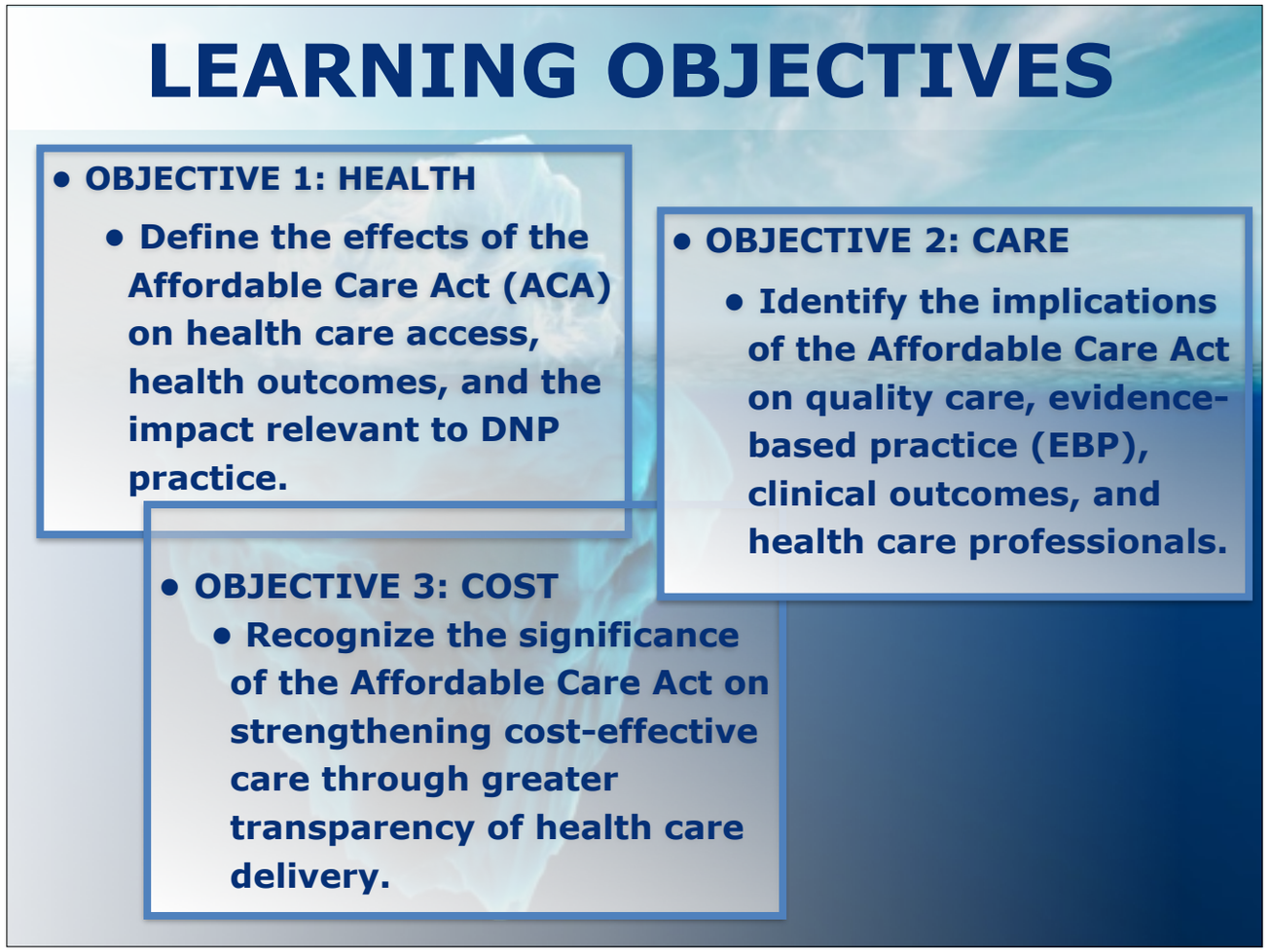
- May not be a silver lining but certainly are brights spots that are included in this presentation today.


THE AFFORDABLE CARE ERA
THE HEALTH
Health Care
REFORM

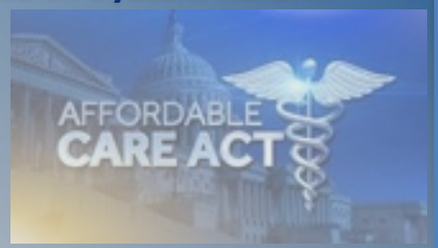
- Tip of the Iceberg
- Comprehensive explanation of the ACA is beyond the scope of this presentation; summary of pertinent elements
- Changes in political leadership
- Access to care to include patient protections



- Talking points: include legislative law
- Triad…health, care, costs

THE AFFORDABLE CARE ACT ERA

- **PATIENT PROTECTION & AFFORDABLE CARE ACT (PPACA)**
  - Referred to as…Affordable Care Act (ACA)
  - Novel approach to transform HC
  - A process, not a single event
  - Goal: Improve affordability, availability, and quality of health insurance
  - Two key elements: Insurance Reform and Health System Reform
  - Emphasis -
    - Prevention Model
    - Primary Care
    - Connecting costs to quality measures

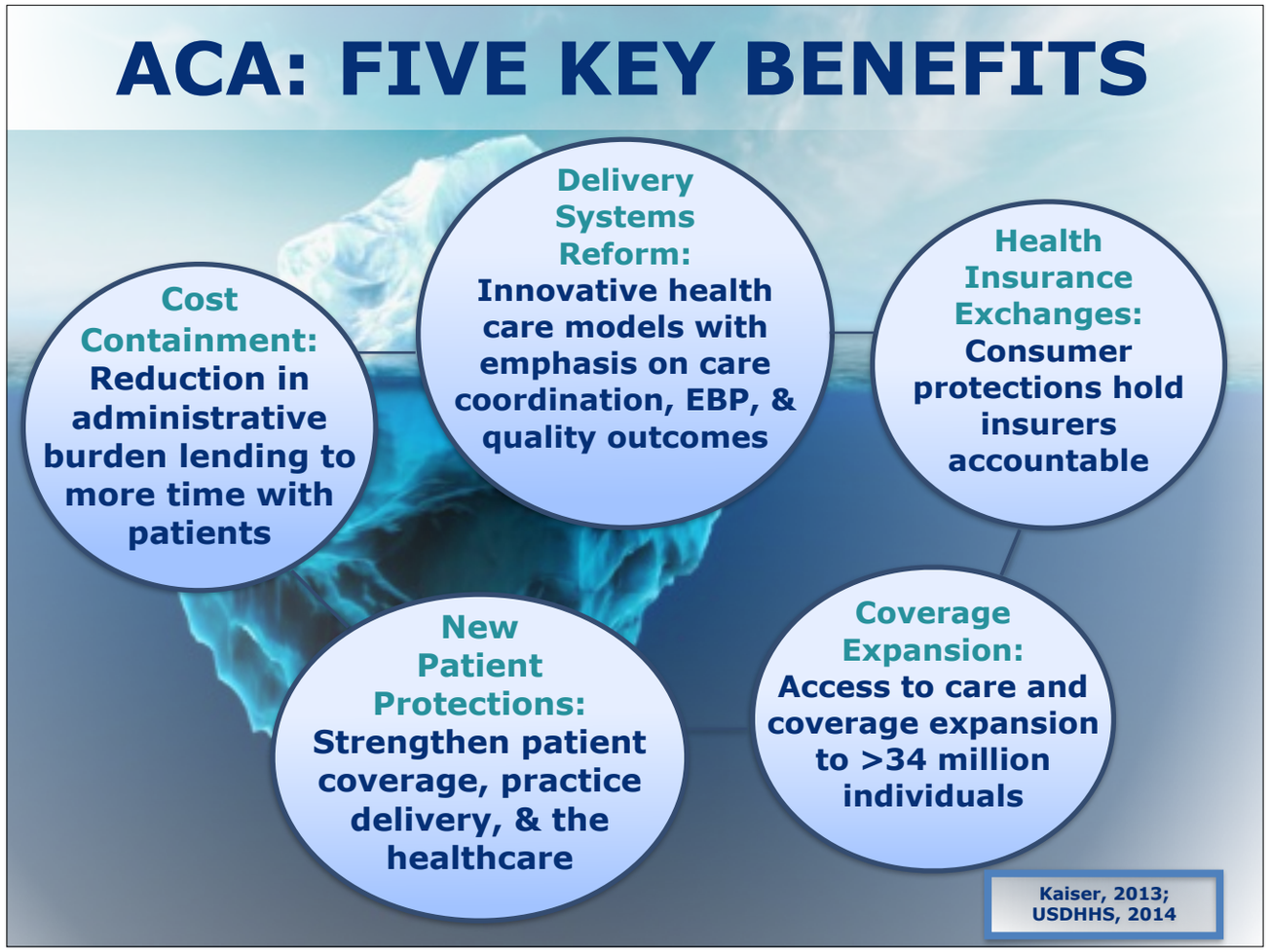


- **HISTORICAL POINT IN TIME**
  - "Most expansive HC reform legislation in the United States (U.S.) since the creation of Medicare & Medicaid in 1965"
  - Patient Protection & Affordable Care Act Law March 23, 2010
  - National Federation of Independent Businesses vs. Sebelius 2012

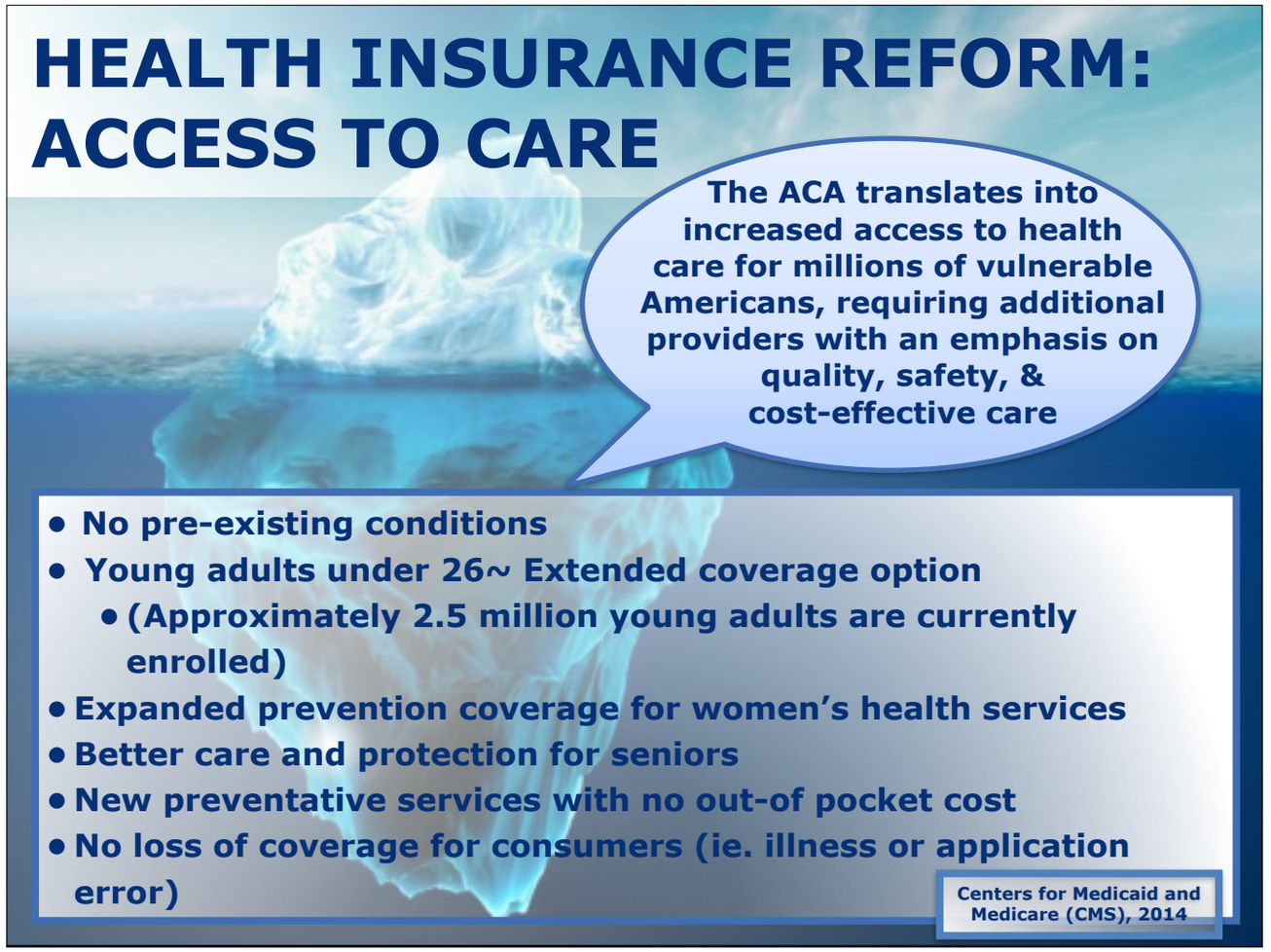
Cornell University, 2012; Lathrop & Hodnicki, 2011; Pulcini, 2013; United States Department of Health & Human Services (USDHHS), 2014; Vincent & Reed, 2014

