a 45-day opportunity to disenroll from their plan, enter fee-for-service Medicare and enroll in a Part D prescription drug plan. Prior to this change, beneficiaries could switch plans once during the first three months of the year. (Sec. 3204)
- *Medicare:* Deadline for the Secretary to exercise discretion to grant employer-based Medicare Advantage private fee-for-service plans, which were in existence as of October 1, 2009, a waiver from provider network requirements. (Sec. 3207)
- *Medicare:* Deadline for the Secretary to revise the Medicare Advantage risk-adjustment payment methodology to take into account payments for higher medical and care coordination costs for specified conditions (Sec. 3205).

***Medicare Prescription Drugs (Part D) program***

- *Medicare:* Begins a multi-year phaseout of the “donut hole” coverage gap (in which plan enrollees whose drug costs exceed a certain level are required to pay the full costs of drugs before the plan begins paying again). (H.R. 4872 Sec. 1101)
- *Medicare:* Requires all plans offering Part D prescription drug coverage to cover drugs identified by the Secretary as being of “clinical concern,” unless a particular plan sponsor is permitted by the Secretary to exclude a particular drug or limit access to it. Initial required drugs include: anticonvulsants, antidepressants, antineoplastics, antipsychotics, antiretrovirals and immunosuppressants for the treatment of transplant rejection; this list will be in effect until the Secretary identifies further categories and classes of drugs considered to be of “clinical concern.” (Note: this requirement primarily codifies existing regulations.) (Sec. 3307)

***January 1, 2011, continued***

- *Medicare:* Start date for higher-income Part D beneficiaries to pay higher premiums for their plan (i.e., to receive less of a subsidy from the Federal government toward their benefit). (Sec. 3308)
- *Medicare:* Start date for Medicare Part D participating plans to count drug costs paid on an enrollee's behalf by the Indian Health Service or the Federal AIDS Drug Assistance Program as applying toward meeting the enrollee's out-of-pocket threshold. (Sec. 3314)
- *Medicare:* Applies changes to the formula used to calculate Medicare Part D premiums for low-income-subsidy-eligible plans. The new formula removes Medicare Advantage rebates and quality bonus payments from the calculation of the low-income subsidy benchmark. (Sec. 3302)
- *Medicare:* Permits Part D plans to choose to qualify as a low-income, subsidy-eligible plan by lowering the plan's premium to the qualifying level after submitting a bid to HHS. (Sec. 3303)
- *Medicare:* Start date of new rule that will allow a widow or widower of a spouse eligible for Part D low-income subsidies to delay their eligibility redetermination for one year after the spouse's death. (Sec. 3304)
- *Medicare:* Start date for new requirements on the Secretary when exercising authority to switch a low-income beneficiary (who is eligible for subsidies for their prescription drug coverage) to a new plan. The Secretary must provide additional information to the beneficiary within 30 days of reassignment about formulary differences between the former plan and the new plan and provide a description of the beneficiary's right to request a coverage determination, exception or reconsideration, or resolve a grievance. (Sec. 3305)
- *Public Health:* Deadline for the Secretary to submit to Congress a national strategy to improve the delivery of health care, patient outcomes and population health. The Secretary must submit an annual update on the strategy. (Sec. 3011)
- *Taxes:* Prohibits taxpayers from using their Flexible Spending Accounts, Health Reimbursement Accounts, and Health Savings Accounts to purchase over-the-counter medicines. Effective for tax years beginning after December 31, 2010. (Sec. 9003)
- *Taxes:* Levies new tax on brand-name pharmaceutical companies and importers, which will be based on the market share of each company's branded prescription drugs sales. The Joint Committee on Taxation estimates that this tax raises \$27 billion over 10 years. (Sec. 1404 of H.R. 4872)
- *Taxes:* Requires employers to report the value of an employee's health benefits on the W-2. Effective for tax years beginning after December 31, 2010. (Sec. 9002)

***January 1, 2011, continued***

- *Taxes:* Increases to 20 percent penalties for non-qualified withdrawals from Health Savings Account and Archer Medical Savings Account. (Sec. 9004)
- *Taxes:* Establishes tax credits for health insurance-related expenses of small businesses. Effective for tax years beginning after December 31, 2010. (Sec. 1421)
- *Taxes:* Requires businesses that pay any amount greater than \$600 during the year to corporate and non-corporate providers of property to file an information report with each provider and with the IRS (in a manner similar to the way in which businesses file a W-2 form to report employees' wages). Effective for payments made after December 31, 2010. (Sec. 9006)

***March 1, 2011***

- *Medicaid:* Deadline for the Secretary to submit a report to Congress on the implementation of the National Correct Coding Initiative. (Sec. 6507)
- *Medicare:* Deadline for the Secretary to submit to Congress a report on a study on the quality and costs of providing ongoing access to care for low-income beneficiaries in medically underserved areas by efficient home health agencies relative to other such agencies. The study could include an analysis of methods to revise Medicare payment formulas to home health agencies. (Sec. 3131 as modified by Sec. 10315)

***March 15, 2011***

- *Medicare:* Deadline for the Secretary to provide for a \$250 payment to any beneficiary who faced out-of-pocket expenses for prescription drug costs as a result of entering their plan's "donut hole" in 2010. (H.R. 4872 Sec. 1101)

***March 23, 2011 (one year after date of enactment)***

- *Insurance:* Deadline for the Secretary to release standards for use by health plans to give enrollees a summary of the plan's benefits (including an assessment of whether the plan provides benefits that meet the minimum essential coverage requirements established in the Act). Plans must use these standards when disclosing this information no later than one year after the standards' release. (Sec. 1001)
- *Insurance:* Deadline for the Secretary to begin making grant awards (of an unspecified amount necessary to enable the Secretary to make awards) to States to plan and implement an Exchange. (Sec. 1311)

