

Medicare Marketing Guidelines 2013

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Best Care at Lower Cost - Institute of Medicine 2013-05-10
America's health care system has become too complex and costly to continue business as usual. Best Care at Lower Cost explains that inefficiencies, an overwhelming amount of data, and other economic and quality barriers hinder progress in improving health and threaten the nation's economic stability and global competitiveness. According to this report, the knowledge and tools exist to put the health system on the right course to achieve continuous improvement and better quality care at a lower cost. The costs of the system's current inefficiency underscore the urgent need for a systemwide transformation. About 30 percent of health spending in 2009-roughly \$750 billion-was wasted on unnecessary services, excessive administrative costs, fraud, and other problems. Moreover, inefficiencies cause needless suffering. By one estimate, roughly 75,000 deaths might have been averted in 2005 if every state had delivered care at the quality level of the best performing state. This report states that the way health care providers currently train, practice, and learn new information cannot keep pace with the flood of research discoveries and technological advances. About 75 million Americans have more than one chronic condition, requiring coordination among multiple specialists and therapies, which can increase the potential for miscommunication, misdiagnosis, potentially conflicting interventions, and dangerous drug interactions. Best Care at Lower Cost emphasizes

that a better use of data is a critical element of a continuously improving health system, such as mobile technologies and electronic health records that offer significant potential to capture and share health data better. In order for this to occur, the National Coordinator for Health Information Technology, IT developers, and standard-setting organizations should ensure that these systems are robust and interoperable. Clinicians and care organizations should fully adopt these technologies, and patients should be encouraged to use tools, such as personal health information portals, to actively engage in their care. This book is a call to action that will guide health care providers; administrators; caregivers; policy makers; health professionals; federal, state, and local government agencies; private and public health organizations; and educational institutions.

Medicare Handbook - Judith A. Stein 2012-11-27

To provide effective service in helping clients understand how they are going to be affected by health care reform and how to obtain coverage, pursue an appeal, or plan for long-term care or retirement, you need the latest Medicare guidelines from a source you can trust - the 2013 Edition of Medicare Handbook. Prepared by experts from the Center for Medicare Advocacy, Inc., Medicare Handbook covers the issues you need to provide effective planning advice or advocacy services, including: Medicare eligibility and enrollment Medicare-covered services,

deductibles, and co-payments
Co-insurance, premiums, and penalties
Federal coordinated care issues
Grievance and appeals procedures
Face-to-face encounter requirements for home health and hospice care
Medicare Handbook also provides you with coverage rules for:
Obtaining Medicare-covered services
Prescription drug benefit and the Low-Income Subsidy (LIS)
The Medicare Advantage Program
Durable Medical Equipment (DME)
Preventive services
Appealing coverage denials
and an understanding of:
The Medicare Secondary Payer Program (MSP)
The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
Competitive Acquisition Program
Income-related premiums for Parts B and D
The 2013 Edition has been updated to include information and strategies necessary to incorporate ACA provisions on behalf of people in need of health care.
In addition, the 2013 Medicare Handbook will also help advocates contest limited coverage under private Medicare Part C plans (Medicare Advantage) and understand initiatives to reduce overpayments to Medicare Advantage.
Other Medicare developments discussed in the 2013 Medicare Handbook include:
Implementation of important provisions of the Affordable Care Act
Beneficiary rights, when moving from one care setting to another
Developments in the Medicare Home Health and Hospice Benefits
Additional information regarding preventive benefits
Continued changes in Medicare coverage for durable medical equipment

Health Care Management and the Law - Hammaker 2017-03-02

Health Care Management and the Law-2nd Edition is a comprehensive practical health law text relevant to students seeking the basic management skills required to work in health care organizations, as well as students currently working in health care organizations. This text is also relevant to those general health care consumers who are simply attempting to navigate the complex American health care system. Every attempt is made within the text to support health law and management theory with practical applications to current issues.

