ANA’s Belief

Quality, affordable health care is not a privilege, but a basic human right.

ANA’s Four Pillars of Health Care Reform
ANA Health System Reform Agenda

Access – health care services must be:
- Affordable
- Available
- Acceptable.

Quality Aims – health care must be:
- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable

Cost of care – strike a balance between:
- High-technology treatments and
- Community-based and preventive services.
ANA Health System Reform Agenda

- Workforce – there must be an adequate supply of:
  - Well-educated
  - Well-distributed
  - Well-utilized
  - REGISTERED NURSES

“We in America do not have government by the majority. We have government by the majority who participate.”

Thomas Jefferson
The Affordable Care Act

The Patient Protection and Affordable Care Act was signed into law on March 23, 2010.

ACA - What’s Already in Effect

Children with Pre-Existing Conditions
- Cannot be denied coverage
  - New Plans
  - Grandfathered group plans
  - Up to age 19

Adults with Pre-Existing Conditions
- No discrimination, beginning 2014

ACA - What’s Already in Effect

Coverage for Young Adults
- All parent health plans which cover children must make available until age 26.
- Includes married adult children.

Tax Credit For Small Businesses/Nonprofits
- 35/25 percent of employers’ contribution to coverage for employees
ACA - What’s Already in Effect

Ending “rescission” of insurance coverage
• Insurers can no longer end health insurance when someone gets sick.

No more Lifetime or Annual limits to insurance coverage
• Health plans can no longer impose lifetime or annual limits on benefits.

ACA-What’s Already in Effect

Help with the Medicare “Donut Hole”
• $250 rebate checks for Part D beneficiaries
• Donut hole currently $2,830 to $6,440
• 50 percent discount - brand-name drugs
• Increasing discounts - generic drugs
• “Donut hole” closes completely by 2020

ACA - What’s Already in Effect

Wellness Visits
• Medicare now offers one annual wellness visit, at no charge.

Preventive Health Services
• All new health plans & all Medicare plans must cover certain preventive services at no charge.
**ACA – Major Changes to Come**

2014: State Health Insurance Exchanges
- State, regional, federally run
  - 2014: Individuals & Employers of 50-100 workers
  - 2017: Employers of over 100 workers
- Certify & offer private, cooperative plans
- Inform consumers & Medicaid/CHIP eligible
- $6 Billion-Consumer Operated & Oriented Plans

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**ACA – Major Changes to Come**

2014: Expanding Medicaid Eligibility
- To 133% of poverty level (non-elderly).
- Cover 40% of uninsured / 12 million people.
- Projected cost to States: $20 billion / 10 years.
- 2014-2019 costs:
  - MD: $338 Million
  - PA: $468 Million
  - WV: $118 Million

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**ACA – Major Changes to Come**

2014: “Individual Mandate”
- US citizens must have health insurance coverage or pay a fine:
  - $95 in 2014
  - $325 in 2015
  - $695 in 2016
- Caps: Individuals-2.5% of AGI; Families-$2,250
- Fine is ½ for children
ACA – Major Changes to Come

2014: Fines for Businesses
- Not offering health insurance for employees
- $2,000 or $3,000 per employee

2018: Taxes on “Cadillac Plans”
- Taxes on employer plans costing over $27,500/family or $10,200/individual

ACA & Nursing Practice

The Affordable Care Act supports a larger role for RNs & APRNs in our health care delivery system, through
- Education
- Reimbursement
- New Models of Care
- New Patient Services
- Quality Assurance

ACA & Nursing Education

ACA Supports Title VIII Nursing Workforce Development Programs:
- Loan repayment and scholarship programs
- Nurse faculty programs
ACA & Nursing Education

ACA Supports:
• Nursing Student Loan Program
• Nurse Loan Repayment and Scholarship Programs
• Advanced Education Nursing-Midwifery Programs

