Timeline: History of Health Reform in the U.S.

VIEW: Early 1900's | 1930 – 1934 | 1935 – 1939 | 1940 - 1945 | 1945 - 1949 | 1950 - 1954 | 1955 - 1959 | 1960 – 1964 | 1965 – 1969
1970 - 1974 | 1975 – 1979 | 1980 - 1984 | 1985 - 1989 | 1990 – 1994 | 1995 - 1999 | 2000 – 2004 | 2005 – 2009 | 2010

Early 1900's

1912

Teddy Roosevelt and his Progressive party endorse social insurance as part of their platform, including health insurance.

1912

National Convention of Insurance Commissioners develops first model of state law for regulating health insurance.

1915

The American Association for Labor Legislation (AALL) publishes a draft bill for compulsory health insurance and promotes campaigns in several states. A few states show interest, but fail to enact as U.S. enters into World War I. The idea draws initial support from the AMA, but by 1920 AMA reverses their position.

1921

Women reformers persuade Congress to pass the Sheppard-Towner Act, which provided matching funds to states for prenatal and child health centers. Act expires in 1929 and is not reauthorized.

1927

Committee on the Costs of Medical Care forms to study the economic organization of medical care. Group is comprised of economists, physicians, public health specialists, and other major interest groups. Recommendations were completed by 1932. While some members would not support the recommendation for medical group practice, the majority did endorse the idea, along with voluntary health insurance.

1929

Baylor Hospital introduces a pre-paid hospital insurance plan for a group of school teachers, which is considered the forerunner of future nonprofit Blue Cross plans.

1929

Great Depression years begin.

1930 – 1934

National Health Insurance and the New Deal

Hard economic times called for social policies to secure employment, retirement, and medical care. President Roosevelt appointed a committee to work on all these issues, but in the end did not risk the passage of the Social Security Act to advance national health reform.

For an overview on National Health Insurance and the New Deal, please see p. 2 of ***National Health Insurance: A Brief History Of Reform Efforts In The U.S.***

1929-39
The Great Depression spans a decade, with 1933-34 being the worst years.

1934
FDR creates Committee on Economic Security to address old-age and unemployment issues, as well as medical care and insurance.

1935 – 1939

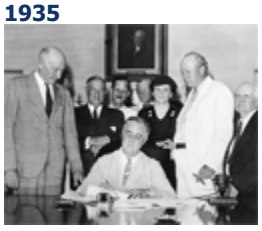
National Health Insurance and the New Deal

President Roosevelt continued to support national health reform throughout his terms. His second push for national health insurance came after the Social Security Act passed. However, the momentum from FDR's Technical Committee on Medical Care and a National Health Conference were not enough to overcome a Congress that was no longer supportive of further government expansions.

For an overview on National Health Insurance and the New Deal, please see p. 2 of ***National Health Insurance: A Brief History Of Reform Efforts In The U.S.***

1935
Committee on Economic Security issues final recommendations, none of which explicitly address national health insurance; however principles of health reform are outlined. Committee later issues unpublished report "Risks to Economic Security Arising Out of Illness."

1935



Social Security Act passed by Congress. The Act includes grants for Maternal and Child Health. These grants restored many of the programs established under the Sheppard-Towner Act and extended the role of the Children's Bureau to include not only maternal and child health services, but other child welfare services as well.

1935
FDR forms Interdepartmental Committee to Coordinate Health and Welfare Activities.

Learn more about the **Interdepartmental Committee**.

1935-36
National Health Survey conducted under the auspices of the U.S. Public Health Service to assess the nation's health and the underlying social and economic factors affecting health – the forerunner to the National Health Interview Survey of today.

1937
Technical Committee on Medical Care established under Interdepartmental Committee to Coordinate Health and Welfare Activities; publishes its report, *A National Health Program* in 1938.

1938
National Health Conference convened in Washington, D.C.

1939
Sen. Wagner introduces National Health Bill incorporating recommendations from the National Health Conference. Proposal dies in committee.