***March 23, 2011, continued***

- *Medicaid*: Deadline for the Secretary to begin two three-year demonstration projects on 1) best practices in nursing facilities that are involved in the “culture change movement,” and on 2) best practices in nursing facilities for the use of information technology. (Sec. 6114)
- *Medicare and Medicaid*: Deadline for the Secretary and Inspector General to begin a two-year demonstration project to oversee interstate and large intrastate chains of skilled nursing facilities. An independent contractor will make periodic reports, and chains will have 10 days to respond to the findings of each report. (Sec. 6112)
- *Medicare and Medicaid*: Effective date for new requirements that skilled nursing facility wishing to close notify the Secretary, the State long-term care ombudsman, residents of the facility and their legal representatives 60 days before closure. (Sec. 6113)
- *Medicare, Medicaid and SCHIP*: Deadline for providers and suppliers who were not enrolled in Medicare, Medicaid and SCHIP at the time of the law’s enactment to comply with new enrollment screening procedures for the programs. (Sec. 6401)
- *Medicare*: Deadline for skilled-nursing facilities to train their staff on dementia management and abuse prevention. (Sec. 6121)
- *Public Health*: Deadline for the Secretary to promulgate regulations requiring (1) nutrition labeling for standard menu items offered for sale in chain restaurants or similar retail food establishments with 20 or more locations, and (2) calorie posting of food sold in vending machines operated by a person who owns or operates 20 or machines. (Sec. 4205)
- *Public Health*: Deadline for the Secretary to establish the “Interagency Pain Research Coordinating Committee,” to coordinate Federal research efforts on pain management. (Sec. 4305)
- *Public Health*: Deadline for the Secretary, subject to appropriations, to establish and implement a national science-based media campaign on health promotion and disease prevention. Funding for this and several other activities required under this section takes priority over funding provided through CDC grants for similar purposes, and no more than \$500 million may be spent on these activities. (Sec. 4004)
- *Public Health*: Deadline for the newly created National Prevention, Health Promotion, and Public Health Council (composed of specified officials from Executive Branch agencies and offices) to release a national prevention, health promotion and public health strategy. (Sec. 4001)

***March 23, 2011, continued***

- *Public Health:* Deadline for the Secretary, acting through the Food and Drug Administration Commissioner and subject to appropriations, to submit to Congress a report with the Secretary's decision whether quantitative summaries of the benefits and risks of prescription drugs—presented in a standardized format—would improve health care decision-making by doctors and patients. (Sec. 3507 and 3511)
- *Indian Health:* Deadline for the Secretary, acting through Indian Health Service, to submit the first report to Congress ranking all health care facility needs (such reports shall be issued every five years thereafter). Deadline for GAO to submit a report to Congress detailing the methodologies and processes used in developing the health care facility priority system. (Sec. 10221; Sec. 141 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Deadline for the Secretary, acting through the Indian Health Service, to submit to Congress a report on a mobile health station demonstration program. (Sec. 10221; Sec. 147 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Deadline for the Secretary to develop a plan to establish a Nevada area office of the Indian Health Service. (Sec. 10221; Sec. 173 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Deadline for the Secretary, acting through the Indian Health Service, to assess the need for inpatient mental health care among Indians and availability of same. (Sec. 10221; Sec. 181 (702) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Deadline for the Secretary and Interior Secretary to enter into a Memorandum of Agreement regarding mental illness and self-destructive behavior among Indians and a strategy for addressing it. (Sec. 10221; Sec. 181 (703) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Deadline for the Secretary, acting through the Indian Health Service, to create no less than one inpatient mental health care facility in each area Indian Health Service area. California must have two centers, one of which must be located in Northern California. (Sec. 10221; Sec. 181 (709) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Deadline for the Secretary to establish appropriate policies and training and certification requirements for services for victims of domestic violence and sexual abuse. (Sec. 10221; Sec. 181 (714) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)



***April 22, 2011 (one year and 30 days after enactment)***

- *Public Health:* Requires the newly created “Commission on Key National Indicators” to issue its first annual report to Congress and the President. (Sec. 5605)

***June 1, 2011***

- *Medicare:* Deadline for GAO to report to Congress on the ability of Medicare beneficiaries age 65 or older to access routinely recommended vaccines covered under the Part D prescription drug program. Appropriates \$1 million for Fiscal Year 2010 for this study. (Sec. 4204)

***June 30, 2011***

- *Public Health:* Deadline for the Secretary to submit, subject to appropriations, a report to Congress detailing the findings of a “Conference on Pain,” to be hosted by either the Institute of Medicine or another appropriate entity. (Sec. 4305)

***July 1, 2011***

- *Insurance:* Deadline for the Secretary to adopt standard operating rules to determine electronically eligibility for a health plan and health claim status transactions. (Sec. 1104)
- *Medicaid:* Territories that do not wish to establish an Exchange are entitled to an increase in their existing Medicaid funding caps. For the period between July 1, 2011 and September 30, 2019, \$6.3 billion in total additional Federal Medicaid payments are available for distribution among each such territory across each such year. (Sec. 2005 as modified by Sec. 10201 and H.R. 4872 Sec. 1204)
- *Medicare:* Start date for the Secretary to apply a “productivity adjustment” to inpatient psychiatric facilities and to reduce the annual inflation update to Medicare payments for inpatient psychiatric facilities by 0.1 percentage points through rate year 2013. (Sec. 3401 and 10319)
- *Medicare:* Deadline for the Secretary to begin a \$100 million, two-year demonstration project to test appropriate payment rates to a laboratory that conducts certain diagnostic laboratory tests (i.e., an analysis of gene protein expression, topographic genotyping, or cancer chemotherapy sensitivities assay, which the Secretary determines to be a laboratory test for which there is not an alternative test having equivalent performance characteristics). Currently, Medicare indirectly reimburses laboratories for these tests by paying the hospital at which the patient receives treatment. (Sec. 3113)

***July 1, 2011, continued***

- *Medicare:* Start date of new Graduate Medical Education policy allowing unused training slots to be redistributed to other hospitals. (Sec. 5503)
- *Medicare:* Start date of new Graduate Medical Education policy to provide payments for time spent on certain activities in non-provider settings. (Sec. 5504)

***September 23, 2011 (18 months after enactment)***

- *Indian Health:* Deadline for the Secretary to submit a report to Congress on his or her establishment of policies and training and certification requirements for victims of domestic violence and sexual abuse and their families, and related issues. (Sec. 10221; Sec. 181 (714) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009).
- *Indian Health:* Deadline for the Attorney General to submit a report to Congress on assessments of Federal and tribal agencies' collection, analysis and exchange of data on prescription drug abuse, and of training, infrastructure needs, and statutory and administrative barriers related to the newly created Indian Health Service program to monitor prescription drug abuse. (Sec. 10221; Sec. 196 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Deadline for the Secretary to submit a report to Congress on all disease and injury prevention activities conducted by the Indian Health Service. (Sec. 10221; Sec. 198 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Deadline for GAO to study (1) the effectiveness of coordination of health care services provided to Indians through Federal programs and Indian tribes, and (2) the use and costs of health care furnished by health care providers under the contract health services program funded by the Indian Health Service and operated by the Indian Health Service or tribes. (Sec. 10221; Sec. 199 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Public Health:* Deadline for GAO to make recommendations to Congress on whether the 340B program should be expanded, whether the program causes access problems and how 340B-eligible entities should use income from the program (Sec. 7103)