- May not be a silver lining but certainly are brights spots that are included in this presentation today.
- Talking points: include legislative law
- The 10 titles of the law http://www.hhs.gov/healthcare/rights/law/
- Supreme Courts decision http://www.supremecourt.gov/opinions/11pdf/11-393c3a2.pdf
- Obamacarefacts Provisions of the law http://obamacarefacts.com/summary-of-provisions-patient-protection-and-affordable-care-act.php
-

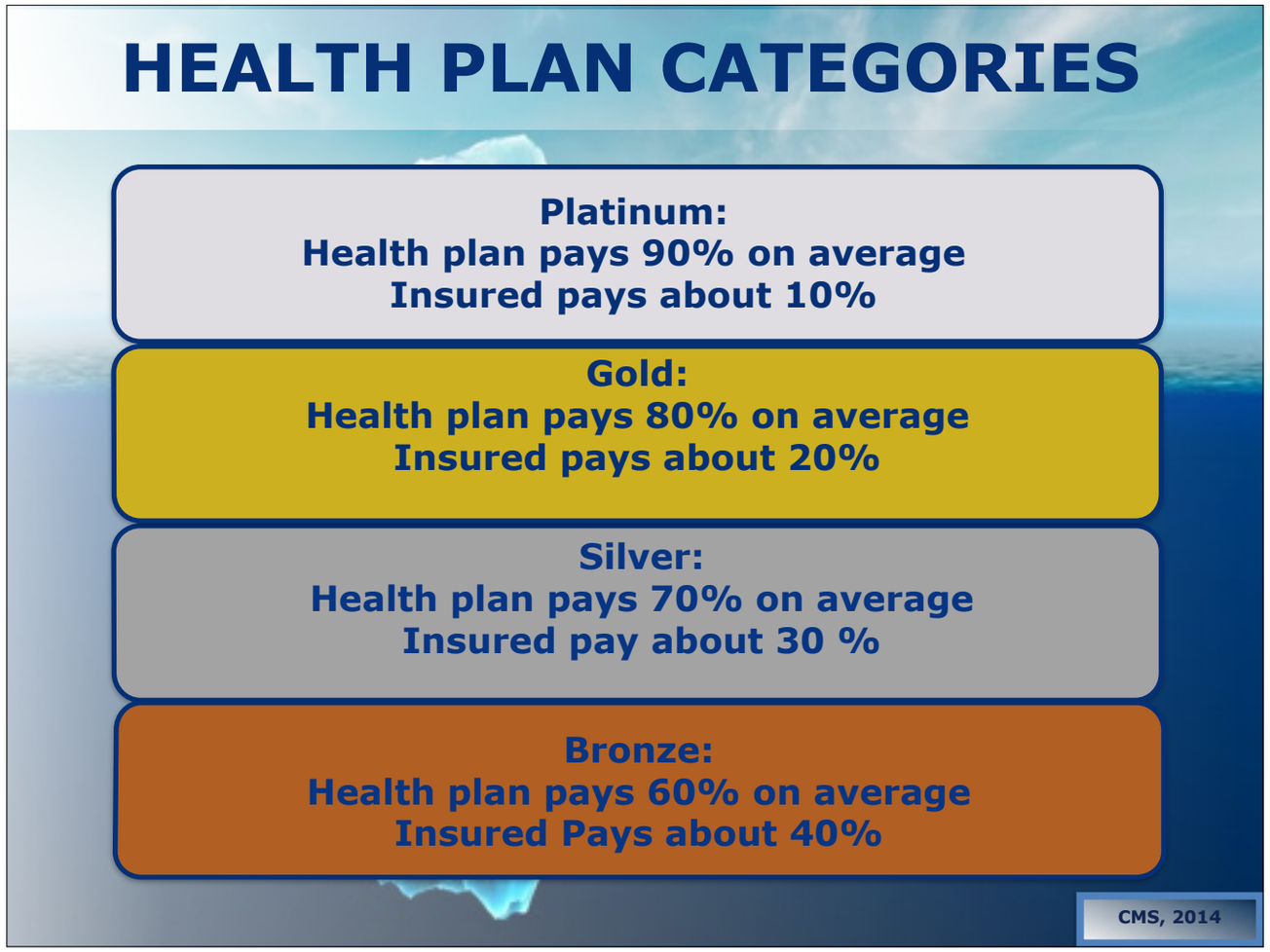
- May not be a silver lining but certainly are brights spots that are included in this presentation today.
- Talking points: include legislative law
- The 10 titles of the law http://www.hhs.gov/healthcare/rights/law/
- Supreme Courts decision http://www.supremecourt.gov/opinions/11pdf/11-393c3a2.pdf
- Obamacarefacts Provisions of the law http://obamacarefacts.com/summary-of-provisions-patient-protection-and-affordable-care-act.php
- http://www.medscape.com/features/slideshow/bm-aca



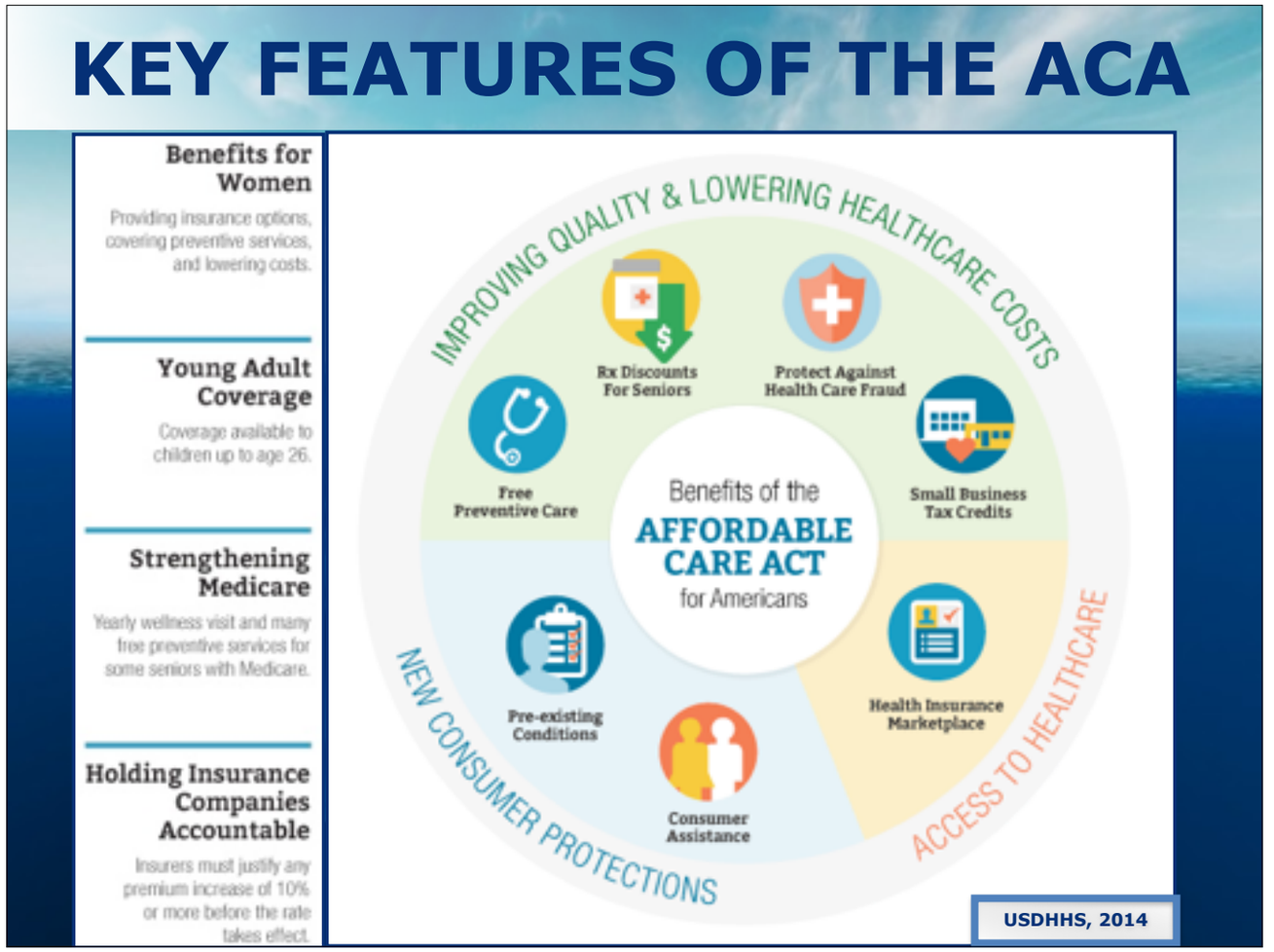
- Reference
  - healthcare.gov (ppt The Health Care Law and You, USDHHS). http://www.hhs.gov/iea/acaresources/
  - http://kaiserfamilyfoundation.files.wordpress.com/2011/04/8061-021.pdf



- Furthermore, as of 2014, insurers cannot charge consumers different rates for health insurance because of health status or gender. (Obama care website)
- No pre-existing conditions https://www.healthcare.gov/how-does-the-health-care-law-protect-me/#part=1
- Young adults <26 https://www.healthcare.gov/can-i-keep-my-child-on-my-insurance-until-age-26/
- Women's health + wellbeing expanded coverage http://www.hrsa.gov/womensguidelines/
- Medicare http://www.medicare.gov/about-us/affordable-care-act/affordable-care-act.html
- Preventive care https://www.healthcare.gov/what-are-my-preventive-care-benefits/#part=1
- No loss of coverage http://www.hhs.gov/healthcare/rights/appeal/curbing-insurance-cancellations.html

