



# Health Insurance Reform

## Timeline

<h1>2010</h1>	<ul style="list-style-type: none"> <li>■ Bars insurance companies from denying coverage to children who have pre-existing conditions.</li> <li>■ Prohibits insurance companies from dropping your coverage because you get sick.</li> <li>■ Enables uninsured people with pre-existing conditions to get coverage through a high-risk pool. (They can get coverage through the health care exchanges when they are operational.)</li> <li>■ Eliminates lifetime coverage limits and restricts annual limits.</li> <li>■ Allows you to keep your children on your plan until they turn 26.</li> <li>■ Starts phasing in tax credits to help qualified small businesses provide coverage to employees.</li> <li>■ Starts closing the Medicare prescription drug “donut hole” with a \$250 rebate for people who fall into the donut hole.</li> <li>■ Helps companies offset the cost of providing coverage to early retirees.</li> <li>■ Requires new group and individual plans to cover preventive services.</li> <li>■ Requires insurers to report on how much of their premiums is actually spent on medical care and give rebates for excessive costs.</li> <li>■ Provides tax relief, low-interest loans, scholarships and loan repayments for health care workforce, especially in primary care.</li> <li>■ Provides funds to build and expand community health centers.</li> <li>■ Requires new group and individual plans to include a process for appealing coverage and claim denials.</li> </ul>
<h1>2011</h1>	<ul style="list-style-type: none"> <li>■ Provides free preventive care for Medicare beneficiaries, encourages states to cover free preventive care for Medicaid recipients and requires new plans to cover preventive care with little or no cost-sharing.</li> <li>■ Continues closing the Medicare prescription drug donut hole by providing a 50 percent discount on brand-name drugs in the donut hole.</li> <li>■ Makes it easier for small businesses to offer employees tax-free flexible spending accounts for health insurance costs.</li> <li>■ Provides grants to states for consumer assistance programs.</li> <li>■ Allows state Medicaid programs to cover home- and community-based care for people with disabilities instead of institutional care.</li> <li>■ Begins curbing excessive payments to private Medicare Advantage plans.</li> <li>■ Levies an annual fee of \$2.3 billion total against U.S. drug manufacturers, with rates increasing over time.</li> </ul>

<b>2012</b>	<ul style="list-style-type: none"> <li>■ Begins payment reforms and incentives to encourage doctors and hospitals to provide more efficient and higher-quality care and reduce preventable hospital readmissions.</li> <li>■ Creates nonprofit insurance co-ops to compete against commercial insurers.</li> </ul>
<b>2013</b>	<ul style="list-style-type: none"> <li>■ Limits the tax deductibility of compensation to health insurance company executives.</li> </ul>
<b>2014</b>	<ul style="list-style-type: none"> <li>■ Bars insurance companies from denying coverage because of pre-existing conditions or charging more for groups with large numbers of women.</li> <li>■ Prohibits health plans from imposing annual limits on the amount of coverage you can get.</li> <li>■ Opens health insurance exchanges in each state to individuals and small employers, allowing people to comparison shop.</li> <li>■ Makes insurance affordable for lower-income people through tax credits and vouchers to use in the exchanges and by expanding access to Medicaid.</li> <li>■ Requires most people to have health insurance or pay a penalty.</li> <li>■ Requires employers with 50 or more employees that don't provide health coverage to pay a fee for employees who have to get subsidies to buy their own insurance in the exchanges.</li> <li>■ Continues phasing in the tax credits to help qualified small businesses provide insurance coverage for workers.</li> </ul>
<b>2015</b>	<ul style="list-style-type: none"> <li>■ Takes two additional major steps that lower health care costs and improve quality—creating an Independent Payment Advisory Board and a value-based payment program for physicians under Medicare.</li> </ul>
<b>2018</b>	<ul style="list-style-type: none"> <li>■ Begins the excise tax on employer-provided health plans costing more than \$27,500 for family coverage and \$10,200 for individual coverage. For retirees and workers in high-risk professions, the thresholds are \$30,950 for family coverage and \$11,850 for individual coverage. Thresholds will increase with inflation and if the group has a large number of older members or women. The work of union activists reduced the excise tax by 85 percent from the original proposal by raising the thresholds and pushing back the effective date.</li> </ul>
<b>2020</b>	<ul style="list-style-type: none"> <li>■ Ends the doughnut hole coverage gap in the Medicare prescription drug benefit. Seniors continue to pay the standard 25 percent of drug costs until they reach the threshold for Medicare catastrophic coverage, when their co-payments drop to five percent.</li> </ul>