

# Health-care timeline

**Oct. 8, 2009** – H.R. 3590, Patient Protection and Affordable Care Act passed by House.

**March 21, 2010** – House agrees to Senate-passed H.R. 3590.

**March 23, 2010** – President Barack Obama signs H.R. 3590 (PPACA) into law (P.L. 111-148).

**March 30, 2010** – President Barack Obama signs H.R. 4872 into law (P.L. 111-152). Combined P.L. 111-148 and P.L. 111-152 are known as the Affordable Care Act (ACA).

**Jan. 1, 2011** – Changes to tax-free savings accounts. Excludes costs for over-the-counter drugs not prescribed by a doctor from being reimbursed through a Health Reimbursement Account or health Flexible Spending Account and from being reimbursed on a tax-free basis through a Health Savings Account or Archer Medical Savings Account. Taxes are increased on distributions from a health savings account or an Archer MSA that are not used for qualified medical expenses to 20 percent of the amount used.

**Sept. 23, 2012** – Private individual and group health plans must provide a uniform summary of benefits and coverage to all applicants and enrollees. The provision applies to all individual and group health plans, regardless of whether they are grandfathered or not.

**Dec. 24, 2009** – H.R. 3590, Patient Protection and Affordable Care Act (PPACA) passed by the U.S. Senate with amendment.

**March 21, 2010** – House passes H.R.4872, Health Care and Education Reconciliation Act of 2010.

**March 25, 2010** – Senate amends and passes H.R. 4872, Health Care Education Reconciliation Act of 2010.

House agrees to Senate amendments and passes the Senate-amended H.R. 4872.

**Jan. 1, 2013** – Excise tax of 2.3 percent imposed on the sale of any taxable medical device.

**July 2013** – U.S. Department of Treasury grants transition relief for employers compliance with the employer mandate for tax year 2014.

**Sept. 23, 2010** – ACA market reform provisions, such as allowing adult children to remain on their parents' health plan until age 26, takes effect for new plans or existing plans when they renew.

**Oct. 1, 2013** – Exchanges open. Seventeen states and Washington, D.C., operated their own exchange or partner with the federal government on an exchange. Thirty-three states choose to let the federal government run the exchange in their state for 2014.

Employee-notification rules. All employers covered by the Fair Labor Standards Act are required to provide written notice to current employees as of this date, and all new hires thereafter, about health care coverage options through the new health insurance marketplaces/exchanges.

**Jan. 1, 2016** – Employer mandate covers employers who averaged 50 or more full-time-equivalent employees on business days in 2015.

**Jan. 1, 2018** – Tax on high-cost insurance. Imposes an excise tax on insurers of employer-sponsored health plans (and employer sponsoring self-funded plans) with aggregate expenses that exceed \$10,200 for individual coverage and \$27,500 for family coverage.

**Nov. 3, 2014** – End of comment period on IRS draft forms and instructions to comply with employer information reporting.

**Feb. 12, 2014** – Employer mandate final rule issued.

**July 24, 2014** – IRS releases first draft forms to comply with employer information reporting.

**Jan 1 2016** – Employers with 100 or fewer employees can purchase coverage on the state exchange.



**Jan. 1, 2014** – Individual mandate. With limited exceptions, all Americans are required to obtain “minimum essential coverage” through their employers, exchanges, Medicaid/Medicare or elsewhere for themselves and their dependents or face potential tax penalties.

**March 10, 2014** – Employer information reporting (IRC §§ 6056 and 6055) final rule issued.

**Aug. 28, 2014** – IRS releases draft instructions to accompany forms for employer information reporting.

**Jan. 1, 2015** – Employer mandate begins to phase in. Employers who averaged 100 or more full-time-equivalent employees on business days in 2014 are considered “applicable large employers” for 2015 and will be required to offer full-time employees and their dependents the opportunity to enroll in a qualifying health plan starting in 2015, or face possible penalties.

All entities that are members of an applicable large employer and self-funded employers begin tracking data to comply with the employer information reporting requirements.

**Early 2016** – Large employer reporting requirements. Each entity in control groups with 50 or more full-time-equivalent employees will be required to file their first annual statement to employees on or before Jan. 31, 2016, about any health care coverage offered during 2015. The same information must also be sent to the IRS about a month later.

**Jan 1, 2017** – Washington state may choose to open up the SHOP exchange to employers with 100+ employees to purchase coverage.