

## ANA Principles and Policy Priorities for Affordable Care Act (ACA) Replacement or Repair

Since 2011, the House majority has voted more than 60 times to repeal or alter the Affordable Care Act (ACA). November's election outcome has further advanced that trend. In January the House approved a budget that would allow Congress to repeal parts of the ACA. On January 20<sup>th</sup>, President Trump issued his first Executive Order calling on the Secretary of Health and Human Services and other agencies to loosely interpret the requirements of the ACA so as to minimize the financial burden on individuals, insurers, healthcare providers, and others. Even with these changes underway, neither the White House nor Congressional Republicans have provided a cogent and complete ACA replacement plan. This primer highlights ANA policy priorities for future negotiation as ACA work moves forward. All of the policy issues presented are framed by ANA's four Principles for Health System Transformation.

### ANA Policy Priorities for ACA Replacement or Repair

#### **I. *Ensure universal access to a standard package of essential health care services for all citizens and residents.***

- Widen the net of healthcare affordability with tax credits for individuals and families \$138% - 400% of the federal poverty level (FPL).
- Set a maximum 8.5 % cap on household insurance costs.
- Provide a set of standard essential healthcare benefits that includes women's health and mental healthcare.
- Attract a healthier pool of young people into health exchanges by raising the premium age restrictions.

#### **II. *Optimize primary, community based preventive services while supporting the cost effective use of innovative, technology driven, acute hospital based services.***

- Strengthen telehealth infrastructure to increase delivery of service to facilitate greater communication in areas with limited connectivity, and ensure the role of the nurse is identifiable.
- Institute regulatory measures to ensure government's role in achieving and maintaining interoperability standards for patient Electronic Health Records (EHR).
- Develop ways to more effectively utilize and reimburse/compensate primary care providers and care coordination teams to maximize healthcare outcomes for patients living with chronic conditions.
- Support evolving payment systems that reward quality and appropriate effective use of resources.

#### **III. *Encourage mechanisms to stimulate economic use of health care services while supporting those who do not have the means to share in costs.***

- Address issues of unaffordable cost sharing, and extend protections to all; particularly individuals and families at 250% to 400% FPL.
- Include a tax credit of up to \$5000 to offset out of pocket costs greater than 5% of household income.
- Retain ACA out of pocket restrictions so there are no annual and no lifetime caps on patient benefits and reimbursements.

#### **IV. *Ensure sufficient supply of a skilled workforce dedicated to providing high quality health care services.***

- Incentivize hospitals to maintain robust staffing levels rather than rewarding models that promote competition to reduce labor costs.
- Incentivize the implementation of patient centered medical homes with requirements that nurse practitioners be allowed to lead Patient Centered Medical Homes (PCMH) teams and practice fully consistent with their education, skill, and training.
- Ensure Title VIII and other funding streams that provide opportunities to expand nursing pools, and help existing nurses improve their skills, training, and education to take on new roles.
- Ensure parity in reimbursement for nurses taking leading roles in chronic disease management and providing access to primary care.
- Remove regulatory barriers and restrictions preventing RNs and APRNs from contributing fully to patient care in all communities and settings.