***October 1, 2011 (start of Fiscal Year 2012)***

- *Medicare:* Start date for the Secretary's authority to implement certain changes in the way nursing-facility patients are classified for payment purposes as described in the Fiscal Year 2010 final rule. The Secretary must only consider services provided after the patient was admitted to the nursing home when determining a case-mix classification. (Sec. 10325)

***October 1, 2011, continued***

- *Medicaid*: States can begin offering a new Medicaid benefit to disabled beneficiaries with income up to 150 percent of the Federal Poverty Level. This new benefit, which is scheduled to sunset after five years, would include personal care attendant services. States would be eligible for enhanced Federal funding in exchange for meeting several requirements, including a requirement to maintain their current State expenditures for certain programs for individuals with disabilities. (Sec. 2401 as amended by H.R. 4872 Sec. 1205)
- *Medicare*: Deadline for the Secretary to submit to Congress plans to reform Medicare payment systems by implementing a “value-based purchasing system” (which would pay more money for high-quality care and less for lower-quality care) at skilled-nursing facilities and home health agencies. (Sec. 3006)
- *Medicare*: Start date for the Secretary to reduce Medicare payments by applying a “productivity adjustment” for payments to inpatient acute care hospitals, inpatient rehabilitation facilities, long-term care hospitals, and skilled-nursing facilities. (Sec. 3401)
- *Medicare and public health*: Requires the Secretary to establish a graduate nurse education Medicare demonstration program, whereby Medicare will reimburse eligible hospitals for advance practice nurses’ clinical training. Appropriates \$50 million for each of Fiscal Year 2012 through 2015, with amounts remaining available until expended.

***October 15, 2011***

- *Medicare*: Start date for the new, longer annual open-enrollment period for Medicare beneficiaries choosing a Medicare Advantage or Part D plan. (Sec. 3204)

***December 1, 2011***

- *Public Health*: Deadline for the Secretary to make available to the public the first annual list of quality measures under consideration. (Sec. 3014)

***December 31, 2011***

- *Medicare*: Deadline for the Secretary to provide a plan to Congress on how to comprehensively reform the Medicare wage index system, taking into account MedPAC recommendations included in its June 2007 Report to Congress. (Sec. 3137)

## 2012

### *January 1, 2012*

- *Long-term Care (CLASS):* Deadline for the Secretary to promulgate implementing regulations (e.g., regulations regarding procedures to determine eligibility) for the Community Living Assistance and Supports program, a new national voluntary insurance program for purchasing community-living assistance services and supports (non-institutional long-term care). (Sec. 8002)
- *Medicare:* Deadline for the Secretary to provide confidential reports to physicians, based on their benefit claims data, which will measure their use of resources compared to other peer physicians when providing health care to patients. (Sec. 3003)
- *Medicare:* Deadline for the Secretary to publish a new value-based modifier component of the doctor payment formula for the Medicare fee-for-service program. This new component will be based on both the relative quality and cost of health care the doctors provide. In addition, the Secretary must also publish the implementation dates on which HHS will begin using the new formula, which is to be phased in between 2015 to 2017. (Sec. 3007)
- *Medicare:* Deadline for the Secretary to recommend to Congress options to expand Medicare's hospital-acquired condition payment policy (which reduces payment to hospitals if their patients acquire infections during their stay at the hospital) to other medical facilities, including inpatient rehabilitation facilities, long-term care hospitals, hospital outpatient departments, inpatient psychiatric facilities, cancer hospitals, skilled nursing facilities, ambulatory surgical centers and health clinics. (Sec. 3008)
- *Medicare:* Deadline for the Secretary to establish an "accountable care organization" program, in which groups of health care providers (e.g., doctors and hospitals) contract with the Secretary to provide health care for at least 5,000 patients. The providers would agree to accept a pre-determined reimbursement amount from the government in exchange for treating the patients, and would be allowed to keep some of the money if they provide care at less than the set reimbursement amount. (Sec. 3022)
- *Medicare:* Deadline for the Secretary to begin a demonstration program to test a new payment model for medical providers that provide health care in patients home. The goal of the demonstration is to reduce spending and improve health outcomes for certain chronically ill beneficiaries. (Sec. 3024)
- *Medicare:* Deadline for the Secretary to begin to transition to a new formula to calculate benchmark payments, which are used to calculate payments to private health plans participating in the Medicare Advantage program. (Sec. 3201 as amended by H.R. 4872 Sec. 1102)

***January 1, 2012, continued***

- *Medicare:* Start date for Medicare Advantage health benefit plans to allocate rebate payments from the government according to a priority order: (1) reduce cost-sharing requirements, (2) cover wellness and preventive benefits, and (3) add benefits relative to the fee-for-service program. Plans may no longer use this money to reduce Part B premiums. (Sec. 3202)
- *Medicare:* Start date for the Secretary's authority to eliminate cost-sharing requirements for drugs dispensed to beneficiaries who are dually eligible for Medicaid and Medicare and who are (at the instigation of their State) receiving care in their home or community instead of in an institution. (Sec. 3309)
- *Medicare:* Deadline for health plans participating in the Medicare Part D program to use utilization management techniques (as determined by the Secretary) when dispensing Part D-covered prescription drugs to enrollees who reside in long-term care facilities. (Sec. 3310)
- *Medicare:* Deadline for health plans providing prescription-drug coverage to Medicare beneficiaries to use a single uniform exception and appeal process for prescription-drug coverage decisions, and to provide plan enrollees instant access to this process through a toll-free number and a Web site. (Sec. 3312)
- *Medicare:* Start date for the Secretary to reduce Medicare payments by applying a "productivity adjustment" to payments for hospital outpatient departments and dialysis. (Sec. 3401)
- *Medicare:* Start date for the Secretary to reduce the annual inflation update to Medicare payments for outpatient hospital services by 0.1 percentage points through 2013. (Sec. 10319)
- *Medicare:* Deadline for the Secretary to make appropriate adjustments to ensure accurate geographic adjustments across payment areas. (Sec. 3102 and H.R. 4872 Sec 1108)

***January 15, 2012***

- *Public Health:* Deadline for the Secretary to present to Congress final recommendations for biosimilar user-fees. (Sec. 7002)

***March 1, 2012***

- *Public Health:* Deadline for the Secretary to issue the first triennial report on the impact of federally endorsed health care quality measures. (Sec. 3014)

