

Timelines for H.R. 3590

For your assistance, please see below for a short summary of the timelines within the health care legislation.

Within a year

- Provides a \$250 rebate to Medicare prescription drug plan beneficiaries whose initial benefits run out.
- Provides A two-year temporary credit subject to an overall cap of \$1 billion to encourage investments in new therapies to prevent, diagnose, and treat acute and chronic diseases. The credit would be available for qualifying investments made in 2009 and 2010.

90 days after enactment

- Provides immediate access to high-risk pools for people who have no insurance because of preexisting conditions.

Six months after enactment

- Bars insurers from denying people coverage when they get sick.
- Bars insurers from denying coverage to children who have preexisting conditions.
- Bars insurers from imposing lifetime caps on coverage.
- Requires all group health plans and plans in the individual market must provide first dollar coverage for preventive services.
- Requires insurers to allow young people to stay on their parents' policies until age 26.

2011

- Requires individual and small group market insurance plans to spend 80 percent of premium dollars on medical services. Large group plans would have to spend at least 85%.

2012

- Encourage physicians to join together to form “accountable care organizations” to gain efficiencies and improve quality.
- Establishes a hospital value-based purchasing program for acute care hospitals.
- Directs CMS to track hospital readmission rates for certain high-cost conditions and implements a payment penalty for hospitals with the highest readmission rates.

2013

- Increases the Medicare payroll tax and expands it to dividend, interest and other unearned income for singles earning more than \$200,000 and joint filers making more than \$250,000.
- Alters the Medicare physician payment (SGR) to include a new value-based payment modifier.

- Establishes a national pilot program on payment bundling for hospitals, doctors, and post-acute care providers

2014

- Provides subsidies for families earning up to 400 percent of the poverty level – or, under current guidelines, about \$88,000 a year – to purchase health insurance.
- Requires most employers to provide coverage or face penalties.
- Requires most people to obtain coverage or face penalties.
- Institutes additional insurance market reforms, including limitations on pre-existing health conditions, and rating rules (only vary on age, geography, and family size)
- Medicaid eligibility will increase to 133 percent of poverty for all non-elderly individuals.
- Continues the second phase of the small business tax credit for qualified small employers.
- Requires certain providers – including long-term care hospitals, inpatient rehabilitation facilities, PPS-exempt cancer hospitals and hospice providers –to implement quality measure reporting programs.

2015

- Establishes the Independent Payment Advisory Board (IPAB).

2018

- Imposes a 40 percent excise tax on high-end insurance policies.

2019

- Expands health insurance coverage to 32 million people.