EWAITING ROOM

THIS WAY IN

Puzzling Out the **Affordable Care Act**

BY ANDREA KING COLLIER

he Patient Protection and Affordable Care Act. signed into law in March of 2010, promised to address the needs of the uninsured and those who struggle to maintain insurance and manage the costs of chronic illnesses such as multiple sclerosis (MS), neuropathy, and Parkinson's disease. Because some provisions won't roll out until 2014 and beyond, Neurology Now is providing ongoing coverage of the law (for the first article in the series, "How Does Health Care Reform Impact You?" visit http://bit.ly/8ZyVz2).

CHILDREN AND YOUNG ADULTS

One of the first provisions to kick into effect was protection for children up to age 19 who have a pre-existing condition. As of 2010, they can no longer be denied coverage under their parent's insurance plan. The Act also prohibits insurance companies from insuring the child but denying claims for treat-

ments for his or her pre-existing conditions.

The Act also extends parents' ability to keep their young adult children covered under their private health insurance policy until the age of 26. Without this provision, thousands of young people in college and entering the workforce would find themselves uninsured—and with a pre-existing condition, often uninsurable.

MEDICARE ENHANCEMENTS

If you're already on Medicare, you won't see a reduction in benefits for Part A (hospital and inpatient care) or Part B (medical services such as doctor visits and outpatient

Fortunately, the legislation has also increased the level of **transparency** for patients trying to navigate the system.

care). In fact, you'll see new wellness and prevention benefits. Starting in January 2011, co-pays and deductibles for preventative care were eliminated. Medicare will also now cover a free annual physical for all enrollees.

Where you may see some changes in coverage is if you are one of the 11 million members of a Medicare Advantage plan also known as Medicare Part C (plans such as HMOs and PPOs

> offered by insurance providers approved by Medicare). It is anticipated that federal reimbursements will be reduced in these plans, according to AARP Legislative Policy Director David Certner.

Home Health Co

EXPANDING ESSENTIAL SERVICES?

The Department of Health and Human Services (HHS) is still defining what essential benefits will be required to be covered by all plans. The final word on this may not happen until 2014; so far, it is projected to include wellness services, outpatient care, emergency services, hospitalization, maternity and newborn care, mental health and substance abuse

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services, prescription drugs, lab fees, pediatric services including oral and vision care, and chronic disease management. Advocates for people with neurologic illness such as MS anticipate that rehabilitation services will also be included.

While many health care advocates are pleased with the increase in services, not all states are. Opponents cite the financial impact of implementation at the state level and the constitutionality of the law. In fact, 26 states came together to file suit to challenge its constitutionality and stop implementation. Several other states have also tested the law in federal courts.

ADDRESSING LONG-TERM CARE NEEDS

The Community Living Assistance Services and Support Act (CLASS) and the Community Choice Act—both part of the Affordable Care Act—will provide a voluntary long-term care insurance program no matter what a person's condition. Advocates see this as a win for people living with chronic and progressive illnesses that may call for long-term care.

The CLASS Act became effective earlier this year, but benefits will be further defined by HHS in October of 2012. New

voluntary enrollment will take place shortly after. For an estimated \$123 per month premium paid by individuals, CLASS will provide eligible enrollees approximately \$50 per day to purchase non-medical support services such as home health care, assistive technology, transportation, home modification, and adult day care to maintain the ability to live in the community. Eligible individuals may also be able to use the cash for assisted living or nursing home residence.

The Community Choice Act supports home and community-based services specifically for Medicaid recipients who require long-term care. In February of this year, HHS announced the availability of \$4.3 billion in new funding to help support community-based alternatives to long-term care. Like many provisions in the new law, this change will not take effect immediately. Neither plan pays out benefits until 2017, leaving many people who need long-term care without affordable coverage until then.

