

Key Implementation Benchmarks of Senate Bill

2010

- Access to high-risk pools, regardless of pre-existing health conditions.
- Small business tax credits to assist small, low-wage firms purchase health insurance for employees.
- Immediate elimination of pre-existing condition exclusions for children.
- Prohibition on rescissions and restrictions on lifetime and annual benefit limits.
- First dollar coverage of preventive services in individual and group coverage.
- Extension of dependent health coverage to children up to age 26.
- Reduction in the cost of early-retiree coverage with a temporary reinsurance program.

2011

- Health plans must begin reporting on the share of premiums that go to medical care and provide rebates when too much of the premium is used for other expenses.
- Increased preventive care: A free annual wellness visit will be covered by Medicare and cost-sharing for preventive care will be eliminated. Incentives for Medicaid to expand coverage of evidence-based preventives services.

2012

- Additional health care quality improvements: Encouraging integrated care through accountable care organizations, linking provider payment to quality outcomes, and reducing avoidable hospital readmissions.

2013

- Health plans adopt simplification procedures to reduce paperwork and administrative burdens.
- Limits on health insurance executive compensation.
- Additional Medicare HI tax on high-income households.

2014

- Insurance market reforms require guaranteed issue and renewal of policies and prohibit discrimination based on pre-existing conditions, health status or gender.
- Health insurance exchanges open to serve as a marketplace for consumers to purchase insurance.
- Health insurance tax credits begin.
- Americans are required to obtain coverage and large employers pay a fine if they do not offer coverage to full-time workers.
- Medicaid expands to include everyone with income below 133% FPL.