

# “The Affordable Care Act: On Your Mark, Get Set, Go”

By:

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## Poster Presentation



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#### HEALTH

**Patient Protection & Affordable Care Act (PPACA)**

- Goal: Improve affordability, availability, and quality of health care.
- Two key pillars: Insurance Reform and Health System Reform.
- Emphases: Prevention model, primary care, connecting costs to quality outcomes. Known also as the Affordable Care Act (ACA).
- Most expansive health reform legislation in the United States since the creation of Medicare and Medicaid in 1965.
- Patient Protection & Affordable Care Act Law March 23, 2010.
- The Law: 10 Tenets or principles of the ACA.

**Health Reform: Five Key Benefits**

- HEALTHY ECONOMY: Consumer protections, health insurance accountability.
- COVERAGE EXPANSION: Access to care and coverage expansion for 24 million individuals.
- INNOVATIVE HEALTH CARE MODELS: Emphasis on care coordination, EBP, quality outcomes.
- NEW PATIENT: Strengthen patient coverage, practice delivery, & the healthcare system.
- COPE: COORDINATED, ACCOUNTABLE, ADMINISTRATIVE, BURDEN REDUCING (the more time with patients).

**Insurance Reform**

- Increased access to care, focus on prevention.
- 11.4 million enrolled in non-Medicare exchanges for health insurance by 2015. 87% reports of cost assistance.
- Since enactment of the ACA, a total of 16.4 million nonelderly have gained access to health insurance (3.2M).

SLATEM 60% - 19%  
GOLD 60% - 29%  
SILVER 70% - 38%  
BRONZE 80% - 48%

#### CARE

**Health Systems Reform**

- Innovative Practice Models: Integrated Care, CMS Innovation.
- Patient-Centered Medical Home (PCMH): an enhanced primary care model with improved expanded access to care, coordination of care, emphasis on health promotion/prevention, high-quality and safety.
- Accountable Care Organizations (ACOs) are comprised of many medical homes... a "collective medical neighborhood". Pooled in coordination of comprehensive and seamless collaborative patient-centered care with accountability for payment and care delivery model linking provider reimbursements to quality metrics. Estimated 500 ACO's; 15% of primary care (May 2014).

**Scope of Practice**

- 20 States + DC Full NP Practice Authority
- Barriers to practicing to fullest extent of preparation and education.
- Restrictive practice, reimbursement inequities
- Workforce shortages, influx of newly licensed patients
- Inter-professional issues, role identification

**NP Practice Authority**



FULL PRACTICE | REDUCED PRACTICE | RESTRICTED PRACTICE

**Excise Tax**

- Single "Cadillac" health plans with most generous level of health benefits

**Adverse Selection**

- Disproportionate enrollment of higher cost individuals

**Narrow Networks**

- Lower choice of health care providers, less choice

**Impact on Primary Care**

- Primary Care Physician (PCP) projected shortage of 45,000 by 2025.
- Projected demands for primary care services due to aging and population growth expected to account for 81% of the growth between 2010-2020; added growth with increased access to care (secondary to ACA).
- Without changes to primary care delivery, supply will exceed demands in 2020.
- Effects of PCP shortage could be mitigated by 50% (projected) over the next decade with increased utilization of new care delivery models, increased use of nurse practitioners and physician assistants is estimated to reduce the PCP shortage by 1/3 in the year 2020.

#### COST

**Health Care Expenditures**

- Health spending is projected to grow at an average rate of 6.8% from 2012-2022; 2.1% point faster than expected average annual growth in the Gross Domestic Product (GDP).
- Over the last 5 years, the administration's enforcement efforts, combined with new tools provided by the ACA, have recovered \$13.2 billion in taxpayer funds; up dramatically from \$8.4 billion over the previous 5-year period.
- The government-sponsored share of health spending is projected to increase to roughly under 50% by 2022, largely aimed by expanded federal Medicare enrollment growth, Medicaid coverage expansions, and Exchange plan premium and cost-sharing subsidies.

**Individual ~ Employer Mandate**

**Individual Mandate - Minimum Essential Coverage**

- Provision of the ACA necessary to comply with the law for minimum essential coverage throughout the year or be penalized (coverage gap exception x 3 months). Aired at \$7 million uninsured.

**Employer Mandate**

- Small businesses employers with 50-99 full-time equivalents (FTE's) employees are fined for failure to provide health full-time employees and dependents.
- Large employers with > 100 FTE's will be required to cover 70% of their FTE by 2015 and 95% by 2016.
- Penalty: The issue of up to \$3,000 per year each FTE, including tax credit of up to \$2000 for every FTE minus 30.

**APRN Consensus Model**

- Foundational framework leading to consistency of APRN Regulation, Licensure, Accreditation, Certification, and Education (A.C.A.E.)
- Develops standards aimed at safe, accessible, and quality APRN care; aligned with ACA.
- Framework strengthens position of APRNs

**Professional Growth Opportunities**

**Nursing Faculty & Advance Practice Registered Nurses**

- Bringing the gap between academia and clinical practice with a pedagogical approach integrating evidence-based practice.
- Educators to align NONPF Nurse Practitioner Core Competencies.
- Founded on advance practice competencies congruent with the APRN Consensus Model in alignment with the health care reform.
- Titus V. Fund scholarships and loan repayment programs in primary care.
- Translation of evidence-based research to practice aimed at improving health outcomes.
- Health policy advocacy for implementation and redefining of the health reform.

#### In the News...

- Health Insurance Marketplaces - Special Enrollment Period
- Feb. 15 - April 30
- 1st individual mandate penalty levied on 2014 federal tax filing
- Supreme Court - King v. Burwell
- 2015 King v. Burwell - Supreme Court agrees to hear case. Argument: Millions of Americans with federally subsidized marketplace plans are illegally receiving tax subsidies to purchase health insurance in 34 states; those states with federal government established health insurance exchanges.
- Plaintiffs argue on basis of language in ACA resulting in limitation of subsidies (tax credits) to residents of states setting up their own Federally Facilitated Exchanges (FFEs).
- May allow up health insurance premiums in the individual marketplace.
- 2012 King v. Burwell - Argument: Constitutional challenge on individual mandate requiring Americans to have health insurance coverage or pay a penalty. Ruling: Law to continue; individual states could elect not to require Medicare.

**Penalties: No Minimum Essential Coverage**

Year	Number of people with no minimum essential coverage
2014	10.1 million
2015	11.1 million
2016	12.1 million

**ACA: Summary...Tip of the Iceberg**

- Affordable Care Act: A process, not an event.
- Health: ACA agenda translates into increased access to healthcare for millions of vulnerable Americans, thus ensuring more providers and more cost-quality care.
- Care: Patient access to high-quality primary care is essential for a well-functioning, high-performing health care system.
- Cost: Improving delivery of cost-effective health care.
- Nursing: Important to articulate an understanding of how nurses work and value practice with the ACA.
- Be proactive, not reactive.

**References**

- Available electronically through NONPF

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