

Health Reform Implementation Timeline

The following table outlines when provisions of health reform legislation—the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010—become effective and highlights components pertinent to the kidney care community. (Excerpt from a Kidney News article, April 2010, by Rachel Shaffer. Access the complete article here: http://www.asn-online.org/publications/kidneynews/archives/2010/apr/KN_Apr10.pdf).

Implementation Year	Legislation
2010	<ul style="list-style-type: none"> • Bars insurance companies from rescinding coverage when enrollees get sick • Requires insurance companies to cover preventive services (applies to plans that are new in 2010) • Eliminates lifetime limits on benefits in group health plans and bars plans from imposing pre-existing conditions on children’s coverage • Provides sliding scale tax credits to help small businesses afford insurance • Reduces the Medicare prescription drug donut hole in 2010 and eliminates it by 2020 • Establishes an independent, nonprofit institute for comparative effectiveness research
2011	<ul style="list-style-type: none"> • Allows unused Graduate Medical Education training slots to be redistributed to increase primary care training at other sites • Increases reimbursement for primary care services under Medicare and Medicaid (2011–2014)
2012	<ul style="list-style-type: none"> • Establishes a “shared savings program” under which groups of providers may manage and coordinate care in “accountable care organizations” (ACOs) and receive payments for shared savings
2013	<ul style="list-style-type: none"> • Establishes a national pilot program on payment bundling to encourage provider collaboration and care coordination • Requires drug, device, and other medical manufacturers to routinely submit records of payments or other transfers of value to physicians to the HHS Secretary
2014	<ul style="list-style-type: none"> • Bars insurance companies from discriminating based on pre-existing conditions, health status, age, or gender and from imposing annual limits on coverage. • Increases Medicaid eligibility to 133 percent of the Federal Poverty Level for all non-elderly individuals • Provides federal matching payments to states for the cost of services to newly eligible Medicaid enrollees • Creates health insurance exchanges—competitive marketplaces where individuals and small business can buy affordable health care coverage • Provides sliding scale tax credits to help individuals afford insurance

Implementation Year	Legislation
2014	<ul style="list-style-type: none"> • Requires most individuals to obtain health insurance, or pay a fee if they do not • Prohibits health plans from dropping or denying coverage because an individual participates in a clinical trial
2015	<ul style="list-style-type: none"> • Establishes an Independent Payment Advisory Board to submit proposals to Congress and the private sector aimed at extending Medicare solvency, lowering costs, and improving health outcomes • Creates a value-based (rather than volume-based) physician payment program for Medicare