**Healthcare Reform Law Timeline**

<table>
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<th>Year</th>
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| 2009 | - 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 to have a medical loss ratio of 85% or higher or lose non-profit status. |
| 2010 | - 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. |
| 2011 | - 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 a temporary program for retirees  
- Provides access to high risk pools  
- Requires small insurers to spend 80% of premiums on medical services; large insurers 85% |
| 2012 | - 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  
- 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% |
| 2013 | - 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, physician medical practice, a physician group practice, and/or a teaching hospital. |
| 2014 | - 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.  
- 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). |
| 2015 | - 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.  
- Provides Secretary with the authority to publicly report hospital acquired conditions  
- Provides Secretary with the authority to establish medical reimbursement data centers.  
- Establishes Commission to study aligning health care workforce resources with national needs. |
| 2018 | - Expands health insurance coverage to 32 million people.  
- Imposes a 40 percent excise tax on high-end insurance policies. |
| 2019 | - 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 |

**Impact insurers**
- Requires non-profit BCBSs to have a medical loss ratio of 85% or higher or lose non-profit status.
- 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.
- Provides a two-year temporary credit for investments in new therapies to prevent, diagnose, and treat acute and chronic diseases.
- 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 accounts.

**Impact providers**
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**Impact public**
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