Medicare Program - Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit

Programs (Us Centers for Medicare and Medicaid Services Regulation) (Cms) (2018 Edition) - The Law The Law Library 2018-06-17
Medicare Program - Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) The Law Library presents the complete text of the Medicare Program - Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition). Updated as of May 29, 2018 The final rule will revise the Medicare Advantage (MA) program (Part C) regulations and prescription drug benefit program (Part D) regulations to implement statutory requirements; improve program efficiencies; and clarify program requirements. The final rule also includes several provisions designed to improve payment accuracy. This book contains: - The complete text of the Medicare Program - Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) - A table of contents with the page number of each section

Food Labeling - Revision of the Nutrition and Supplement Facts Labels (Us Food and Drug Administration Regulation) (Fda) (2018 Edition) - The Law The Law Library 2018-09-13

Food Labeling - Revision of the Nutrition and Supplement Facts Labels (US Food and Drug Administration Regulation) (FDA) (2018 Edition) The Law Library presents the complete text of the Food Labeling - Revision of the Nutrition and Supplement Facts Labels (US Food and Drug Administration Regulation) (FDA) (2018 Edition). Updated as of May 29, 2018 The Food and Drug Administration (FDA or we) is amending its labeling regulations for conventional foods and dietary supplements to provide updated nutrition information on the label to assist consumers in maintaining healthy dietary practices. The updated information is consistent with current data on the associations between nutrients and chronic diseases, health-related conditions, physiological endpoints,

and/or maintaining a healthy dietary pattern that reflects current public health conditions in the United States, and corresponds to new information on consumer understanding and consumption patterns. The final rule updates the list of nutrients that are required or permitted to be declared; provides updated Daily Reference Values and Reference Daily Intake values that are based on current dietary recommendations from consensus reports; amends requirements for foods represented or purported to be specifically for children under the age of 4 years and pregnant and lactating women and establishes nutrient reference values specifically for these population subgroups; and revises the format and appearance of the Nutrition Facts label. This book contains: - The complete text of the Food Labeling - Revision of the Nutrition and Supplement Facts Labels (US Food and Drug Administration Regulation) (FDA) (2018 Edition) - A table of contents with the page number of each section

Public Papers of the Presidents of the United States, Barack Obama - United States. President (2009-2017 : Obama) 2010

Health Insurance for the Aged - United States. Social Security Administration 1966

Patient Protection and Affordable Care Act - Health Insurance Market Rules - Rate Review (US Department of Health and Human Services Regulation) (Hhs) (2018 Edition) - The Law Library 2018-11-10
Patient Protection and Affordable Care Act - Health Insurance Market Rules - Rate Review (US Department of Health and Human Services Regulation) (HHS) (2018 Edition) The Law Library presents the complete text of the Patient Protection and Affordable Care Act - Health Insurance Market Rules - Rate Review (US Department of Health and Human Services Regulation) (HHS) (2018 Edition). Updated as of May 29, 2018 This final rule implements provisions related to fair health insurance premiums, guaranteed availability, guaranteed renewability, single risk pools, and catastrophic plans, consistent with title I of the Patient Protection and Affordable Care Act, as amended by the Health Care and

Education Reconciliation Act of 2010, referred to collectively as the Affordable Care Act. The final rule clarifies the approach used to enforce the applicable requirements of the Affordable Care Act with respect to health insurance issuers and group health plans that are non-federal governmental plans. This final rule also amends the standards for health insurance issuers and states regarding reporting, utilization, and collection of data under the federal rate review program, and revises the timeline for states to propose state-specific thresholds for review and approval by the Centers for Medicare & Medicaid Services (CMS). This book contains: - The complete text of the Patient Protection and Affordable Care Act - Health Insurance Market Rules - Rate Review (US Department of Health and Human Services Regulation) (HHS) (2018 Edition) - A table of contents with the page number of each section
Va Mental Health Care - United States. Congress 2017-12-11
VA mental health care : closing the gaps : hearing before the Committee on Veterans' Affairs, United States Senate, One Hundred Twelfth Congress, first session, July 14, 2011.
Medicare Catastrophic Coverage Act - United States. Congress. House. Select Committee on Aging. Subcommittee on Retirement Income and Employment 1989

Ending Discrimination Against People with Mental and Substance Use Disorders - National Academies of Sciences, Engineering, and Medicine 2016-09-03

