

What Does the Affordable Care Act Mean for You?

The national elections are over and we can now focus more on what changes will be occurring in health care related to the Patient Protection and Affordable Care Act (ACA). Although we may be familiar with these terms, we may not have paid much attention to the details. The ACA was introduced to Congress in 2009, signed into law in 2010, and was upheld by the Supreme Court in 2012. The ACA is the largest mandated healthcare change since Medicare and Medicaid in 1965. Implementation began in 2010 and will continue to roll out through 2015 (see Figure 1). The main aspects of the ACA include enhancing access to health care by increasing the number of insured Americans, reducing overall healthcare costs, holding insurance companies accountable to make care more affordable, and improving outcomes while streamlining delivery (HealthCare.gov, 2013). These changes are long overdue; the system has become increasingly unsustainable given how much more money the United States spends compared to other developed countries while still experiencing poorer outcomes (PBS Newshour, 2012).

As oncology nurses, we are affected personally and professionally by many of the provisions. Professionally, I believe we are the best positioned to take the lead on or support many of the changes that are occurring. Personally, our children can now stay on our health insurance until they are age 26. Preventive care, including many cancer screenings, vaccinations, and health-promotion counseling, will now be delivered without a copayment or need to meet a deductible. Gender (i.e., being female) and preexisting conditions such as cancer can no longer be reasons not to insure someone or to charge them more. And, more people will be insured, have more choices regarding providers, and not face a lifetime limit of coverage or worry about being dropped. That is all good.

At the same time, the healthcare organizations we work for are being asked

to change many aspects of how care is delivered and paid for to improve quality and outcomes while reducing health disparities and costs. More efforts are being made to provide primary care, strengthen community health centers, and increase care in underserved rural communities. Nurses can provide leadership in all of these settings to make our healthcare system person-centered.

Insurance services and costs are being controlled more, and 85% of health insurance premiums must be spent on health care and quality improvement. Medicare, Medicaid, and the Children's Health Insurance Program also will be improving quality of care while slowing or reducing costs. Linking payments to quality outcomes means that we will be paying more attention to transitions home after hospitalizations and improving safety while reducing "never events" and hospital readmissions. More focus will be placed on coordination of care and teamwork, as well as in delivering more evidence-based care (Moy, Abernethy, & Peppercorn, 2012). You may already be involved in or affected by some of these activities.

Personally, I am excited by these changes. Having been in cancer care since the mid-1970s, I can attest to the fact that we delivered cancer care within an irrational, broken healthcare system. We have long recognized the many injustices in our healthcare system while delivering cancer care—the person who presents with advanced cancer because he or she didn't get screened, or the person who can't afford chemotherapy or has to decline treatment so as to not bankrupt his or her family. The ACA provides the carrot and the stick to get individuals, employers, and healthcare organizations to make nec-

American Cancer Society

<http://bit.ly/cBlpcl>

The Affordable Care Act: how it helps people with cancer and their families

CancerCare

<http://bit.ly/Sjv5qQ>

Understanding the Affordable Care Act for people living with cancer

HealthCare.gov

www.healthcare.gov

This site is managed by the U.S. Department of Health and Human Services.

FIGURE 1. Additional Information on the Affordable Care Act

essary changes. It will take time; however, I have seen more movement toward these changes in the past few years than I have seen during the rest of my career. I also believe that nurses can (and should) be the movers and shakers for many of these changes. It will be bumpy, but nothing this momentous happens smoothly. And, remember to keep the patient with cancer at the center of these changes. If we all do that, there is no telling how much better cancer care can be.

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