The Affordable Care Act and Emergency Preparedness

A Technical Assistance Tool for Public Health Assurance

BACKGROUND

- The Affordable Care Act (ACA), signed into law in 2010, sought to improve the state of health care for Americans
  - Provided health care coverage to populations previously uninsured
  - Expanded access to preventive care
  - Limited exclusions due to pre-existing conditions
- Review of expanded coverage indicates improved emergency preparedness of individuals previously insured and uninsured
  - Preventive care leads to healthier, more resilient populations
  - Citizens have better access to
    - Health care system
    - Available resources
    - Where to turn for care in a disaster
- Barriers to fully realizing emergency preparedness benefits of ACA
  - Consumers must understand coverage
  - Essential services must be accessible to consumers
  - Emergency planners must factor ACA and health care preparedness data into local plans
  - Inter-disciplinary staff must be familiar with ACA provisions

PURPOSE

- To inform professionals to incorporate the ACA in planning and provide a technical assistance tool for emergency planners to incorporate healthcare data into local plans

NEXT STEPS

- A Health Care Preparedness Toolkit was developed to help educate and inform decisions of public health leaders and emergency planners
  - Toolkit Letter
  - Fact Sheet
  - Training Plan
  - Planning Guide
- Toolkit objectives are derived from the National Health Security Strategy (NHSS)

PUBLIC HEALTH IMPLICATIONS

- Toolkit can be used by public health leaders and emergency planners to better prepare communities for disasters
- Toolkit helps ensure health information is utilized to maximum benefit for emergency planning

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Photos taken from ready.gov website
MEMORANDUM
To: Emergency Planners
From: Prairie State Preparedness Team
Date: September 10, 2015
Subject: Health Care Preparedness Toolkit

Disaster, in the context of the individual, often means loss of possessions, injury, and confusion regarding where to turn for help. The goal of emergency planning and preparedness is to identify hazards, attempt to mitigate them, and respond and assist with recovery when disaster strikes. One component of disaster response and recovery that may now be stronger and more resilient in our country is the health of its citizens. The Affordable Care Act (ACA), signed into law in March 2010, sought to improve the state of health care for U.S. residents. While perhaps not immediately evident, the ACA has improved the emergency preparedness level of individuals and communities by providing health care coverage to populations previously uninsured and mandating expanded coverage for those with insurance. Through the “Patients’ Bill of Rights” the ACA protected consumers by limiting exclusions due to pre-existing conditions, preventing arbitrary cancellations, and requiring no-cost preventive services. The provisions of the ACA make it easier for Americans to access preventive care, become healthier and more resilient and be better prepared to endure disaster. In addition, individuals may now be more familiar with the health care system, the resources available, and have knowledge of where to turn for care in a disaster.

However, along with these gains, barriers exist to fully realizing the benefits of expanded health care coverage. In an effort to maximize the benefits in terms of disaster preparedness, we have developed a toolkit to assist emergency planners with incorporation of ACA and other essential medical information in disaster preparedness.

The Health Care Preparedness Toolkit includes:

- **fact sheet**: directed at the general public to inform community members about the ACA and preparedness information
- **planning guide**: demonstrates how ACA and other health information can be included in local plans with links to resources such as current enrollment data
- **training plan**: includes a template training presentation, references to existing trainings and talking points for delivering the toolkit to agency staff
The objectives for this project and the toolkit were derived from the National Health Security Strategy (NHSS). Launched in 2010, the NHSS is a federal strategic plan to improve the health security of the nation utilizing a common vision. It provides a framework for public health, health care, and emergency management entities to build community resilience, enhance the capability to respond to and recover from health-related disasters, and to prioritize resources. The NHSS framework for the current implementation period (2015-2018) is comprised of 5 objectives. This toolkit supports three of the five NHSS objectives, namely:

- **NHSS Objective 1**: Build and sustain healthy, resilient communities
- **NHSS Objective 3**: Ensure comprehensive health situational awareness to support decision-making before incidents and during response and recovery operations
- **NHSS Objective 4**: Enhance the integration and effectiveness of the public health, health care, and emergency management systems

The NHSS seeks to build resilient communities. Individuals and families who are insured and participate in preventive treatment are healthier, more resilient, and better prepared to endure disaster. In addition, better access to health care and utilization of preventive services can lead to improved community resiliency. The ACA can empower families to take control of their health conditions pre-disaster and become healthier and more resilient. Progress has been made, but there is an identified need for citizens and policy holders to continue to sign up for policies and fully understand and leverage the covered services and preventive care options.

Situational awareness leads to better decision-making in a disaster. Health care situational awareness is relevant to the ACA, particularly health care institutional factors. For example, Electronic Medical Records, Health Information Exchanges, and Community Health Needs Assessments can all contribute to a higher level of community situational awareness. In turn, better situational awareness can lead to coordinated efforts and targeted mitigation of gaps in service and widespread health risks. This toolkit provides resources for emergency planners to include health care situational awareness into local plans and leverage lessons learned from past emergencies.

Enhancing the integration and effectiveness of the public health, health care, and emergency management systems allows these systems to work together effectively. This highlights the importance of whole system approaches to health care delivery, emergency management integration, and the inclusion of a broad range of providers in training, planning, and exercises. The toolkit will assist planners with integrating health policy with emergency plans and existing community outreach efforts and will allow local LHDs and other emergency planners to incorporate information into their plans, such as local health data and information about post-disaster availability of services, plan more effectively for emergencies and protect the communities they serve.
The Affordable Care Act and Emergency Preparedness

Many people know the Affordable Care Act (ACA), also known as Obamacare, provides more people in the United States with health insurance. But did you know the ACA helps you and your family become better prepared for a disaster, like a winter storm, flood or tornado? Here’s how!

1. **You will be healthier before a disaster!**
The ACA requires that preventive care is available to you free of charge. Recommended immunizations for children and adults, yearly check-ups, and some women’s health services require no co-payment. This way, you will be healthier before a disaster and recover more quickly.

2. **You can receive mental health care following a disaster!**
Mental health needs in the community increase following a large disaster. The ACA requires that mental health services are covered by insurance plans, meaning it should cost you nothing or a small co-pay for these services, rather than the full cost of the service.

3. **You will pay less for health-related expenses in a disaster!**
Having insurance before a disaster hits can help prevent financial ruin due to large medical bills. Health insurance will cover large portions of costs related to emergency room visits, hospital admissions, and common medical tests or procedures. Even physical therapy, if needed after a disaster, will be a reduced cost with insurance.

4. **Vulnerable populations will be better prepared for a disaster!**
Some groups of people, such as pregnant women and persons with chronic health conditions, are at a higher risk of complications following a disaster. They need regular medical care, but the medical system may be overwhelmed in a disaster. Because the ACA requires certain covered services and expanded coverage and access to care for many medical conditions, these vulnerable populations may be better prepared.

For more information about the ACA, please visit: [www.healthcare.gov](http://www.healthcare.gov)
For more information about Emergency Preparedness, please visit: [www.ready.gov](http://www.ready.gov)

Photos taken from ready.gov website
The Impact of the Affordable Care Act (ACA) on Preparedness Activities: Training Outline

This outline is meant to be a quick summary of the ACA and Preparedness training PowerPoint, so that an overview of the main point may still be covered without the presentation. For more details on any points below, please refer to the PowerPoint.

1. Overview of the ACA
   a. The purpose of this training is to highlight the link it has with preparedness. It’s more than just getting insurance to the uninsured!

2. Overview of Public Health Emergency Preparedness

3. Provide a link between disasters and health status
   a. In a disaster, like we saw with Hurricane Katrina, the health care system is easily overwhelmed. This leaves people with chronic conditions or who need regular, reliable care in a state of medical emergency they wouldn’t have been in without the disaster. To make people more resilient, we need to raise “the level of care” and ease “the burden of disease for the entire population,” and the ACA helps accomplish these goals.