Estimates indicate that as many as 1 in 4 Americans will experience a mental health problem or will misuse alcohol or drugs in their lifetimes. These disorders are among the most highly stigmatized health conditions in the United States, and they remain barriers to full participation in society in areas as basic as education, housing, and employment. Improving the lives of people with mental health and substance abuse disorders has been a priority in the United States for more than 50 years. The Community Mental Health Act of 1963 is considered a major turning point in America's efforts to improve behavioral healthcare. It ushered in an era of optimism and hope and laid the groundwork for the consumer

movement and new models of recovery. The consumer movement gave voice to people with mental and substance use disorders and brought their perspectives and experience into national discussions about mental health. However over the same 50-year period, positive change in American public attitudes and beliefs about mental and substance use disorders has lagged behind these advances. Stigma is a complex social phenomenon based on a relationship between an attribute and a stereotype that assigns undesirable labels, qualities, and behaviors to a person with that attribute. Labeled individuals are then socially devalued, which leads to inequality and discrimination. This report contributes to national efforts to understand and change attitudes, beliefs and behaviors that can lead to stigma and discrimination. Changing stigma in a lasting way will require coordinated efforts, which are based on the best possible evidence, supported at the national level with multiyear funding, and planned and implemented by an effective coalition of representative stakeholders. **Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change** explores stigma and discrimination faced by individuals with mental or substance use disorders and recommends effective strategies for reducing stigma and encouraging people to seek treatment and other supportive services. It offers a set of conclusions and recommendations about successful stigma change strategies and the research needed to inform and evaluate these efforts in the United States.

Medicare - Institute of Medicine 1990-02-01

Health care for the elderly American is among our nation's more pressing social issues. Our society wishes to ensure quality health care for all older people, but there is growing concern about our ability to maintain and improve quality in the face of efforts to contain health care costs. **Medicare: A Strategy for Quality Assurance** answers the U.S. Congress' call for the Institute of Medicine to design a strategic plan for assessing and assuring the quality of medical care for the elderly. This book presents a proposed strategic plan for improving quality assurance in the Medicare program, along with steps and timetables for

implementing the plan by the year 2000 and the 10 recommendations for action by Congress. The book explores quality of care "how it is defined, measured, and improved" and reviews different types of quality problems. Major issues that affect approaches to assessing and assuring quality are examined. **Medicare: A Strategy for Quality Assurance** will be immediately useful to a wide audience, including policymakers, health administrators, individual providers, specialists in issues of the older American, researchers, educators, and students.

Emergency Department Compliance Manual, 2015 Edition - Rusty McNew 2014-12-18

Nothing provided

Model Rules of Professional Conduct - American Bar Association. House of Delegates 2007

The Model Rules of Professional Conduct provides an up-to-date resource for information on legal ethics. Federal, state and local courts in all jurisdictions look to the Rules for guidance in solving lawyer malpractice cases, disciplinary actions, disqualification issues, sanctions questions and much more. In this volume, black-letter Rules of Professional Conduct are followed by numbered Comments that explain each Rule's purpose and provide suggestions for its practical application. The Rules will help you identify proper conduct in a variety of given situations, review those instances where discretionary action is possible, and define the nature of the relationship between you and your clients, colleagues and the courts.

Civil False Claims and Qui Tam Actions, 5th Edition - Boese 2021-03-04

Civil False Claims and Qui Tam Actions is an essential weapon for bringing or defending a qui tam action. This Fourth Edition, two-volume treatise provides comprehensive analysis of The Civil False Claims Statute and a balanced approach to every important aspect of case preparation and litigation -- from establishing the merits of a whistleblower claim to determining the formula for arriving at the qui tam plaintiff's award. Civil False Claims and Qui Tam Actions, frequently cited by the courts, is clearly and concisely written to: walk you, step-by-

