UNINTENDED AND UNWANTED CONSEQUENCES

Janus—the ancient Roman god of beginnings, transitions, and endings—often is depicted as having two faces, with one looking to the future and the other toward the past. This symbol represents a way of discussing the impact of changes in the health policy realm. For example, when the Affordable Care Act became law in 2010, it was manifestly clear that unacceptably large numbers of uninsured individuals and denial of coverage for preexisting conditions were major problems.

Hindsight reveals that it was relatively easy to see what needed to be remedied, but projecting ahead to the actual consequences of policy actions required a considerable amount of informed conjecture. Allowing children to remain protected by enabling them to be covered until age 26 under their parents’ insurance policy was applauded as a benefical outcome of the law. Meanwhile, in order for the ACA to become financially sustainable, it is estimated that among the coveted 18-34 age group, 40% of them according to actuaries would need to purchase insurance through the exchanges in order to create a stable rate environment. Only 28% have done so, which means that not enough premium income is available to cover the costs of beneficiaries who are older and sicker. Rather than obtain insurance coverage, many young individuals have elected to avoid personal expenditures by staying under their parents’ health plan, an unfavorable consequence for the ACA.

As described in an article in the November 3, 2016 issue of the *New England Journal of Medicine*, health plans under the ACA should cover services with an A or B grade from the U.S. Preventive Services Task Force (USPSTF), a federally sponsored expert panel known for making careful assessments grounded in rigorous scientific analysis. Whereas previously its findings were framed as advice to clinicians, now its pronouncements are tied to government decisions regarding costs. When the task force provided a C grade for mammography screening of women in their 40’s, the U.S. Senate overruled the assessment by guaranteeing coverage, a clear victory of the polemical over the empirical. A concern is whether in the face of lobbying pressures and enhanced policy responsibilities, the expert group may be unable to maintain its historical commitment to basing analyses on evidence alone, which would be an unfortunate consequence.

Apart from the Affordable Care Act, advances in genomics are a key aspect of employing precision medicine to revolutionize how health care will be delivered. Along with an increase in the scope and complexity of genetic tests, the cost of administering them has been lowered, which means that increasing numbers of patients seek tests. As indicated in the November 2016 issue of the periodical *Genetics in Medicine*, however, an array of challenges is presented. Key informants suggested that the potential for adverse events exists in all phases of genetic testing, from ordering to analysis, interpretation, and follow-up. Thus, current tests pose concerns for patient safety due to errors and limitations. As genomic tests are integrated into health care, anticipating and addressing patient safety concerns will be crucial in order to avoid unnecessary negative consequences.
For this month’s column I want to introduce and let you hear from the seven students selected to attend our ASAHP Annual Conference with the primary purpose of making a presentation to the ASAHP Board in regard to creating an ASAHP Student Assembly. The students also attended the meeting sessions and were even put into service as session moderators. The seven students are Lee Drown (Ithaca College), Sara Milligan (University of Oklahoma), Tyler Kallasy (Utica College), Heather Watkins-Jones (Stockton University), Sarah Essler (Texas Tech University), Aimee Murray (University of Missouri) and Collin Peterson (Saint Louis University). Rich Oliver helped coach these students with the assistance of Ken Johnson, John Sigg and Barb Wallace.

Q Why is it important at this point to form a student branch of ASAHP? (Asked of Rich Oliver)

The students enrolled in these academic programs are some of the brightest and most talented students on their respective campuses. While they may have opportunities to assume leadership roles on their campus or in their area of professional study, there are limited opportunities to interact with students in other disciplines or with students at other ASAHP member institutions. A prime area of new services development within ASAHP is the creation of a national ASAHP student organization.

Q What has been your experience with working with the students across different institutions? (Rich Oliver)

These students are phenomenal. They quickly took hold of the concept of creating a national student organization and spent many hours researching and discussing various student structures via conference calls. Their presentation to the ASAHP Board was exceptionally well done, especially considering they had not met each other in person until the day they all arrived in New Orleans.

Q What has been your experience attempting this initiative with others whom you do not know or have never met? (Asked of students)

During the first few conference calls, you could tell there was a slight awkwardness, but as time progressed we became more and more comfortable with each other. It wasn’t until the conference in New Orleans that we became friends. We are all so different, but to come together and work on this initiative, and all having the same goal, we just meshed really well together and it has been an unbelievable opportunity to get to know everyone. We look forward to continuing the progress we have made thus far and cannot wait to see what the student assembly of the ASAHP can become!

