



Overview: The *Patient Protection and Affordable Care Act* (P.L. 111-148)

Congress' passage of the *Patient Protection and Affordable Care Act* (P.L. 111-148) and the *Health Care and Education Reconciliation Act* (P.L. 111-152), together referred to as "The Affordable Care Act" (ACA), made the largest change to our nation's health care system since the Medicare program was created in 1965. President Barack Obama signed the ACA into law on March 23, 2010.

Summary of Key Provisions in Health Reform

While the ACA contained countless provisions impacting the access and delivery of care, there are a few items of particular importance to ANNA members, including the following:

- **Ensuring Access to Quality Dialysis Services:** The law required that the Government Accountability Office (GAO) study Medicare beneficiary access to high-quality dialysis services. Researchers were instructed to analyze providers' ability to furnish specified oral drugs, to comply with state laws in order to furnish specified oral drugs, and to analyze whether appropriate quality measures exist for Medicare beneficiary outcomes related to the provision of specified oral drugs.
- **Improving Access to Nursing Care:** The ACA addressed the nursing shortage by establishing a Graduate Nurse Education Demonstration program to develop a system of payments to hospitals for the costs of clinical training for advanced practice nurses. The law reauthorized the Nursing Workforce Development programs, providing the single largest source of nursing education funding, and created a National Health Care Workforce Commission, which addresses issues including the supply and distribution of the health profession workforce and training programs.
- **Establishing Accountable Care Organizations (ACO):** Groups of providers organized as Accountable Care Organizations that reduce the cost of patient care share in the Medicare savings they achieve. To qualify as an ACO, an organization must agree to be accountable for the overall care of Medicare beneficiaries received from providers in the ACO. The ACO must have adequate participation of primary care physicians, promote evidence-based medicine, report on quality and costs, and coordinate care.
- **Center for Medicare and Medicaid Innovation:** The ACA required the creation of the Center for Medicare and Medicaid Innovation (CMI) within Centers for Medicare and Medicaid Services (CMS). CMI is responsible for development, testing, and implementation of payment and delivery system to improve quality and reduce costs of services provided to Medicare and Medicaid beneficiaries.
- **Expansion of Health Care Workforce:** The ACA provided expanded funding for scholarships and loan repayment for primary care practitioners working in underserved areas. In addition, primary care and nurse training programs, including Graduate Medical Education under Medicare, was expanded to help address workforce shortages.