step, through each phase of case preparation, from the perspective of both plaintiff-relator and whistleblower defendant spell out the unique procedural requirements in a civil false claims action -- from the applicability of statute of limitation rules to the scope of discovery under a "civil investigation demand" by the federal government explain how to draft a whistleblower complaint collect, organize and interpret the controlling case law direct you to the relevant statutory whistleblower provisions, rules and regulations that apply to the issues under discussion analyze the legislative history of The False Claims Act and explains why it is essential to the success of a prosecutor's or defense's cause of action and alert you to emerging trends in civil false claims and qui tam actions For the best guidance on how to bring or defend a qui tam action, consult the civil false claims specialist - John T. Boese. John T. Boese is an expert author and litigation partner in the Washington, DC law office of Fried, Frank, Harris, Shriver & Jacobson. with more than 25 years of experience in civil fraud cases, both as a former DOJ attorney and as defense counsel. In a clear and straightforward manner, he offers his expert analysis of recent developments on: The Supreme Court's decision on "original source" in *Rockwell* The recent trend by state legislatures to enact false claims laws that mirror the federal law. The "presentment" requirement Corporate liability under The Civil False Claims Act Interpreting the public disclosure bar and original source requirement Challenges to sufficiency of FCA complaints under Rule 9(b) The Civil False Claims Act has captured the attention of any organization doing business with the federal government, for very good reasons: Virtually any person that receives, spends or uses federal money may be liable under The Civil False Claims Act. Private individuals, including employees can be whistleblowers on contractor fraud by bringing a qui tam lawsuit on behalf of the federal government - and receive up to 30% of any judgment or settlement. The courts have upheld highly creative claims brought under The Civil False Claims Act. Don't get lost in the maze of changing, complicated, and confusing qui tam provisions, whistleblower rules, and civil false claims regulations! Note: Online subscriptions are for three-month periods.

Civil False Claims and Qui Tam Actions - Boese

Tele-tax - United States. Internal Revenue Service 1988

The Future of Nursing - Institute of Medicine 2011-02-08

The Future of Nursing explores how nurses' roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance improvements in America's increasingly complex health system. At more than 3 million in number, nurses make up the single largest segment of the health care work force. They also spend the greatest amount of time in delivering patient care as a profession. Nurses therefore have valuable insights and unique abilities to contribute as partners with other health care professionals in improving the quality and safety of care as envisioned in the Affordable Care Act (ACA) enacted this year. Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States. To ensure its members are well-prepared, the profession should institute residency training for nurses, increase the percentage of nurses who attain a bachelor's degree to 80 percent by 2020, and double the number who pursue doctorates. Furthermore, regulatory and institutional obstacles -- including limits on nurses' scope of practice -- should be removed so that the health system can reap the full benefit of nurses' training, skills, and knowledge in patient care. In this book, the Institute of Medicine makes recommendations for an action-oriented blueprint for the future of nursing.

Modern Health Care Marketing - Gamini Gunawardane 2020-06-05

This book aims to comprehensively address several modern concepts and practices in health care marketing not sufficiently addressed by existing literature. This includes the integrated nature of health care marketing, operations management, IT and human resource management; increased use of digital technology and social media; emphasis on enhancing customer-patient experience when strategizing and implementing health care marketing; application of modern services marketing concepts to

health care marketing mix, among others. It also addresses recent changes in the U.S. health care industry. Some key issues covered are the increase in federal and state government involvement and oversight of health care delivery; increase in laws and regulations affecting health care management and marketing; growth of specialized health care markets such as Medicare, Medicaid and Affordable Care Act; globalization of health care and greater focus on legal and ethical health care marketing practices. Modern Health Care Marketing is an essential read to understand the integrated nature of health care marketing in the technologically driven, customer/patient-focused and globalized environment. It is also a useful reference for professionals to pick up best practices on addressing challenges faced in the modern health care industry.

Registries for Evaluating Patient Outcomes - Agency for Healthcare Research and Quality/AHRQ 2014-04-01

This User's Guide is intended to support the design, implementation, analysis, interpretation, and quality evaluation of registries created to increase understanding of patient outcomes. For the purposes of this guide, a patient registry is an organized system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves one or more predetermined scientific, clinical, or policy purposes. A registry database is a file (or files) derived from the registry. Although registries can serve many purposes, this guide focuses on registries created for one or more of the following purposes: to describe the natural history of disease, to determine clinical effectiveness or cost-effectiveness of health care products and services, to measure or monitor safety and harm, and/or to measure quality of care. Registries are classified according to how their populations are defined. For example, product registries include patients who have been exposed to biopharmaceutical products or medical devices. Health services registries consist of patients who have had a common procedure, clinical encounter, or hospitalization. Disease or condition registries are defined by patients having the same diagnosis,

such as cystic fibrosis or heart failure. The User's Guide was created by researchers affiliated with AHRQ's Effective Health Care Program, particularly those who participated in AHRQ's DEcIDE (Developing Evidence to Inform Decisions About Effectiveness) program. Chapters were subject to multiple internal and external independent reviews.