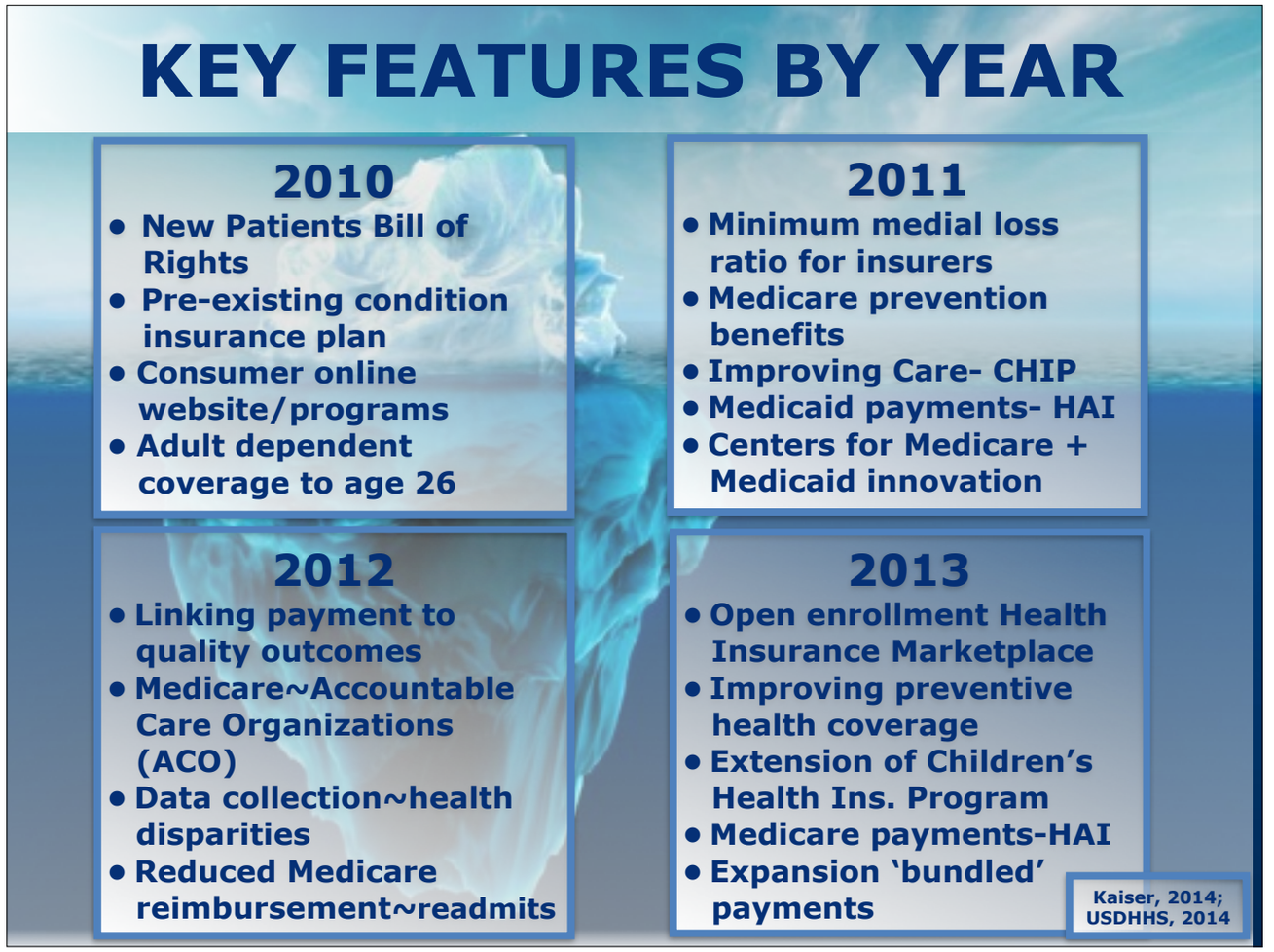


- CMS https://www.healthcare.gov/how-do-i-choose-marketplace-insurance/#part=2
- There are 5 categories of coverage in the H.C. Marketplace. The plans in each category pay different amounts of the total costs of an average person's care. Taken into account is the plans' monthly deductible, premium costs, copayments required, out-of pocket expenses and co-insurance. Important to note the actual percentage paid in total by the insured will depend on the services one utilizes during the year. healthcare.gov https://www.healthcare.gov/how-do-i-choose-marketplace-insurance/#part=2
- Catastrophic: Only available to people < 30 yo or have a hardship exemption. The plan pays less than 60% of the total average cost of care on average.



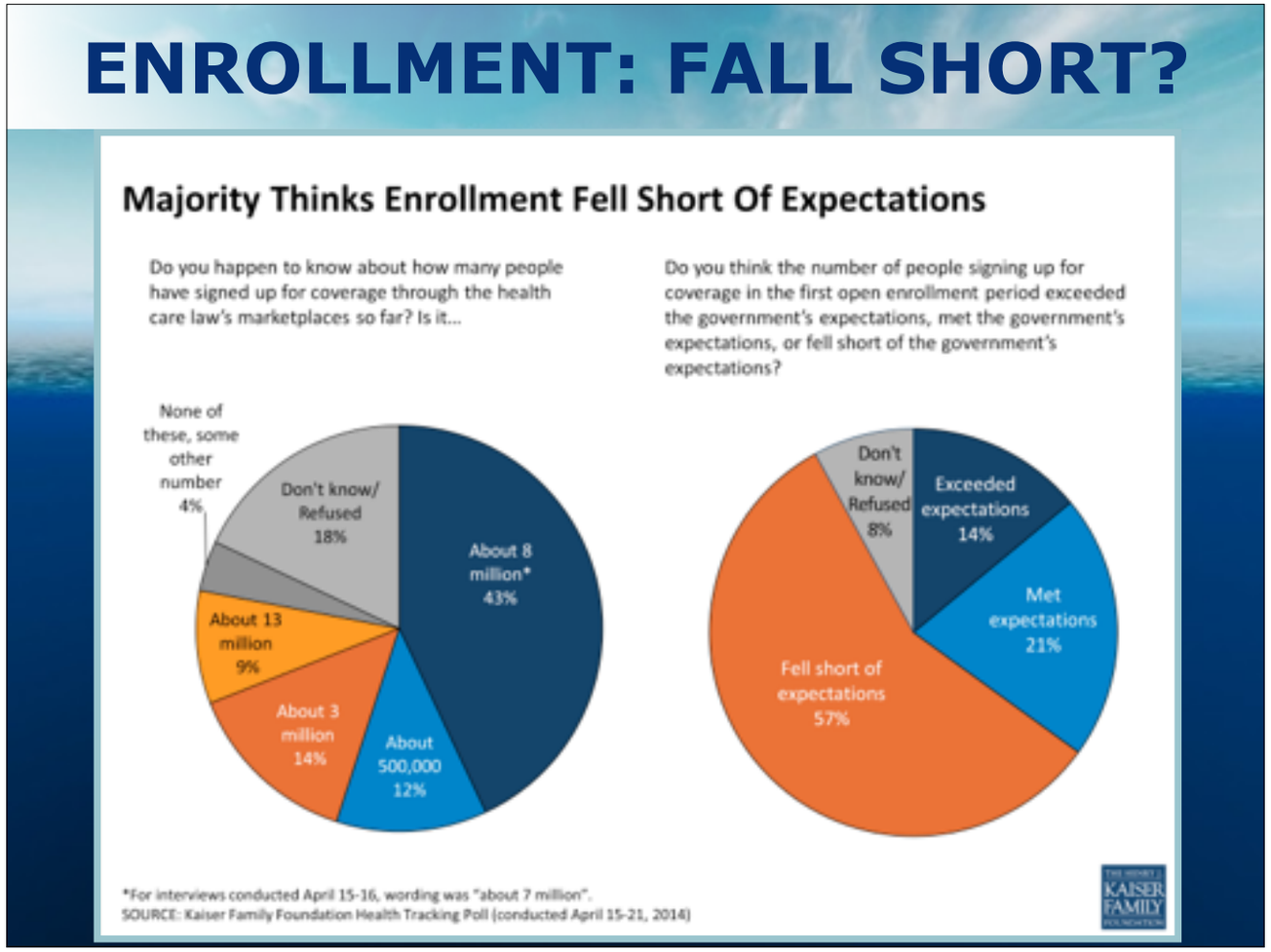
- http://www.hhs.gov/healthcare/facts/timeline/
- Free preventive care + annual checkups
- Focus on prevention and primary care to help people stay healthy and to manage chronic medical conditions before they become more complex and costly to treat.
- New preventative services at no-out-of pocket costs.
    - Chronic diseases are responsible for 7 of 10 deaths among Americans each year and account for 75 percent of the nation's health spending – often are mostly preventable (HHS.gov, 2013)

- Centerpiece of ACA
- Essential health benefits must include items and services within at least 10 categories.
- http://www.ahip.org/Issues/Essential-Benefits.aspx
- As of January 1st of 2014, the following "Ten Essential Benefits" must be included under all insurance plans with no lifetime or annual dollar limits:
- Integrate Talking Points http://www.ahip.org/Issues/Essential-Benefits.aspx



- http://www.hhs.gov/healthcare/facts/timeline/timeline-text.html#2010
- http://www.hhs.gov/healthcare/facts/timeline/timeline-text.html
- CHIP Children's Health Insurance Program
- Pre-existing https://www.healthcare.gov/how-does-the-health-care-law-protect-me/#part=3
- 2010 New Consumer protections, improving quality and lowering costs
- 2011 + Increasing access to affordable care, holding ins. companies accountable
- 2012 + Increasing access to affordable care,
- Rights and protection https://www.healthcare.gov/how-does-the-health-care-law-protect-me/
-

ENROLLMENT: FALL SHORT?



- http://kff.org/health-reform/slide/majority-thinks-enrollment-fell-short-of-expectations/

- Cost sharing reductions are available based upon need/income
- healthcare.gov - US. Centers for Medicare & Medicaid https://www.healthcare.gov/glossary/cost-sharing-reduction/
-

COST SHARING REDUCTION

- **Subsidies available:**
- **U.S. citizens & legal immigrants with income between 100 and 400 % Federal Poverty Level (FPL)**
- **Who are NOT eligible for Medicaid and who do NOT have access to affordable employer-sponsored health coverage.**
- **Reduction in out-of-pocket deductibles, coinsurance, and co-payments (Silver plan category)**

CMS, 2014
Obamacare Facts, 2014

Figure 6: Premium and Cost-Sharing Subsidies, by Income in 2014

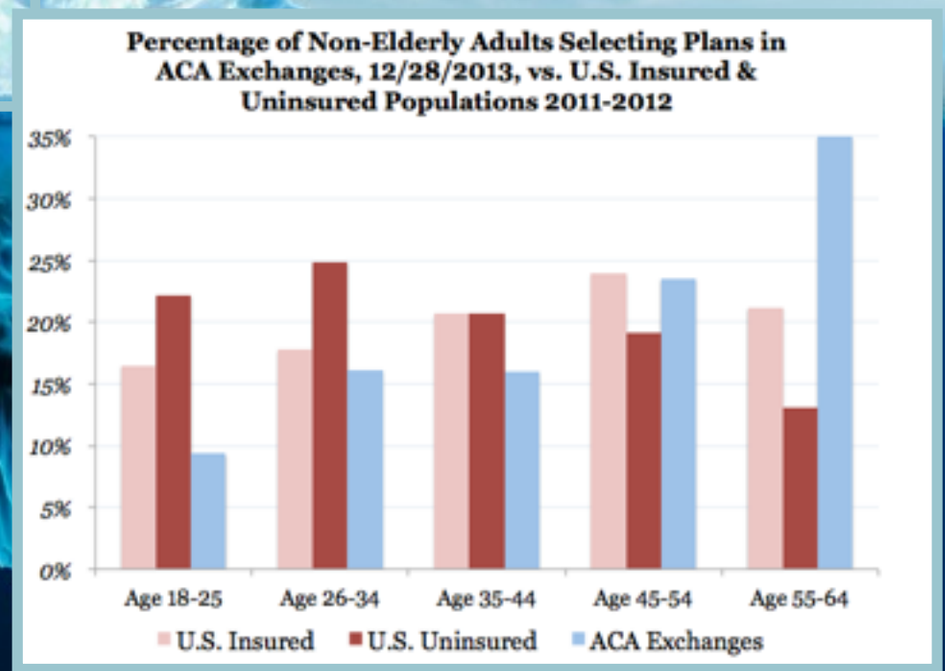
Income *(% Poverty)*	Premium Cap *(% of income on 2nd lowest silver)*	Cost-Sharing Subsidies? *(OOP Limit Indiv./Family)*	
Under 100%	No Cap	No	($6,350 / $12,700)
100% - 133%	2.0%	Yes	($2,250 / $4,500)
133% - 150%	3% - 4%	Yes	($2,250 / $4,500)
150% - 200%	4% - 6.3%	Yes	($2,250 / $4,500)
200% - 250%	6.3% - 8.05%	Yes	($5,200 / $10,400)
250% - 300%	8.05% - 9.5%	No	($6,350 / $12,700)
300% - 400%	9.5%	No	($6,350 / $12,700)
Over 400%	No Cap	No	($6,350 / $12,700)

Source: Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2014 Final Rule

- Cost sharing reductions are available based upon need/income
- Graph http://obamacarefacts.com/costof-obamacare.php
- healthcare.gov - US. Centers for Medicare & Medicaid https://www.healthcare.gov/glossary/cost-sharing-reduction/
-