1939
Physicians start to organize the first Blue Shield plans to cover the costs of physician care.

1939
Department of Health and Human Services born as the Federal Security Agency bringing together federal agencies concerned with health, welfare, and social insurance.

1940 - 1945

1943
War Labor Board rules wage freeze does not apply to fringe benefits, including health insurance benefits.

1943
Senators Wagner and Murray, along with Representative Dingell introduce legislation as part of broader vision to operate health insurance as part of social security. Wagner-Murray-Dingell bill includes provisions for universal comprehensive health insurance along with other changes to social security meant to move toward system of "cradle to grave" social insurance.

1944
FDR outlines 'economic bill of rights' including right to adequate medical care and the opportunity to achieve and enjoy good health in his State of the Union address.

Access the text of **FDR's 1944 State of the Union address**.

1944
Social Security Board calls for compulsory national health insurance as part of the Social Security system.

1945 - 1949

National Health Insurance and the Fair Deal

President Truman picked up the mantle for a national health program just months after the end of World War II. His election in 1948 appeared to be a mandate for national health insurance, but the opposition, using fear of socialism, coupled with the power of southern Democrats who believed a federal role in health care might require desegregation, effectively blocked all proposals.

For an overview on National Health Insurance and the Fair Deal, please see p. 3 of ***National Health Insurance: A Brief History Of Reform Efforts In The U.S.***

1946
Truman sends health message to Congress. Revised Wagner-Murray-Dingell bill introduced to Congress again. An alternative Senate bill (Taft-Smith-Ball bill) authorizes grants to states for medical care of the poor. Neither bill gains traction.

1946
Hill-Burton Act (Hospital Survey and Construction Act) to fund the construction of hospitals passes. It also prohibits discrimination on the basis of race, religion, or national origin in the provision of hospital services, but allowed for "separate but equal" facilities. The statute also required hospitals to provide a "reasonable volume" of charitable care.

1947
Truman, in another special message to Congress calls for a National Health Program. Wagner-Murray-Dingell bill and Taft bill both reintroduced.

1948
National Health Assembly convened in Washington, D.C., by the Federal Security Agency. Final report endorses voluntary health insurance, but reiterated need for universal coverage.

1948
AMA launches a national campaign against national health insurance proposals.

1949
Supreme Court upholds National Labor Relations Board ruling that employee benefits can be included in collective bargaining.

1950 - 1954

1950
National Conference on Aging is convened by Federal Security Agency.

1951
Joint Commission on the Accreditation of Hospitals (JCAH) formed to improve the quality of hospital care through the voluntary accreditation of hospitals.

1952
Federal Security Agency proposes enactment of health insurance for Social Security beneficiaries.

1953
Federal Security Agency made a cabinet level agency, renamed Department of Health Education and Welfare (DHEW).

1954
President Eisenhower proposes a federal reinsurance fund to enable private insurers to broaden the groups of people they would cover.

1954
Revenue Act of 1954 excludes employers' contributions to employee's health plans from taxable income.

1955 - 1959

1956
Military "medicare" program enacted, providing government health insurance for dependents of those in the Armed Forces.

1956
Legislation introduced in the House (the Forand bill) to provide health insurance for social security beneficiaries; reintroduced again in 1959.

1957
AFL-CIO decides to support government health insurance, while the AMA reiterates opposition to national health insurance.

1957
First year that the National Health Interview Survey was conducted; survey has been continuously fielded ever since.

1960 – 1964

The Great Society – Medicare and Medicaid
The groundwork for the enactment of Medicare and Medicaid began in the late 1950s and early 1960s. As employer-based health coverage grew, private plans began to set premiums based on their experience with health costs and the retired and disabled found it harder to get affordable coverage. Health reformers refocused their efforts toward the elderly.