Historical Tables - Office Of Management And Budget 2012-02

Provides data on budget receipts, outlays, surpluses or deficits, Federal debt over a time period extending from FY 1940 or earlier to FY 2017. To the extent feasible, the data has been adjusted to provide consistency with the FY 2013 Budget and to provide comparability over time.

CPT 2001 - American Medical Association 2000

The 2001 CPT Professional comes with all 2001 code information. This code book also includes colour keys, anatomical illustrations, medical terminology, thumb tabs and a convenient spiral binding.

The Medicare Handbook -

United States Code - United States 2013

"The United States Code is the official codification of the general and permanent laws of the United States of America. The Code was first published in 1926, and a new edition of the code has been published every six years since 1934. The 2012 edition of the Code incorporates laws enacted through the One Hundred Twelfth Congress, Second Session, the last of which was signed by the President on January 15, 2013. It does not include laws of the One Hundred Thirteenth Congress, First Session, enacted between January 2, 2013, the date it convened, and January 15, 2013. By statutory authority this edition may be cited "U.S.C. 2012 ed." As adopted in 1926, the Code established prima facie the general and permanent laws of the United States. The underlying statutes reprinted in the Code remained in effect and controlled over the Code in case of any discrepancy. In 1947, Congress began enacting individual titles of the Code into positive law. When a title is enacted into positive law, the underlying statutes are repealed and the title then becomes legal evidence of the law. Currently, 26 of the 51 titles in the Code have been so enacted. These are identified in the table of titles

near the beginning of each volume. The Law Revision Counsel of the House of Representatives continues to prepare legislation pursuant to 2 U.S.C. 285b to enact the remainder of the Code, on a title-by-title basis, into positive law. The 2012 edition of the Code was prepared and published under the supervision of Ralph V. Seep, Law Revision Counsel. Grateful acknowledgment is made of the contributions by all who helped in this work, particularly the staffs of the Office of the Law Revision Counsel and the Government Printing Office"--Preface.

Medicare and Medicaid Guide - 1969

Content Analysis: a Methodology for Structuring and Analyzing Written Material - 1996

Disentitlement? - Timothy S. Jost 2003

No developed nation relies exclusively on the private sector to finance health care for citizens. This book begins by exploring the deficiencies in private health insurance that account for this. It then recounts the history and examines the legal character of America's public health care entitlements - Medicare, Medicaid, and tax subsidies for employment-related health benefits. These programs are increasingly embattled, attacked by those advocating privatization (replacing public with private insurance); individualization (replacing group and community-based insurance with approaches based on individual choice within markets); and devolution (devolving authority over entitlements to state governments and to private entities). Jost critically analyzes this movement toward disentitlement. He also examines the primary models for structuring health care entitlements in other countries - general taxation-funded national health insurance and social insurance - and considers what we can learn from these models. The book concludes by describing what an American entitlement-based health care system could look like, and in particular how the legal characteristics of our entitlement programs could be structured to support the long-term sustainability of these vital programs.

Code of Federal Regulations - 2013

Special edition of the Federal Register, containing a codification of documents of general applicability and future effect ... with ancillaries. *Public Papers of the Presidents of the United States, George W. Bush - United States. President (2001-2009 : Bush)* 2003

Pain Management and the Opioid Epidemic - National Academies of Sciences, Engineering, and Medicine 2017-09-28

Drug overdose, driven largely by overdose related to the use of opioids, is now the leading cause of unintentional injury death in the United States. The ongoing opioid crisis lies at the intersection of two public health challenges: reducing the burden of suffering from pain and containing the rising toll of the harms that can arise from the use of opioid medications. Chronic pain and opioid use disorder both represent complex human conditions affecting millions of Americans and causing untold disability and loss of function. In the context of the growing opioid problem, the U.S. Food and Drug Administration (FDA) launched an Opioids Action Plan in early 2016. As part of this plan, the FDA asked the National Academies of Sciences, Engineering, and Medicine to convene a committee to update the state of the science on pain research, care, and education and to identify actions the FDA and others can take to respond to the opioid epidemic, with a particular focus on informing FDA's development of a formal method for incorporating individual and societal considerations into its risk-benefit framework for opioid approval and monitoring.