ADVERSE SELECTION

- More younger citizens signing up ➜ decreased cost overall
- ↑ Older adult population with chronic conditions ➜ added cost



Forbes, 2014
RWJF, 2013

- http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf408881
- http://www.urban.org/UploadedPDF/412975-The-Affordable-Care-Act-Can-Survive-Low-Enrollment-and-Adverse-Selection-in-the-First-Year.pdf
- Forbes ~ Exchange enrollment skewed w/much older population (*see graph to include) http://www.forbes.com/sites/theapothecary/2014/01/13/adverse-selection-obamacare-exchange-enrollment-skews-substantially-older-than-the-u-s-population-cost-increases-likely/
- RWJF [ACA can survive adverse selection in the first year] (http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/12/the-affordable-care-act-can-survive-low-enrollment-and-adverse-s.html
- http://b-i.forbesimg.com/theapothecary/files/2014/01/ACA-enrollment-by-age-group.png
- Example in Vincent + Reed 2014

NARROW NETWORKS

~ HISTORY ~

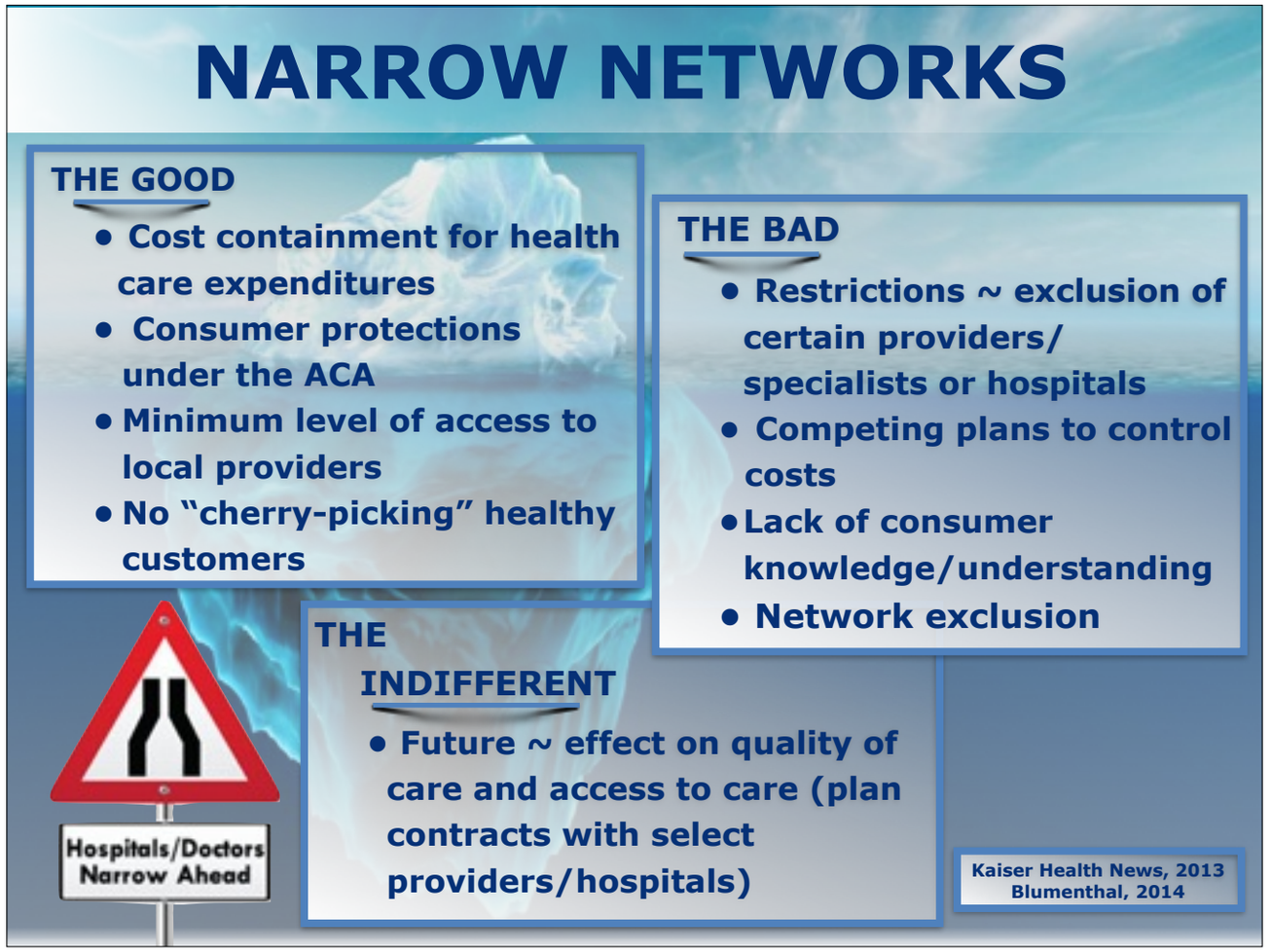
- Emerged in 1990's (Managed Care Era)
- Utilized prior to ACA to control health care costs by self-insured employers and insurance companies
- Limits the choice of health care providers and hospitals

~ ACA ERA ~

- New consumer protection with implementation of ACA
- Insurers provide a minimum level of access to local providers
- Less choice - Narrow Network
  - Trade off for lower premiums

Kaiser Health News, 2013
McQueen, 2013

- Kaiser http://www.kaiserhealthnews.org/stories/2013/november/25/states-balk-at-narrow-networks.aspx
- McQueen - Modern Healthcare http://www.modernhealthcare.com/article/20130817/MAGAZINE/308179921
- Narrow Networks > Emerged with Managed Care and Health Maintenance Org. (HMO's) in an effort to contain costs.
- Include examples - check for current status: Washington State Ins. commissioner banned several health plans from online exchange due to inadequate caregiver networks, New Hampshire Anthem excluding >1/3 of State's hospitals; Maine state regulators prohibited Anthem BC/BS from switching some customers to a network sold under the ACA due to the exclusion of 6 State Hospitals. From Kaiser News
-



- Narrow networks often exclude the most expensive doctors and hospitals in a community
- Competition in HC> Narrow networks are used by competing plans to to control HC costs
- Kaiser http://www.kaiserhealthnews.org/stories/2013/november/25/states-balk-at-narrow-networks.aspx
- Blumenthal (Commonwealth Fund) http://www.commonwealthfund.org/publications/blog/2014/feb/narrows-networks-boon-or-bane
- Exclusion of settings - ie. higher cost settings, like academic medical centers easy mark. Affects volume, reimbursement, access to care.

EXCISE "CADILLAC TAX"

- Controversial, provision of the Affordable Care Act
  - New excise tax on high-cost health plans proposed to both slow the rate of growth of health costs and finance the expansion of health coverage.
- Targets "Cadillac" health plans that provide workers the most generous level of health benefits.
  - These high-end health plans premiums are paid for mostly by employers.
  - Low, if any, deductibles and little cost-sharing for employees.

- Proponents of the new excise tax argue that these benefit-rich plans insulate workers from the high cost of care and encourage the overuse of care ie. unnecessary tests/hospital visits - that raise U.S. health costs overall.

Health Affairs, 2013

- Health Policy Brief 2013 http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=99

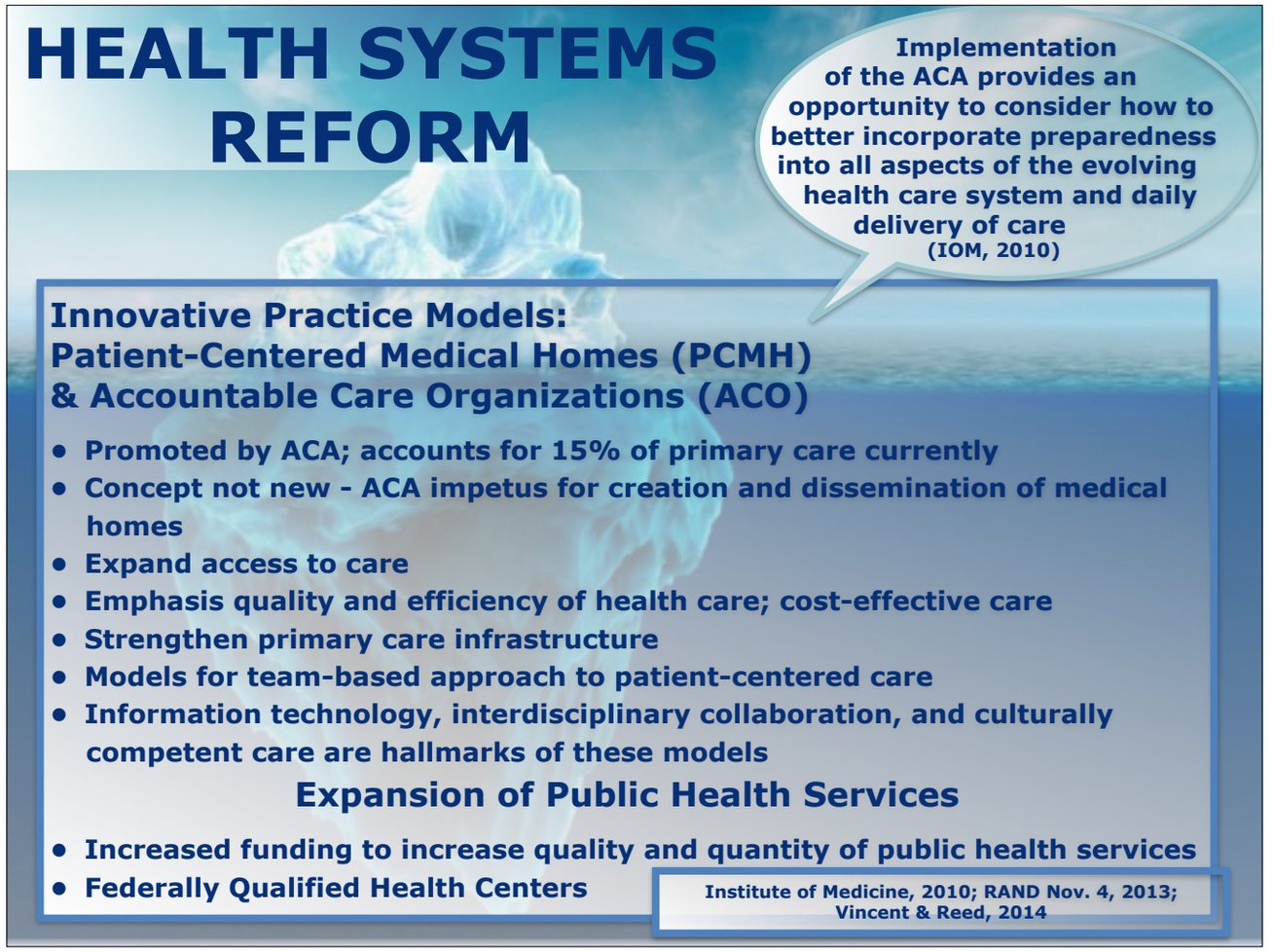
EXCISE "CADILLAC TAX"

- Effective in 2018…
  - Most significant revenue provision
  - 40 % non-deductible excise tax will be imposed on the value of health insurance benefits exceeding a certain threshold
- Initial Annual Tax Thresholds…
  - $10,200 for individual coverage and $27,500 for family coverage (indexed to inflation)
  - Increase for individuals in high-risk professions and for employers that have a disproportionately older population
- Initial threshold amounts subject to adjustments:
  - Health care cost adjustment percentages (2018 only)
  - Cost-of-living adjustment (>2018)
  - Age and gender adjustment (2018 and later)

Cornell Law, 2014
Health Affairs, 2013

- May not be a silver lining but certainly are brights spots that are included in this presentation today.
- Talking points: include legislative law