ACA & Nursing Education

ACA Supports:
• Nurse Education, Practice, & Quality Grants
  – HHS grants for nursing career advancement
  – HHS awards for enhanced collaboration & communication

ACA & Nursing Education

ACA Supports:
• Nurse Faculty Loan Program
  – Increase from $30,000 to $35,000/year
  – $10,000-$20,000/year for MSN/PhD faculty members
• Nursing Workforce Diversity Grants
  – Expanded to include RN to BSN, accelerated programs
ACA & Nursing Education

Graduate Nursing Education (GNE) for APRNs
- $50 Million/year – for FY 2012 – 2015
- Medicare GNE Demonstration Program
- NPs, CNSs, CRNAs, CNMs
- Hospitals partner with nursing schools, community health

ACA & Nursing Education

Other Educational Support:
- Pediatric Health Care Workforce
- Public Health Workforce Loan Repayment
- Allied Health Loan Forgiveness
- Mid-career public & allied health scholarships
- Direct (Chronic/Long-Term)Care Workers
- Geriatric Nursing Career Incentives

ACA & Nursing Education

For More Information
Visit HRSA Website
www.hrsa.gov
www.rnaction.org/healthcare
Nurse-Midwife Reimbursement

Certified Nurse-Midwives
• Enrolled as Medicare providers/bill directly
  • Were reimbursed at 65% of physician rate
  • Beginning January 2011, receive 100% of physician rate
  • CRNAs receive 100% - no change
  • NPs & CNSs still receive 85% - no change

Primary Care Bonuses

Primary Care Practitioners
• In Health Professional Shortage Areas
• Including Nurse Practitioners & Clinical Nurse Specialists
• Receive 10 percent bonus
  • Added to Medicare reimbursement
  • FY 2011-2016

Nurse-Managed Health Centers

• $50 million in grants for NMHCs that:
  • Provide primary care or wellness services
  • Care for underserved or vulnerable populations
  • Are associated with:
    • Academic department of nursing
    • Qualified health center
    • Independent nonprofit health/social services agency
School-Based Health Centers

Two new grant programs:
• $50 million/year (FY 2010-13) to construct & equip new Centers
  • Priority – many Medicaid-eligible children
• Funding for existing Centers
  • Priority – Primary care shortage areas, many uninsured children

Nurse Home Visitation Services

“Evidence-based nurse home visitation programs”
• Established by states after needs assessment
• Serve maternal, infant, early childhood
• Priority to supporting high-risk populations
• Federal grant support

Independence at Home

Supports “home-based primary care teams”
• Led by Nurse Practitioners and/or Physicians
• Serve chronically ill Medicare patients
• Incentives for lowering costs
• Priority for:
  • High cost locales
  • Experience with home health
  • HIT & Individual care plans
National Health & Public Health Service Corps

- Several ACA provisions enhance primary care provided under the National Health Service Corps
- Includes APRNs who participate

ACA Panels & Nurse Members

Almost 150 new national advisory panels, including
- Medicare Independent Payment Advisory Board
- Patient Centered Outcomes Research Institute
  - Debra Barksdale, PhD, RN – PCORI member
  - Robin Newhouse, PhD, RN – Member, Methodology Committee
- National Health Workforce Committee
  - Peter Buerhaus, PhD, RN - Chairperson

New Models of Care

Accountable Care Organizations
- Medicare “shared savings” program
- Hospitals, providers form ACO to manage $ coordinate care for Medicare patients
  - Must meet quality performance standards, financial benchmark
  - Payments based on cost savings
  - Must include primary care professionals – including Nurse Practitioners & CNSs
New Models of Care

Medicaid/CHIP Pediatric ACOs
- Demonstration project
- State Medicaid/CHIP beneficiaries
- Incentive payments for
  - Achieving savings target
  - Meeting performance standards

New Models of Care

Medicare Medical Homes
- HHS grant program to States
- Establish community-based, interdisciplinary “health teams”
- Support primary care practices
- Nurses & Nurse Practitioners specifically included in “health teams”