NEUROLOGIST REIMBURSEMENT

While the Affordable Care Act has the potential to offer specialized care for more people who need it because of their

MEMORY

LANGUAGE

VISUAL

SPATIAL

LOGIC NUMBER

NEUROBICS

Hidden Details

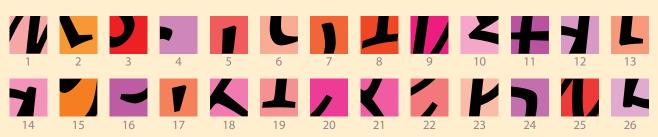
hroughout the day we switch between activities that engage different parts of the brain. When you read a book you use the part of your brain that processes language. When you arrange photographs in a scrapbook you use your visual brain.

Being able to switch from one mode of thinking to another is a valuable skill. For instance, someone who has trouble remembering spoken names may be able to compensate by associating names with images.

Here is a visual thinking puzzle involving letters. Match each of the 26 details below with one of the letters on the right. For instance, detail 5 comes from the top of the H. All details are right side up and magnified the same amount. Some details match more than one

letter, but there is only one way to match every detail with a different letter. For instance, detail 5 could have come from B, D, H, or L, but we can eliminate B, D, and L because there are other details that match only those letters.

abcdefg ijklm nopgrstuvwxyz



This puzzle was adapted from the book *The Playful Brain: The Surprising Science of How Puzzles Improve Your Mind*, by Richard Restak and Scott Kim (Riverhead Books 2010). For more information, visit theplayfulbrain.com. — *Scott Kim*, scott@scottkim.com



chronic illness, the neurologists who manage that care may be left out in the cold.

The new law stipulates a 10-percent bonus payment for Medicare physicians who provide substantial amounts of evaluation and management services (face-to-face care for patients). As important providers of this type of care, neurologists were overlooked for the bonus. In addition, the Centers for Medicare and Medicaid Services discontinued payment for consultation services in 2010. As a result, neurologist reimbursement is suffering.

Neurologists are working to introduce an amendment to the health care bill that would include them as eligible for the 10-percent bonus payment. They are also working with other specialties affected by the loss of payment for consultation services to ask Congress to have those payments reinstated.

Ensuring fair and appropriate reimbursement for the work of neurologists is critical in making sure patients have access to well-trained specialists. According to the American Medical Association, cuts in an already strapped reimbursement system could cause physicians, including neurologists, to take fewer new Medicare patients. A study released by the American Association of Neurological Surgeons reports that 65 percent of its 3,400 member are now referring their Medicare patients to other practices to reduce the reimbursement burden.

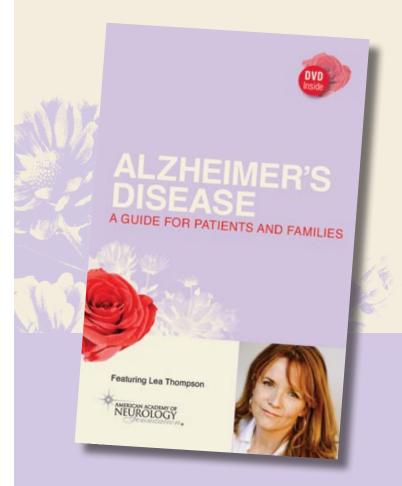
The American Academy of Neurology (AAN) adds that cuts in reimbursement rates may make neurology a less attractive specialty for medical students, deepening the shortages of neurologists around the country. According to the AAN, there is currently one neurologist for every 18,000 Americans. They estimate that if the reimbursement rates continue, that gap will grow to one in 21,000 by 2020. This shortage can have a major impact on the availability of care needed by patients.

WHERE TO FIND MORE INFORMATION

The Affordable Care Act can be difficult to puzzle out. Fortunately, the legislation has also increased the level of transparency for patients trying to navigate the system. One of the most easily accessible tools available for people trying to understand the ins and outs of the Affordable Care Act—including what goes into effect when—can be found at healthcare.gov. Many agencies, such as the Centers for Medicare and Medicaid Services (cms.gov) are adding information on health care reform to their Web sites. The government is also using social media tools such as Facebook (facebook.com/Healthcare.gov) and Twitter (twitter. com/healthcaregov) to help people get the latest information as it becomes available.