THE AFFORDABLE CARE ERA
THE CARE
Health Care
REFORM



- ACO's consist of PCPs, specialists, and hospitals (Graham, 2011)
- Decreased fragmentation of care
- The ACO is a group of providers of services and suppliers that promotes accountability for a patient population and coordinates items and services under [Medicare] parts A and B, and encourages investment in infrastructure and redesigned care processes for high quality and efficient service delivery. (PPACA, Section 3022).
- The IOM appointed the Committee on the RWJF Initiative on the Future of Nursing, at the IOM, with the purpose of producing a report that would make recommendations for an action-oriented blueprint for the future of nursing.
- http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx
- http://www.medscape.com/viewarticle/807915
- ** http://www.pcpcc.org/topic/health-care-reformaffordable-care-act

MEDICAL HOME MODEL: ISSUES & IMPLICATIONS FOR NURSING

Medical Home Aligns with Philosophy of Nursing Care

Attributes of a nursing care delivery model is transparent in medical home models today

- **Nursing:**
  - Significant history of care delivery encompassing underserved and culturally diverse populations
  - Community-based; family centered
  - Health promotion, comprehensive, compassionate, holistic care
  - Distinct and collaborative discipline
  - Health as a process where health and illness can co-exist and well-being
  - Health and illness across the lifespan ~ birth through end-of-life
  - Focus on health promotion and experiences integrating individuals, families, groups, community, and society as a whole

Tomey & Alligood, 2002; Vincent & Reed, 2014

- Sister Calista Roy: Roy's Adaptation Model (RAM
- Medical Home Model > Patient centered

ACO CARE DELIVERY MODELS

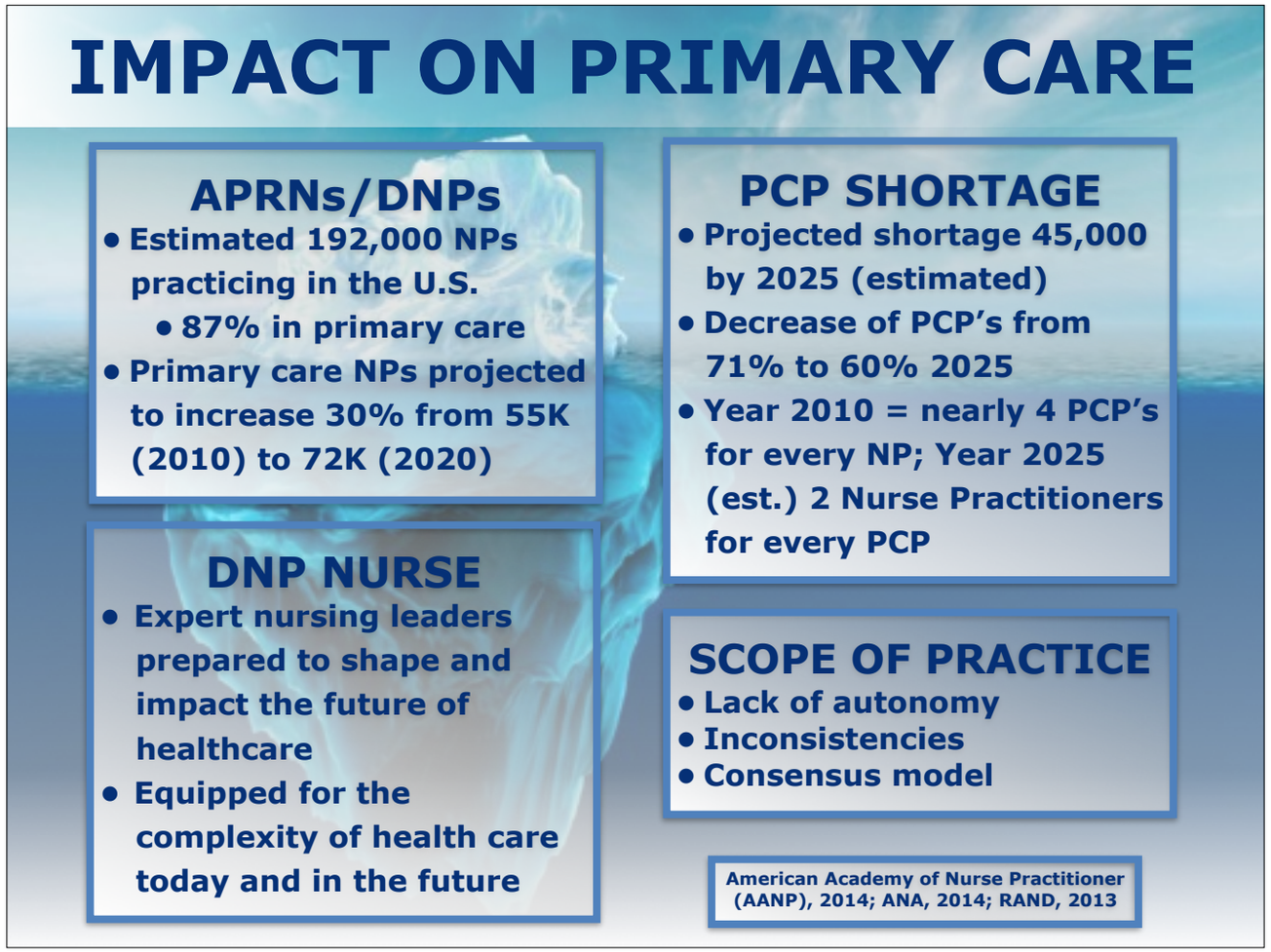
- A healthcare organization exemplified by a payment and care delivery model seeking to bind provider reimbursements to quality metrics
- Reduce fragmentation of care and duplication of services
- Component of Medicare program to improve quality of care while containing cost
- Coordination of comprehensive care
- Incentives - providers to form networks for care coordination
- Penalties assessed by Medicare if failure to meet pre-established goals (set by ACO)
- Incentive reimbursement if goals met
- ACO members jointly accountable for quality of care, cost, and overall care of the patients & shared vision for triple aim - health, care, cost

* **Opportunity**: Expansion of nursing practice
* **Barrier**: Nurse Practitioners are NOT recognized as primary care providers
  - NPs originally authorized as ACO professionals under ACA
  - Last minute statue modification excluded NPs as primary providers

AANP, 2012; Caramanica & Delk, 2014; Graham, 2011; Vincent & Reed, 2014

- AANP Nurse Practitioner Regulation ACO's http://www.aanp.org/legislation-regulation/federal-legislation/medicare/68-articles/343-accountable-care-organizations
- Both PCMH and ACO of HC delivery provide quality, cost-effective care. PCMH provides and coordinates direct care while the ACO - incentives (Vincent + Reed, 2014).

- Chart 1: Total Accountable Care Organizations; Source: Leavitt Partners Center for Accountable Care Intelligence http://healthaffairs.org/blog/2014/01/29/accountable-care-growth-in-2014-a-look-ahead/
- The 522 total ACOs is an increase from 370 in September 2013 and 258 in February 2013. The majority of these are CMS ACOs — Pioneer ACOs, Medicare Shared Savings Program ACOs, Medicaid ACOs or participants in the Physician Group Practice Transition program. CMS' latest round of ACO approvals in January brings the total number of Medicare ACOs to 368, up from 235 in July 2013. Despite their target populations, the Medicare ACOs are still serving an estimated 33 million non-Medicare patients, according to the report.
- 155 non-Medicare ACOs in operation across the country, a 14 percent increase from 135 in July 2013 and a 24 percent jump from 124 in January 2013. Non-Medicare ACOs serve between 9 million and 16 million patients
- The nation’s 500 nurse managed health clinics reduce health disparities by providing high quality comprehensive primary health care, health promotion and disease prevention services to uninsured, underinsured and vulnerable patients in rural, urban and suburban communities.
- www.nncc.us
-



- Use NPs, ease primary care physician shortage
- http://www.theamericannurse.org/index.php/2013/12/13/use-nps-ease-primary-care-physician-shortage/
- Rand http://www.rand.org/pubs/external_publications/EP51621.htm
- http://www.hhs.gov/healthcare/facts/factsheets/2013/06/jobs06212012.html
- http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/primarycarebrief.pdf
- http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/

PRIMARY CARE IMPACT

DEMANDS

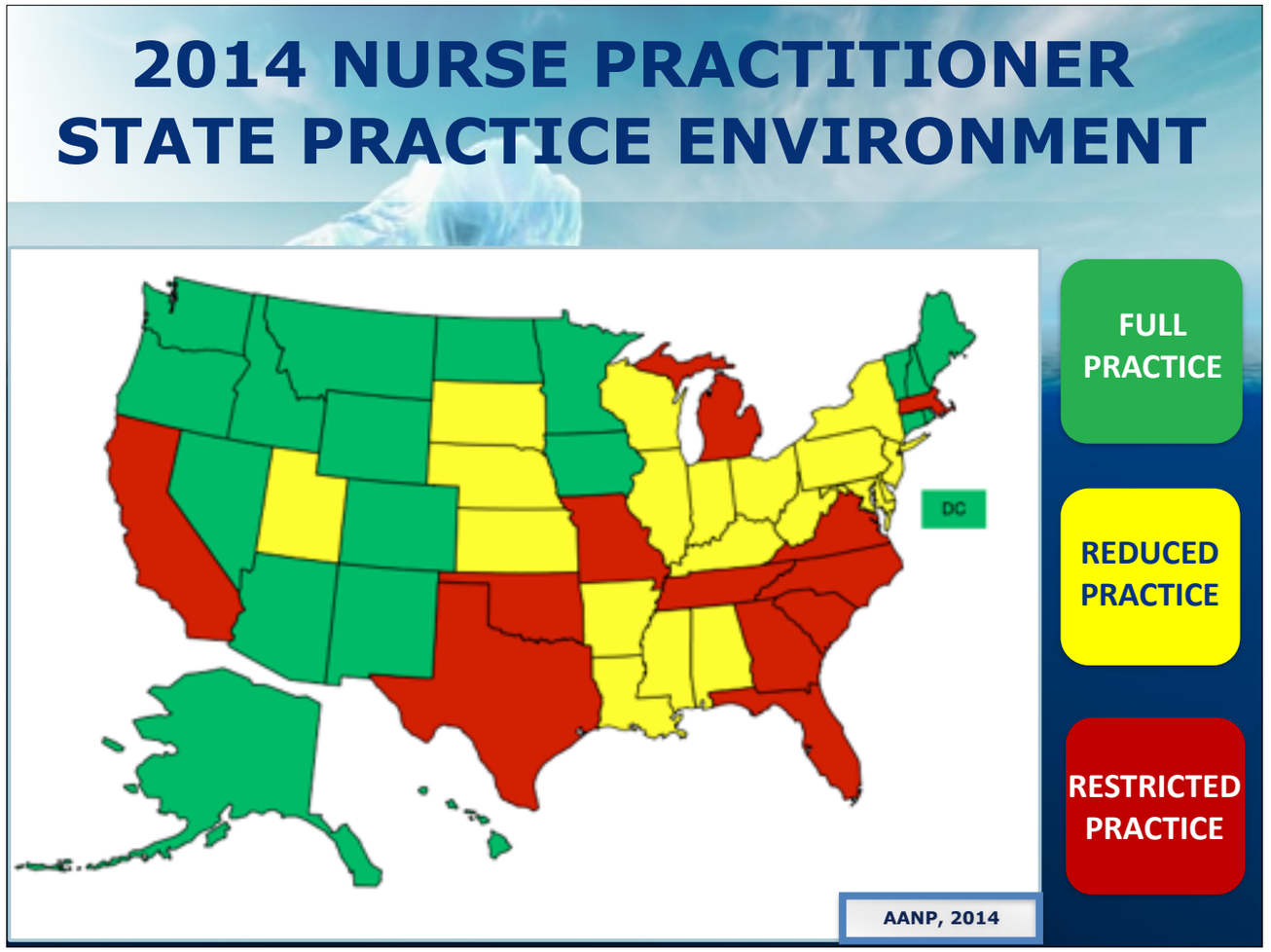
- Projected demand for primary care services due to aging and population growth
  - expected to account for 81% of the growth between 2010-2020
  - ⬆ access to care/ACA
- Without changes to primary care delivery, supply will exceed demands in 2020
- Expanding use of new models of primary care

