



## Selected Patient Protection and Affordable Care Act (PPACA) implementation dates of interest to RNs as caregivers, RNs as patients, and RNs as employees

### 2010

- Insurance changes regarding children: they can stay on their parents' insurance until age 26; and no kids excluded from coverage because of pre-existing conditions.
- Insurance changes regarding adults: no more health insurance coverage limits—either lifetime or annual; health insurance policies issued after 2009 must cover prevention services without patient cost-sharing.
- Uninsured adults with pre-existing conditions can get insurance coverage through temporary program of national/state high risk health insurance pools.
- \$250 rebate for Medicare Part D patients who hit the donut hole.
- Small businesses with fewer than 25 employees can get a 35% tax credit for employer based health insurance (increasing to 50% by 2014).
- Health insurance payouts must exceed 85% of premiums collected for large firms; 80% for individual and small group markets.
- Expanded Public Health Service Commissioned Corp and new Ready Reserve option.
- Workforce Advisory Committee established to develop a national workforce strategy.

### 2011

- Value of employer based health insurance health benefits reported on W-2 forms.
- Free annual Medicare wellness visit—no more patient cost sharing on preventive services.
- Payroll tax rate increased from 1.45% to 2.35% for high income individuals and families.
- 10% Medicare bonus for primary care services furnished under Part B.
- Primary care and nurse training programs expanded.
- Health care reform fees imposed on drug manufacturers.
- Community living assistance services and supports (CLASS program) initiated as a voluntary insurance program for LTC.
- National Prevention, Health Promotion and Public Health Council to develop a national strategy to improve the nation's health.
- Chain restaurants and food vending machines required to use nutritional labels for all items.
- Drugs manufacturers required to provide 50% discount for brand named drug prescriptions for Medicare Part D beneficiaries in the donut hole.
- Innovation Center within the Centers for Medicare and Medicaid Services established to test innovative payment and service delivery models to reduce health care costs and enhance the quality of care provided to individuals.
- Establish a new trauma center program.
- Increase funding by \$11 billion for community health centers and the National Health Service Corps over five years; establish new programs to support school-based health centers and nurse-managed health clinics.

### 2012

- Allow providers organized as accountable care organizations (ACOs) that voluntarily meet quality thresholds to share in the cost savings they achieve for the Medicare program.
- Reduce Medicare payments that would otherwise be made to hospitals by specified percentages to account for excess (preventable) hospital readmissions.
- Require enhanced collection and reporting of data on race, ethnicity, sex, primary language, disability status, and for underserved rural and frontier populations.



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### 2012

- Establish an Independent Payment Advisory Board comprised of 15 members to submit legislative proposals containing recommendations to reduce the per capita rate of growth in Medicare spending if spending exceeds a target growth rate.

### 2013

- Medicaid payment rates to primary care physicians for furnishing primary care services adjusted upward to be no less than 100% of Medicare payment rates in 2013 and 2014. Provides 100% federal funding for the incremental costs to States of meeting this requirement.
- Payroll taxes increased again for high income individuals and families, and expanded to include net investment incomes.
- Require disclosure of financial relationships between health entities, including physicians, hospitals, pharmacists, other providers, and manufacturers and distributors of covered drugs, devices, biologicals, and medical supplies.
- Minimum threshold for being able to claim an itemized deduction for health care expenses increased from 7.5% to 10% of Adjusted Gross Income although those over the age of 65 can stay at the 7.5% threshold through 2016.
- Impose an excise tax of 2.3% on the sale of any taxable medical device.
- Tax-deduction for employers who receive Medicare Part D retiree drug subsidy payments eliminated.
- Impose Fee on Insured and Self-Insured Health Plans to fund Patient-Centered Outcomes Research Trust Fund (expires after 2019)
- Individual mandate to obtain health insurance--penalties imposed for not securing coverage.
- Employer mandate for firms with more than 50 employees to offer health insurance coverage with penalties imposed for not offering coverage
- No discrimination by insurers based on health status, medical condition or history, claims experience, genetic information, disability, evidence of insurability, or other factors HHS deems appropriate. Insurance rating variability only on age, family composition, geographic location, and tobacco use. No ratings based on health or gender
- Create state-based American Health Benefit Exchanges and Small Business Health Options Program (SHOP) Exchanges, administered by a governmental agency or non-profit organization, through which individuals and small businesses with up to 100 employees can purchase qualified coverage.
- Develop various options for states related to the Exchanges such as requiring OPM to offer at least two multi-state plans in each Exchange; and creating a plan for low income individuals not otherwise eligible for premium subsidies.
- Provide refundable and advanceable premium credits and cost sharing subsidies to eligible individuals and families with incomes between 133-400% FPL to purchase insurance through the Exchanges.
- Various insurance changes establishing income-related limits on out-of-pocket liabilities for health care; limiting deductibles; setting a maximum on any waiting to be no greater than 90 days; allowing States to merge individual and small group markets.

### 2014

- Expand Medicaid eligibility funded by federal government not the states.
- Reduce hospital Medicare and Medicaid payments for Disproportionate Share Hospitals.
- New fees imposed on health insurance plans; additional taxes on uninsured individuals and firms not offering health insurance coverage.

### 2018

- Excise tax on Cadillac health insurance plans.