4. National Health Security Strategy
   a. This is a federal plan to improve the health security of the nation. The link between the ACA/health status and preparedness is critical to achieving the goals set forth in the NHSS (2015-2018).

5. Review a disaster scenario that could greatly impact your community

6. Review how a typical family might have fared before the ACA was implemented, after the ACA was implemented, and after the disaster scenario described
   a. Be sure to use concrete examples, so that staff have those in their mind to share with clients

7. Provisions of the ACA should make Americans more prepared before and during an emergency as well as recover more quickly after an emergency.
   a. Pre-disaster and post-disaster benefits of the ACA make individuals more prepared and they should recover more quickly from an emergency, as seen in examples.
   b. This can be extrapolated to mean communities as a whole should be better prepared for emergencies, but there are some barriers to that assumption. For example, all persons need health insurance, and all persons need access to medical services.

8. What can your staff do to help make people more prepared?
   a. Encourage all clients to have health insurance
   b. Highlight some of the reasons why having health insurance before an emergency will help make clients more prepared
   c. Be familiar with how to refer clients for assistance enrolling in health insurance
   d. Identify low cost medical resources in your community (FQHCs or other community clinics) for persons without insurance or who are not eligible for insurance
   e. Stay informed about your local emergency preparedness plans

9. Conclusion
   a. Individual and community preparedness are positively impacted by the ACA, and there are still multiple barriers to fully realizing the benefits of the ACA on preparedness, but you can help make the community more prepared!
While most Americans are aware of the insurance expansions provided by the Affordable Care Act (ACA), there are other ways that the ACA impacts the health of the public, including its impact on individual and community preparedness. The ACA is positively linked to a better prepared community and the ability to recover more quickly in the aftermath of a disaster. Local and state health departments, emergency management agencies, and hospitals are encouraged to incorporate information about health coverage, access to critical services, and functional needs considerations into their emergency response plans.

Purpose

This planning guide provides suggestions for how to source and incorporate health insurance and health care preparedness information into local emergency plans.

National Health Security Strategy

The National Health Security Strategy (NHSS) outlines five strategic objectives towards improved health security on a national level. The NHSS Implementation Plan identifies priorities and activities to be addressed in four-year phases. Three of the five 2015-2018 objectives are supported by the link between the ACA and preparedness:

**NHSS Objective 1:** Build and sustain healthy, resilient communities.

**NHSS Objective 3:** Ensure comprehensive health situational awareness to support decision-making before incidents and during response and recovery operations.

**NHSS Objective 4:** Enhance the integration and effectiveness of the public health, health care, and emergency management systems.
The National Preparedness Goal

Established in 2011 under the Presidential Policy Directive (PPD-8), the National Preparedness Goal aims to create “a secure and resilient nation with the capabilities required across the whole community to prevent, protect against, mitigate, respond to and recover from the threats and hazards that pose the greatest risk.” The National Planning Frameworks - Prevention, Protection, Mitigation, Response, and Disaster Recovery - set forth that the whole community must work together to achieve the National Preparedness Goal. The National Preparedness Goal contains 31 core capabilities which are commonly incorporated in planning efforts. Listed here are the six core capabilities relevant to the ACA and Preparedness:

<table>
<thead>
<tr>
<th>FEMA Core Capability</th>
<th>Mission Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health and Medical Services</td>
<td>Response</td>
<td>Provide lifesaving medical treatment via emergency medical services and related operations and avoid additional disease and injury by providing targeted public health and medical support and products to all people in need within the affected area.</td>
</tr>
<tr>
<td>Health and Social Services</td>
<td>Response</td>
<td>Restore and improve health and social services networks to promote the resilience, independence, health (including behavioral health), and well-being of the whole community.</td>
</tr>
<tr>
<td>Mass Care Services</td>
<td>Response</td>
<td>Provide life-sustaining services to the affected population with a focus on hydration, feeding, and sheltering to those who have the most need, as well as support for reunifying families.</td>
</tr>
<tr>
<td>Risk and Disaster Resilience Assessment</td>
<td>Mitigation</td>
<td>Assess risk and disaster resilience so that decision makers, responders, and community members can take informed action to reduce their entity’s risk and increase their resilience.</td>
</tr>
<tr>
<td>Long-term Vulnerability Reduction</td>
<td>Mitigation</td>
<td>Build and sustain resilient systems, communities, and critical infrastructure and key resources lifelines so as to reduce their vulnerability to natural, technological, and human-caused incidents by lessening the likelihood, severity, and duration of the adverse consequences related to these incidents.</td>
</tr>
<tr>
<td>Community Resilience</td>
<td>Mitigation</td>
<td>Lead the integrated effort to recognize, understand, communicate, plan, and address risks so that the community can develop a set of actions to accomplish Mitigation and improve resilience.</td>
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</tbody>
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Public Health Emergency Preparedness (PHEP) Capabilities

The Centers for Disease Control and Prevention (CDC) have developed a set of 15 standard capability-based expectations for Public Health Emergency Preparedness (PHEP). Note that a related set of capabilities exist for the Hospital Preparedness Program (HPP).

This template will address and provide sample guidance for the four PHEP Capabilities with ties to the ACA provisions.

**PHEP Capabilities #1 and #2: Community Preparedness & Recovery**

The CDC defines **community preparedness** as “the ability of communities to prepare for, withstand, and recover – in both the short and long terms – from public health incidents.... by engaging and coordinating with emergency management, health care organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial.”

The CDC defines **community recovery** as “the ability to collaborate with community partners, (e.g., health care organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.”

**Community Preparedness & Recovery Planning Recommendations:**

⇒ Understand and document the pre-incident health care system landscape in order to facilitate restoration to pre-incident levels. Identify hospitals, clinics, and other medical facilities within your jurisdiction.

⇒ Have a thorough plan in place for supplementing medical and mental/behavioral services in the event of a disaster. Anticipate provider shortages and services that may be in demand following an emergency that are not typically covered by insurance. Identify alternate providers who would be able to supply that service for members of the community.

⇒ Develop plans for a post-disaster community assessment to determine which health-related functions may need to be supplemented, based on the disaster’s impact to the local infrastructure. These plans should provide for subsequent monitoring of ongoing medical and mental/behavioral needs.

⇒ Create plans for how the public and private sectors will collaborate to provide necessary care or supplementary services to assist in recovery efforts. This includes the health sector.

⇒ Encourage the integration of preparedness within the whole community by leveraging community leadership and existing neighborhood groups (e.g. block clubs). Extend opportunities for residents to receive training and join teams such as the Medical Reserve Corps (MRC) and Community Emergency Response Teams (CERT).

⇒ Community messaging – develop pre-incident messaging that can be deployed in the aftermath of an incident. Sample messages may include how the public can access services, and which services are required to be covered through insurance. A list of mandatory preventive care benefits can be found here: [https://www.healthcare.gov/preventive-care-benefits](https://www.healthcare.gov/preventive-care-benefits). Key features of the ACA are outlined here: [http://www.hhs.gov/healthcare/rights](http://www.hhs.gov/healthcare/rights).
PHEP Capability #7: Mass Care

The CDC defines mass care as “the ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves”.

