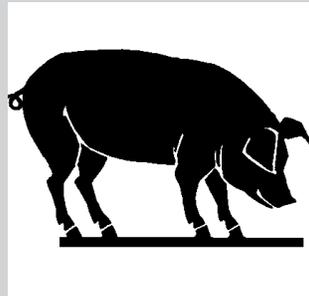


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Healthcare Reform – Making Sense of the Chaos

The Patient Protection and Affordable Care Act (ACA), or Obamacare is largely described as the most dramatic change in health care delivery since the creation of Medicare. To many, it's even more dramatic. Whether we like it or not, it's the law, and it doesn't appear to be going anywhere. The purpose of this article is to offer some insight into how business owners can position themselves to ensure compliance while keeping employee well-being at the forefront.

The ACA was passed in March of 2010. Its provisions began to take affect shortly thereafter, and on January 1, 2014, the most significant parts will be in place. In spite of its political controversy, there are many components of the law that are hard to argue against: No more pre-existing conditions limitations, Extending dependent coverage to age 26, No more rescissions of policies, Guaranteed Issue Underwriting, Limits on insurance companies' profitability...the list goes on. But then there is the individual mandate that requires all individuals to have health insurance. And then there is the employer mandate that requires all large employers (50 or more full-time employees or equivalents) to offer affordable, minimum value coverage or face serious financial penalties. These not-so-popular components tend to create a sense of angst in the business community. To make matters worse, misinformation is abound, and

unscrupulous entities are constantly using the confusion to take advantage of those who just want to do the right thing.

So, how does a business owner navigate all this? Let's start with compliance. The law has specific penalties for large employers who don't offer coverage or who offer coverage considered unaffordable by specific measures.

Question 1: Am I a large employer?



The law defines a large employer as one who has 50 or more full time employees or full time equivalents. Full time employees are those who work 130 hours per month on average. A full time equivalent is determined by calculating all non-

full time employees' hours in a month and dividing by 120. If the combination of the two is greater than 50, then you are a large employer. In addition to keeping up with this potentially confusing concept, owners of multiple small businesses or those with interests in other businesses can find themselves subject to these rules if the total employment of all companies they own exceeds 50. Beginning in 2015, significant penalties will be assessed to large employers who do not offer minimum value, affordable coverage to all full-time employees. If no coverage is offered, the penalty is \$2000 per full time employee (minus the first 30). If coverage is offered, but

Continued on page 5

President's Message

by Kate Williams, DVM

Colleagues:

Summer has almost elapsed and our kids are back to school or college and another fast and furious summertime has flown past! In our practices, the summer has kept us busy with ticks and fleas, parvovirus outbreaks, trauma, allergies, dietary indiscretions and intolerance and weather concerns. The Tick Borne diseases, such as Ehrlichia and C. felis, have been rampant in parts of the state that have a large tick population. Fleas have continued to pester our patients with a vengeance this year. Some may call this 'job security' as these issues keep our patients coming through our doors, but some may wonder if we ever make progress in our world of veterinary medicine. Of course we do! Look at what we have just learned about heartworm disease in Arkansas.

Independent researchers have confirmed that strains of *Dirofilaria immitis* from the Mississippi River Valley have reduced susceptibility or resistance to all approved heartworm preventives of the Macrocytic lactone class (including ivermectin, moxidectin, selamectin and milbemycin oxime). This means that veterinarians must play a more assertive role in containing the spread of resistance or the effectiveness of current preventive therapies could be threatened. The new recommendations and guidelines are available from Novartis, The American Heartworm Society and The Companion Animal Parasite Council.

As practice owners and health care insurance providers, the Patient Protection Affordable Care



Act (PPACA) or "ObamaCare" will affect us all. As you are aware, the PPACA means that ALL AMERICANS WILL BE REQUIRED TO HAVE HEALTH INSURANCE, with some exceptions. The AVMA GLIT insurance and ARHealthNetworks and most likely most other private healthcare insurance options do not qualify under the PPACA. On 1 JAN 2014 these options will no longer be available. So, very soon we have to make decisions about our health care options. Employees will enroll in a group plan or go to the "exchange or marketplace". There are companies, such as Watershed Benefits Consulting, LLC, that can help us comply with the new regulations. See newsletter for more details.