Q You recently attended the ASAHP Board meeting and Annual Conference. What did you learn from this experience? Was it different than other conferences that you have attended? (Students)

It honestly is difficult to put into words how much we learned at the board meeting and at the annual conference. Our experience at the board meeting, although brief, was an opportunity for us to present our proposal for a student organization and to collaborate with board members on future steps that we should take as we continue to develop the organization. Therefore, since students will be leading it, we received a quick lesson on the importance of bylaws, a financial structure, and other components of a successful organization that will make sure that our implementation is effective. The most impactful thing noticed at the conference was how much the ASAHP members care about providing students with the best learning opportunities possible. It was inspiring to watch presentations on programs that schools have that emphasize interprofessionalism, evidence-based practice, and technology. We were in awe over how much ASAHP members were collaborating together to ensure that all allied health students are receiving the best education possible. Overall, this experience was entirely unique to other conferences that we have attended.

Q What are your next steps and how will you be able to keep the momentum going? (Students)

First order of business will be to finalize the bylaws for the Student Assembly (SA) and set-up the leadership infrastructure among the seven of us. More importantly, we are focusing on student recruitment by reaching out to the various Deans from ASAHP member institutions, and through the personal connections at our own universities to fill the spots of any outgoing SA members, and identify potential student regional leaders. We will also create a list of objectives for prospective student members. We will solidify our web presence through Facebook and the ASAHP website, building an interactive component to our social media presence by presenting IPE-related case studies in the form of challenges or contests, inviting our fellow students to help create nationwide discussions on topics that are relevant to all of us. We will regroup in person over the next few months to chart our progress.
THE TRUMP ADMINISTRATION

Depending on an individual’s political and ideological orientation, the election of a new U.S. President can generate feelings of either hope or despair. The fact that a non-politician in the form of Donald Trump was triumphant adds to the speculation of how his Administration will take shape and function. Not only did his campaign focus on stimulating the economy and improving security measures to protect Americans, he expressed an aim to repeal and replace the Affordable Care Act, which was a signature achievement of his immediate predecessor who occupies the Oval Office in the White House until January 20, 2017.

During the upcoming 115th Session of Congress, a Republican President and members of his party who control both the House and Senate will have to attend to the following issues:

Legislation that allows the Food and Drug Administration to collect fees from regulated industry — and provides nearly half of the agency’s budget — is up for renewal. If the long-stalled “21st Century Cures” medical innovation effort does not pass in the current the lame-duck session, user fee legislation might serve as a vehicle for some possible changes in that agency’s policies.

Funding for the Children’s Health Insurance Program is scheduled to expire at the end of September 2017. One option is to pass a simple two-year extension, but a debatable issue is whether to enact a longer period. The program’s entire legislative authority comes to an end in 2019, along with requirements that prevent states from making it difficult for beneficiaries to enroll in the program. Reaching agreement on funding levels also may prove to be contentious.

Republican legislators in the House of Representatives sent letters to all outgoing administrative agency officials to request that they refrain from finalizing any pending rules or regulations. They also passed the Midnight Rule Relief Act (MRRA) of 2016 on November 17, 2016. This measure would give Congress the authority to review and reject regulations or mandates that the Obama Administration finalizes in its last days in office.

As mentioned above, Republicans are expected to work with President-Elect Trump in making significant changes in the Affordable Care Act. Doing so will not be easy. The biggest risk involves taking action that could result in current beneficiaries of the law losing their health insurance coverage. The next page of this issue of the newsletter provides additional information on what any program restructuring might entail.

2016-2017 ASSOCIATION CALENDAR OF EVENTS

September 12, 2016 — Institutional Profile Survey Data Collection Period Opened

December 30, 2016 — Institutional Profile Survey Data Collection Period Ends

October 18-20, 2017 — ASAHP Annual Conference in San Antonio, TX

Note: Efforts are underway to identify future conference locations and dates.
AFFORDABLE CARE ACT DEVELOPMENTS

The ACA was signed into law on March 23, 2010 (P.L. 111-148). One week later, President Obama signed the Health Care and Education Reconciliation Act (HCERA; P.L. 111-152), which included several new health reform provisions and amended numerous provisions in the ACA. Since then, several dozen bills have been introduced to defund, delay, amend, or repeal the law either in whole or in part. Most legislative activity has occurred in the House, which reverted to Republican control in the 112th Congress (2011-2012). Considerably less debate has taken place in the Senate, which stayed under Democratic control during the 112th and 113th Congresses.

