

THE AFFORDABLE CARE ACT & PREPAREDNESS



An Institute of Medicine workshop explored how ACA provisions could affect U.S. preparedness programs.

HEALTH CARE DELIVERY



New payment models encouraged by the **ACA** are prompting a shift toward “population health,” more points of access to care in community settings, and more emphasis on what happens “outside the hospital.”



Possible Effect: New health care payment and delivery models could affect surge burden for hospitals during a disaster.^{1,2}



WORKFORCE

Evolving care delivery models and public health training provisions in the **ACA** mean greater roles for physicians outside the hospital and more emphasis on integrated, team-based care.



Possible Effect: Through “community paramedicine” and improved knowledge of community health needs, emergency medical technicians (EMTs) could be better positioned to respond during a disaster.³

FINANCING

In states not expanding Medicaid, **6 million people** above Medicaid limits but below 100 percent of the federal poverty level could be **left without insurance.**

Possible Effect: Because disproportionate share hospital (DSH) funding is being cut in every state, safety-net hospitals in non-Medicaid-expansion states could have fewer resources for the same uncompensated care.⁴

COMMUNITY RESILIENCE



The **ACA** encourages new programs and funding focused on everyday wellness, prevention, and transformation of communities to support healthy environments.

Possible Effect: Communities that are healthy and resilient before a disaster could be better equipped to make a faster and more complete recovery.^{5,6}

HEALTH IT

Incentives under the **ACA** promote development of health IT, including electronic health records (EHRs), interoperable databases, and telemedicine.

Possible Effect: These tools could allow real-time surveillance and more coordinated care for patients during disaster response and recovery. Telemedicine could offer roles for even distant providers.^{7,8,9}

MENTAL HEALTH SERVICES

The **ACA** ensures that health plans offered in small group and individual marketplaces include care for mental health and substance use disorders as “essential health benefits.”

Possible Effect: People with access to mental health care prior to a disaster could be more resilient, and increased access to services after a disaster could aid in recovery.⁵



Although some provisions of the **ACA** could have positive impacts on disaster preparedness, many challenges remain as the act becomes fully implemented around the country—including a potential added burden on some safety-net hospitals,⁴ difficulties in widespread EHR adoption,^{8,9} and evolving financial pressures. It is important for stakeholders at the community, state, and national levels to continue to prioritize preparedness planning.

To see specific provisions and potential impacts, visit www.iom.edu/ACApreparednesstable to download a detailed table from the IOM workshop summary.

DISCLAIMER: This infographic summarizes information presented in *The Impacts of the Affordable Care Act on Preparedness Resources and Programs: Workshop Summary* (Washington, DC: The National Academies Press, 2014). Statements and opinions are those of individual participants and are not necessarily endorsed or verified by the IOM, and should not be construed as reflecting any group consensus. For more information, visit www.iom.edu/ACApreparedness.

SOURCE: Information about ACA provisions from <https://www.govtrack.us/congress/bills/111/hr3590/text#>. Potential effects on preparedness from individual workshop speakers: 1. Lisa Tofil; 2. Karen DeSalvo; 3. Matt Zavadsky; 4. Jack Ebeler; 5. Nicole Lurie; 6. Connie Chan; 7. Justin Barnes; 8. Kevin Larsen; 9. James Marcin.

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