Congratulations to Dr. "Chip" Price, our AVMA District VIII representative who was just elected to the AVMA Executive Board as Vice Chair.

Any donations to the ArVMA PAC are greatly appreciated. Please make sure you check memo depicts "PAC" so that we can make sure it is deposited into the correct account and to comply with "PAC" regulations.

The state of Arkansas has honored its commitment to all the 77 ARHEG students for school year 2013-2014. The Arkansas Legisla-

tive Council approved transferring money from the state's Rainy Day Fund to the Health Education Grant program that pays the out-of-state tuition for Arkansas students. Thank you all that petitioned Gov Beebe, Mr. Broadway, the ALC and the Arkansas Legislature. Your voices counts and thank you for your dedication and hard work!

If we can do anything for you or you have any questions or comments, please do hesitate to contact me or Maggie. Your input, opinion and suggestions for the Association are always welcome and encouraged.

Kate Williams, DVM

Calendar of Events

September 26-29, 2013
Southwest Veterinary
Symposium
San Antonio, TX

January 31 – February 2,
2014
ArVMA Winter Meeting
Hot Springs, AR

July 25- 29, 2014
AVMA Convention
Denver, CO

Porcine Epidemic Diarrhea

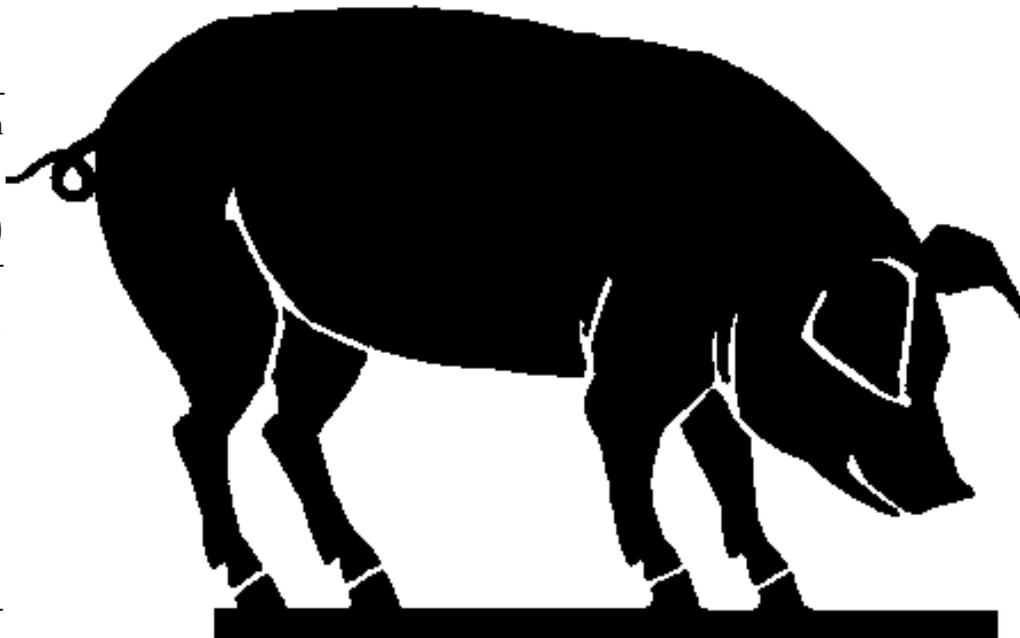
The porcine epidemic diarrhea (PED) virus was first recognized in the United Kingdom in 1971 and had spread throughout much of Europe and Asia by 2013. The United States Department of Agriculture's (USDA) National Veterinary Services Laboratories (NVSL) confirmed the first PED diagnosis in the United States on May 17, 2013. Additional occurrences of PED have been confirmed in multiple states including Oklahoma and Arkansas.