For an overview of this era in health reform history, please see p. 4-5 of ***National Health Insurance: A Brief History Of Reform Efforts In The U.S.***

1960
Federal Employees Health Benefit Plan (FEHBP) initiated to provide health insurance coverage to federal workers.

1960
Kerr-Mills Act passes, using federal funds to support state programs providing medical care to the poor and elderly; a precursor to the Medicaid program.

1961
White House Conference on Aging is held in Washington, D.C. Presidential task force recommends health insurance for the elderly under Social Security and President Kennedy sends special message to Congress on health. Rep. King and Sen. Anderson introduce a bill to create a government health insurance program for the aged; King-Anderson bill draws support from organized labor, intense opposition from the AMA and commercial health insurance carriers.

1962
President Kennedy addresses the nation on Medicare that is televised from Madison Square Garden. AMA issues televised rebuttal.

Read text of **President Kennedy's address at Madison Square Garden**.

1963
Kennedy sends special message to Congress on needs of the elderly. King-Anderson bill re-introduced.

1964
President Johnson advocates for Medicare in a special message to Congress.

1964
Civil Rights Act passes.

1965 – 1969

The Great Society – Medicare and Medicaid
Medicare and Medicaid were incorporated under the Social Security Act and signed by President Johnson in 1965 with Truman by his side. The combination of Johnson's political skills, a large Congressional Democratic majority, public approval, the support of the hospital and insurance industries, and the fact that no government cost controls or physician fee schedules were enacted contributed to the passage of the most significant health reform of the century.

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1965

1965 The Medicare and Medicaid programs are signed into law. Medicare Part A is to pay for hospital care and limited skilled nursing and home health care. Optional Medicare Part B is to help pay for physician care. Medicaid is a separate program to assist states in covering not only long-term care for the poor but also to provide health insurance coverage for certain classes of the poor and disabled.

Learn more about **the history of the Medicare program**.

Access the transcript of President Johnson's remarks at his signing of Medicare and Medicaid.

For other historical materials visit the Foundation's **Medicare and Medicaid at 40.**

1965
Neighborhood health centers (precursors to Federally Qualified Health Centers or FQHCs) are established as part of the Office on Economic Opportunity to provide health and social services to poor and medically underserved communities.

Access an overview of the **role of community health centers**.

1967
Social Security amendments pass, adding optional Medicaid categories to insure others who are not receiving cash assistance. Early and Periodic Screening and Diagnostic Testing (EPSDT) benefits are also added to Medicaid.

Access the Foundation's **fact sheet on the EPSDT benefit**.

1970 - 1974

Competing National Health Insurance Proposals

General inflation and unchecked health care costs were a growing concern by the early 1970s. Sen. Kennedy's proposal for national health insurance was countered by President Nixon's own Comprehensive Health Insurance Plan (CHIP). Other Congressmen wrote more incremental plans, all of which splintered support for any one reform. Action on national health insurance was eventually overshadowed by the Watergate hearings and Nixon's resignation. While President Ford supported national reform in 1974 and Rep. Mills drafted yet another compromise bill, its progress stalled without Mills' leadership following a personal scandal.

For an overview of this era in health reform history, please see p. 5-6 of ***National Health Insurance: A Brief History Of Reform Efforts In The U.S.***

Access ***the transcript and audio recording of President Nixon's radio address*** *concerning CHIP.*

1971
Wage and price freezes begin, with medical care singled out for specific limits on annual increases in physician and hospital charges. Medical care limits are not lifted until 1974, over a year after other controls had ended.

1972
Supplemental Security Income (SSI) program begins providing cash assistance to elderly and disabled. States are required to cover SSI recipients or apply their 1972 Medicaid eligibility standards for the two groups for coverage under Medicaid.

1972
Social Security amendments pass allowing people under age 65 with long-term disabilities and end stage renal disease (ESRD) to qualify for Medicare coverage. Those with long-term disabilities must wait for two years before qualifying for Medicare.

1974
Hawaii Prepaid Health Care Act passes requiring employers to cover any employee working more than 20 hours/week. In 1989 Hawaii added their State Health Insurance Program to cover "the gap group": those not eligible for Medicaid or employer-based insurance.

