

Timeline of Health Care Reform

2006	2007	2008
<p>Health Care Reform, Part I: Chapter 58 of the Acts of 2006</p> <p>Launched health care reform in Massachusetts with these changes:</p> <ul style="list-style-type: none"> • Expanded Medicaid. • Created new subsidies for low income residents. • Established employer and individual mandate. • Created the Commonwealth Health Insurance Connector for individuals to shop for subsidized and unsubsidized coverage from participating health plans. 	<p>Municipal Health Reform, Part I: Chapter 67 of the Acts of 2007</p> <ul style="list-style-type: none"> • Gave municipalities the option to join the Group Insurance Commission (GIC) voluntarily and with employee consent through collective bargaining. • Cities and towns joining the GIC must lock in to long-term contracts of either three or six year terms, and cannot shop for other coverage until those contracts expire. 	<p>Health Care Reform, Part II: Chapter 305 of the Acts of 2008</p> <ul style="list-style-type: none"> • Advanced efforts for cost containment, transparency, and efficiency. • Provided initial funding and incentives to establish a statewide electronic health records system by 2015. • Responded to need to recruit and retain primary care providers. • Created the annual Health Care Cost Trends hearings and Special Commission on Payment Reform.
2010	2011	2012
<p>Federal Reform: The Affordable Care Act</p> <ul style="list-style-type: none"> • Established employer and individual mandates. • Created state exchanges. • Prohibited medical underwriting and pre-existing condition exclusions. • Prescribed the types of rating factors that insurance companies are permitted to use to calculate premiums. • Required no cost sharing for preventive services. <p>Health Care Reform, Part III: Chapter 288 of the Acts of 2010</p> <ul style="list-style-type: none"> • Gave the Division of Insurance additional authority to review premium rates. • Required health insurers to spend at least 90% of the premiums they collect on health care services for their members. • Required carriers to offer a tiered or limited network product at substantial savings compared to full network plans. 	<p>Municipal Health Reform, Part II: Chapter 69 of the Acts of 2011</p> <ul style="list-style-type: none"> • Gave cities and towns the flexibility to join the GIC without collective bargaining if they could show a savings of at least five percent more than the maximum savings available outside the GIC. • Required municipalities to share up to 25% of the first year savings with employees. 	<p>Payment Reform: Chapter 224 of the Acts of 2012</p> <ul style="list-style-type: none"> • Provided incentives for the adoption of alternative payment methodologies. • Directed payers and providers to hold the growth of their total health care costs to a benchmark tied to the growth in the state's overall economy.

The New York Times

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Massachusetts Aims to Cut Growth of Its Health Costs

By ABBY GOODNOUGH

The Massachusetts legislature passed a first-in-the-nation bill on Tuesday that seeks to limit the growth of health care costs in the state.

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