

Health Care Reform Advisory: Departments of Treasury, Labor, and Health and Human Services Publish Interim Final Rules Implementing “Grandfather” Rules under Health Care Reform

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By [Alden J. Bianchi](#)

The Patient Protection and Affordable Care Act of 2010, together with the Health Care and Education Reconciliation Act of 2010 (collectively, the “Act”), have ushered in a new era of comprehensive health care regulation. A key feature of the Act is its impact on group health insurance carriers and employer-sponsored group health plans, which are principally (though not exclusively) regulated under the Act’s provisions governing “Individual and Group Market Reforms” and “Health Insurance Market reforms” (collectively, “insurance market reforms”). The obligation on the part of group health plans and policies to implement the insurance market reforms is mitigated to a degree under the Act’s “grandfather” rules, which delay certain of the Act’s requirements and provide a complete exemption from the other requirements.

Grandfathered plans will be able to maintain some of their current coverage provisions, and will require fewer changes to plan documents and administrative procedures in order to comply with the Act. These rules are therefore critically important to plan design and operation. But the Act’s grandfather provisions left many unanswered questions. The Departments of Treasury, Labor, and Health and Human Services recently issued interim final rules (the “interim final rules”), which answer many questions and generally provide guidance on the application of the grandfather rules. The interim final rules are effective July 12, 2010.

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