1974
Employee Retirement Income Security Act (ERISA) exempts self-insured employers from state health insurance regulations. Hawaii's new employer mandate is given an exemption from ERISA.

1974
Enactment of Health Planning Resources Development Act, mandating states to develop health planning programs to prevent duplication of services. Results in the widespread adoption of Certificate of Need programs.

1975 – 1979

Cost-Containment Trumps National Health Insurance

In the face of stagflation and rapidly rising health care costs, President Carter prioritizes health care cost containment over expanding coverage. Sen. Kennedy, however, drafts another national health insurance proposal, which is then followed by Carter's own plan that would delay implementation until 1983. National health reform efforts were completely stalled in the face of an economic recession and uncontrollable health care costs.

For an overview of this era in health reform history, please see p. 6-7 of ***National Health Insurance: A Brief History Of Reform Efforts In The U.S.***

1977
Health Care Financing Administration (HCFA) established within Department of Health, Education, and Welfare (HEW).

Interview with Secretary Califano on the establishment of HCFA **Watch Video**

1977
President Carter proposes Medicaid expansion (Children's Health Assessment Program) for poor children under age 6; proposal fails to come to a vote in Congress.

1977
National Medical Care Expenditure Surveys (NMCES) conducted surveying households, their physicians, and health insurers – provides first detailed data on individuals' health care costs.

1980 - 1984

1980
Department of Health, Education, and Welfare renamed the Department of Health and Human Services (DHHS).

1981
Federal budget reconciliation (OBRA 81) requires states to make additional Medicaid payments to hospitals who serve a disproportionate share of Medicaid and low-income patients. It also repeals the requirement that state Medicaid programs pay hospital rates equivalent to those paid by the Medicare program. Requires states to pay nursing homes at rates that are "reasonable and adequate" under the Boren Amendment (applied to hospitals the following year).

1981
Two types of Medicaid waivers are established under a budget reconciliation act (OBRA 81) allowing states to mandate managed care enrollment of certain Medicaid groups and to cover home and community-based long-term care for those at risk of being institutionalized.

1982
States allowed to expand Medicaid to children with disabilities who require institutional care but can be cared for at home and would not otherwise qualify for Medicaid if not institutionalized; popularly referred to as the Katie Beckett option for the disabled child who garnered national attention on the issue.

1983
Medicare introduces Diagnostic Related Groups (DRGs) as a prospective payment system for hospital payment.

1985 - 1989

1986
Emergency Medical Treatment and Active Labor Act (EMTALA) requires hospitals participating in Medicare to screen and stabilize all persons who use their emergency rooms regardless of ability to pay.

1986
COBRA (Consolidated Omnibus Budget Reconciliation Act) contains specific regulations that allow employees who lose their jobs to continue with their health plan for 18 months.

1986
Federal budget reconciliation (OBRA 86) gives states Medicaid option to cover infants, young children and pregnant women up to 100% of the poverty level regardless of whether they receive public assistance. Raised to 185% of the poverty level in legislation for infants and pregnant women the following year. OBRA 86 also allowed state Medicaid programs to pay Medicare premiums and cost sharing for qualified Medicare beneficiaries under 100% of poverty (QMBs). (This was later required in 1989 and increased to certain Medicaid beneficiaries at 120% of poverty in 1990).

1987
Census Bureau begins annual estimate of health insurance coverage in the United States with its Current Population Survey finds 31 million uninsured (13% of the population) in 1987.

1987
National Medical Expenditure Survey (NMES), built on the NMCES 1977, is conducted with household information supplemented by surveys of medical and health insurance providers used by respondents.

1988
Medicare Catastrophic Coverage Act (MCCA) expands Medicare coverage to include prescription drugs and a cap on beneficiaries' out-of-pocket expenses. However, many believed the costs that were to be born by the elderly outweighed the benefits. Responding to the ground swell of negative reaction, the MCCA is repealed the following year, retracting these major provisions. However, the requirement that states pay Medicare premiums and cost-sharing amounts for poor beneficiaries through Medicaid is maintained.

