

[For a detailed report of the enacted laws that Repeal or Amend Provisions of Obamacare, click here](#)

Obamacare Waivers and Delays

Waivers

- December 17, 2010 – HHS gives some states waivers to avoid Medical Loss Ratio Requirements.¹
- January 6, 2012 – The Center for Consumer Information and Insurance Oversight (CCIIO) waives the annual limit requirements on essential benefits for hundreds of self-insured employers, multi-employer plans, non-Taft Hartley Union Plans, Health Insurance Issuers, State-Mandated Policies, and Association Plans until 2014.²
- January 9, 2012 –HHS approves 229 new waivers for sponsors of mini-med and other limited healthcare plans through the end of 2013. Prior to that point, applicants had until September 22, 2011 to file a waiver request. Approximately 1,500 sponsors of mini-med or limited health care plans received one-year waivers through the end of 2013.
- August, 2013 – Training requirements for navigators cut from 30 hours to 20.³

Delays

- February 9, 2012 – The Administration delays **automatic enrollment of employees by employers** until after January 1, 2014.⁴
- December 21, 2012 – The Department of Labor delays the requirement for employers to issue notifications about the exchanges, which was intended to go into effect March 1, 2013. On May 8, 2013, this delay was extended until October 1, 2013.
- February, 2013 – The Administration delays a provision in the law that **limits out-of-pocket costs**, including deductibles and co-payments. The limit was not supposed to exceed \$6,350 for individuals and \$12,700 for families. Now, some insurers have been given a 1-year exemption which would allow them to set higher or no limits on out-of-pocket costs.⁵ The delay went largely unnoticed until an August, 2013 FAQ addressed the issue.
- February 6, 2013 – The Administration announces the delay of the Basic Health Program⁶
- April 2, 2013 – The Administration announces that it will delay the provision in Obamacare that would create the **Small Business Health Options Program (SHOP)**, a program intended to provide small businesses choice in the health plan they intend to purchase. Businesses that

¹ http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/state_mlr_adj_requests.html

² http://www.cms.gov/CCIIO/Resources/Files/approved_applications_for_waiver.html

³ <http://online.wsj.com/article/SB10001424127887324170004578638100820728288.html>

⁴ <http://www.dol.gov/ebsa/newsroom/tr12-01.html>

⁵ <http://www.dol.gov/ebsa/faqs/faq-aca12.html>

⁶ <http://www.medicaid.gov/state-resource-center/FAQ-medicaid-and-chip-affordable-care-act-implementation/downloads/aca-faq-bhp.pdf>

Q&A document notes, “Given the scope of the coverage changes that states and the federal government will be implementing on January 1, 2014, and the value of building on the experience that will be gained from those changes, HHS expects to issue proposed rules regarding the Basic Health Program for comment in 2013 and final guidance in 2014, so that the program will be operational beginning in 2015 for states interested in pursuing this option.”

operate in states with federally-facilitated or state-partnership exchanges will be able to offer only one plan during 2014.⁷

- July 2, 2013 – The Obama Administration submits a proposed rule to delay the implementation of the **employer mandate** for businesses with over 50 full-time employees or full-time equivalents until January 1, 2015. The Administration also delayed the employer and insurer information reporting requirements for 2014.⁸
- July 5, 2013 – HHS rolls back **income verification requirements** for health insurance exchanges until 2015. Federally operated exchanges are still able to verify income beginning in 2014, but states operating their own exchanges are not required to verify income until 2015.
- July 15, 2013 – CMS delays a requirement that state Medicaid agencies provide notices electronically to beneficiaries.⁹
- August 27, 2013 – HHS delays signing off on final agreements with insurance plans until mid-September, instead of between September 5th-9th as originally anticipated.¹⁰

Major Program Repeals – The President has signed into Law 7 Pieces of Legislation that Defund or Repeal Parts of Obamacare (Courtesy of the Speaker)

- [H.R. 4](#): April 14, 2011 – President Obama signs the 1099 Act into law, which **repeals both the expanded Form 1099 information reporting requirements** and 1099 reporting requirements imposed on taxpayers who receive rental income enacted as part of the *Small Business Jobs Act*
- [H.R. 8](#): January 2, 2013 – President signs into law a provision that repeals the **Community Living Assistance Services and Supports (CLASS)** program, a long-term care insurance program which had been deemed unsustainable. H.R. 8 also rescinds all unobligated CO-OP funds.
- [H.R. 1473](#) – Cut \$2.2 billion from the Consumer Operated and Oriented Plan (CO-OP) program. In addition, it saved \$400 million by eliminating “Free Choice Vouchers”.
- [H.R. 674](#) – Saved taxpayers \$14 billion by changing the eligibility calculation for certain Obamacare programs.
- [H.R. 2055](#) – Cut \$400 million off of the CO-Ops, and cut \$305 million from the IRS to hamper its ability to enforce Obamacare’s tax hikes and mandates. It also rescinded \$10 million from the Independent Payment Advisory Board (IPAB).
- [H.R. 3630](#) – The American Taxpayer Relief Act (ATRA): Saved billions of taxpayer dollars by cutting \$5 billion from the Prevention and Public Health Trust Fund through Obamacare subsidy recapture. The also cut \$2.5 billion in excess funding from the “Louisiana Purchase”, and other programs totaling \$11.6 billion. The bill also extended the payroll tax deduction through the end of 2012.

⁷ HHS Press Secretary Fabien Levy, “For transitional purposes we have proposed that in 2014, a state may elect to have businesses choose one plan to offer employees, and in 2015 employees will be able to choose from the full range of plans in the marketplace.”

⁸ <http://www.treasury.gov/connect/blog/pages/continuing-to-implement-the-aca-in-a-careful-thoughtful-manner-.aspx>

⁹ <https://www.federalregister.gov/articles/2013/07/15/2013-16271/medicaid-and-childrens-health-insurance-programs-essential-health-benefits-in-alternative-benefit> Quote: “We recognize that states are at different places in the development of their eligibility and enrollment systems, and that the technology needs to be in place to offer beneficiaries and applicants the option to receive notices electronically. We have amended § 435.918(a) to delay the requirement to provide notices electronically until January 1, 2015, but permit states to implement October 1, 2013 if their systems are ready.”

¹⁰ <http://www.reuters.com/article/2013/08/28/us-usa-healthcare-obamacare-idUSBRE97R04X20130828>

- [H.R. 4348](#) – Saved another \$670 million by fixing a clerical error that made the “Louisiana Purchase” more costly.

Other

- March 21, 2011 – CMS announces that the Early Retiree Reinsurance Program (ERRP) will no longer accept new applications after May 6, 2011.¹¹ The program was expected to stay open until 2014, but the \$5 billion program ran out of funds in early 2012.
- February 16, 2013 – The federally-run Pre-Existing Condition Insurance Plan (PCIP) suspends acceptance of new enrollment applications.¹²

¹¹ <http://www.errp.gov/newspages/20110401-applications-acceptance.shtml>

¹² <https://www.pcip.gov/>