



Health Care Reform

What nurses can expect during the next eight years

by Geneviève M. Clavreul, RN, Ph.D.

On Tuesday, March 23, 2010, President Obama signed H.R. 3590, the Patient Protection and Affordable Care Act (PPACA), into law. However, the real impact, value, shortcomings and whatnot of this law has yet to be realized since it is being implemented over the next decade. Nurses everywhere are wondering what changes health care reform will bring to our profession and what to expect, so let's start with a quick overview of the PPACA:

Changes to Take Place This Year

- ▶ Perhaps the most notable change is that children and adults previously denied coverage due to pre-existing conditions will be able to access health care insurance through federally subsidized, high-risk pools. The "how" is yet to be established, but by 2014 they will be replaced by state-run exchanges.
- ▶ Lifetime maximums are now a thing of the past.
- ▶ Insurance companies can't drop individuals who become ill.
- ▶ There are no more annual limits, benefitting those with catastrophic illness.
- ▶ Children up to the age of 26 can stay on their parent's plan.
- ▶ Small businesses offering insurance can apply for a 35 percent tax credit for premiums paid.
- ▶ New plans written going forward must offer preventive care with no co-pays or deductibles.
- ▶ Medicare Part D participants will receive a \$250 credit to help with the "doughnut hole."
- ▶ Retirees aged 55-64 will be offered access to a reinsurance program.

Changes in 2011

- ▶ Medicare must provide plans that include preventive care with no co-pays or deductibles.
- ▶ Medicare Part D participants will receive 50 percent off drugs falling in the "doughnut hole."
- ▶ Health insurance companies will have to justify any premium increase or risk the possibility of being taken out of the state's insurance exchange pool.

Changes in 2014

- ▶ An IRS penalty of \$750 per individual or two percent of income (whichever is greater) will occur for those who choose not to purchase health insurance.
- ▶ No one can be denied insurance for pre-existing conditions.
- ▶ The federally subsidized, high-risk pools established in 2010 will be and states will be required to have their insurance exchanges in place.
- ▶ Annual caps on benefits will be banned completely.

Changes in 2018

- ▶ All plans offer preventive care without co-pays or deductibles.

What Should the Nurse on the Floor Expect?

- ▶ *Pre-existing Conditions Mean Sicker Patients*

Until now, those with pre-existing conditions were unable to obtain medical insurance, either because of prohibitive cost or outright rejection. When patients with pre-existing conditions are included in the pool, they will most likely be sicker and have greater health care needs than similar patients who have had access to a continuum of care.

Treatment of pre-existing conditions requires nurses to have in-depth knowledge of illnesses such as diabetes, asthma, HIV/AIDS, CPOD, cancer, obesity and so forth. With a sicker population comes a greater need for patient education, which, of course, is right up a nurse's alley. Nurses will also need strong case management knowledge, and my feeling is that the new law will present an opportunity for nurses to be engaged in ways they find interesting and welcome.

- ▶ *Preventive Care Benefits Nursing Generalists*

An emphasis on preventive care will likely cause a greater demand for the services of general practitioners, primary care providers and their support staff, allowing nurses an opportunity to return to the "clinic" or doctor's office model that we have moved away from. Good preventive care requires nurses with strong generalist skills.

- ▶ *Nurse Practitioner's Role Expands*

The new law provides an opportunity for the nurse practitioner and advance practice nurse to play an even more integral role in health care as 34 million become insured.

Presently there are at least 28 state legislatures that are contemplating expanding the role of the NP, which presents an excellent opportunity for the intrepid RN interested in seeking out the additional education and licensing requirements necessary to become an NP. There are plans to inject federally funded grants and dollars into the nursing educational pipeline, and this idea has merit, however, it still takes time to "backfill" the nursing supply and reach the saturation point where we are educating and graduating enough nurses.

- ▶ *Role for Patient Education in ED*

The addition of millions of patients into our health care system will probably increase the use of the ED for primary care, at least in the short term. Let's not forget that the advent of HMOs was supposed to eliminate the ED as a source of primary care, but statistics have shown otherwise. Changing this culture once 34 million more people are insured will require patient education,

which is part and parcel of the nurse's bag of tricks.

We Must Be Vigilant and Proactive

The passage of this law provides a superb opportunity for RNs in general — and NPs, in particular — to be involved in an even more significant way. As patient advocates, we must continue our role in the debate since the redesign of our health care delivery model is far from over. As the PPACA takes shape, nurses from all specialties must be part of the process, otherwise we may find ourselves being reactive rather than proactive to the demands that the new law and regulations will make on our profession.

We should continue to monitor all media venues to gather and sift through all the data so we can comprehend the impact of the PPACA; attend meetings that will surely sprout up to help explain the PPACA; and think about setting aside some time during the next few weeks — draw yourself a bubble bath or brew a big pot of coffee — and educate yourself on this law that has already sent ripples through our health care system. Our patients and our profession deserve no less from us. **WN**



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Recommended Reading

On May 6, 2010, Medscape Today, a division of WebMD, published an interview with two nationally reknown nurse leaders analyzing the impact of the PPACA. The article is titled "Healthcare Reform and Nurses: Challenges and Opportunities." A small part is excerpted below, and you can find the full article by searching "Healthcare Reform, Nurse" at www.medscape.com.

Medscape: What does the PPACA mean to nurses?

Susan Hassmiller, PhD, RN: PPACA is a great opportunity for nurses, especially nurses who have advanced education, either baccalaureate or higher degrees. The law contains considerable language about expanding primary care services, not to mention we will be insuring millions more people.

The law will allow for different approaches to how we deliver primary care, by whom and where; and with fewer physicians going into primary care, there really is no other way to meet the need than through primary care NPs and nurse midwives. This is an opportunity for which nurses have been advocating for a long time.

Susan Hassmiller, RN, Ph.D., FAAN, is the senior nursing advisor at the Robert Wood Johnson Foundation.