PED's pathogenic agent is a coronavirus, which is distinguishable from transmissible gastroenteritis of swine (TGE) only by laboratory tests. PED is most serious in neonatal piglets where morbidity and mortality can be 80 to 100 percent. Transmission of PED is fecal-oral; no vector or reservoir has been implicated in its spread.

Economic loss occurs directly in the form of death and production loss in swine. Further monetary loss occurs because of the cost of vaccination and biosecurity. There is no effective treatment other than control of secondary infections. Vaccines exist in Japan, South Korea, and China, but not in Europe or the United States. PED is not a listed disease for either the World Organization for Animal Health (OIE) or the USDA, so no quarantines or movement restrictions are in place either internationally or interstate.

Swine are the only known hosts of PED virus. The incubation period

of PED is 3 to 4 days. The clinical presentation of PED is not distinguishable from TGE. Clinical signs of PED may vary widely and are dependent on previous exposure and the immunological and endemic status of the farm, region, or area affected. The primary clinical finding is watery feces that may be flocculent and fetid. Vomiting may occur. Dehydration and metabolic acidosis may be secondary signs. PED may spread more slowly than



TGE. If swine recover, it is usually within 7 to 10 days.

Morbidity can approach 100% in all ages of susceptible swine (Turgeon et al., 1980).

Piglets less than 7 days old may have a mortality rate of about 50%, with mortality decreasing as age increased. In suckling pigs, mortality commonly reaches 50 to 80% but declines to 1 to 3% in grower pigs

Fecal-oral transmission is the main, and perhaps only, mode of transmission. Clinical signs of PED may occur within 4 to 5 days following introduction of infected swine to farms with susceptible animals. Following an outbreak,

PED may subside but may become endemic if sufficient litters are produced to overcome lactogenic immunity. Contaminated personnel, equipment, or other fomites may introduce PED into a susceptible herd.

Most growing swine recover without treatment unless secondary infections occur. Specific treatment is of uncertain value because the agent is a virus for which there is no specific or economically feasible

medication. Maternal antibodies via colostrum from PED immune sows may protect neonates against oral infection until about 4 to 13 days of age, but may not protect against intestinal infection.

Excellent biosecurity should always be practiced. If PED becomes endemic in finishing units, it may be helpful to break

the cycle by suspending additions for three weeks. "All-in-all-out" practices may also be helpful in breaking the transmission cycle.

No PED vaccine exists for use in the United States. NVSL is working with Industry to facilitate the development diagnostic capabilities and a vaccine.

PED is not transmissible to humans thus poses no danger to human health.

PED is not an "OIE listed" disease and is not internationally reportable (World Organization for Animal Health, 2013). PED is not a

Continued on page 4

National Veterinary Accreditation Program

Deb L. Hicks is the National Veterinary Accreditation Program (NVAP) Coordinator for Arkansas. Please feel free to contact her at the Area Office (501-224-9515) or via email at deb.l.hicks@aphis.usda.gov if you have any questions regarding NVAP.

Q&A: What is the best way to ensure I am notified of my Accreditation Renewal Date?

Maintain a valid email address or mailing address on-file with your Area Office to ensure that you receive all NVAP correspondence in a timely manner.

For directions on how to update your accreditation information, please visit the NVAP website at: www.aphis.usda.gov/nvap/

International Animal Export Certificates:

- All international certificates for pets and livestock must be faxed or emailed to the Arkansas Area Office, Little Rock, AR for review prior to endorsement. FAX: 501 225-5823 EMAIL: vsar@aphis.usda.gov
- Appointments for USDA APHIS Veterinary Services endorsement of International Certificates will be made after the certificate(s), with supporting documentation (i.e. tests, vaccinations, etc.) have been faxed or email to the office, reviewed by export staff, amended and/or approved for endorsement. All questions or concerns regarding the certificate will be directed to the issuing accredited veterinarian not the owner/client.
- Office hours for endorsement of International Certificates will be made, after review and approval, Monday through Friday, 9:00 a.m. to 3:00 p.m. by appointment only. You or your client can call 501 224-9515 for an appointment.
- No appointments will be made prior to export staff review.
- Exceptions: Commercial product, live animals, hatching eggs, and fish shipped by companies with prior approval and User Fee protocols in place.