That situation changed in the 114th Congress when Republicans attained control of both chambers. Budget reconciliation was the legislative process used to pass a bill on October 23, 2015 in the House to repeal several provisions of the ACA. The Senate approved H.R. 3762, as amended, and on December 3, 2015 the House subsequently approved the Senate-passed bill. President Obama vetoed H.R. 3762 on January 8, 2016. The House was unsuccessful in overriding his veto.

Complexities Involved In Repealing Or Modifying The ACA

With the election of Donald Trump and maintenance of control by Republicans in Congress in 2017-2018, it remains to be seen what will transpire regarding the fate of the ACA. Changing a health reform law that represents approximately 18% of the largest economy in the world will pose many challenges. The ACA is a massive piece of social legislation that contains numerous interlocking components. Nearly seven years after its enactment, portions still await implementation. Certain features are widely popular, such as providing insurance coverage to individuals who previously lacked it and terminating restrictions that prevented patients with preexisting conditions from becoming insured.

Apart from Republican opposition, Democrats themselves have been instrumental in approving changes since the law’s inception. Congress repealed the Community Living Assistance Services and Supports (CLASS) Act, to establish a voluntary, long-term care insurance program to pay for community-based services and supports for individuals with functional limitations. Delays have been implemented on a bipartisan basis to prevent the implementation of other controversial aspects such as the so-called “Cadillac Tax” on high-value employer-sponsored health plans. Legislators also reduced the annual appropriation to the Prevention and Public Health Fund over the period FY2013-FY2021 by a total of $6.25 billion so that the money could be used to finance other aspects of the ACA.

Likely ACA Programmatic Candidates To Undergo Change

If campaign rhetoric serves as a guide for action, President-Elect Trump would like to replace the ACA with a plan that includes: high-risk pools for patients with expensive medical conditions, Health Savings Accounts (HSAs), return of the regulation of health insurance to the states, and allowing the sale of health insurance across state lines. His fellow party members in Congress have expressed interest in eliminating both the “individual mandate” that requires individuals to have health insurance or pay a fine and the “employer mandate” that requires employers with 50 or more FTEs to offer health coverage that meets affordability and adequacy standards for their full-time employees and those workers’ dependents.

Democrats and Republicans in both chambers also oppose the medical device tax.

Although no formal detailed plan has been made available, it appears likely that legislators will use the fast-track budget tool known as reconciliation to allow a health reform bill to pass the Senate with a simple majority rather than the 60-vote threshold normally required to overcome a filibuster. One possibility is that a revised fiscal year (FY) 2017 budget resolution passed early next year could make way for ACA repeal, while a new FY 2018 budget resolution could include reconciliation instructions to accomplish related objectives.
DEVELOPMENTS IN HIGHER EDUCATION

The 2016 election of Donald Trump and Republican control of both chambers in Congress suggest that important changes may occur that affect the U.S. Department of Education. Among them is that the Department will be headed by a new Secretary. President-Elect Trump has selected Betsy DeVos, a former chairwoman of the Michigan Republican Party and a philanthropist, for that position. A strong advocate of school choice, her priorities are expected to focus on public education.

U.S. House And Senate Priorities For The 115th Congress That Begins In 2017

Lamar Alexander (R-TN) will continue to serve as Chairman of the Senate Committee on Health, Education Labor & Professions. A long-standing objective is to reauthorize the Higher Education Act, which also was a priority in 2016. He has advocated several proposals to decrease student debt. He is in favor of encouraging more students to apply for financial aid by reducing the 108-question Free Application for Federal Student Aid (FAFSA) to two questions. Some of his proposals have bipartisan support, including offering the Pell Grant program to students year-round and streamlining federal regulations for college and universities to reduce duplicative requirements. Democrats on the committee will be led by Patty Murray (D-WA) who will continue to serve as the Ranking Member. Although both parties agree on many issues, they have different views regarding the impact that the cost of college has on students attending those institutions and what to do about the situation. Other differences pertain to how to refinance student loans.

The House Committee on Education and the Workforce also has placed an emphasis on reauthorizing the Higher Education Act. North Carolina Republican Virginia Foxx is in line to succeed retiring Chairman John Kline of Minnesota. A top priority for her is to offer prospective students more information on college and programs without compromising the security of current students. A debate on what data should be stored and shared has become more intense since the previous reauthorization occurred in 2008. She has sponsored an amendment to ban the Department of Education from creating a database of personal information that could be linked to individual students. The high costs of pursuing a college education and the debt that students have to assume also are major concerns for legislators.

