

ACA Provisions That Could Potentially Affect Medical and Public Health Preparedness Activities^a

HEALTH CARE DELIVERY AND WORKFORCE

Title/Subtitle (Section)	Topic Area	Summary of Provision ^b	Potential Impact on Preparedness as Presented by Individual Speakers
Title 3. F (3504-3505)	Regional Trauma Care	Provides funding to the Assistant Secretary for Preparedness and Response (ASPR) to support pilot projects that design, implement, and evaluate innovative models of regionalized, comprehensive, and accountable emergency care and trauma systems (3504); Reauthorizes and improves the trauma care program, providing grants administered by the Health and Human Services (HHS) Secretary to states and trauma centers to strengthen the nation's trauma system (3505).	Improved everyday care and emergency response at a regional level can improve response in a disaster; ^{2, 5} housing under ASPR also can allow for better coordination between preparedness and daily emergency programs. ³
Title 5. C (5210)	Ready Reserve Corps	Ready Reserve Corps members may be called to active duty to respond to national emergencies and public health crises and to fill critical public health positions left vacant by members of the Regular Corps who have been called to duty elsewhere.	Building a network of trained professionals ready to respond in disasters who can be deployed to assist in any public health emergency and augment response. ⁶
Title 5. D (5314-5315)	U.S. Public Health Sciences Track	Increased emphasis on team-based service and merging of clinical and public health training. Public health recruitment and retention programs are also being expanded.	Potential for increased and better educated workforce within public health field. ⁶
Title 5. F (5502); Title 5. G (5601)	Federally Qualified Health Center (FQHC) Improvements	Expansion of Medicare-Covered Preventive Services at FQHCs; Increased spending for FQHCs.	Could take the burden of surge off of community hospitals (and DSH payments) if patients shift routine care visits throughout FQHC network. ⁷

FINANCING

Title/Subtitle (Section)	Topic Area	Summary of Provision ^b	Potential Impact on Preparedness as Presented by Individual Speakers
Title 3. A. I (3001)	Hospital Value-Based Purchasing	A percentage of hospital payment would be tied to hospital performance on quality measures related to common and high-cost conditions, such as cardiac, surgical, and pneumonia care.	Greater emphasis on overall health of patient, prevention and wellness; greater need to demonstrate value; ensuring patient needs are met before and after hospital visit. ¹
Title 3. G (2551); Title 3. B (3133)	Disproportionate Share Hospital (DSH) Allotments	Reduction in federal Medicaid Disproportionate Share Hospital Allotments at the state level, based on the assumption of increased coverage and reduced uncompensated care costs. While the statute sets forth reductions through fiscal year (FY) 2020, the final rule applies only to reductions in FY 2014 and 2015.	For those states that do not expand their medicaid program, the coverage increase will not occur. But, their "safety-net" hospitals will still lose this allotment and correspondingly, they may have less resources to bear in a disaster. ^{1, 16, 17}
Title 4. D (4304)	Epidemiology-Laboratory Capacity Grants	Grant program to award funding to states and local and tribal jurisdictions to improve surveillance and threat detection and build laboratory capacity.	Increased funding and capacity at the state and local levels for threat detection and bio-surveillance. ⁴

COMMUNITY RESILIENCE

Title/Subtitle (Section)	Topic Area	Summary of Provision ^b	Potential Impact on Preparedness as Presented by Individual Speakers
Title 9. A (9007, 6033[b], 4959)	Community Health Needs Assessment (CHNA)	Imposes new requirements on 501(c)(3) organizations that operate one or more hospital facilities to conduct a CHNA and adopt an implementation strategy at least once every 3 years (9007); Also added a tax penalty for failing to meet and report this requirement (6033(b), 4959).	Better awareness of community needs in an emergency and a more accurate population picture; Opportunity for hospitals to partner more with public health departments to meet these requirements. ^{7, 9}
Title 3. F (3510); Title 3. D (3306); Title 4. A (4003); Title 4. C (4201, 4202)	Community Resilience	Patient navigator program (3510); Funding outreach and assistance for low-income programs (3306); Clinical and Community Preventive Services (4003); Community Transformation Grants (4201); Healthy Aging, Living Well: evaluation of community-based prevention and wellness programs for Medicaid beneficiaries (4202).	Patient navigator program can assist patients in continuity of care and staying healthy between disasters; Opportunity for improved care and overall health at the community level through transformation grants and preventive services; Evaluation of community-based programs could allow for improvements and ability to share lessons across cities and states. ¹⁵