PED continued

nationally reportable disease (United States Department of Agriculture, 2011). PED is not a reportable disease in the State of Arkansas.

Significant economic loss in the swine industry is possible because of the high morbidity and mortality that occurs in immunologically naïve neonatal piglets. In 2011, United States agriculture produced 110.9 million hogs and 22.8 billion pounds of pork (The American Meat Institute, 2013). Pork products constitute the second largest segment of the United States meat and poultry production, which is in itself the largest segment of United States agriculture. The negative economic effect following discovery of PED in the United States cannot be estimated at this early stage, but the disease has been manageable in Europe and Asia. In 2011, the United States exported 1.75 billion metric tons of pork and related products worth \$5.32 billion (The American Meat Institute, 2013).

If you would like further information or suspect a possible PED case please contact Dr. Pat Badley, Arkansas Livestock and Poultry or your AR USDA APHIS Veterinary Services office at 501 224-9515. You may also contact me on my cell phone after hours, Dr. Becky Brewer, 405 812-7090.

Again, PED is NOT a reportable disease; however, Veterinary Services and NVSL are working with the National Pork Board, the American Association of Swine Veterinarians, and the National Pork Council to identify trends, a possible mode of entry into the U.S., while developing testing and vaccine capabilities. Information regarding cases and subsequent epidemiologic investigations are extremely helpful as we strive to define the origins of this disease in the U.S. and develop testing and vaccine capabilities.

Healthcare Reform continued

not considered affordable, and an employee gets a subsidy to help pay for coverage on the exchange (or marketplace), the fine is \$3000 per occurrence. Both of these penalties are non-tax deductible. For employers who haven't traditionally offered coverage, this is a serious concern and a possible threat to the longevity of the business.

If you are not a large employer, you will be insulated from these most severe penalties. Your only obligation is to provide a written notice of the availability of the exchanges to your employees. At least that is your only obligation to the law. You still owe it to your employees to provide them with guidance as to their own requirements and what their options are. We encounter business owners and employees on a daily basis that are uninformed, or worse, misinformed as to what their options are or what the consequences of action or inaction actually are.

Two outcomes of the ACA that impact the ARVMA members specifically are the terminations of the ARHealthNetworks Program and the New York Life plan offered through the National Association. This will leave hundreds, if not thousands in the Arkansas Veterinary community looking for new options. One alternative is to sponsor a traditional group medical plan. This could prove cost prohibitive to many companies. This is especially true if the company has not previously budgeted for the cost of health coverage in the past.

One way to help alleviate the financial shock of initiating a traditional group health plan is to consider sponsoring a group plan on the SHOP Exchange. There, an employer can choose a specified level of coverage with a particular insurance company for his or her employees to elect. If certain re-

quirements are met (fewer than 25 employees, average salary of less than \$50,000, and the employer pays at least 50% of the premium), the employer will be eligible for a tax credit of up to 50% of the premiums paid by the employer. This tax credit is designed to create incentives for employers to offer and maintain group coverage over a long period of time, and should really only be considered if group coverage is part of a long term strategy.

A third alternative is to simply allow employees to purchase coverage on the "exchange", or "marketplace", which will open on October 1, 2013. The marketplace will be an online clearinghouse where individuals can choose from a variety of plans offered by a variety of insurance companies. Plans will range from 60% Actuarial Value (cost sharing percentage), which is referred to the Bronze Plan to 90% Actuarial Value, which is referred to as the Platinum Plan. One key factor to point out is that the marketplace will be the only place where individuals can access subsidies to help pay premiums. These subsidies, which are actually advance tax credits, will vary depending upon the individual's household income. Some level of assistance is available for those earning between 0 and 400% (about \$45,000 for a single person) of the Federal Poverty Level. At the low end, from 0-138% (about \$15,500), coverage will be paid for in its entirety by the Private Option/ Medicaid Expansion. Between 138% and 400%, the subsidy is designed to offset a maximum cost ranging from 2% and 9.5% of household income. For example, a person who earns 200% of FPL or about \$22,000 will pay no more than \$112 per month for coverage on the marketplace. We are finding that this route tends to make the most sense to employers that have not traditionally offered a group plan or have offered the ARHealth-

Networks plan.