***March 23, 2012 (24 months after enactment)***

- *Government Programs:* Deadline for the Secretary, subject to appropriations, to ensure that any federally conducted or supported health care or public health program, activity or survey collects and reports data adherent to the minimum data collection standards set by the Office of Management and Budget. The Secretary is required to ensure the collection, reporting and management of information on applicants', recipients' or participants' race, ethnicity, sex, disability status, primary language, geographic data if it can be aggregated, and any other demographic information deemed appropriate by the Secretary. (Sec. 4302)
- *Insurance:* Deadline for all health plans to provide applicants and enrollees information about the plans' benefits and coverage. The information must be provided in a manner that meets standardized requirements developed by the Secretary. Willful failure to provide this information will result in a not-more-than \$1,000 fine for each failure. (Sec. 1001)
- *Insurance:* Deadline for the Secretary to develop quality-measurement reporting requirements for insurance plans. Plans will have to report annually to the Secretary and to enrollees on whether the plan's benefits improve health outcomes; reduce hospital readmissions; improve patient safety and reduce medical errors; and implement wellness and health promotion requirements. (Sec. 1001)
- *Medicare, Medicaid and SCHIP:* Providers and suppliers enrolled in Medicare, Medicaid and SCHIP as of the date of enactment of this Act must comply with new enrollment screening procedures. (Sec. 6401)
- *Public Health:* Deadline for the Secretary to submit to Congress the first biennial report on the status of grant programs to Indian health and other entities' trauma centers. (Sec. 3505)
- *Public Health:* Deadline for the Secretary to report to Congress on the specific projects supported by a demonstration program to develop academic curricula that integrate quality improvement and patient safety into the clinical education of health professional. (Sec. 3508)
- *Public Health:* Deadline for the Secretary, subject to appropriations, to begin implementing a five-year public education campaign to promote oral health. (Sec. 4102)
- *Public Health:* Deadline for the Architectural and Transportation Barriers Compliance Board, in consultation with FDA, to issue regulations ensuring that disabled people can use, enter and exit medical diagnostic equipment (such as exam chairs and X-ray machines). (Sec. 4203)
- *Public Health:* Deadline for the Centers for Disease Control to conduct its first national survey of employer-based health policies and programs. (Sec. 4303)

***March 23, 2012, continued***

- *Public Health:* Requires the Secretary to submit a report to Congress containing evaluation results from the demonstration program to develop core training competencies and certification programs for personal home care aides, along with recommendations for legislation or administrative action as the Secretary determines appropriate. (Sec. 5507)
- *Public Health:* Deadline for the Secretary to report to Congress on the appropriateness of medical education regarding diabetes. (Sec. 10407)
- *Indian Health:* Possible deadline for the Secretary to submit to Congress the first biennial report on the use of funds for grants for prevention and control of infectious diseases. (Note: the statute requires a biennial report but sets no deadline for the first biennial report.) (Sec. 10221; Sec. 133 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Deadline for the Secretary to submit to Congress a report on the activities and findings of the Director of Men's Health. (Sec. 10221; Sec. 136 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Deadline for the Secretary to submit to Congress a report on appropriate domestic violence and sexual abuse victim service and victim advocate training programs. (Sec. 10221; Sec. 181 (714) of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)

***July 1, 2012***

- *Insurance:* Deadline for the Secretary to set a Federal standard to guide how the Exchanges' initial enrollment process will work, as part of the preparation effort to establish the Exchanges by 2014. (Sec. 1311)
- *Insurance:* Deadline for the Secretary to adopt operating rules to govern insurance companies' electronic funds transfers and health care payment and remittance advice transactions (companies must follow these rules starting January 1, 2014). (Sec. 1104)

***October 1, 2012 (start of Fiscal Year 2013)***

- *Long-term Care (CLASS):* Deadline for the Secretary to promulgate regulations concerning the standards for a CLASS Independence Benefit Plan. (Sec. 8002)

***October 1, 2012, continued***

- *Medicare*: Deadline for the Secretary to tie a portion of hospitals' Medicare payments to a score of hospitals' performance on quality standards that will be developed by the Secretary. Hospitals will receive a portion of their payment only if they meet or exceed performance standards established by the Secretary for at least five conditions or procedures (acute myocardial infarction, heart failure, pneumonia, certain surgeries and certain health care-associated infections). When fully implemented, as much as 2 percent of a hospital's payment could be tied to its performance on these standards by 2017. (Sec. 3001)
- *Medicare*: Start date for the Secretary to reduce payments to hospitals determined by the Secretary to have excessive readmissions rates for certain conditions or procedures. (Sec. 3025)
- *Medicare*: Deadline for the Secretary to reduce the annual inflation update to Medicare payments for inpatient acute hospitals and inpatient rehabilitation facilities by 0.3 percentage points for Fiscal Year 2013. ( H.R. 4872 Sec. 1105)
- *Medicare*: Start date for the Secretary to reduce the annual inflation update to Medicare payments for hospice by 0.3 percentage points in Fiscal Year 2013 through Fiscal Year 2019. The statute requires the reduction to take place in Fiscal Year 2013, but (for Fiscal Years 2014-2019) only requires the reduction to occur if the number of insured individuals meets a certain threshold. (Sec. 10391)
- *Medicare*: Deadline for HHS Secretary to publish quality measures upon which 11 cancer hospitals will have to report data (these hospitals are exempt from the quality-reporting regime for acute-care hospitals). (Sec. 3005)

***December 31, 2012***

- *Medicare, Medicaid and SCHIP*: Deadline for the Secretary to submit to Congress the first biennial report on the activities of the newly created Center for Medicare and Medicaid Innovation, which will test payment models to reduce Medicare, Medicaid and SCHIP spending, while also preserving or enhancing the quality of care provided to beneficiaries. (Sec. 3021)
- *Taxes*: Deadline for the Secretary of Veterans Affairs to report to Congress on the results of a study on the effect of the new taxes on branded pharmaceutical manufacturers and importers, medical device manufacturers and importers and health insurance providers on the cost of care provided to veterans and veterans' access to devices and prescription drugs. (Sec. 9011)



