

**Figure B: Timeline for Implementation of Selected Provisions of Federal Health Care Reform Legislation, 2011 and Beyond**

2011	2012	2013	2014
<p>Medicare beneficiaries will receive a free annual wellness visit.</p> <p>50% discounts on brand name drugs for Medicare beneficiaries in "doughnut hole."</p> <p>Provide a 10% bonus Medicare payment for primary care physicians for five years beginning in 2011.</p> <p>Establish national voluntary insurance program through payroll deduction to purchase community living assistance services and supports (CLASS program).</p> <p>State grants to test alternatives to civil tort lawsuits; \$50 million in funds; report due to Congress 2016.</p>	<p>Release of Medicare claims data to measure performance of providers and suppliers but that protects patient privacy.</p> <p>Establish programs to demonstrate new payment approaches to increase quality and decrease costs.</p> <p>Begin demonstration program for pediatric providers to organize as Accountable Care Organizations (ACO) and share savings generated.</p>	<p>Limit contributions to tax-free flexible spending accounts to \$2,500.</p> <p>Regulations issued for compacts to allow purchase of qualified health care plans across state lines.</p> <p>Medicare tax increase of 0.9% for individuals with adjusted gross income over \$200,000 and couples over \$250,000. New Medicare tax on investment income for same persons.</p> <p>Threshold to deduct medical expenses raised from 7.5% to 10%; delayed until 2017 for those 65 and over.</p>	<p>Prohibits any annual cap on benefits. Guaranteed issue of insurance in group and individual market.</p> <p>Waiting periods for coverage limited to 90 days.</p> <p>States establish insurance exchanges for individuals and small businesses with 50–100 employees.</p> <p>Premium subsidies will be available for persons between 133% and 400% of poverty purchasing insurance through an exchange.</p> <p>States will be required to expand Medicaid eligibility to all non-elderly adults and children with income below 133% of poverty.</p> <p>Individual mandate: Individuals will be required to have insurance or pay a penalty. Penalty is greater of \$95 or 1% of taxable income in 2014 up to \$695 or 2.5% of taxable income, not to exceed national average bronze plan premium.</p> <p>Insurers will pay an annual fee, according to market share. Yield \$8–14 billion per year, 2014 to 2019.</p>
2015	2016	2017	2018
<p>Reduce Medicare payments to hospitals in top 25th percentile of rates of hospital-acquired infections.</p>	<p>Under interstate compacts, allow purchase of qualified health care plans across state lines.</p>	<p>States have the option to open insurance exchange to businesses with more 100 employees.</p>	<p>Excise tax on high-cost employer provided insurance plan goes into effect. 40% on plans with premiums in excess of \$10,200 for individuals and \$27,500 for family coverage.</p>
2019–2020			<p>Medicare "doughnut hole" completely phased out.</p>

Source: HR 3590, Patient Protection and Affordable Care Act; and HR 4872, Health Care and Education Reconciliation Act of 2010.