



Healthcare Reform Timeline

- Tax credits for small businesses
- Starts to close Medicare Part D Prescription “Doughnut Hole”
- Increases investment in primary care physician training programs
- Imposes indoor tanning service tax
- Funding will be available to establish a non-profit Patient-Centered Outcomes Research Institute.

- No pre-existing coverage insurance exclusions for children
- Increases dependent coverage
- Eliminates lifetime caps on coverage
- Protects insurance rescission
- Bans new physician-owned hospitals in Medicare, requiring hospitals to have a provider agreement in effect by December 31, 2010 and limits the expansion of grandfathered physician-owned hospitals

- Allows providers organized as accountable care organizations (ACOs) to share in cost savings
- Establishes a hospital value-based purchasing program
- Reduces Medicare payment for hospitals with excess readmission rates
- Establish Medicare pilot program to evaluated bundled payments
- Creates the Medicare Independence at Home demonstration program

- Prohibits health plans from denying coverage to anyone with a preexisting condition
- Expands Medicaid to 133% of the FPL
- Opens health insurance exchanges in states that have none.
- Provides Individual health care tax credits for people between 100% and 400% of the FPL
- Individual insurance mandate penalties begin
- Employers with more than 50 employees insurance penalties begin
- Limits any waiting periods for coverage to 90 days
- Reduces Medicare Disproportionate Share Hospital (DSH) payments
- Imposes fees on the health insurance industry
- Permits employers to offer employees rewards for participating in a wellness program

2010

Effective Immediately

September 2010-December 31, 2010

Effective 6 months after Implementation

2012

2014

June 2010

Effective 90 days after Implementation

- Implements temporary affordable coverage for the uninsured with pre-existing conditions
- Provides re-insurance for retiree health benefit plans

2011

- Imposes new fees on the pharmaceutical manufacturing industry
- Awards five-year demonstration grants to states to develop, implement, and evaluate alternatives to current tort litigations
- Provides grants to small employers that establish wellness programs
- Provides 10% Medicare bonus for primary care physicians and general surgeons. (2011-2015).
- Develops a national quality improvement strategy
- Establishes a new trauma center program

2013

- Begins phasing-in federal subsidies for brand-name prescriptions filled in the Medicare Part D “doughnut hole”
- Requires disclosure of financial relationships between health entities and manufacturers and distributors of covered drugs, devices, biologicals, and medical supplies
- Increases the Medicare tax rate on “high-income” earners by 0.9%
- Imposes an excise tax of 2.3% on medical devices

2015 and later

- Creates physician value based payment program
- Establishes Independent Payment Advisory Board
- Implements high cost “Cadillac” plan tax (2018)