Auerback, et al., 2013; Health Resources & Services Administration (HRSA), 2013

POTENTIAL SOLUTIONS

- Effects of the PCP shortage over the next decade could be mitigated with increased utilization of new care delivery models that expand the role of Nurse Practitioners and Physician Assistants (PAs)
  - PCMH + Nurse-Managed Health Centers
  - Increased use - eliminate 50% or > of estimated PCP shortage by 2025
- Increased use of NPs + PAs, could reduce PCP shortage approximately one-third in 2020

- Expanding scope of practice essential
- Baby boomer population aging
- Rand http://www.rand.org/pubs/external_publications/EP51621.html
- Auerback - Mitigate shortage http://content.healthaffairs.org/content/32/11/1933



- http://www.aanp.org/images/documents/state-leg-reg/stateregulatorymap.pdf
- http://www.aanp.org/legislation-regulation/state-legislation-regulation/state-practice-environment

APRN/DOCTORAL NURSE LEADERS

Good~Bridging the Gap

- Clinically equipped for multi-faceted, complex conditions
- "Champions of preventative healthcare and primary care"
- "Unprecedented opportunity for APRNs… to take leadership in offering primary care services and strengthening preventative services"

Bad~Barriers

- Restrictive practice
- Workforce shortages
- Interprofessional issues
- Influx of newly insured patients
- Reimbursement inequalities
- Role identification

DNP Prepared Nurses

- Founded on advanced practice competencies congruent with implementation of the health reform
- Well positioned to embrace expanded primary care needs
- Translation of evidence-based research to practice to improve health outcomes
- Scholarship: Discovery and application of new knowledge
- Advocacy in health policy needed
  - Equal reimbursement; scope of practice issues

Dreher, 2011;
Lathrop & Hodnicki, 2011;
Zaccagnini & White, 2011

- Interprofessional issues - conflict w/medicine colleagues; Dr. nurse title; understanding the role.
- Role identification - differentiation among nursing education/titling at all levels.
- Even though APRNs are fully prepared to advance health care with the ACA Era, DNP's have added educational preparation/foundation (Lathrop)
- Dreher from Lathrop resources

ACA~DNP ESSENTIALS

I. Scientific underpinnings for Practice

- EBP for development and implementation to improve the delivery and standards of care
- Optimization of health and well-being
- Emphasis on patient-centered care; patients are center stage
- Will the ACA Move Patient Centeredness to Center Stage?

II. Organizational & Systems Leadership for QI & Systems Thinking

- Guaranteeing the accountability and safety for health care consumers
- Transformational leaders at a system level with the capacity of "shaping evolving practice and the future of health care"(p. 37)
- Translational research ~ "bench-to-bedside"
  - Employing knowledge from the fundamental sciences to develop new modalities to improve patient outcomes and to improve the delivery of health care

AACN, 2006;
Zaccagnini & White, 2011

ACA~DNP ESSENTIALS

III. Clinical Scholarship & Analytical Methods for EBP

- Evaluation of patient outcomes in practice settings.
- Translational research into clinical practice
- Integration of new knowledge; evaluation and dissemination
- Designing and evaluating methodologies to improve quality and health outcomes resulting in safe, effective, and equitable patient-centered care

IV. Information Systems/Technology & Patient Care

- Timely communication and e-connectivity
- Legal and ethical issues related to information technologies
- Designing, evaluating, and monitoring of outcomes and quality of care improvements with the use of information systems/ technologies is expertise garnered by DNP graduates

American Academy of Colleges of Nursing (AACN), 2006; Chism, 2010

- Political Activism ~ Shaping of Health Policy. critical to the restructuring of America's health care system today.
- http://www.aetna.com/health-reform-connection/reform-explained/video-exchanges.html
-

ACA~DNP ESSENTIALS

VII. Clinical Prevention and Population Health for Improving the Nation's Health

- Population Health
- Strong emphasis for health promotion and prevention
- No discrimination for pre-existing conditions
- Economics - Affordable insurance for all

VIII. Advanced Nursing Practice

- Act as catalysts for change by transcending the barriers to implementation of EBP into the clinical setting
- Clinical leadership role
- Demonstrate refined clinical skill as expert practitioners in the design, implementation, and evaluation of nursing interventions

AACN, 2006; Lathrop & Hodnicki, 2014; Zaccagnini & White, 2011

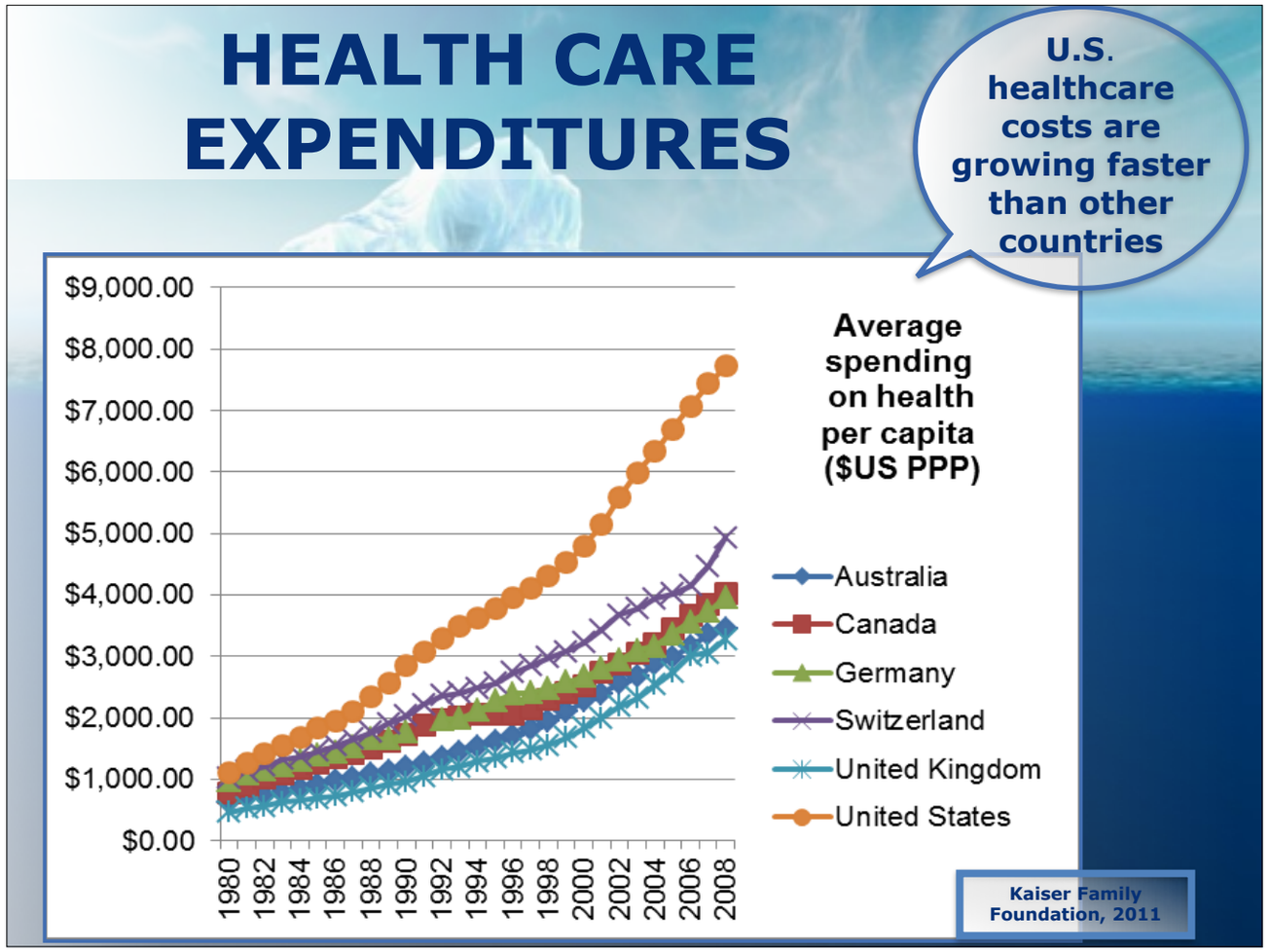
THE AFFORDABLE CARE ERA

HEALTH CARE EXPENDITURES

- The United States spent an estimated $2.8 trillion on health care in 2012, which translated to per capita costs of $8,915 per person → the highest in the world
- Chronic illness comprises 75% of health care costs
- Over utilization of emergency department for non-urgent care 4.4 billion in health care costs (2010)
- Hospital spending $882.3 billion in 2012 (up from 2010)
- Prescription drug coverage in 2012 → $263.3 billion
- Medicare → 20% or $572.5 billion of the national health spending in 2012
- Medicaid → $ 421.2 billion (2012)

CDC, 2013; Kaiser, 2012;
Kaiser Health News, 2013

- CMS 2.8 trillion http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/downloads/highlights.pdf
- Kaiser http://kff.org/health-costs/report/health-care-costs-a-primer/
- http://www.cdc.gov/chronicdisease/
- ER http://capsules.kaiserhealthnews.org/index.php/2013/03/a-bridge-to-health-and-away-from-er-overuse/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+Capsules-TheKhnBlog+(Capsules+-+The+KHN+Blog)



- Kaiser Family Foundation. (2011). Snapshots: Health care spending in the united states& selected OECD countries. Retrieved online from http://kff.org/health-costs/issue-brief/snapshots-health-care-spending-in-the-united-states-selected-oecd-countries/.

COST SAVINGS

- Congressional Budget Office (CBO) has projected that this provision could save Medicare $4.9 billion through 2019
- The ACA significantly increases the government's ability to monitor and penalize those who abuse Medicaid and Medicare programs
- CBO asserts that for every $1 invested in uncovering fraud accounts for $1.75 in budget savings

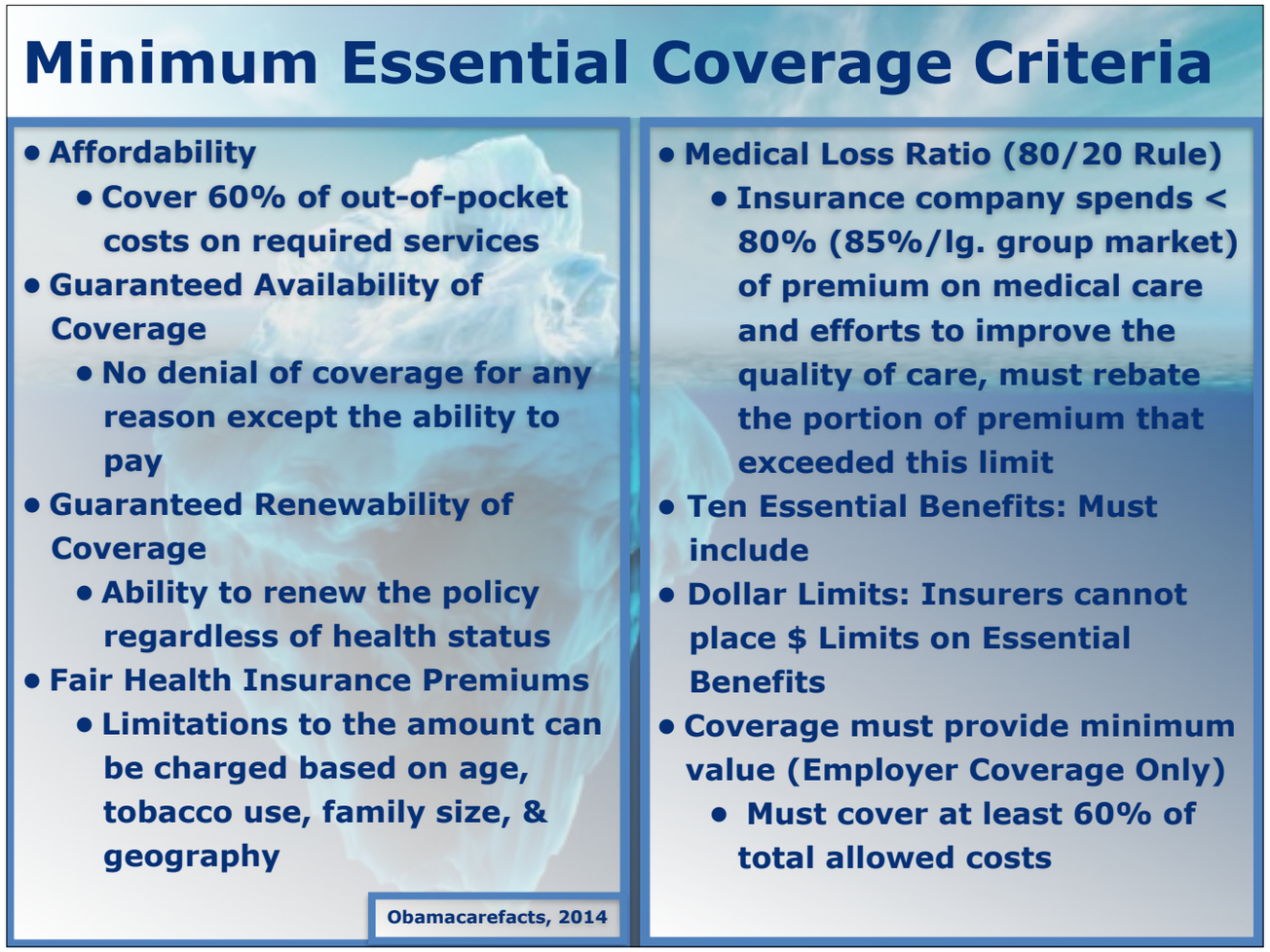
HOW DOES THIS TRANSLATE INTO $$?

