

CONFERENCE CURRENTS



THE AFFORDABLE CARE ACT An Update on the Status of Its Implementation in Pennsylvania

By Judith Riddle

In April, the Pennsylvania Academy of Nutrition and Dietetics opened its 81st Annual Meeting and Exhibition at the Historic Hotel Bethlehem with a general session on a timely topic: the Affordable Care Act (ACA). Joanne Corte Grossi, MIPP, regional director of the US Department of Health and Human Services (HHS), Region III, presented the session and gave attendees an overview of the ACA and an update on the status of its implementation in Pennsylvania.

Overview

In her presentation, Grossi told attendees that 13.4% of the US population is uninsured; \$2.8 trillion is spent annually on health care; 17.2% of our economic output is tied up in the health care system; 8 million people have signed up for private insurance in the health care insurance marketplace; 3 million young adults have gained insurance coverage as a result of the ACA; and 3 million youths are enrolled in Medicaid and the Children's Health Insurance Program.

The ACA provides coverage to young adults up to the age of 26. It strengthens Medicare benefits in that there now are lower prescription drug costs for those in the "donut hole" and for people who need chronic care, and it offers free preventive care services. The ACA prohibits insurance plans from imposing lifetime and annual limits on the dollar value of benefits and from rescinding coverage when people get sick, Grossi explained.

Moreover, the ACA reins in insurance premium rates; prevents denials of coverage, such as for preexisting conditions; and provides tax cuts that can make health insurance affordable for middle class families and small businesses.

Obesity Prevention

One priority for nutrition professionals is to reduce the rate of obesity and its associated diseases, as more than one-third of adults in the United States currently are obese. Since the American Medical Association has recognized obesity as a disease, the ACA will cover obesity screening and counseling services without copayments under preventive services. Medicare will pay for screenings and preventive services for obesity, and counseling services for Medicare participants will be reimbursed as long as patients show progress and services are delivered in a primary care setting, Grossi said.

Three Models of Care

Within the health insurance marketplace, Grossi said there are three models under which states can offer health care insurance benefits: state based, federal-state partnerships, and federally facilitated. State-based health care marketplaces allow individual states to create and operate their own marketplaces and run certain functions. Federal-state partnerships allow states to retain responsibilities for managing some customer service and operational functions, but other duties are relegated to the federal government.

Pennsylvania is a federally facilitated health insurance marketplace, which is a government-operated online option for individuals to buy health insurance and for small businesses to provide insurance for their employees so they can purchase coverage. Individuals and small businesses can compare health plans, get questions answered, determine eligibility for lower out-of-pocket costs, and enroll in health plans.

Marketplace Status in Pennsylvania

To date, Pennsylvania has received \$34,832,212 in grants to implement its health insurance marketplace. Currently, there are 1.3 million people uninsured in Pennsylvania; 318,000 have enrolled in health insurance, and 600,000 still are eligible to enroll.

Eight insurance companies are participating in the marketplace, and there are 126 health insurance plans from which to choose, Grossi said. Whichever health care plan individuals choose to fit their needs, they all will receive ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services/devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

Financial assistance in the form of premium tax credits and cost-sharing reductions is available. Premium tax credits will reduce the premium amounts consumers pay each month. They're based on household income and family size within the taxable year, and they're available to eligible consumers with household incomes between 100% and 400% of the federal

poverty level and to those who don't qualify for other health insurance coverage. In addition, they're paid monthly to insurers. Cost-sharing reductions lower out-of-pocket costs such as deductibles, coinsurance, and copayments; they're generally available to those with income 250% of the federal poverty level or below (\$29,175 for an individual and \$59,625 for a family of four in 2012); and they're based on household income and family size for the taxable year.

In January, Pennsylvania did not choose to expand Medicaid, which would have allowed 650,000 uninsured people to become eligible for health insurance under Medicaid. Benefits would have been 100% federally funded for the first three years (2014 to 2016) and 90% federally funded in 2020. Pennsylvania would have received \$17 billion in the first six years, Grossi said.

Instead, Pennsylvania submitted a proposal called Healthy Pennsylvania to HHS, its own version of Medicaid expansion to improve access, ensure quality, and provide affordable health care to the most vulnerable citizens in a flexible and sustainable manner, which involves aligning the current Medicaid program with creating a sustainable Medicaid program.

Relevance to Dietitians

Because much of the focus of the ACA is on preventive health care services, those in the nutrition profession are continuing to work hard on Capitol Hill to ensure dietitians are recognized

as the experts in administering intensive behavioral counseling for obesity prevention and are reimbursed for their services outside of a primary care setting. At press time, the Treat and Reduce Obesity Act of 2013, a bipartisan bill that would allow different types of health care providers, including dietitians, to offer and be reimbursed for intensive behavioral therapy for obese Medicare recipients remains in committee. And there's only a 5% chance the bill will get past committee, the House of Representatives, and the Senate and be enacted.

In a March 2012 letter addressed to its members, the Academy of Nutrition and Dietetics stated that "... registered dietitians can work with physicians in the primary care setting and bill 'incident to' the physician or provider. While this opportunity is not ideal for registered dietitians, it is a significant first step in Medicare's coverage for obesity that previously did not exist, and we will build upon it."

Moving forward, it will be important for dietitians to keep abreast of the status of the Treat and Reduce Obesity Act and work hard to get the bill passed, continue to take the steps necessary to develop legislation that would allow RDs to provide reimbursable nutrition counseling services to prevent obesity, and learn the specifics of the ACA that could potentially affect daily practice.

— Judith Riddle is editor of *Today's Dietitian*.



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