Trends Shaping Higher Education

Legislative initiatives prove to be most beneficial when they correspond to current trends in higher education. According to information released by the Association of Governing Boards in November of this year, challenges facing higher education institutions are real, and the competitive environment will continue to evolve. Many institutions are searching for new business models to increase prosperity in a changing market. Some larger trends that help to shape that market include:

An examination of the average tuition price published at four-year private colleges is $32,405, however, the national average for freshman net-tuition price is now $14,809, high-discounting institutions will earn a net tuition price of $11,341, and the nationwide average for public institutions is $9,410. Many families are having difficulty affording college. Pell-eligible and middle-class students are faced with large student debt burdens, while upper-income families are looking at more affordable colleges.

For colleges that rely solely on a campus-based delivery model, some markets are shrinking due to declining regional high school demographics. Concurrently, more students are migrating to online programs due to convenience and cost. More than 7.1 million students have taken at least one online class, representing 33% of total higher-education enrollment. Moreover, there are more than 3.4 million college students engaged in fully online programs, representing 17% of all college students. The capacity to expand enrollment also will be determined by an institution’s ability to serve diverse and growing market segments, which includes transfer students, adults seeking degree completion, and graduate students.
QUICK STAT (SHORT, TIMELY, AND TOPICAL)

Concentration Of Health Expenditures In The U.S. Civilian Non-institutionalized Population
A Statistical Brief using data from the Household Component of the Agency for Healthcare Research and Quality's (AHRQ) Medical Expenditure Panel Survey (MEPS-HC) indicates that in 2014, spending on health care accounted for 17.5% of the United States GDP. Yet, the majority of this spending was concentrated in a relatively small percentage of the population. About 15% of the U.S. civilian non-institutionalized population had no health care expenditures in 2014 and only 5% of the population accounted for over half of health care spending. The top 1% of persons ranked by their health care expenditures accounted for 22.8% of total health care expenditures with an annual mean expenditure of $107,208. The top 5% of the population accounted for 50.4% of total expenditures with an annual mean expenditure of $47,498, while the bottom 50% accounted for only 2.8% of total health care expenditures. Average annual spending in this bottom half of the population was $264. Middle-aged adults (45-64) represented 26.3% of the population and were associated with 35.9% of total health care spending. Adults age 65 and older comprised the smallest percentage (15.1%) of the U.S. civilian noninstitutionalized population, but accounted for 33.6% of total health care spending.

Dementia Rates Fall Among U.S. Adults Age 65 And Older
Between 2000 and 2012, the proportion of U.S. adults 65 and older with dementia decreased significantly, from 11.6% to 8.8%, according to a study published in November 2016 in *JAMA Internal Medicine*. Dementia rates fell even as obesity, diabetes, and hypertension—cardiovascular risk factors believed to increase dementia risk—increased. The sample included individuals from the 2000 and 2012 waves of the survey, and about 4,000 participants were featured in both the 2000 and 2012 datasets. The study revealed that as dementia rates fell from 11.6% in 2000 to 8.8% in 2012, educational attainment increased significantly, with those 65 years or older in 2012 having nearly one additional year of education compared with the 2000 cohort. More years of formal education were associated with a lower risk for dementia.

HEALTH TECHNOLOGY CORNER

Deep Sea Ecosystem Exploration And Development Of New Drugs
According to the National Oceanic And Atmospheric Administration (NOAA), deep-sea ecosystems are the source of promising new drugs for treating some of the most deadly human diseases. Systematic explorations for new drugs show that marine invertebrates produce more antibiotic, anti-cancer, and anti-inflammatory substances than any group of terrestrial organisms. Particularly promising invertebrate groups include sponges, tunicates, ascidians, bryozoans, octocorals, and some molluscs, annelids, and echinoderms. Some examples are: Discodermalide: Extracted from deep-sea sponges belonging to the genus *Discodermia* as an anti-tumor agent and Bryostatin: Extracted from the bryozoan, *Bugula neritina* as potential treatment for leukemia and melanoma.

Employing Artificial Intelligence To Transform Health Care
A report from the firm Deloitte on *Top 10 Health Innovations* describes how artificial intelligence—the ability of computers to think like humans—is anticipated to transform health care by completing tasks currently performed by humans with greater speed and accuracy, and using fewer resources. Within health care, AI includes clinical tasks such as diagnosing patients and spotting disease outbreaks earlier; accelerating the development of new drugs and devices; and streamlining administrative duties such as approving claims and rooting out fraud. AI also has the potential to improve the accuracy, precision, and timeliness of patient diagnoses, which could increase therapeutic success rates and decrease unnecessary medical interventions.
AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Cyberattacks Are Targeting The Health Care Industry
Why are medical data being stolen? Are they a target or simply collateral damage as part of a different attack? If targeted, then that suggests a clear demand, and if there is a demand, then there must be a return on investment. What is the big picture? A research report about theft in the health care industry was prepared by the firm McAfee, Part of Intel Security. It describes the marketplace for stolen health care industry data and examine the motivations for its theft. It can be obtained at http://www.mcafee.com/uk/resources/reports/rp-health-warning.pdf.

