

TABLE 14.2

HIGHLIGHTS OF HEALTH CARE PROVISIONS, BY YEAR OF IMPLEMENTATION

Year	Health Care Provisions Implemented
2010	<ul style="list-style-type: none"><li>• Young adult coverage was expanded to allow them to stay on their parents’ plans until age twenty-six.</li><li>• Tax credits that help small businesses provide insurance benefits to workers were implemented.</li><li>• Those uninsured because of a preexisting condition could buy coverage through a Pre-Existing Condition Insurance Plan.</li></ul>
2011	<ul style="list-style-type: none"><li>• Health care premium costs decreased because 85 percent of premiums must be spent on health care, not administrative costs.</li><li>• The Center for Medicare and Medicaid Innovation and the Children’s Health Insurance Program (CHIP) targeted improvements in health care quality and efficiency.</li><li>• The Independent Payment Advisory Board explored new measures to reduce health care costs and expand quality care.</li></ul>
2012	<ul style="list-style-type: none"><li>• Integrated health systems were encouraged to improve communication and collaboration with doctors engaged in patient care.</li><li>• Paperwork and administrative costs were reduced by shifting to secure, electronic records.</li></ul>
2013	<ul style="list-style-type: none"><li>• Preventive health coverage was expanded through new funding of state Medicare programs.</li></ul>
2014	<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li><li>• Annual caps on the amount of individual coverage were eliminated for new plans and existing group plans.</li><li>• 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.</li><li>• The small-business insurance tax credit was increased.</li><li>• Pilot program was launched to encourage “bundling” of health care services, lowering costs.</li></ul>
2015	<ul style="list-style-type: none"><li>• Physician payments will be tied to the quality of care physicians provide.</li></ul>

Source: HealthCare.gov, “Key Features of the Affordable Health Care Act By Year,” [www.hhs.gov/healthcare/facts/timeline/timeline-text.html](http://www.hhs.gov/healthcare/facts/timeline/timeline-text.html).