Learn more on the repeal of MCCA.

1988
The Family Support Act requires states to extend 12 months of transitional Medicaid coverage to families leaving welfare due to earnings from work.

1989
Federal budget reconciliation (OBRA 89) mandates coverage for pregnant women and children under age 6, at 133% of the federal poverty level.

1990 – 1994

The Health Security Act
Making national health reform a priority early in his Presidency, Clinton proposed a "managed competition" approach, sending a detailed plan to Congress in 1993. It called for universal coverage, employer and individual mandates, competition between insurers, with government regulation to control costs. Support from key stakeholders was often limited and conditional. The opposition was led largely by two groups: the Health Insurance Association of America and the National Federation of Independent Businesses, both believing reform would create hardship for their smaller members. Congressional Democrats were divided in their support, and further splintered by a variety of alternative proposals that were then generated all of which blocked progress on the President's plan.

For an overview of this era in health reform history, please see p. 7-8 of ***National Health Insurance: A Brief History Of Reform Efforts In The U.S.***

1990
Federal budget reconciliation (OBRA 90) legislation mandates Medicaid coverage of children age 6-18 under poverty level, phased in one year at a time until 2002.

1990
National Committee on Quality Assurance (NCQA) forms to accredit managed care health plans.

1993
Within his first week in office President Clinton convenes White House Task Force on Health Reform, and appoints First Lady Hillary Clinton as chair.

1993
President Clinton's proposal, named the Health Security Act, is introduced in both houses of Congress in November, but gains little support. Every American would have a "Health Security Card" to ensure access to care.

1993
The Clinton Administration begins approving Medicaid waivers allowing more statewide expansion demonstrations. Many states turned to managed care for delivery of services and used savings to expand to previously uninsured groups.

1993
The Vaccines for Children program providing federally purchased vaccines to states is established.

1993
Health Insurance Association of America begins airing "Harry and Louise" television advertisements portraying a middle-class couple worried about health care under the Clinton health plan.

1993
Other national health reform proposals are introduced in Congress, but also fail to garner sufficient support for passage -- the McDermott/Wellstone single payer health insurance proposal and Cooper's proposal for managed competition without a guarantee of universal coverage. By mid-1994 even a bipartisan bill to expand coverage without comprehensive reform is unable to pass.

1995 - 1999

1996
Health Insurance Portability and Accountability Act (HIPAA) restricts use of pre-existing conditions in health insurance coverage determinations, sets standards for medical records privacy, and establishes tax-favored treatment of long-term care insurance.

1996
Personal Responsibility and Work Opportunity Act delinks Medicaid and cash assistance eligibility and allows states to cover parents and children at current Aid to Families with Dependent Children (AFDC) levels and higher. Bans Medicaid coverage of legal immigrants within their first five years in the country, except for emergency care.

Access resources on Welfare, Work, and Health Care.

1996
Mental Health Parity Act enacted that prohibits group health plans from having lower annual or lifetime dollar limits for mental health benefits than medical or surgical benefits (except substance abuse and chemical dependency).

1996
Medical Expenditure Panel Survey (MEPS) is conducted. Unlike its survey predecessors, the 1977 NMCES and 1987 NMES, MEPS is designed to be ongoing, providing annual updates on health insurance coverage, access to care, utilization of health services and their costs.

1997
Census Bureau's Current Population Survey estimates 42.4 million (15.7% of the population) uninsured in the United States.

Balanced Budget Act includes many changes in provider payments to slow the growth in Medicare spending. It establishes the Medicare + Choice program, a new structure for Medicare HMOs and other private plans offered to beneficiaries, later re-named Medicare Advantage in 2003.