One important consideration when deciding which alternative to select is that the subsidies are only available if no other affordable coverage is available to the individual. Consider the following. Say, for example, you decide to bite the bullet and sponsor a traditional group health plan and pay 100% of the employee premium with all dependent coverage being the employee's responsibility. You're thinking you've done your employees a good service. After all, that is generally the type of arrangement adopted by most companies that offer traditional group coverage. What you may not realize, however, is that in doing this, you just cost your employees' spouse and dependents their opportunity access subsidies on the marketplace/exchange. This is because affordability is tied to the premium for employee only coverage compared to Box 1 wages on the W-2. It's actually possible to do harm to your employees as you try and do the right thing and help them.

Indeed, it's a new world when it comes to how health coverage fits into our business model. The good news is that you are not alone. Watershed Benefits Consulting, LLC has partnered with the ARVMA to help members make the transition to the new market. We are working closely with carriers and with the Arkansas Department of Insurance to ensure that we have the latest information on rules, programs, and costs. Please do not hesitate to give us a call to discuss your situation. We are positioned to assist your employees with enrollment and access to subsidies for which they may qualify. We do not charge ARVMA members for our services, and your employees will thank you for it!

Watershed Benefits, LLC.

Joe Childers and Eric Townsend
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741-9475 if interested in joining our amazing team.

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VETERINARY EDUCATION

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7 CE credits (Arkansas Veterinarians can only claim 5 hours of practice management for renewal of license)
Location: Heifer International Headquarters
Time: 8:30 a.m. - 5:30 p.m.
Phone: 214-716-7600 or 800-680-4080
Email: info@veterinaryeducation-network.com
<http://www.veterinaryeducationnetwork.com/> for details

Women's Veterinary Leadership Development Initiative

Founded during the 2013 AVMA Convention, the Women's Veterinary Leadership Development Initiative is announcing today that it has a solid online presence with the launch of its new web site and logo at www.womenveterinarians.org. With a strong social media presence on Facebook and LinkedIn, the Initiative has created the new web site to further its reach through Twitter, blogs, links, and other resources.

Formed as a response to the disproportionate amount of women in leadership positions in organized veterinary medicine, most notably with the AVMA, compared to the number of women in the profession, the Initiative provides a support network for the promotion of women veterinarians as leaders. The mission of the organization is to gather veterinarians and friends

to help "develop, encourage, and mentor female leaders for our profession."

Karen Bradley, DVM, Founder of the Initiative, is excited about this next step. As she states, "my goal is to empower more women veterinarians to be active, appointed, and elected to leadership positions at all levels of organized veterinary medicine. I see a growing disconnect between the demographics of those in veterinary leadership and those populating the profession. Too many people think this will self-correct with time but that has not been the case in other areas—for example, the US population is greater than 50% women yet our US Congress only has 20% women." The Initiative is already sponsoring candidates for leadership activities in the AVMA and hopes to gather supporters together at formal

events starting in 2014.

Currently, mentors to the group include Dr. Don Smith, Austin O. Hooey Dean of Veterinary Medicine Emeritus at Cornell University, and Julie Kumble, Director of Grants and Programs at the Women's Fund of Western Massachusetts. Dr. Smith has spoken widely regarding the gap of female representation in top association leadership positions as well as tenure-track positions in veterinary schools.

As the Initiative grows, more features will be added to the web site, such as a speaker's bureau, group discussion boards, and mentorship/promotion networks.

For further information, contact Stacy Pritt, DVM, MS, MBA at stacy_pritt@yahoo.com or 858.790.9208

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