## 2013

### *January 1, 2013*

- *Insurance:* Deadline for each State to meet the Secretary's determination that the State is making sufficient progress toward the requirement established by this Act that each State create an Exchange by 2014. If the State chooses not to establish an Exchange or is not making sufficient progress, then HHS would begin to plan to establish a federally operated Exchange in the State. (Sec. 1322)
- *Insurance:* Deadline for insurance companies to comply with HHS-established standard rules to determine electronically whether someone is eligible for a health plan and health benefit. (Sec. 1104)
- *Medicaid:* Start date for States to pay primary care physicians serving Medicaid patients at a rate equal or greater to the Medicare rate (up to the 2009 Medicare payment rate, if higher) for evaluation and management services and certain immunizations through the end of 2014. As this rate is generally higher than the Medicaid rate, the Federal government will fully finance the extra cost over and beyond the State's payment rates as of July 1, 2009. (H.R. 4872 Sec. 1202)
- *Medicare:* Deadline for the Secretary to establish a five-year pilot program to establish, test and evaluate alternative payment methods for Medicare services that pay based on the quality and efficiency of the care provided. (Sec. 3023)
- *Medicare:* Deadline for new requirements on Medicare Part D plan sponsors to follow when using medication therapy management services. (Note: the statute requires plans to follow this requirement for plan years beginning on or after March 23, 2012. For most plans, the deadline to comply with these requirements is January 1, 2013.) (Sec. 10328)
- *Taxes:* Start date of new \$2,500 cap on the amount of money American taxpayers can contribute tax-free annually to a Flexible Savings Account. The Joint Committee on Taxation estimates that this provision will cost Americans an additional \$13 billion in taxes over 10 years. Effective for tax years beginning after December 12, 2012. (H.R. 4872 Sec. 1403)
- *Taxes:* Start date of a 0.9 percentage point increase in the Medicare payroll tax and a new 3.8 percent tax on unearned, non-active business income. The tax applies to individual taxpayers earning more than \$200,000 (\$250,000 for taxpayers filing jointly). The Joint Committee on Taxation estimates that this provision will cost Americans an additional \$210 billion in taxes over 10 years. Effective for tax years beginning after December 31, 2012. (Sec. 9015 and H.R. 4872 Sec 1402)

### ***January 1, 2013, continued***

- *Taxes:* Start date of an increase in the threshold for the deduction of medical expenses (from 7.5 percent to 10 percent of adjusted gross income). The Joint Committee on Taxation estimates that this provision will cost Americans an additional \$15 billion in taxes over 10 years. Effective for tax years beginning after December 31, 2012. (Sec. 9013)
- *Taxes:* Deadline to eliminate the deduction for employers who maintain prescription drug plans for their Medicare Part D-eligible retirees. Effective for tax years beginning after December 31, 2012. (H.R. 4872 Sec. 1407)
- *Taxes:* Start date of a new 2.3 percent excise tax on medical devices manufacturers. Devices exempted from this tax include eyeglasses, hearing aids, contact lenses and other devices as determined by the Secretary to be of a type generally purchased by the general public at retail for individual use. The Joint Committee on Taxation estimates that this tax will cost Americans an additional \$20 billion in taxes over 10 years. Effective for tax years beginning after December 31, 2012. (H.R. 4872 Sec. 1405)
- *Taxes:* Start date of a new \$500,000 deduction cap on insurance company employee and officer compensation. Effective for tax years beginning after December 31, 2012 for services performed after December 31, 2009. (Sec. 9014)
- *Taxes:* Start date for a new tax on insured and self-insured health plans, levied to fund the Patient-Centered Outcomes Research Institute (comparative effectiveness research center). (Note: the statute makes the tax effective for plan years ending after September 30, 2012; the tax is likely to go into effect for most plans after January 1, 2013. (Sec. 6301)

### ***March 1, 2013***

- *Insurance:* Deadline for employers to notify employees that Exchanges will soon be established and that employees may be eligible for Federal subsidies if they purchase insurance through the Exchange. (H.R. 3590 Sec. 1512)

### ***March 23, 2013***

- *Indian Health:* Deadline for the Secretary to submit to Congress a report on the health status and health resource deficiencies of Indians. (Sec. 10221, Sec. 121 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)
- *Indian Health:* Deadline for the Secretary to submit to Congress a study to determine the feasibility of treating the Navajo Nation as a State for the purposes of Medicaid. (Sec. 10221, Sec. 159 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009)

***July 1, 2013***

- *Insurance:* Deadline for HHS to issue regulations to govern State efforts to create Health Care Choice Compacts whereby two or more States may agree to allow health insurers to sell products across State lines. Such compacts may not take effect prior to January 1, 2016. (Sec. 1333)
- *Insurance:* Deadline for HHS to award startup loans and grants to organizations that want to offer CO-OPs – nonprofit, member-owned health benefit plans. (Sec. 1322)
- *Medicare:* Deadline for the Secretary to reduce by 0.3 percentage points the annual inflation update to Medicare payments for inpatient psychiatric facilities in rate year 2014. (Sec. 1105 of H.R 4872)
- *Medicare:* Start date for inpatient psychiatric facilities to report required quality data to the Secretary, or face a two percentage point payment reduction in their annual inflation update. (Sec 10322)

***September 30, 2013***

- *Medicare:* Deadline for the Secretary to issue a report with recommended legislation and administrative actions to promote healthy lifestyles and chronic-disease self-management for Medicare beneficiaries. (Sec. 4202)

***October 1, 2013 (start of Fiscal Year 2014)***

- *Medicaid:* Start date of multi-year, phased-in cuts in Medicaid Disproportionate Share Hospital payments). For Fiscal Year 2014, the Secretary must cut Medicaid DSH allotments by \$500 million. (H.R. 4872 Sec. 1203)
- *Medicare:* Start date for 11 cancer hospitals to start reporting on HHS Secretary-established quality measures. (Sec. 3005)
- *Medicare:* Start date of multi-year, phased-in cuts in Medicare Disproportionate Share Hospital payments). (Sec. 3133 and H.R. 4872 Sec. 1104)
- *Medicare:* Deadline for the Secretary to implement budget-neutral revisions to payment rates for hospice care. (Sec. 3004)
- *Medicare:* Requires the Secretary to reduce by 0.3 percentage points the annual inflation update to Medicare payments for long-term care hospitals in rate year 2014. (H.R 4872 Sec. 1105)

***October 1, 2013, continued***

- *Medicare*: Requires inpatient rehabilitation facilities, long-term care and hospices to begin submitting data to HHS on quality measures or face a two percentage point reduction in Medicare payments. (Sec. 3004)
- *SCHIP*: Start date for the Federal government to increase payment rates for SCHIP-covered items and services by 23 percentage points (subject to a cap of 100 percent of total reimbursement), which will be effective through September 30, 2019. (Note: While SCHIP appropriations are provided for Fiscal Years 2014- 2015, no SCHIP appropriations are provided for Fiscal Years 2016-2019. In the absence of future Federal SCHIP allotments, states must cover SCHIP-eligible through State-based Exchange or Medicaid, as applicable.) (Sec. 2101)