Mass Care Planning Recommendations:
- Under PHEP mass care functions 1 and 2, planners are responsible for determining the role of public health in mass care operations, and determining the mass care needs of the impacted population. The local community’s mass care needs are dependent on factors like baseline health and access to preventive health services. An understanding of these factors will aid a jurisdiction’s ability to plan effectively for post-disaster needs within shelters.
- Identify resources to provide medical services and mental/behavioral health services within a congregate shelter. Consider the insurance coverage rates within your community, what services mandated to be covered under the ACA, and whether the existing local providers would be able to accommodate the demand for medical and mental/behavioral services.
- Assess emergency shelter locations in the context of nearby medical services. Evaluate the accessibility of emergency or acute care services and pharmaceutical providers within close proximity to identified shelters.
- Gather pre-incident demographic information to include approximate ratios of the population with health insurance, disabilities, electricity-dependence for medical equipment, and other important health factors. Anticipate the need for specialty equipment (e.g. bariatric cots) and consider how emergency management can work with partners to make accommodations in advance.
- Coordinate with partners during the response phase to provide health screenings for shelter residents who are experiencing medical issues, require Functional Needs accommodations, or need to have equipment replaced. Individuals with insurance may be able to obtain replacement equipment through their providers. Create relationships to procure alternate resources for those who will have outstanding needs.

PHEP Capability #15: Volunteer Management

The CDC defines volunteer management as “the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency’s response to incidents of public health significance”.

Volunteer Management Planning Recommendations:
- Training – it is recommended that disaster response volunteers receive National Incident Management System (NIMS) training. Medical and mental health volunteers should also receive training on the ACA. Refer to the training section of this toolkit for links to related ACA trainings.
- When planning for disaster-related volunteer needs, consider the existing medical resources within the community and identify the providers that would likely be needed. Utilize the resources within this document to understand the local non-disaster health care infrastructure, and refer to other jurisdiction-specific community risk assessments.
- Establish infrastructure for volunteer medical and mental/behavioral health services, particularly in communities with high uninsured rates where residents may not have primary care providers and likely have not been seen for the recommended preventive services. Consider the insurance status of undocumented residents who may have been receiving care at Federally Qualified Healthcare Centers (FQHCs) and the post-disaster status of that care.
Functional Needs Planning

Federal Law, including the Stafford Act and the Post-Katrina Emergency Management Reform Act, calls for effective advanced planning for at-risk populations and individuals with Functional Needs during emergencies. HHS defines at-risk individuals as persons who, “before, during, and after an incident . . . may have additional needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation. In addition to those individuals specifically recognized as at-risk in the Pandemic and All-Hazards Preparedness Act (i.e., children, senior citizens, and pregnant women), individuals who may need additional response assistance include those who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speakers, are transportation disadvantaged, have chronic medical disorders, and have pharmacological dependency”.

Functional Needs Planning Recommendations:

⇒ Coordinate with partner agencies and public/private organizations to develop plans that support the needs of at-risk individuals during and in the aftermath of disasters. Conduct pre-disaster planning with local partner agencies that routinely offer services to at-risk populations.

⇒ Consider language requirements and visual/hearing impairment when developing emergency warnings and public messaging. Develop methods for notifying and communicating with the community ensuring that services and initiatives are accessible to those with Functional Needs.

⇒ Assess the physical infrastructure of your emergency preparedness plans (shelter accommodations, specialized medical equipment, evacuation plans, etc.) in light of physical disabilities and Functional Needs. The following PHEP Capabilities call for specialized planning for at-risk populations and delineate expectations for Functional Needs preparations: Community Preparedness, Emergency Public Information & Warning, Information Sharing, and Mass Care.

⇒ Utility companies may hold a list of households with residents who self-identify as dependent on electricity for medical needs.


Utilize De-identified CMS Data to Map Households with Functional Needs:

⇒ More than 2.4 million citizens nationwide are Medicare beneficiaries who use devices like ventilators or wheelchairs, and may rely upon electricity for medical needs.

⇒ HHS has recently released the “emPOWER Map” application to assist local governments with understanding the number and distribution of residents who depend upon electricity for their medical devices. Users can create customized local maps by state, county, and zip code, and may choose to overlay weather information or flood risk.

⇒ De-identified CMS data may help to inform pre-disaster planning decisions. In a declared emergency, local and state governments may also request identified Medicare data through the National Operations Center to assist with disaster response.

