

Health Insurance Changes going into effect in the next six months

Temporary Federal High Risk Pools.

- Provide uninsured Americans with pre-existing conditions access to coverage. The temporary high-risk pool will serve as a bridge to when the new health insurance Exchanges are up and running, at which point insurance companies will no longer be able to deny coverage based on pre-existing conditions. *Effective 90 days after enactment. OIC is the designated entity to create a temporary pool in Washington.*

No Discrimination Against Children With Preexisting Conditions.

- Prohibits new health plans in all markets and grandfathered group health plans from denying access to and coverage of children with preexisting conditions up to age 19. *Effective 6 months after enactment.* (Beginning in 2014, this prohibition would apply to these plans for all individuals.)

Prohibits Dropping Coverage When People Get Sick.

- Prevents insurance companies from withdrawing coverage when a person gets sick as a way of avoiding covering the costs of enrollees' health care needs. *Effective six months after enactment and applying to all plans. This practice is prohibited under Washington law.*

Eliminating Lifetime Limits on Insurance Coverage.

- Prohibits insurers from imposing lifetime limits on benefits. *Effective six months after enactment and applying to all plans.*

Regulating Use of Annual Limits on Insurance Coverage.

- Tightly regulates plans' use of annual limits to ensure access to needed care in all group plans and all new individual plans. These tight restrictions will be defined by the Secretary of Health and Human Services. *Effective six month after enactment and applying to new plans in the individual market and all employer plans.* (In 2014, the use of annual limits will be banned for new plans in the individual market and all employer plans.)

Covering Preventive Health Services.

- All new plans must cover preventive services at no charge by exempting these benefits from deductibles and other cost-sharing requirements. *Effective six months after enactment.*

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Extending Coverage for Young Adults.

- Requires health plans that provide coverage for children to continue to make that coverage available until the child turns 26 years of age. The requirement applies to all plans in the individual market, new employer plans, and existing employer plans – unless the adult child has an offer of coverage through his or her employer. Both married and unmarried children qualify for this extended coverage. Beginning in 2014, individuals up to age 26 can stay on their parents' employer plan even if they have an offer of coverage through their employer. *Effective for plans starting six months after enactment.*

Bringing Down the Cost of Health Care Coverage.

- With the exception of employers that self-insure, all health plans must report on the share of premium dollars spent on medical care versus other expenses, such as salaries and administrative costs – their medical loss ratio (MLR). Beginning not later than January 1, 2011, plans that spend too much on overhead must provide consumer rebates if they fail to meet the MLR standard. *Reporting requirement effective for plan years starting 6 months after enactment; consumer rebate requirement begins not later than January 1, 2011.*

Holding Insurance Companies Accountable for Unreasonable Rate Hikes.

- Creates a grant program to support States in requiring health insurance companies to submit justification for requested premium increases, and insurance companies with excessive or unjustified premium exchanges may not be able to participate in the new health insurance Exchanges. *Starting in plan year 2011.*

Ensuring An Effective Appeals Process for a Denial of Coverage.

- Requires new plans to implement an effective internal and external appeals process for coverage determinations and claims. *Effective six months after enactment.*

Improving Consumer Information through the Web.

Requires the Secretary of Health and Human Services to establish an Internet website through which residents of any State may identify affordable health insurance coverage options in that State. *Effective not later than July 1, 2010.*

Improving Consumer Assistance.

- Requires the Secretary of Health and Human Services to award grants to States to establish health insurance consumer assistance or ombudsman programs to receive and respond to inquiries and complaints concerning health insurance coverage. *Effective upon enactment.*