New Models of Care

Center for Medicare and Medicaid Innovation
- Newly created, to examine & develop innovative ways to improve care & cut costs

Community-Based Care Transitions Program
- To reduce recidivism, readmissions
- Based on research of Nursing Interventions that manage transition from hospital, etc. to home
New Models of Care

Health Care Innovation Zones
Planning grants for teaching hospitals, etc.
- To address increasing costs
- Provider collaboration to offer full spectrum of care, share data

ACA & Quality of Care

Decreasing Hospital Readmissions
- Hospital readmissions reduction program – decrease payments to hospitals with readmissions and requires public reporting of readmission rates.
- Community based care transition – development of transition programs to decrease readmissions.

ACA & Quality of Care

Patient-Centered Outcomes Research Institute
- Comparative Effectiveness Research (CER)
- Prevention, diagnosis, treatment, monitoring & management of health conditions
- AHRQ issues findings, relate to coverage decisions

Center for Quality Improvement & Patient Safety
- “Best practices” identification & assistance
- Quality Improvement Network Research Program
Divided Government
2010 Elections

Executive Branch –
  – White House, Federal Agencies, Etc.
Legislative Branch – SPLIT!

Political Landscape in Washington, DC

MAJOR SHAKE UP!!

- Republicans now control House of Representatives (R- 242, D, 193)
- Democrats still control Senate D–51, R- 47, I-2
  Lieberman (D) Sanders (I)

Political Landscape in Washington, DC

- MOC Different Priorities
- Passing legislation will be ?????? in the 112th Congress.
Double the Nurses in the House

- Karen Bass (D-CA)
- Diane Black (R-TN)
- Ann Marie Buerkle (R-NY)
- Renee Ellmers (R-NC)
- Returning nurses: Reps. Capps (D-CA), Johnson (D-TX), McCarthy (D-NY)

112th Congress & ACA

- Efforts to repeal ACA
- Hearings on ACA
- Defunding parts of ACA

State Responses

- Introduction of state laws reversing the insurance coverage mandate (more than 39 states; 3 enacted VA, ID & UT)
- State AG Filed lawsuits challenging the constitutionality.
- Ballot questions during November elections.
State Challenges to ACA

- 26 State lawsuits challenge ACA constitutionality – mostly “individual mandate”
  - Most States simultaneously following ACA provisions, receiving ACA funding
- Upheld in all but 2 federal court decisions
  - Supreme Court will have to decide

What Health Care Reform Means for the States...

We need an infusion of nurses at the table!

2011 Nursing’s Next Steps

With HHS Secretary Kathleen Sebellius (center), November 2010
The Regulatory Process – an Uphill Battle

We must be **vigilant** about how the law is implemented.

ACA Regulations

- Agencies implement & interpret laws through formal rule-making, other actions.
- Proposed & final rules are published in Federal Register, with opportunity for comments.
- Final rules become part of the Code of Federal Regulations & have the force of law.

ACA Regulations

- Many provisions in ACA are not effective until regulations are prepared & adopted.
- Many notices of proposed rulemaking have been issued since ACA signed into law.
- Process is moving quickly.
- Main agencies: HHS, CMS, IRS.
ACA Resources

  A federal government Website managed by the U.S. Department of Health & Human Services.

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www.healthcareandyou.org

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www.rnaction.org

- Educate consumers and patients about how the new law will impact them.
- Get involved. Serve on a state task force or committee that will shape reform at the state level.
- Keep the pressure on legislators when there are attempts to de-fund health care reform.
Nurses Make a Difference...

“Never doubt that a group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”
-- Margaret Mead

If you leave this session with anything, leave with a commitment to protect your livelihood as a nurse....

...Because if you won’t, who else will?

When Nurses Talk, Washington Listens

(Logo for American Nurses Association)