- Projected that when all ACA provisions are implemented to fight fraud, waste, and abuse of the "system," Medicare & Medicaid spending will decrease by $2.9 billion and revenues will increase by $900 million over 10 years

RWJF, 2011

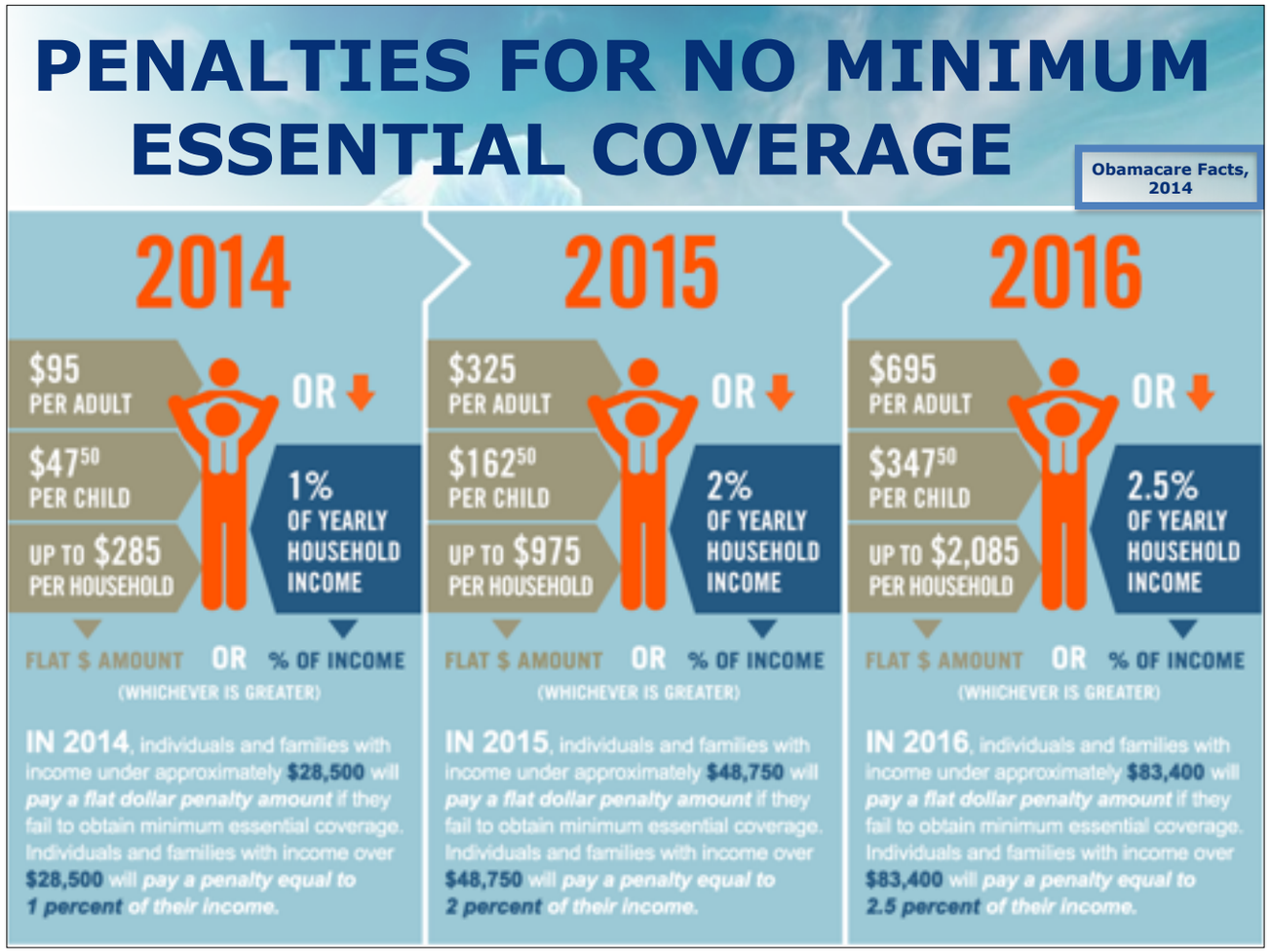
- http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf71451
-

- http://obamacarefacts.com/minimum-essential-coverage.php
- Kaiser http://www.kaiserhealthnews.org/stories/2013/september/03/faq-on-individual-insurance-mandate-aca.aspx
- IRS http://www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision
- Minimum Essential Coverage and the Shared Responsibility Provision
    - The Affordable Care Act Contains a section called "Shared Responsibility for Health Care". This section includes rules for individuals and families in regards to what types of health insurance they must have and what types of health insurance employers must provide to avoid their respective "shared responsibility fees". These types of health insurance are known as minimum essential coverage.



- To be considered as Minimum Essential Coverage…
- http://obamacarefacts.com/minimum-essential-coverage.php
    - Coverage must provide minimum value (Employer Coverage Only): To meet the Minimum Value requirement, a plan must cover at least 60 percent of total allowed costs – i.e., what the plan pays versus what the customers pays due to deductibles, copays and coinsurance.

- CMS http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/minimum-essential-coverage.html
- Kaiser http://www.kaiserhealthnews.org/stories/2013/september/03/faq-on-individual-insurance-mandate-aca.aspx
- The following types of health insurance are not minimum essential coverage:
    - Short Term Health Plans
    - Fixed Benefit Health Plans
    - Supplemental Medicare like Part D and Medigap
    - Some Medicaid covering only certain benefits
    - Vision only, Dental only, and limited benefit plans
    - Grandfathered Plans (You will avoid the fee, but won't get the new rights and protections)



- http://obamacarefacts.com/obamacare-individual-mandate.php

EMPLOYER MANDATE

Goal

- Discourage firms from discontinuing health insurance
- Encourage firms that do not currently provide affordable health insurance to begin offering coverage

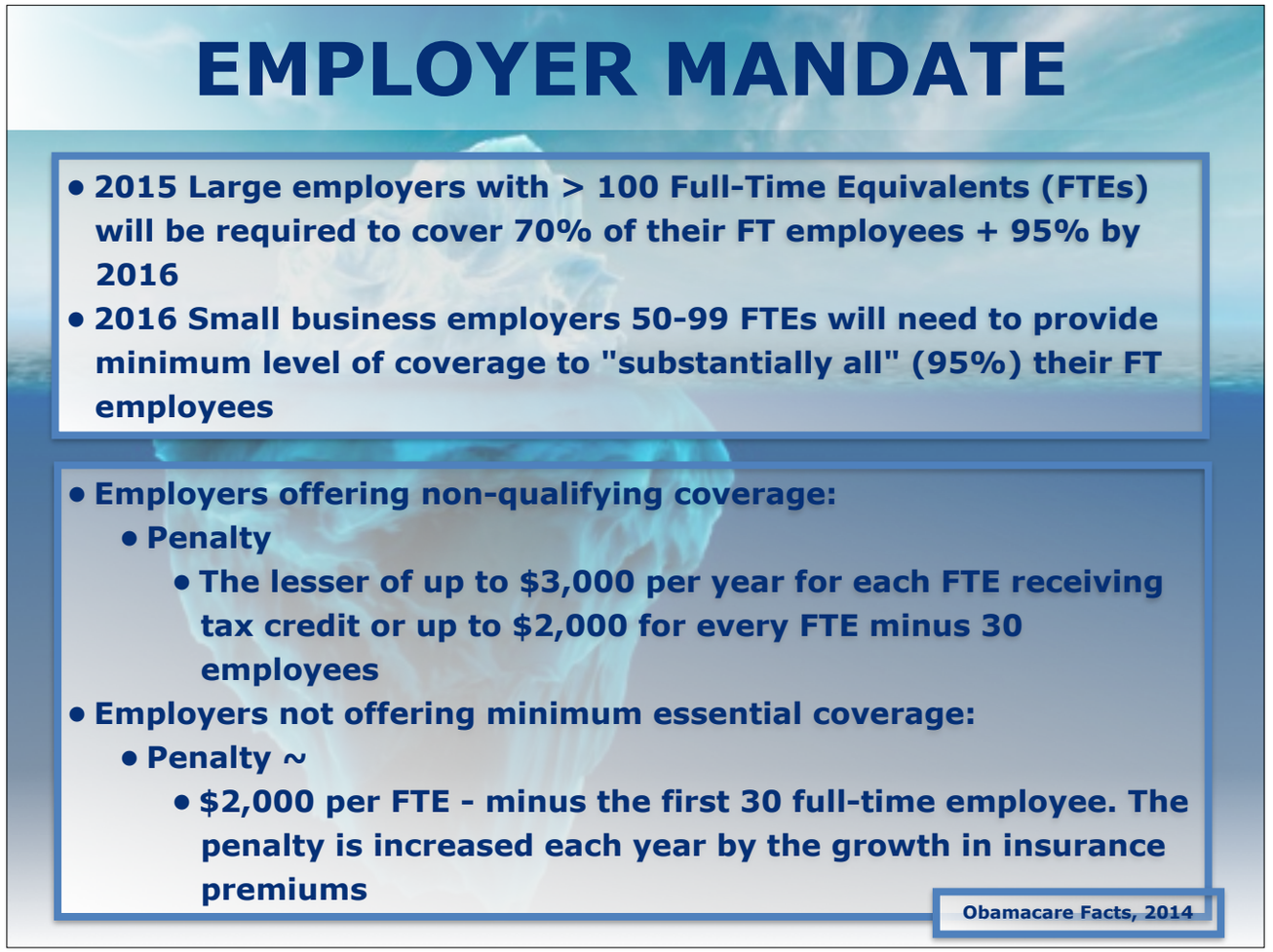
Few Facts…

- Part of the Employer Shared Responsibility Provision —> "*Employer Shared Responsibility Payment*"
- Employers with 50 or > full-time equivalent employees may be fined for failing to provide coverage to their full-time employees and their dependents
- Originally targeted start date 2014; delayed until 2015-2016
- Unlike employer contributions to employee premiums, the *Employer Shared Responsibility Payment* is NOT tax deductible (IRS relief rules)
- 96% of all firms in U.S. (5.8/6 million) <50 employees
  - <.2% small businesses will be penalized

IRS, 2014;
Obamacare Facts, 2014

- Obamacare Facts http://obamacarefacts.com/obamacare-employer-mandate.php
- 251.1 million people would have insurance if the employer mandate is fully implemented
- 250.9 million people would have insurance if the employer mandate is repeated in 2016
- Without the employer mandate could cost the U.S. $46 billion
- If at least one full-time employee receives a premium tax credit because coverage is either unaffordable or does not cover 60 percent of total costs, the employer must pay the lesser of $3,000 for each of those employees receiving a credit or $750 for each of their full-time employees total.
- The fee is a per month fee due annually on employer federal tax returns starting in 2015 for small businesses with 100 or more full-time equivalent employees(2016 for those with 50-99). So the per month fee is 1/12 of the $2,000 or $3,000 per employee
- Transition relief is available to small businesses and large businesses transitioning into compliance with the new mandate (see the official IRS rules regarding transition relief).
  - IRS relief… http://www.irs.gov/uac/Newsroom/Questions-and-Answers-on-Employer-Shared-Responsibility-Provisions-Under-the-Affordable-Care-Act

See Obamacare facts for talking points - Walmart, MacDonalds (no ins. provided)



- Obamacare Facts http://obamacarefacts.com/obamacare-employer-mandate.php
- Mandate based on full-time equivalents; not just full time employees
- The fee is based on whether or not affordable health insurance is offered to employees.

