

The American Recovery and Reinvestment Act (ARRA) was signed into law on February 17, 2009, and included historic provisions to promote the adoption of digital infrastructure in the delivery of healthcare. The Health Information Technology for Economic and Clinical Health Act (HITECH Act) contained \$2 billion toward discretionary funding for health IT infrastructure support, such as the numerous grant programs which notably include the creation of regional extension centers, and \$14.1 to \$27.5 billion in incentive payments to eligible providers to motivate and support the adoption of information technologies. The latter funding is distributed through Medicare and Medicaid through the EHR incentive programs.

**2010**

- Access to insurance for uninsured with a pre-existing condition
- Small business tax credit for contributions to purchase health insurance for employees
- Elimination of pre-existing condition exclusions for children
- Prohibition of rescissions whereby insurance companies rescind policies when a person gets sick
- Elimination of lifetime benefit limits
- Extension of coverage for young adults up to 26 years of age
- Medical loss ratio reporting and consumer rebate requirements for health plans
- Establishment of a Patient-Centered Outcomes Research Institute

**2011**

- Discounts on drugs that fall in the Part D “Donut Hole”
- Medicare wellness and prevention plans
- 10 percent reimbursement increase for primary care and general surgeons in certain areas
- New, voluntary options for long-term care insurance
- Transition to reformed payments in Medicare Advantage
- New education initiatives for primary care, nursing and public health workforce
- Implementation of a pharmaceutical manufacturers fee
- Reporting requirements for value of benefit on W-2
- Community health center funding

**2012**

- Penalties for hospitals with high readmission rates
- Payment reform pilot programs based on quality outcomes

**2013**

- Increased Medicaid reimbursement for primary care physicians to the Medicare rate
- Limit Flexible Savings Account (FSA) contributions to \$2500
- Elimination of the employer Medicare Part D tax subsidy
- Provider collaboration pilot program for bundled payments for a care episode
- Increased threshold for claiming medical expenses from 7.5% to 10.0%
- Medical device excise tax of 2.3%

**2014**

- Health insurance regulatory reform that eliminates discriminatory pricing and policy refusal
- Elimination of insurance annual limits
- Ensures insurance coverage for participation in clinical trials
- Establishment of health insurance exchanges in each state
- Introduction of select multi-state insurance plans
- Introduction of health care tax credits for people with incomes below 400% of poverty
- Individual insurance requirement introduced with incremental penalties each year
- Requirement for employers with over 50 employees to provide coverage or pay a fee
- Medicaid eligibility increases to 133% of poverty
- Quality reporting for certain providers
- Medicare and Medicaid DSH cuts

**2015**

- Establishment of Independent Payment Advisory Board to extend Medicare solvency
- Creation of a physician value-based payment program for Medicare

**2018**

- High-cost plan excise tax imposing a tax of 40% of plans above \$10,200 for individuals and \$27,500 for families