## **2014**

***January 1, 2014***

***Insurance***

- ***Individual Requirements***: Most individuals must maintain insurance coverage for themselves and their dependents or pay a new penalty (Sec. 1501).
  - Coverage may be: Part A of Medicare, Medicaid, SCHIP, the TRICARE for Life program, the veterans' health care program, the Peace Corps program, an eligible employer-sponsored plan, plans in the individual market, a grandfathered health plan, and any other health benefits coverage, such as a State health-benefits risk pool, as recognized by the Secretary. (Sec. 1501 and Sec. 1312)
  - Penalties: Individuals who fail to comply with the health insurance coverage mandate must pay a penalty for themselves and their dependents for each month they are in non-compliance. The penalty is the greater of either (1) a percentage of applicable income or (2) a flat dollar amount. Applicable income is the amount household income exceeds its personal exemption for a tax year. The penalty amount based on household income is one percent in 2014, two percent in 2015, and 2.5 percent in 2016 and later years. The annual flat-dollar penalty is phased-in (\$95 in 2014, \$325 in 2015, \$695 in 2016, and adjusted for inflation thereafter), and the penalty is assessed for each taxpayer and any dependents. The flat-dollar penalty is reduced by 50 percent for dependents under the age of 18. Regardless of family size, a family's penalty is capped at 300 percent the flat-dollar amount, and the penalty for noncompliance can not exceed the national average premium for bronze-level qualified health plans offered through an Exchange (for the relevant family size). (Sec. 1501)

**January 1, 2014, continued**

- Exempt individuals include those with certain qualifying religious exemptions, those in a health care-sharing ministry, individuals not lawfully present in the United States, incarcerated individuals, those without coverage for less than 90 days (with only one period of 90 days allowed in a year), members of Indian tribes with income less than a specified amount, individuals who would have to contribute more than 8 percent of income to pay for the insurance premium, or any individual who the Secretary determines to have suffered a hardship with respect to the capability to obtain coverage under a qualified health plan. (Sec. 1501)
  
- **Employer Requirements**
  - Most employers with 50 or more full-time equivalent employees, with at least one full-time employee (30 hours/week) who purchases insurance subsidized with a tax-credit through the Exchange, would have to pay a monetary penalty. The penalty is calculated according to a formula based on whether or not the employer offers health coverage.
    - If the employer does not offer qualified health insurance coverage and at least one employee receives a tax credit for the purchase of insurance through an Exchange, then the annual penalty is: \$2,000 times the number of full-time employees minus 30 employees (e.g., a firm with 100 full-time employees would have to pay the \$2,000 annual penalty on 70 employees;  $(100 - 30) \times \$2,000 = \$140,000$  total annual penalty).
    - If the employer offers qualified health insurance coverage but at least one employee declines the insurance coverage, and uses a tax credit premium subsidy to buy health insurance through an Exchange, then the annual penalty is the lesser of (a) the penalty outlined above, or (b) \$3,000 times the number of full-time employees who received a tax-credit to buy insurance through the Exchange. (Sec. 1513 as amended by H.R. 4872 Sec. 1003)
  - Employers with more than 50 full-time equivalent employees must report to the Secretary information on their employees who accept and do not accept insurance. (Sec. 1514)
  - Employers with more than 200 full-time employees who offer health benefits must automatically enroll new employees into an offered plan, unless the employee opts out of enrollment. (Sec. 1511)
  
- **State Requirements**
  - States (or HHS on their behalf) must have established at least one insurance “American Health Benefits Exchange,” which would sell health insurance to individuals and small employers (those with one to 100 employees, or, at the state’s election, one to 50 employees until 2016; and, at the State’s election after 2017, to employers with more than 101 employees). (Sec. 1311)

***January 1, 2014, continued***

- States may (1) set up Exchanges that either merge the small business and individual markets or that serve them separately; (2) join across State lines to form regional exchanges; or (3) defer to HHS to set up an Exchange. (Sec. 1311)
  - Exchanges could provide for the sale of private insurance that meets federally defined requirements (outlined below), nonprofit, member-owned “CO-OP Insurance,” and new federally contracted health plans overseen by the Office of Personnel Management. (Sec. 1311, Sec. 1301, and 1334)
  - New plans sold in the Exchange would participate in temporary risk corridors established by the Secretary of HHS (between 2014-2016). (Sec. 1342)
  - Exchanges will make available a new tax credit created under the bill to subsidize health insurance for Americans with incomes up to 400 percent of the Federal Poverty Level (Sec. 1401)
  - States must put in place reinsurance programs to provide re-insurance to health plans in the individual market that experience especially high claims. Health insurance companies must pay toward the program contributions, which will be determined by the Secretary. (Sec 1341)
- ***All plans except grandfathered plans must:***
    - Accept all applicants for coverage. (Sec. 1201)
    - Comply with new Federal rating rules that allow policy prices for individual and small group plans to vary only according to an applicant’s age (on a 3-to-1 ratio), family structure, geographic location and tobacco use (on a 1.5-to-1 ratio). (Sec. 1201)
    - Comply with annual cost-sharing limits. (Sec. 1201)
- ***All plans sold in the Exchanges must:***
    - Cover a specific “essential health benefits package” (e.g., emergency services, mental health, prescription drugs) as defined in law and by the Secretary. (Sec. 1201)
    - Offer at least one “silver” and “gold” plan (covering 70 percent and 80 percent of enrollees’ projected expenses based on a standard population, respectively). Companies that sell these two plans may also offer for sale a bronze plan (covering 60 percent of enrollees’ projected health care costs) and a platinum plan (90 percent). These plans must be sold at the same price regardless of whether the plan is sold in or outside the Exchange. (Sec. 1301 and 1302)
    - Provide standardized information about a plan’s payment policies and practices, enrollment, disenrollment, number of claims denied, rating practices, cost-sharing requirements and amount of cost-sharing (including deductibles, copayments and coinsurance) that the individual would be responsible for paying with respect to a specific item or service by a participating provider. (Sec. 10104)
    - Consider all their enrollees to be part of a single risk pool. (Sec. 1312)