- Thomas Paine - Lead, follow or get out of the way.


WHAT
LIES AHEAD

REFERENCES

- American Association of Colleges of Nursing [AACN] (2006). The essentials of doctoral education for advanced nursing practice. Washington, DC: Author. Retrieved from www.aacn.nche.edu/DNP/pdf/Essentials.pdf
- American Association of Nurse Practitioners [AANP] (2012). AANP nurse practitioner regulation ACOs. Retrieved from http://www.aanp.org/legislation-regulation/federal-legislation/medicare/68-articles/343-accountable-care-organizations.
- American Association of Nurse Practitioners (AANP). (January, 2014). NP fact sheet. Retrieved from http://www.aanp.org/all-about-nps/np-fact-sheet
- American Association of Nurse Practitioners (AANP). (2014). State nurse state practice acts and administration rules, 2012. Retrieved from http://www.aanp.org/images/documents/state-leg-reg/stateregulatorymap.pdf.
- American's Health Insurance Plans. (2104). Essential benefits. Retrieved from: http://www.ahip.org/Issues/Essential-Benefits.aspx.
- American Nurses Association. (2014). Use NPs, ease primary care physician shortage. *The American Nurse*. Retrieved from http://www.hhs.gov/healthcare/facts/factsheets/2013/06/jobs06212012.html.
- Blumberg, L. & Holahan, J. (2013). Affordable care act can survive adverse selection in the first year. *Robert Wood Johnson Foundation (RWJF)*. Retrieved from http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/12/the-affordable-care-act-can-survive-low-enrollment-and-adverse-s.html

REFERENCES

- Blumenthal, M. (2013). Reflecting on health reform—narrow networks: Boon or bane? *Commonwealth Fund*. Retrieved from: http://www.commonwealthfund.org/publications/blog/2014/feb/narrows-networks-boon-or-bane
- Caramanica, L. & Delk, M.L. (2014). Embarking on accountable care: Preparing for the second curve. *Nursing Administration Quarterly,* 38(2), 133-137. doi: 10.1097/NAQ.0000000000000017
- Centers for Medicaid and Medicare Services [CMS]. (2014). A one-page guide to the health insurance marketplace. Retrieved from https://www.healthcare.gov/get-covered-a-1-page-guide-to-the-health-insurance-marketplace/.Centers for Disease Control and Prevention [CDC]. (2013). Chronic disease prevention and health promotion. Retrieved from http://www.cdc.gov/chronicdisease/.
- Centers for Medicare and Medicaid Services [CMS]. (2014). Cost sharing reduction. Retrieved from https://www.healthcare.gov/glossary/cost-sharing-reduction/.
- Centers for Medicaid and Medicare Services [CMS]. (2014). Health coverage for children under 26. Retrieved from https://www.healthcare.gov/can-i-keep-my-child-on-my-insurance-until-age-26/.
- Centers for Medicaid and Medicare Services [CMS]. (2014). Health coverage rights and protections. Retrieved from https://www.healthcare.gov/how-does-the-health-care-law-protect-me/#part=1.
- Centers for Medicaid and Medicare Services [CMS]. (2014). Health coverage rights and protections. Retrieved from https://www.healthcare.gov/how-does-the-health-care-law-protect-me/#part=3.
- Centers for Medicaid and Medicare Services [CMS]. (2014). How to choose marketplace insurance. Retrieved from https://www.healthcare.gov/how-do-i-choose-marketplace-insurance/#part=2.

REFERENCES

- Centers for Medicare & Medicaid Services [CMS]. (2014) The affordable care act & medicare. Retrieved from http://www.medicare.gov/about-us/affordable-care-act/affordable-care-act.html.
- Centers for Medicare & Medicaid Services [CMS]. (2014). Minimum essential coverage. Retrieved from http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/minimum-essential-coverage.html
- Chism, L. A. (2010). The doctor of nursing practice: A guidebook for role development and professional issues. Sudbury, MA: Jones and Bartlett.
- Cornell University Law School. (2012). National Federation of Independent Business v. Sebelius, secretary of health and human services. Retrieved from http://www.law.cornell.edu/supremecourt/text/11-393
- Dreher, H.M. (2011). The historical and political path of doctoral nursing education to the doctor of nursing practice degree. In Dreher, H.M., & Glasgow, M.E.S (Eds). Role development for doctoral advance nursing practice (pp. 7-43). New York, NY: Springer Publishing Company.
- Graham, M.C. (2011). Accountable care organizations: The future of healthcare? Nurse Practitioner 36(8), 8-11. doi: 10.1097/01.NPR.0000399720.75604.5c.
- Centers for Medicare and Medicaid [CMS]. (2014). National health expenditures 2012 highlights. Retrieved from http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpend Data/ downloads/highlights.pdf.
- Centers for Medicaid and Medicare Services [CMS]. (2014). Preventive care benefits. Retrieved from https://www.healthcare.gov/what-are-my-preventive-care-benefits/#part=1

REFERENCES

- Health Affairs. (2013). Excise tax on 'cadillac' plans. Retrieved from http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=99
- Health Affairs Blog. (2014). Accountable care growth in 2014: A look head. http://healthaffairs.org/blog/2014/01/29/accountable-care-growth-in-2014-a-look-ahead/.
- Health Resources and Services Administration (HRSA). (2014). Projecting the supply and demand for primary care practitioners through 2020. Retrieved from http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/
- Health Resources and Services Administration (HRSA). (2014). Women's preventive services guidelines. Retrieved from http://www.hrsa.gov/womensguidelines/. Institute of Medicine [IOM]. (2001). *Crossing the quality chasm*. Washington, DC: National Academy Press. Retrieved from http://www.iom.edu/~/media/Files/Report%20Files/2001/Crossing-the-Quality-Chasm/Quality%20Chasm%202001%20%20report%20brief.pdf
- Institute of Medicine [IOM]. (2001). *Crossing the quality chasm*. Washington, DC: National Academy Press. Retrieved from http://www.iom.edu/~/media/Files/Report%20Files/2001/Crossing-the-Quality-Chasm/Quality%20Chasm%202001%20%20report%20brief.pdf
- Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health.* Retrieved from http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx.
- Institute of Medicine. (1999). *To Err is human: Building a safer health system*. Washington, DC: National Academy Press. Retrieved from http://www.iom.edu/~/media/Files/Report%20Files/1999/To-Err-is-Human/To%20Err%20is%20Human%201999%20%20report%20brief.pdf

REFERENCES

- Internal Revenue Service [IRS]. (2013). Questions and answers on the individual shared responsibility provision. Retrieved from http://www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision
- Kaiser Family Foundation. (2013). Focus on health reform: Summary of the affordable care act. Retrieved from http://kaiserfamilyfoundation.files.wordpress.com/2011/04/8061-021.pdf.
- Kaiser Family Foundation. (2012). Health care costs: A primer. Retrieved from http://kff.org/health-costs/report/health-care-costs-a-primer/
- Kaiser Family Foundation. (2014). Health reform implementation timeline. Retrieved from http://kff.org/interactive/implementation-timeline/
- Kaiser Family Foundation. (2014). Majority thinks enrollment fell short of expectations. Retrieved from http://kff.org/health-reform/slide/majority-thinks-enrollment-fell-short-of-expectations/.
- Kaiser Family Foundation. (2011). Snapshots: Health care spending in the United States & selected OECD countries. Retrieved from http://kff.org/health-costs/issue-brief/snapshots-health-care-spending-in-the-united-states-selected-oecd-countries/
- Kaiser Health News. (2013). A bridge to health and away from ER overuse. Retrieved from http://capsules.kaiserhealthnews.org/index.php/2013/03/a-bridge-to-health-and-away-from-er-overuse/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+Capsules-TheKhnBlog+(Capsules+-+The+KHN+Blog)
- Kaiser Health News. (2011). FAQ: How will the individual mandate work? Retrieved from http://www.kaiserhealthnews.org/stories/2013/september/03/faq-on-individual-insurance-mandate-aca.aspx

REFERENCES

- Kaiser Health News. (2014). Narrow networks' trigger push-back from state officials. Retrieved from http://www.kaiserhealthnews.org/stories/2013/november/25/states-balk-at-narrow-networks.aspx.
- Lathrop, B. & Hodnicki, D. (2014). The affordable care act: Primary care and the doctor of nursing practice nurse. Online Publication. *The Online Journal of Issues in Nursing*, 19(2). doi: 10.3912/OJIN.Vol198No02PPT02
- McQueen, M.P. (2013). Less choice, lower premiums. *Modern Healthcare.* Retrieved from http://www.modernhealthcare.com/article/20130817/MAGAZINE/308179921
- ObamaCare Facts. (2014). Cost of obamacare: Obama care cost. Retrieved from http://obamacarefacts.com/costof-obamacare.php.
- ObamaCare Facts. (2014). Summary of provisions in the patient protection and affordable are Act. Retrieved from http://obamacarefacts.com/summary-of-provisions-patient-protection-and-affordable-care-act.php.
- ObamaCare Facts. (2014). Minimum essential coverage. Retrieved from http://obamacarefacts.com/minimum-essential-coverage.php.
- ObamaCare Facts. (2014). ObamaCare's individual mandate: What is the tax penalty for not having health insurance? Retrieved from http://obamacarefacts.com/obamacare-individual-mandate.php
- Pulcini, J., (2013). Update on the patient protection and affordable care act: Milestones and challenges in implementing the ACA. *American Journal of Nursing.* 113(4), 25-27. doi: 10.1097/01.NAJ.0000428744.63675.26.
- RAND Corporation. (2013). New Models of Primary Care Could Ease U.S. Physician Shortage Retrieved from http://www.rand.org/news/press/2013/11/04.html.

REFERENCES

- Robert Wood Johnson Foundation [RWJF]. (2011). How does the ACA control health care costs? Retrieved from http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf71451
- Roy, A. (2013). Adverse selection: Obamacare exchange enrollment skews much older than U.S. population cost increases likely. Retrieved from http://www.forbes.com/sites/theapothecary/2014/01/13/adverse-selection-obamacare-exchange-enrollment-skews-substantially-older-than-the-u-s-population-cost-increases-likely/.
- Tomey, A. M. and Alligood, M. R. & (Eds.). (2002). Nursing theorists and their work. (5th ed.). Maryland Heights, MO: Mosby-Elsevier.
- United States Department of Health and Human Services (USDHHS). (2014). Curbing insurance cancellations. Retrieved from http://www.hhs.gov/healthcare/rights/appeal/curbing-insurance-cancellations.html
- United States Department of Health and Human Services (USDHHS). (2014). Key features of the affordable care act. Retrieved from http://www.hhs.gov/healthcare/facts/timeline/.
- United States Department of Health and Human Services (USDHHS). (2014). The 10 titles of the law. Retrieved from http://www.hhs.gov/healthcare/rights/law/.
- United States Department of Health and Human Services (USDHHS). (2014). Women's Preventive Services Guidelines. Retrieved from http://www.hrsa.gov/womensguidelines/.
- Vincent, D. & Reed, P.G. (2014). Affordable Care Act: Overview and Implications for Advancing Nursing. *Nursing Science Quarterly*, 27(3), 254-259. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/24951528.
- Zaccagnini, M. & White, K. (2011). The doctor of nursing practice essentials: A new model for advanced practice nursing. Sudbury, MA: Jones and Barlett.