

**The Affordable Care Act
and TB Control**

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2013 TB/Refugee Nurse Training

TB & ACA

- ▶ TB was not included in U.S. Preventive Task Force recommendations
 - Corrective action underway
- ▶ Grade A or B needed for inclusion in ACA as non-cost shared preventive service
- ▶ TB diagnosis and treatment not included without cost sharing to patient
 - Virginia statutory requirements



Questions

- ▶ How will ACA change way you deliver services?
- ▶ Who will be following the undocumented?
- ▶ Who will provide care for those with active TB disease?
- ▶ Who will provide diagnosis and treatment of TB infection?

How will ACA change way you deliver services?

- ▶ More to FQHC or PMD for clinical care?
 - Direct services by health department – if so, what
 - Direct services in the community – if so what, whom?
- ▶ Case management still a requirement for LHD for all cases
- ▶ DOT still standard for all TB cases
- ▶ No change for contact investigation – still a public health responsibility
- ▶ Potential increased opportunity for LHD reimbursement for services

Who will be following the undocumented?

- ▶ FQHC or LHD?
 - For what? – active disease or TB infection only?
- ▶ Free clinic?

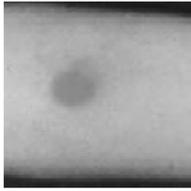


Who will provide care for those with active TB disease?

- ▶ Public health ultimately responsible for care of those with active TB
 - Goal of ACA was never a guarantee for inherently governmental public health services
 - Some high risk populations will still have limited access to care
 - Could be mixture of public health clinics, FQHCs and community providers
 - No one size fits all
 - Oversight and assurance by public health will be critical



Who will provide diagnosis and treatment of TB infection?



- ▶ Likely see more care in the community
 - Contacts the exception
- ▶ Safety net
- ▶ Assurance of quality
 - Outreach and education to community providers will be key

Collectively as we go forward

- ▶ Understand what plans cover and don't cover for TB services
- ▶ Identify plans that cover high-risk populations for TB
 - Cost shared versus not cost shared
- ▶ Identify providers that serve the populations
- ▶ Explore partnerships with providers
 - Training/education
 - Quality assurance



ACA and Immigrants

- ▶ Exchanges/Marketplaces
 - All those legally present in US are eligible for Health Care Reform subsidies
 - Premium tax credits, cost-sharing reductions
 - Undocumented, including pregnant women and children are not eligible for subsidies
 - Not eligible to purchase full priced insurance in marketplace



ACA and Immigrants

- ▶ Medicaid
 - Legally present immigrants must wait 5 years
 - Exceptions – refugees, survivors of human trafficking, other humanitarian groups are eligible for federal Medicaid
 - Undocumented immigrants only eligible for “emergency” Medicaid



Stay tuned.....

- ▶ There will still be responsibility and a role for public health