

Health Reform Implementation Timeline

2010



Seniors whose prescription drug costs push them into the Medicare Part D doughnut hole receive a \$250 rebate.

No new physician-owned hospitals may be built after Dec. 31.



Indoor tanning services are taxed at 10%, beginning as early as July.

Health plans are barred from excluding children due to pre-existing conditions, beginning as early as September.

Health plans are barred from dropping members due to illness.



Health plans that provide dependent coverage for children must cover them up to 26 years of age.

2011



A 10% Medicare bonus payment for primary care physicians begins and runs through the end of 2015.

A 10% Medicare bonus payment for general surgeons working in shortage areas begins and runs through the end of 2015.



HHS awards 5-year grants to states to develop alternative medical liability reform initiatives.



Medicare and Medicaid programs eliminate out-of-pocket costs for proven preventive services.

Unused specialty graduate medical education training slots can be used for primary care training.



Seniors whose prescription drug costs push them into the Medicare Part D doughnut hole receive a 50% discount on all brand-name drugs.

2012

Medicaid pilot tests bundled payments for episodes of care, including hospitalization.



Medicare provides incentives for physicians to form accountable care organizations.



Drug makers must report drug samples given to physicians if those drugs are covered by Medicare or Medicaid.



2013

Medicaid rates for primary care services are raised to at least Medicare rates, through 2014.

National pilot program tests bundled payment.



Health plans must adopt uniform standards for electronic submission of health information.



Drug and device makers must report any payments made to physicians and hospitals.

2014

Health insurance exchanges in each state open for individuals and small employers.

Health plans are barred from denying coverage based on pre-existing conditions.



Health plans are barred from charging higher fees based on health status or gender.



Health plans are barred from imposing annual limits on coverage.

Most individuals are required to obtain health insurance coverage or pay a fine.

Medicaid eligibility expands to individuals at 133% of poverty.

Independent Payment Advisory Board created.