***January 1, 2014, continued***

- ***New Federal Plans***
  - Deadline for the Federal Office of Personnel Management to contract with private insurance companies in order to offer for sale at least two plans through each Exchange in each State. When fully implemented, these plans must be offered for sale in every State in the nation. (Sec. 1334)
- ***Medicaid:*** States must expand Medicaid eligibility to all individuals under the age of 65 with family incomes (based on Modified Adjusted Gross Income) at or below 138 percent of the Federal Poverty Level. (This figure is achieved by mandating an expansion of Medicaid income eligibility to 133 percent of the Federal Poverty Level and mandating an income disregard of 5 percentage points of the Federal Poverty Level.) Through 2016, the Federal government will fully fund the cost of services for any person made newly eligible for Medicaid by this requirement. (Sec. 2001 as modified by Sec. 10201 and H.R. 4872 Sec. 1004 and 1201)
- ***Medicaid:*** States must implement several statutorily defined procedures to simplify enrollment in Medicaid and to coordinate eligibility information with State-based Exchanges and SCHIP. (Sec. 2202)
- ***Medicaid:*** Start date for State Medicaid programs to pay for enrollees' use of barbiturates, benzodiazepines, and tobacco-cessation products. (Sec. 2502)
- ***Medicaid:*** Deadline for the Secretary to submit a report to Congress on the results of a newly created grant program to provide incentives to Medicaid beneficiaries to adopt healthier lifestyles. (Sec. 4108)
- ***Medicare:*** Deadline for private health benefit plans that participate in the Medicare Advantage program to spend at least 85 percent of plan revenue on medical costs (i.e., have a medical-loss ratio of at least 85 percent). Plans that spend less than this amount on health care costs must pay the Secretary. Plans that fail to meet this requirement for five consecutive years may no longer participate in the Medicare Advantage program. (Sec. 3201)
- ***Medicare:*** Changes the formula used to determine total out-of-pocket costs charged to beneficiaries by plans participating in the Part D prescription drug program. (H.R. 4872 Sec. 1101)
- ***Medicare:*** Deadline for the Secretary to reduce the annual inflation update to Medicare payments for outpatient hospital services by 0.3 percentage points for 2014. (H.R. 4872 Sec. 1105)
- ***Public Health:*** Deadline for the Secretary to report to Congress on efforts to inform States and health care providers about preventive and obesity-related services for Medicaid beneficiaries. (Sec. 4004)

***January 1, 2014, continued***

- *Taxes:* Start date of new Federal tax on health insurance companies, which the Joint Committee on Taxation estimates will cost American taxpayers \$60 billion over 10 years. (H.R. 4872 Sec. 1406)
- *Taxes:* Start date of increase in corporate estimated tax by 15.75 percent. (H.R. 4872 Sec. 1410)

***January 15, 2014***

- *Medicare:* Deadline for the Independent Medicare Advisory Board, a 15-member board created to develop recommendations to reduce Medicare spending, to submit to Congress and the President the board's first proposal for changes to be implemented in 2015. If the board fails to meet this deadline, then the Secretary will be required to submit a proposal to Congress by January 25. (Sec. 3403)

***March 23, 2014 (four years after enactment)***

- *Public Health:* Deadline for the Secretary, subject to appropriations, to submit to Congress a report about the effectiveness of a vaccine grant program. (Sec. 4204)
- *Public Health:* Deadline for the Secretary to report to Congress with recommendations on ways to improve the identification of health care disparities among Medicaid and SCHIP beneficiaries. (Sec. 4302)
- *Public Health:* Deadline for the Secretary to promulgate proposed regulations to implement standardized prescription drug information formats if the Secretary previously determined and reported to Congress that such formats would improve health care decision making by clinicians, patients and consumers. (Sec. 3507)

***July 1, 2014***

- *Insurance:* Deadline for the Secretary to adopt standard operating rules for health insurance companies to govern health claims or equivalent encounter information, enrollment and disenrollment in a health plan, health plan premium payments, and referral certification and authorization transactions. Insurance companies must comply with these rules starting January 1, 2016. (Sec. 1104)
- *Medicare:* Start date for the Secretary to reduce the annual inflation update to Medicare payments for inpatient psychiatric hospitals by 0.2 percentage points for rate years 2015 and 2016. (H.R. 4872 Sec. 1105)



***October 1, 2014 (start of Fiscal Year 2015)***

- *Medicaid*: Start date for the Secretary to cut subsidies further to hospitals that provide uncompensated care, reducing by \$600 million spending on Medicaid Disproportionate Share Hospital allotments to the States. (H.R. 4872 Sec. 1203)
- *Medicare*: Start date for Medicare to pay certain hospitals less money if patients acquire infections during their stay at the hospital. (Sec. 3008)
- *Medicare*: Start date for the Secretary to reduce the annual inflation update to Medicare payments for inpatient acute hospitals and inpatient rehabilitation facilities by 0.2 percentage points for fiscal years 2015 and 2016. (H.R. 4872 Sec. 1105)
- *Medicare*: Start date for the Secretary to reduce the annual inflation update to Medicare payments for long-term care hospitals by 0.2 percentage points for rate years 2015 and 2016. (H.R. 4872 Sec. 1105)
- *Medicare*: Start date for the Secretary to establish a new prospective-payment system for federally qualified health centers. (Sec. 10501)

**2015**

***January 1, 2015***

- *Insurance*: Deadline for State-based Exchanges to be financially self-sustaining and not rely on Federal operating subsidies. (Sec. 1311)
- *Insurance*: Deadline for qualified health plans to contract only with (1) health care providers who implement health care quality improvement mechanisms as defined by the Secretary through regulation and (2) hospitals (with more than 50 beds) that use a patient safety evaluation system defined by Federal law. (Sec. 1311)
- *Medicaid*: Deadline for States to begin annual reporting on the number and characteristics of Medicaid enrollees, including estimates of the number of newly enrolled individuals by Fiscal Year disaggregated by (1) children, (2) parents, (3) non-pregnant childless adults, (4) disabled individuals, (5) elderly individuals, (6) such other categories or subcategories of individuals eligible for Medicaid as the Secretary may require. (Sec. 2001 as modified by Sec. 10201)
- *Medicare*: Deadline for the Medicare Payment Advisory Commission to report to Congress on the initial consequences of implementing statutorily required payment adjustments to home health services required by this Act. (Sec. 3131)

***January 1, 2015, continued***

- *Medicare:* Deadline for two types of Medigap plans (“C” and “F”) to implement new cost-sharing standards, as developed by the Secretary and the National Association of Insurance Commissioners, that require nominal cost sharing to encourage the appropriate use of physician services. Medigap plans provide optional supplemental insurance coverage to Medicare beneficiaries. (Sec. 3210)
- *Medicare:* Start date for the Secretary to phase in a rebased payment adjustment to home health providers. Rebasing could lead to an increase or decrease in payments. (Sec. 3401)
- *Medicare:* Start date for the Secretary to reduce the annual inflation update to Medicare payments for outpatient hospital services by 0.2 percentage points for 2015 and 2016. (H.R. 4872 Sec. 1105)