1997
Also part of the Balanced Budget Act (BBA), the State Children's Health Insurance Program (S-CHIP) is enacted. Provides block grants to states allowing for coverage of low-income children above Medicaid eligibility levels. BBA also allows states to cover working disabled with incomes up to 250% of poverty, permits mandatory Medicaid enrollment in managed care and repeals the Boren amendment.

1999
Ticket to Work and Work Incentives Improvement Act of 1999 allows states to cover working disabled with incomes above 250% of poverty and impose income-related premiums.

2000 – 2004

2000
Breast and Cervical Cancer Treatment and Prevention Act of 2000 allows states to provide Medicaid coverage to uninsured women for treatment of breast or cervical cancer if they have been diagnosed through a CDC screening program, regardless of income or resources.

2002
President Bush launches Health Center Growth Initiative significantly expanding the number of community health centers serving the medically underserved.

Learn more about **the role of community health centers in communities.**.

2003
Maine passes the Dirigo Health Reform Act, a comprehensive health care reform plan, that creates the DirigoChoice health plan, providing subsidized coverage to individuals and small employers, expands Medicaid, and creates the Maine Quality Forum.

2003
Medicare Drug, Improvement, and Modernization Act (MMA) passes, creating a voluntary, subsidized prescription drug benefit under Medicare, administered exclusively through private plans, both stand-along prescription drug plans and Medicare Advantage plans.

2003
Medicare legislation creates Health Savings Accounts which allow individuals to set aside pre-tax dollars to pay for current and future medical expenses. The plans must be used in conjunction with a high deductible health plan.

2005 – 2009

2005
Deficit Reduction Act of 2005 makes significant changes to Medicaid related to premiums and cost sharing, benefits, and asset transfers.

2006
Medicare Part D Drug benefit goes into effect in January.

2006
Massachusetts passes and implements legislation to provide health care coverage to nearly all state residents. Legislation requires residents to obtain health insurance coverage and calls for shared responsibility among individuals, employers, and the government in financing the expanded coverage. Within two years of implementation the state's uninsured rate is cut in half.

Learn more about Massachusetts health reform:
Fact Sheet

News Clips

2006
One month following Massachusetts, Vermont passes comprehensive health care reform also aiming for near-universal coverage. In addition to creating the Catamount Health Plan for uninsured residents, the plan focuses on improving overall quality of care and the management of chronic conditions through the Blueprint for Health.

Learn more about **Vermont's health reform**.

2006
City of San Francisco creates the Healthy San Francisco program, providing universal access to health services in the city for residents. A controversial provision requiring city employers to spend a minimum amount per hour on healthcare for their employees is challenged in court. In September 2008, the U.S. Ninth Circuit Court of Appeals upholds the employer requirement saying it does not violate the Employee Retirement and Income Security Act of 1974 (ERISA).

Learn more about **San Francisco's plan**.

2007
Senators Wyden and Bennett introduce the Healthy Americans Act. Proposal would require individuals to obtain private health insurance coverage through state health insurance purchasing pools. The long-standing favorable tax treatment of employer-sponsored insurance premiums would be eliminated. Legislation gains some bipartisan support.

2007
Census Bureau estimates 45.6 million uninsured (15.3% of the population) in 2007. Survey instrument undergoes periodic design improvements over the years that confound trend analyses, yet remains the most widely used estimate of health insurance coverage.

For more on the nation's uninsured see the **Foundation's fact sheet** and **primer on the uninsured**.

President Bush announces health reform plan that would replace the current tax preference for employer-sponsored insurance with a standard health care deduction. Proposal is not acted upon by Congress.

2007
Congress passes two versions of a bill to reauthorize the State Children's Health Insurance Program with bi-partisan support, but President Bush vetoes both bills and Congress cannot override the veto. A temporary extension of the program is passed in December 2007.

2007
California fails in its attempt to pass a health reform plan with an individual mandate and shared responsibility for financing the costs. Compromise legislation supported by the Governor passes the Assembly, but falls short in the Senate.