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QUICK TIPS

What to Do If Someone Near You Is Having a Seizure

BY STACEY CHILLEMI

REVIEWED BY ORRIN DEVINSKY, M.D.

have had epilepsy since the age of five, but I never realized how scary seizures can look until I saw a YouTube video of someone having a tonic-clonic (formerly known as grand mal) seizure.

For someone who is unfamiliar with epilepsy, witnessing a seizure could be frightening enough to make it difficult to offer help. The best thing to do is to stay calm. I have learned from experience that the more you teach people about epilepsy, the less they fear it and the calmer they are in the face of a seizure.

My three kids had a hard time understanding my epilepsy when they were young. The few times they saw me have a seizure were terrifying for them. One day I sat down and told them a story, through pictures, about what epilepsy is and what to do if someone has a seizure. It really helped. I also gave them plenty of reassurance that a seizure only lasts a short time and then everything will be back to normal.

My neurologist, Orrin Devinsky, M.D., believes that first aid for seizures is essential for family members and others to know. "One important, under-recognized problem by both doctors and patients is 'sudden unexpected death in epilepsy," Dr. Devinsky says. "This is the most common cause of death among people with epilepsy and is almost always caused by a seizure. In many cases the seizure occurs in sleep and the person ends up face down. Many experts believe that at least some cases can be prevented by rolling the person over on her side, though this is unproven. Alarms to detect seizures are now available, but their reliability remains uncertain. For now, use of sound alarms or movement detectors should be considered for those individuals at risk for night-time tonic-clonic seizures who sleep alone but with other people in the house. See epilepsy.com/epilepsy/devices_links."

NEUROLOGY NEWS

New Web Site for MS Therapies

he The American Academy of Neurology
(AAN) is working with a task force including
the Multiple Sclerosis Coalition (multiplesclerosiscoalition.org) to make neurologists and the
public aware of the benefits and risks of new medications for multiple sclerosis that have been approved

by the U.S. Food and Drug Administration (FDA). This task force—called the Multiple Sclerosis Emerging Therapies Collaborative—has established a Web site at multiplesclerosiscoalition.org/EmergingTherapies. The site provides information for both neurologists and the public on new therapies as they emerge.

Dr. Devinsky and I created this list of tips regarding what to do if someone near you is having a seizure:

- 1 Stay calm.
- **2 Call 911** if the person is having her first seizure or is pregnant.
- **3** Try to time the seizure. Seizures usually do not last longer than 60 to 120 seconds. If the seizure lasts longer than 3 minutes, call 911.
- 4 If the person is standing, prevent her from falling by holding her in a hug, or try to help her gently to the floor.
- **5** Move away furniture or other objects that might injure the person during the seizure.
- 6 If the person having a seizure is on the ground when you arrive, try to position her on her side so that any saliva or vomit can leak out of her mouth rather than be swallowed or go down the windpipe.
- 7 Do not put anything, including your fingers, into the person's mouth while she is seizing. You could chip the person's tooth, or your finger could be bitten.
- **8 Do not try to hold the person down** because this can cause injury, such as a dislocated shoulder.

After the seizure:

- 1 Check the person for injuries.
- 2 If you could not turn the person onto her side during the seizure, do so when the seizure has ended and the person is calm.
- 3 If the person is having trouble breathing, use your finger to gently clear her mouth of any saliva or vomit. If this does not work, call for emergency help.
- **4** Loosen tight clothing around the person's neck and waist.
- **5** Provide a safe area where the person can rest.
- **6 Do not give the person anything to eat or drink** until she is fully conscious and aware of her surroundings.
- 7 Stay with the person until she is awake and any confusion wears off. Most people feel sleepy or confused after a seizure.