Loss Of Student Financial Aid Linked To Dropping Out Of School
The more financial aid students lose, the more likely they are to drop out of college, according to a study from EAB, an education research firm, which analyzed the correlation between success and financial aid for more than 40,000 students at three universities. High-performing students are more likely to drop out of school if they lose relatively small amounts of financial aid, according to the analysis. On average, students who lose $1,500 to $2,000 in financial aid are 4.5 percentage points more likely to drop out than their peers. Students who lose $4,000 in aid are 4.5 percentage points more likely to drop out than their peers and students who lose over $10,000 in aid are 19 percentage points more likely to drop out than their peers. More information can be accessed at http://www.prnewswire.com/news-releases/top-college-students-who-lose-small-amounts-of-financial-aid-more-likely-to-drop-out-300354910.html.

Improving Quality And Safety Of America’s Hospitals
America’s hospitals continue to improve performance on quality measures, despite important changes that took place in 2015 and related challenges. Since The Joint Commission began following performance on core quality measures in 2002, measures followed from year to year have changed as hospitals made progress and the bar was incrementally raised. The last two years have been notable for the number of accountability measures retired due to excellent quality performance: 20 accountability measures were retired after results in 2014 demonstrated that hospitals are consistently using these evidence-based interventions in the care of patients. In this year’s America’s Hospitals: Improving Quality and Safety – The Joint Commission’s Annual Report 2016, the data show significant progress on the quality measures that were introduced in the last few years. The Annual Report can be obtained at http://www.new-media-release.com/jointcommission/2016_annual_report/2016-annual-report.pdf.

Families Caring For An Aging America
Family caregiving affects millions of Americans every day, in all walks of life. At least 17.7 million individuals in the United States are caregivers of an older adult with a health or functional limitation. The nation’s family caregivers provide the lion’s share of long-term care for the older adult population. They also are central to older adults’ access to and receipt of health care and community-based social services. Yet, the need to recognize and support care givers is among the least appreciated challenges facing the aging U.S. population. Families Caring for an Aging America is a new publication from the National Academies of Sciences, Engineering, Medicine that examines the prevalence and nature of family caregiving of older adults and the available evidence on the effectiveness of programs, supports, and other interventions designed to support family caregivers. The report also assesses and recommends policies to address the needs of family caregivers and to minimize the barriers that they encounter in trying to meet the needs of older adults. It can be read online at https://www.nap.edu/read/23606/chapter/1#xiii.
CREATING AN ASAHP STUDENT ASSEMBLY

As described on page two of this issue of the newsletter, the 2016 ASAHP Annual Conference in New Orleans featured the participation of seven students from member institutions who are playing the lead role in creating an ASAHP Student Assembly for the Association. They are pictured below.

Pictured from left to right are: Collin Peterson (Saint Louis University), Lee Drown (Ithaca College), Sara Milligan (University of Oklahoma), Heather Watkins-Jones (Stockton University), Sarah Essler (Texas Tech University), Aimee Murray (University of Missouri), and Tyler Kallasy (Utica College).

THE CHALLENGE OF MEETING THE NEEDS OF AN AGING POPULATION

The U.S. is not alone in efforts to meet the needs of a burgeoning population above the age of 65. Many individuals in this age bracket have one or more chronic conditions. A look at how other nations responds to this situation is worth pondering. For example, according to an article in the October 2016 issue of the journal JAMA Internal Medicine, the demographics of China are changing rapidly, straining long-standing values about aging, family, and caregiving. By 2025, it is likely that the Chinese will represent one-quarter of the world’s population over age 60 years, but the government lacks the structure and capacity to care for its aged inhabitants. The rapid expansion of China’s cities and the nation’s focus on economic prosperity also has made it more difficult for younger individuals to care for their aging parents.

In July 2013, the National People’s Congress passed an unprecedented and controversial law: the Protection of the Rights and Interests of Elderly People. The law mandates that adult children provide culturally expected support to their parents 60 years or older. Duties include frequent visits and sending greetings to attend to the spiritual needs of the elderly. The reporting mechanism relies on parents filing lawsuits against their children for neglect. Enforcement, however, has been difficult, because punishments were not outlined in the national law, but in Shanghai, violators will find their names publically and shamefully called out and their credit standing negatively affected by the government.