Federal Register - 2014

Section 1557 of the Affordable Care Act - American Dental Association 2017-05-24

Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). This brief guide explains Section 1557 in more detail and what your practice needs to do to meet the requirements of this federal law. Includes sample notices of nondiscrimination, as well as taglines translated for the top 15 languages by state.

Employment Cost Indexes - 1998

Conditions of Participation for Hospitals - United States. Social Security Administration 1966

Health Policy and Politics - Jeri A. Milstead 2014-12

Health Policy and Politics: A Nurse's Guide, Fifth Edition encompasses the entire health policy process from agenda setting through policy and program evaluation. This is an essential text for both graduate and undergraduate students. The Fifth Edition includes expanded information on the breadth of policy making and includes the impact of social media, economics, finance and other timely topics. The authors draw from their experience and provide concrete examples of real-life situations that help students understand the link between policy theory and political action. New to the Fifth Edition: Updated case studies involve the reader in making the connection between theory and active participation in policy making New chapter on inter-professional practice, education, and research Reference to the Affordable Care Act and other laws that affect the health care of consumers and the organization of health care system Expanded content on economics and finance New co

Title 42 Public Health Parts 414 to 429 (Revised as of October 1, 2013) - Office of The Federal Register, Enhanced by IntraWEB, LLC 2013-10-01

42 CFR Public Health

Medicare & You -

National Prevention Strategy: America's Plan for Better Health and Wellness - Regina M. Benjamin 2011

The Affordable Care Act, landmark health legislation passed in 2010, called for the development of the National Prevention Strategy to realize the benefits of prevention for all Americans' health. This Strategy builds on the law's efforts to lower health care costs, improve the quality of care, and provide coverage options for the uninsured. Contents: Nat. Leadership; Partners in Prevention; Healthy and Safe Community Environ.; Clinical and Community Preventive Services; Elimination of

Health Disparities; Priorities: Tobacco Free Living; Preventing Drug Abuse and Excessive Alcohol Use; Healthy Eating; Active Living; Injury and Violence Free Living; Reproductive and Sexual Health; Mental and Emotional Well-being. Illus. A print on demand report.

Virginia Administrative Law Appendix - Publisher's Editorial Staff 2019-09-06

The Administrative Law Appendix contains listings of regulations of administrative agencies of the Commonwealth of Virginia. The agencies are listed in alphabetical and/or numerical order. Each agency entry contains a narrative with a summary statement of its role, the address where the public may seek the text of the regulations, and a listing of the regulations in effect. The listings are from the prior edition of the Virginia Administrative Law Appendix with updates from The Virginia Register and, in many cases, the agencies. Purchase your copy today and keep yourself abreast of administrative regulations in the Commonwealth, with the quality and dependability you expect from the official publisher of the Code of Virginia.

Assessing Progress on the Institute of Medicine Report The Future of Nursing - National Academies of Sciences, Engineering, and Medicine 2016-03-22

Nurses make up the largest segment of the health care profession, with 3 million registered nurses in the United States. Nurses work in a wide variety of settings, including hospitals, public health centers, schools, and homes, and provide a continuum of services, including direct patient care, health promotion, patient education, and coordination of care. They serve in leadership roles, are researchers, and work to improve health care policy. As the health care system undergoes transformation due in part to the Affordable Care Act (ACA), the nursing profession is making a wide-reaching impact by providing and affecting quality, patient-centered, accessible, and affordable care. In 2010, the Institute of Medicine (IOM) released the report The Future of Nursing: Leading Change, Advancing Health, which made a series of recommendations pertaining to roles for nurses in the new health care landscape. This current report assesses progress made by the Robert Wood Johnson

Foundation/AARP Future of Nursing: Campaign for Action and others in implementing the recommendations from the 2010 report and identifies

areas that should be emphasized over the next 5 years to make further progress toward these goals.