2008
Mental Health Parity Act amended to require full parity. Insurance companies must treat mental health conditions, including substance abuse disorders, on an equal basis with physical conditions when health policies cover both.

2008
Presidential campaign focuses early on national health reform, overshadowed later by housing crisis and economic downturn, yet remains a key pocketbook issue throughout the campaign. Both major party candidates announce comprehensive health reform proposals.

2008
Sen. Baucus, Chairman of the Senate Finance Committee, releases White Paper on health reform outlining a national health reform plan based on the Massachusetts model.

2009
President Obama establishes Office of Health Reform to coordinate administrative efforts on national health reform.

2009
The Children's Health Insurance Program (CHIP) is reauthorized, providing states with additional funding, new tools land fiscal incentives to help reach and estimated 4.1 million children through Medicaid and CHIP who otherwise would have been uninsured by 2013.

Learn more about the program's **reauthorization history**.

Learn more about the role Medicaid and SCHIP play

2009
The American Reinvestment and Recovery Act (ARRA) makes substantial investments to help develop health information technology, expand the primary care workforce and conduct research on comparative effectiveness for health care treatment options.

2009
White House holds a Health Reform Summit with key

in covering low-income children: **Enrolling Uninsured Low-Income Children in Medicaid and SCHIP** and **Health Coverage of Children: The Role of Medicaid and SCHIP**

2009
Congress continues to deliberate national health reform options.

stakeholders.

2009
President Obama releases FY 2010 budget which outlines eight principles for health reform and proposes a set aside of 634 billion in a health reform reserve fund.

2010

National Health Reform Enacted

February 22, 2010
The White House releases President **Obama's proposal for health care reform** that bridges elements of the House and Senate bills passed in the last months of 2009.

February 25, 2010
President Obama hosts a **second Health Care Summit** at Blair House. Little consensus achieved between the Democrats and Republicans

March 3, 2010
In a White House speech **President Obama lays out his proposal** and provides legislative direction indicating that if need be, the reconciliation process (requiring a Senate majority vote vs. 60 votes to pass) should be used to pass major health reform legislation.

March 21, 2010
The House of Representatives passes the Senate bill, the Patient Protection and Affordable Care Act (voting 219-212) and sends it to the President for signature.

House also passes the Health Care and Education Reconciliation Act of 2010 that amends the Senate bill to reflect House and Senate negotiations and also includes reform of the nation's student loan system. The reconciliation bill is sent to the Senate for a final vote.

Official summary of the Senate bill.

An official summary of the reconciliation bil

March 23, 2010

President Obama signs the landmark legislation, the Patient Protection and Affordable Care Act (**P.L. 111-148**) at the White House, surrounded by legislative leaders and invited guests, including some who have suffered from lack of health coverage.

The historic health reform legislation requires that all individuals have health insurance beginning in 2014.

- The poorest will be covered under a Medicaid expansion.
- Those with low and middle incomes who do not have access to affordable coverage through their jobs will be able to purchase coverage with federal subsidies through new "American Health Benefit Exchanges."
- Employers are not mandated to provide health benefits, however large businesses whose employees receive insurance subsidies will pay penalties. Small businesses will be able to access more plans through a separate Exchange.
- Health plans will not be allowed to deny

coverage to people for any reason, including their health status, nor can they charge more because of a person's health or gender. Young adults will now have the option of being covered under their parents' plan up to age 26.

President Obama's speech at the signing

March 25, 2010
Senate passes final version of the Health Care and Education Reconciliation Act of 2010 with two education-related changes to the House bill (voting 56-43). House votes on the bill as amended by the Senate (voting 220-207).

March 30, 2010
President Obama signs the Health Care and Education Reconciliation Act of 2010 (becoming **P.L. 111-152**) at the Northern Virginia Community College amending P.L. 111-148.

For a summary of the key provisions:
www.kff.org/healthreform/upload/8023-R.pdf

Check out our **implementation timeline**, an interactive tool designed to explain how and when the provisions of the health reform law will be implemented over the next several years.