

Healthcare Reform Law Timeline

- Impact insurers
- Impact providers
- Impact public
- Impact misc.

- Requires most plans to provide first dollar coverage for preventive services.
- Requires small insurers to spend 80% of premiums on medical services; large insurers 85%

- Provides a 10% Medicare bonus payment for PCPs and general surgeons.
- New imaging standards; increases the PE for imaging services
- Additional restrictions regarding MD self-referral
- Establishes a GME policy allowing unused training slots to be re-distributed for purposes of increasing primary care
- Medicare cuts to long-term hospitals
- Medicare cuts to nursing homes and inpatient rehabilitation hospitals
- Medicare cuts begin to ambulance services, ASCs, diagnostic labs, and DME

- Americans begin paying premiums for federal long-term care insurance
- Requires employers to disclose the value of the benefit provided by the employer for employee's health insurance coverage on the employee's W-2.

- Establishes a new Center for Medicare & Medicaid Innovation at CMS
- Imposes an annual fee on manufacturers and importers of branded drugs
- Raises the penalty for non-qualified health savings account withdrawals to 20%
- Changes the definition of medical expenses for FSAs and health savings

- Limit deduction for compensation to \$500,000 for executives of health insurance companies
- Health insurance fee to fund comparative effectiveness research (CER) is imposed
- Health plans must adopt standards rules for the electronic exchange of information

- Establishes a national pilot program on payment bundling for hospitals, doctors, and post-acute care providers
- New requirement regarding drug, device, biological and medical supply manufacturers to report transfers of value made to a physician or a teaching hospital.

- Increases the Medicare payroll tax and expands it to dividend, interest and other unearned income for singles earning more than \$200K and joint filers making more than \$250K
- Limits health flexible savings accounts to \$2500
- Raises the current 7.5% floor for itemized medical expenses to 10% for those under the age of 65

- Imposes a tax on manufacturers and importers of certain medical devices
- Eliminates deductions for expenses allocable to Medicare Part D subsidy

- Establishes the Independent Payment Advisory Board.
- Reduces hospital DSH payments
- Budget neutral value-based modifier for MD payment goes into effect
- MD payments are decreased by 1.5% for not reporting to PQRI (2% for subsequent years)
- Medicare cuts to home health

- Expands health insurance coverage to 32 million people.

- Provides a two-year temporary credit for investments in new therapies to prevent, diagnose, and treat acute and chronic diseases.



2009

2010

2011

2012

2013

2014

2015

2018

2019

- 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 insurers to allow young people to stay on their parents' policies until age 26.
- Requires health insurers to annually report medical loss ratios
- Requires non-profit BCBSs have a medical loss ratio of 85% or higher or lose non-profit status

- Medicare increase to PCPs in rural areas (2 years)
- Medicare cuts to inpatient psychiatric hospitals
- Modifies the physician PE GPCI
- Additional changes to the misvalued physician services
- Provides Secretary with the authority to publicly report hospital acquired conditions
- Provides Secretary with the authority to establish medical reimbursement data centers
- Market basket update reductions go into effect for long-term care and rehabilitation facilities
- Establishes the Patient-Centered Outcomes Research Institute
- Establishes Commission to study aligning health care workforce resources with national needs.
- Establishes restrictions for MD-owned specialty hospitals including requirements on conflict of interest, bona fide investments, patient safety issues, and expansion limitations.

- Provides access to high-risk pools uninsured with preexisting conditions
- Creates a temporary reinsurance program for retirees
- Provides a \$250 rebate to Medicare Rx plan beneficiaries whose initial benefits run out.

- Tax on indoor tanning services begins (July 1)
- FDA authorized to approve "follow on" biologics
- Establishes new state demonstration programs to evaluate alternative liability reform models

- Encourage MDs 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 conditions and implements a payment penalty
- Secretary submits proposal for the budget neutral value-based MD payment modifier
- Secretary establishes new MD compare website for Medicare beneficiaries
- Medicare cuts to hospice
- Medicare cuts to dialysis treatment

- Institutes limitations on pre-existing conditions, rating rules
- Imposes an annual fee on health insurance providers

- Requires long-term care hospitals, inpatient rehab, PPS-exempt cancer hospitals and hospice providers to implement quality measure reporting

- Health insurance exchanges, co-ops, and multi-State plan options are established
- Provides subsidies for families earning up to 400% of the poverty level
- Requires most employers to provide coverage or face penalties.
- Requires most people to obtain coverage or face penalties.
- Medicaid eligibility will increase to 133% of poverty level
- Continues the second phase of the small business tax credit for qualified small employers.

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



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