***August 15, 2015***

- *Medicare:* Start date for the Secretary to implement proposals to cut Medicare spending, as recommended by the newly created Independent Medicare Advisory Board. These proposals go into effect unless Congress enacts legislation to stop their implementation. (Sec. 3403)

***October 1, 2015 (start of Fiscal Year 2016)***

- *Medicaid:* Start date for the Secretary to cut subsidies further to hospitals that provide uncompensated care, reducing by \$600 million spending on Medicaid Disproportionate Share Hospital allotments to the States. (H.R. 4872 Sec. 1203)

**2016**

***January 1, 2016***

- *Insurance:* Start date for States to choose to enter Health Care Choice Compacts to allow health benefits plans to be sold across State lines, subject to approval by HHS. (Sec. 1333)
- *Insurance:* Deadline for insurance companies to comply with standard operating rules established by the Secretary to govern health claims or equivalent encounter information, enrollment and disenrollment in a health plan, health plan premium payments and referral certification and authorization transactions. (Sec. 1104)
- *Medicaid:* Deadline for the Secretary to submit to Congress a final, follow-up report on the results of a newly created grant program to provide incentives to Medicaid beneficiaries to adopt healthier lifestyles. (Sec. 4108)

***January 1, 2016, continued***

- *Medicare:* Deadline for the Secretary to create a multi-year pilot program to test ways to reimburse through a formula tied to the quality of care provided at inpatient psychiatric facilities, long-term care hospitals, rehabilitation facilities, cancer hospitals and hospice programs. The Secretary may expand the duration and scope of the pilot after 2018 if it reduces spending without reducing the quality of care. (Sec. 10326)
- *Medicare:* Deadline for HHS to expand an existing effort to reform the way Medicare pays for Durable Medical Equipment, by no longer using a government-formula to set the reimbursement rates and instead using a bidding process. Suppliers of durable medical equipment in 21 additional metropolitan areas (for a total of 100 areas in the nation) will be asked to submit bids in order to receive payment. (Sec. 6410)

***July 1, 2016***

- *Medicare:* Start date for the Secretary to reduce the annual inflation update to Medicare payments for inpatient psychiatric facilities by 0.75 percentage points for rate years 2017 through 2019. (H.R 4872 Sec. 1105)

***October 1, 2016 (start of Fiscal Year 2017)***

- *Medicaid:* Start date for the Secretary to cut subsidies further to hospitals that provide uncompensated care, reducing by \$1.8 billion spending on Medicaid Disproportionate Share Hospital allotments to the States. (H.R. 4872 Sec. 1203)
- *Medicare:* Start date for the Secretary to reduce the annual inflation update to Medicare payments for inpatient hospitals and inpatient rehabilitation facilities by 0.75 percentage points for fiscal years 2017 through 2019. (H.R 4872 Sec. 1105)
- *Medicare:* Start date for the Secretary to reduce the annual inflation update to Medicare payments for long term care hospitals by 0.75 percentage points for rate years 2017 through 2019. (H.R 4872 Sec. 1105)

**2017**

***January 1, 2017***

- *Insurance:* Start date for States to allow employers with more than 101 employees to purchase insurance through the Exchange. (Sec. 1312)
- *Insurance:* Start date for States to be able to apply to HHS for a waiver of the requirements in the bill that States set up an Exchange, that most individuals purchase insurance or pay a new fine, that certain employers provide insurance or pay a new fine if their employee uses a tax-

credit subsidy to purchase insurance through the Exchange, and that certain individuals receive a refundable tax credit to subsidize insurance. (Sec. 1332)

- *Medicaid*: Start date for States to pay 5 percent of the cost of providing health care coverage through Medicaid to people made newly eligible under the bill. The Federal taxpayer will pay the remainder of the cost. (Sec. 2001 as modified by Sec 10201 and H.R. 4872 Sec. 1004 and 1201)
- *Medicare*: Start date for the Secretary to reduce the annual inflation update to Medicare payments for outpatient hospital services by 0.75 percentage points for 2017 through 2019. (H.R. 4872 Sec. 1105)
- *Public Health*: Deadline for the Secretary’s final report to Congress on efforts to inform States and health care providers and preventive and obesity-related services for Medicaid beneficiaries. (Sec. 4004)

### ***October 1, 2017 (start of Fiscal Year 2018)***

- *Medicaid*: Start date for the Secretary to cut subsidies further to hospitals that provide uncompensated care, reducing by \$5 billion spending on Medicaid Disproportionate Share Hospital allotments to the States. (H.R. 4872 Sec. 1203)

### ***October 17, 2017***

- *Public Health*: Deadline for the Secretary to report to Congress on the results of a newly created demonstration program, which will pay for nurses’ training at a hospital. (Sec. 5509)

## **2018**

### ***January 1, 2018***

- *Medicaid*: Start date for States to pay 6 percent of the cost of providing health care coverage through Medicaid to people made newly eligible under the bill. The Federal taxpayer pays the remainder of the cost. (Sec. 2001 as modified by Sec 10201 and H.R. 4872 Sec. 1004 and 1201)
- *Taxes*: Start date for new Federal tax on high-cost insurance plans (known as the “Cadillac Tax”) with a 40 percent tax on benefit values above a certain threshold (\$10,200 individual coverage, \$27,500 family, indexed for inflation). Effective for tax years beginning after December 31, 2017. (H.R. 4872 Sec. 1401).

***October 1, 2018 (start of Fiscal Year 2019)***

- *Medicaid:* Start date for the Secretary to cut subsidies further to hospitals that provide uncompensated care, reducing by \$5.6 billion spending on Medicaid Disproportionate Share Hospital allotments to the States. (H.R. 4872 Sec. 1203)

**2019**

***January 1, 2019***

- *Medicaid:* Start date for States to pay 7 percent of the cost of providing health care coverage through Medicaid to people made newly eligible under the bill. The Federal taxpayer pays the remainder of the cost. (Sec. 2001 as modified by Sec 10201 and H.R. 4872 Sec. 1004 and 1201)

***October 1, 2019 (start of Fiscal Year 2020)***

- *Medicaid:* Start date for the Secretary to cut subsidies further to hospitals that provide uncompensated care, reducing by \$4 billion spending on Medicaid Disproportionate Share Hospital allotments to the States. (H.R. 4872 Sec. 1203)

**2020**

***January 1, 2020***

- *Medicaid:* Start date for States to pay 10 percent of the cost of providing health care coverage through Medicaid to people made newly eligible under the bill. The Federal taxpayer pays the remainder of the cost. (Sec. 2001 as modified by Sec 10201 and H.R. 4872 Sec. 1004 and 1201)