Map Your Local De-identified CMS Data at [www.phe.gov/empowermap](http://www.phe.gov/empowermap)
Affordable Care Act Enrollment Information
Assessing the Impact of the ACA Within Your State

In addition to understanding the requirements of the ACA, become familiar with your jurisdiction’s uninsured rates, Medicare subscription rates, and ACA Marketplace subscription rates.


3. Statewide Medicare Beneficiaries:

Other Planning Considerations
Understanding Your Community’s Health Care Infrastructure

Consider existing (pre-disaster) access issues, such as current Emergency Department wait times and other local factors that impact your community’s access to care.

1. Number and Distribution of Emergency Departments and Trauma Centers: — [www.idph.state.il.us/ems/traumaregions.htm](http://www.idph.state.il.us/ems/traumaregions.htm) provides information for Illinois. Check with your state health department or regulatory authority for other states.

2. Provider Ratios: [www.countyhealthrankings.org/app/#!/illinois/2015](http://www.countyhealthrankings.org/app/#!/illinois/2015) provides county-based data on health providers to residents (includes primary care, mental health, and dental).

References
[Last accessed September 2, 2015]

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2 http://www.fema.gov/national-preparedness-goal
3 http://www.fema.gov/core-capabilities
4 http://www.cdc.gov/phpr/capabilities/capability1.pdf
5 http://www.cdc.gov/phpr/capabilities/capability2.pdf
6 http://www.cdc.gov/phpr/capabilities/capability7.pdf
7 http://www.cdc.gov/phpr/capabilities/capability15.pdf

Produced by the:

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1. What is the goal of the Affordable Care Act?
   a. Provide affordable health insurance coverage
   b. Limit exclusions and cancellations of policies
   c. Provide a Patients’ Bill of Rights
   d. All of the above

2. Public Health Emergency Preparedness:
   a. Ensures that you are safe and healthy only before an emergency, not during or after the emergency
   b. Includes physical health, but not mental health
   c. Means preparing for emergencies such as weather related events, man-made disasters and infectious disease outbreak
   d. All of the above

3. A person who has health insurance coverage and access to health care pre-disaster should be more prepared physically and mentally during and after a disaster.
   a. True
   b. False

4. Which statement best completes the description of the National Health Security Strategy (NHSS)?
   The NHSS is a framework ...
   a. for treatment of patients in a hospital emergency room.
   b. for local law enforcement to keep citizens safe.
   c. to encourage collaboration among public health, health care and emergency management to improve the health security of the nation.
   d. meant only for the federal government.

5. The following are barriers to achieving higher levels of community preparedness with the ACA except:
   a. Persons without health insurance need coverage.
   b. Those with insurance do not need to understand the benefits provided.
   c. The ACA is subject to continued change.
   d. All persons need access to essential health services.

6. Aggregate medical costs for the community are likely to be higher after a disaster because of the ACA.
   a. True
   b. False
7. **Public Health Professionals can help people become more prepared for emergencies by:**
   a. Referring clients for assistance with health insurance enrollment
   b. Understanding the link between having and using health insurance and emergency preparedness
   c. Encouraging all clients to have life insurance
   d. Answers A and B

8. **The ACA does not mandate coverage for all medical services, which prevents higher levels of community preparedness.**
   a. True
   b. False

9. **Returning health care systems and the community to at least pre-disaster levels is called:**
   a. Emergency Preparedness
   b. Prevention
   c. Recovery
   d. None of the above

10. **The ACA made all of the following changes to health care and insurance except:**
    a. All recommended immunizations must be covered by insurance.
    b. The Marketplace is a place to search for affordable health insurance policies for families and individuals.
    c. Children may stay on their parents’ health insurance until 26 years of age.
    d. Services and locations of Federally Qualified Health Centers are more limited.
Pre- and Post-test Answer Key
1. D
2. C
3. A
4. C
5. B
6. B
7. D
8. A
9. C
10. D
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