

TABLE 17.3

HIGHLIGHTS OF HEALTH CARE PROVISIONS, BY YEAR OF IMPLEMENTATION

YEAR	HEALTH CARE PROVISIONS
2010	<ul style="list-style-type: none">• Young adult coverage was expanded to allow them to stay on their parents' plans until age twenty-six.• Tax credits that help small businesses provide insurance benefits to workers were implemented.• Those uninsured because of a preexisting condition could buy coverage through a Pre-Existing Condition Insurance Plan.
2011	<ul style="list-style-type: none">• Health care premium costs decreased because 85 percent of premiums had to be spent on health care, not administrative costs.• The Center for Medicare and Medicaid Innovation and the Children's Health Insurance Program (CHIP) targeted improvements in health care quality and efficiency.• The Independent Payment Advisory Board explored new measures to reduce health care costs and expand quality care.
2012	<ul style="list-style-type: none">• Integrated health systems were encouraged to improve communication and collaboration with doctors engaged in patient care.• Paperwork and administrative costs were reduced by shifting to secure, electronic records.
2013	<ul style="list-style-type: none">• Preventive health coverage was expanded through new funding of state Medicare programs.
2014	<ul style="list-style-type: none">• Individuals and small businesses were able buy health insurance directly in a Health Insurance Exchange, a competitive insurance marketplace for qualified plans. Members of Congress also began to receive their health insurance through exchanges.• Individuals were required to obtain basic health insurance coverage (if not already covered) or to pay a fee in the form of a tax penalty to offset the costs of caring for uninsured Americans. Exemptions were available to those who could not afford to pay.• Annual caps on the amount of individual coverage were eliminated for new plans and existing group plans.• Reforms prohibited the denial of the sale of health insurance due to preexisting conditions, and insurance companies were prohibited from charging higher rates based on gender or health status.• The small-business insurance tax credit was increased.• Pilot program was launched to encourage "bundling" of health care services, lowering costs.
2015	<ul style="list-style-type: none">• Physician payments will be tied to the quality of care physicians provide.

Source: HealthCare.gov, "Key Features of the Affordable Health Care Act By Year," www.hhs.gov/healthcare/facts/timeline/timeline-text.html.