HEALTH IT

Title/Subtitle (Section)	Topic Area	Summary of Provision ^b	Potential Impact on Preparedness as Presented by Individual Speakers
Title 6. D (6301)	Patient-Centered Outcomes Research Institute (PCORI)	Establishes private, nonprofit institute to identify priorities for and provide for the conduct of comparative outcomes research.	Increased data infrastructure and dissemination of research findings focused on improved patient outcomes could contribute to more standardized sharing of best practices to inform. ⁸
Title 3. A. II (3015); Title 4. D (4302)	Data Collection, Public Reporting; Understanding Disparities, Data Collection and Analysis	Development of data collection standards for five different demographic factors and calls for them to be collected in all national population health surveys (4302); Requires the Secretary to collect and aggregate consistent data on quality and resource use measures from information systems used to support health care delivery to implement the public reporting of performance information (3015).	More data and information will be available for improved awareness of community needs and resources; more information will be available for surveillance and predictive modeling potential. ^{4, 10, 11, 12}
Title 1. G (1561); Title IV. D (4304)	Health Information Technology, Interoperability, and Standards	Requires the development of standards and protocols to promote the interoperability of individuals in federal and state health and human services programs (1561); Requires the Director of the Centers for Disease Control and Prevention (CDC) to issue national standards for the reporting of infectious diseases and other conditions of public health importance in consultation with the National Coordinator for Health Information Technology (4304).	While everyone is collecting data, the data may not reach potential unless they can be shared across county, state, and agency lines; standards and interoperability are key to building on HITECH Act and Meaningful Use standards. ^{8, 13, 14}

MENTAL HEALTH

Title/Subtitle (Section)	Topic Area	Summary of Provision ^b	Potential Impact on Preparedness as Presented by Individual Speakers
Title 1. D. I (1302, 1311)	Mental Health	(1) By including mental health and substance use disorder benefits in the Essential Health Benefits; (2) by applying federal parity protections to mental health and substance use disorder benefits in the individual and small group markets; and (3) by providing more Americans with access to quality health care that includes coverage for mental health and substance use disorder services.	Individuals can have better coverage for daily mental health and substance abuse issues and after a disaster may have better access to services because they are already familiar with care and providers. ⁹

NOTE: This table is adapted from Table 1-1 in *The Implications of the Affordable Care Act on Preparedness Resources and Programs: Workshop Summary* (Washington, DC: The National Academies Press, 2014). See <http://www.iom.edu/ACApreparedness>.

^aThe information presented in this table was compiled by the rapporteurs based on the presentations made by workshop speakers and highlighted through this workshop summary. Each potential impact has been referenced to the workshop speaker or speakers who discussed the relevant topic. Speakers: 1. Lisa Tofil; 2. Norman Miller; 3. Gregg Margolis; 4. Georges Benjamin; 5. Charles Cairns; 6. Ellen Embrey; 7. Karen DeSalvo; 8. Justin Barnes; 9. Nicole Lurie; 10. Gus Birkhead; 11. Nathaniel Hupert; 12. Brandon Dean; 13. Kevin Larsen; 14. Roland Gamache; 15. Connie Chan; 16. Xiaoyi Huang; 17. Jack Ebeler.

^bSummary items garnered from <https://www.govtrack.us/congress/bills/111/hr3590/text#> (accessed June 8, 2014).