“Public Policy & Political Strategies: Home Health Care.”
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Notable Quotes

“Health is the first of all liberties.”
(Swiss poet, Henri Amiel, 1865)

“Health is the first requisite after morality.”
(Thomas Jefferson, 1787)

“There is no wealth like health.”
(Apocrypha)
Government and Home Care

- Regulations
- Funding
- Service Delivery/Clinical
- Research & Development
- Other
Central Health Policy Concerns/
Policy Concepts

- Quality
- Access
- Cost
Health Policy:

Course of action or inaction by the government regarding the public’s health and welfare
Health

Consumerism
(preventive health, individual insurance, personal health records)

Primary Care Next Generation
(medical home, scope of practice expansion, home monitoring, telemedicine, health coaching)

Comparative Effectiveness Models
(personalized medicine, performance-based payments)

Health Information Technology
(ICD-10, EMR’s, HIE, HIX, clinical data warehousing)
Increasing Access –

**Patient Protection & Affordable Care Act**

Expanded Medicaid Eligibility and Funding
- Current Medicaid population of 1 in 5 in DE, (138)% FPL
- Federal and State program
- Funding for expansion – 100% > 90% (by 2020)

Health Insurance Exchange - Expanded Access to Coverage
- Premium sharing subsidies and cost-sharing caps
- Subsidies - 100-400% FPL
- Individual and Small Business Coverage
  - Individual Market – Guaranteed Issue
  - SHOP exchange

Expanded market for providers and insurers
Exchange Responsibilities

- Develop single, streamlined eligibility process for all public health coverage programs
- Offer “qualified health plans” in five benefit groups, which will differ based on point-of-service cost sharing (e.g. co-pays, co-insurance, deductibles):
  - Platinum – 90%
  - Gold – 80%
  - Silver - 70%
  - Bronze – 60%
  - High Deductible Health Plan
Insurance Market Reforms

- Bars pre-existing condition exclusions for everyone (2014)
- Bars pre-existing condition exclusions for children under 19 (September 23, 2010)
- No coverage exclusions for specific conditions
- No higher premiums or fees for such conditions
- Prohibits annual limits (2014)
- Prior to 2014: “Restricted” annual limits, to be defined by HHS Secretary are permitted
- Prohibits lifetime limits on coverage (September 23)
- Prohibits coverage rescissions (September 23, 2010)
  - Insurers drop individual when s/he gets sick or apparent pre-existing condition is discovered
Affordable Care Act and Beyond

- Cost Containment - Critical and Multi-faceted
  - Expanded Access - reducing uncompensated care
  - Medical Home
    - Prevention Support
    - Management of Chronic Disease
    - Improved Coordination of Care
- Medical Technology
  - Improved communication
  - Reduction of redundant costs
  - Continuity of care
- Data Utilization and Analysis
  - Costs, Quality, Utilization, Outcomes
- Driving Incentives for High Quality Low cost
  - Examine how we deliver and pay for care
Patient Protection & Affordable Care Act

Focus on Prevention
- Bending Cost Curve over time
- Shift in System Delivery - Focus on Improved Outcomes, Quality
- Patient Centered Medical Homes
- Accountable Care Organizations
- Community Transformation Grants – $100 Million
  - To help States use evidence-based strategies to address the challenges of chronic diseases and health disparities.
- Innovation Grants

Workforce Development
- Expanded Access to Coverage places greater demands on workforce
- Primary Care Providers ***APRNS** Independent Practice

ARE HOME CARE NURSES AT THE TABLE OR ON THE MENU?
IMPACT ON HOME CARE: KEY ISSUES

- ACA FORCES
- MEDICAID LTC
- MEDICARE
- TECHNOLOGY
- OTHER
Health Care Systems
Interests Groups:

Includes: health care providers, public/citizens, pharmaceutical industry, health facilities, insurance industry, medical devices, …
Public Policy & State & National Forces

- Fiscal constraints
- Health professions resources
- Technology gaps/demands
- Ethics (i.e., HIPPA, DNR Orders)
- Surge in chronic disease & aging
- Bio-terrorism, war & global disaster risks
- Scope of practice, malpractice, entry into practice
Health Policy Actors:

- Consumers
- Providers
- Employers
- Government
- Insurers
- Interest Groups
Legislative Process

Bill to law

Idea, Drafted Legislation, Assigned a # (HB, SB..), Introduced, Assigned to Committee, Hearings (mark-up), Voted on

Other Chamber (Same Process), Conference, Vote

To Execute Branch, law or veto

Override as needed

Regulation, if passed
Executive Branch Role

- To Executive Branch: law or veto
- Current Obama Administration’s “Affordable Care Act” ACA
- **Regulation**, if Override as needed passed.
  (See **Federal Registry**)
- Know State Regulations
DE Regulatory Bodies of Interest: Current Examples

148th General Assembly

- Board of Professional Regulations (APRN title)
- Indoor Air/Outdoor Air
- Telemedicine
- Independent Practice Inspections
- Narcan, Mental Health, etc.
- Others –
  
  Federal Regulations & Executive Branch
Health Policy Process

4 stages
1. Policy adoption
2. Policy formulation/alternatives
3. Policy implemented
4. Policy evaluation
Political Strategies To Influence Policymakers

- Use of media
- Testimony
- Direct & indirect contacts
- PACS
- Drafting policy

**USE OF RESEARCH/EBP (PhD RNs)**
Political Strategies (cont.)

- Identifying policy
- Coalition building
- Grassroots effort
- Shaping implementation
- Others
How To’s: Interacting With Elected Officials

Effective strategies
How To’s: Interacting With Elected Officials (cont.)

- Face-to-face meetings
- Do’s and Don’ts
Correspondence

- E-mail
- Letter writing
- Other – unified approach
Public Policy/Political Resources

- Websites
- Journals/publications
- Nursing leaders, lobbyists, mentors, elected officials
- Other?
Let’s Try & Avoid
Nursing: ALL Areas of Public Policy
Implications for Home Health Care & Nursing

- Identify a public policy issue(s)
- What political strategies will you use to influence the policy or issues?
- CALL TO ACTION!!