



Prevention Workgroup

Additional Background Information and Future Work

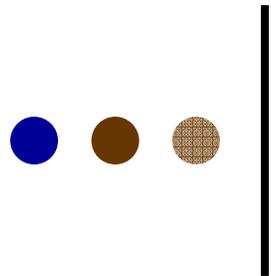
Presentation by:

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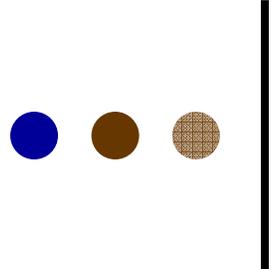
August 31, 2010





Agenda

- Overview of Prevention Workgroup charge
- More detailed description of Affordable Care Act (ACA) provisions
- Next steps



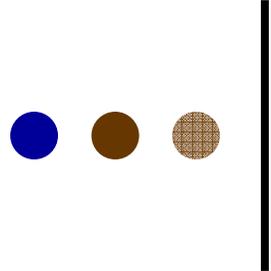
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Prevention Workgroup Charge

- Charge:
 - Identify funding opportunities for prevention and wellness programs
 - Identify communities of greatest need
 - Encourage collaboration in funding opportunities



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ACA – Prevention Overview

- Prevention and Public Health Fund
- Access to clinical preventive services in Medicare and Medicaid
- Competitive grants, demonstrations, and pilots
- Education and outreach
- Maternal and child health
- Immunizations
- Worksite wellness
- Public health surveillance
- Prevention FYI



Prevention and Public Health Fund

- Creates a Prevention and Public Health Fund to invest in prevention, wellness, and public health activities (Sec. 4002)
 - **Appropriates \$500 million in FY 2010, \$750 million in FY 2011, \$1 billion in FY 2012, \$1.25 billion in FY 2013, \$1.5 billion in FY 2014, and \$2 billion in FY 2015 and each fiscal year thereafter.**
 - May be used to fund programs authorized by the Public Health Service Act and for prevention, wellness, and public health activities (e.g., prevention research and health activities such as the Community Transformation grant program, the Education and Outreach Campaign for Preventive Benefits, and immunization programs).
 - **Half of the \$500M appropriated in FY 2010 to be used for health professional workforce training**





Prevention: Medicare

○ Healthy Aging, Living Well (Sec. 4202)

- CDC pilot program will provide grants to states or large local health departments to evaluate chronic disease risk factors, conduct evidence-based public health interventions, and ensure that individuals with chronic or at-risk for chronic disease receive clinical treatment in the 55-64 year old population . (Authorizes such sums FY 2010-2014)
- CMS will conduct an evaluation of community-based prevention and wellness programs and develop a plan for promoting healthy lifestyles and chronic disease self-management for Medicare beneficiaries.
 - Transfers \$50M to CMS; report due to Congress Sept. 30, 2013

○ AIDS drug assistance (Sec. 3314)

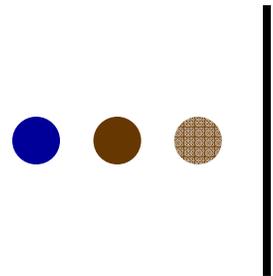
- Prescription drugs provided to beneficiaries by AIDS Drug Assistance Programs or the Indian Health Service may count toward the annual out-of-pocket threshold under Part D, effective January 1, 2011





Prevention: Medicaid

- Access to preventive services for adults (Sec. 4106)
 - States that cover all preventive services assigned a grade of A or B by the USPSTF and adult immunizations recommended by the Advisory Committee on Immunization Practices with no cost sharing will receive a one percentage point increase in the Federal Medical Assistance Percentage (FMAP) for those services (effective Jan. 1, 2013).
- Tobacco cessation services for pregnant women (Sec. 4107)
 - States will cover counseling and pharmacotherapy to pregnant women for cessation of tobacco use with no cost-sharing, effective October 1, 2010.



Prevention: Medicaid

- Prevention of chronic diseases (Sec. 4108)
 - Grants to states to provide incentives for Medicaid beneficiaries to participate in programs providing incentives for healthy lifestyles. Grants focused on helping Medicaid recipients: cease using tobacco products, control weight, lower cholesterol, lower blood pressure, or avoid/manage diabetes
 - Beginning January 1, 2011, appropriates \$100M for the five-year demonstration period.
- CHIPRA childhood obesity grants (Sec. 4306)
 - Appropriates \$25M for FY2010-2014 for a demonstration project authorized under the Children's Health Insurance Program Reauthorization Act of 2009 to develop a comprehensive and systematic model for reducing childhood obesity.



Competitive Grants

- Community transformation grants (Sec. 4201, 10403)
 - To be used for the implementation, evaluation, and dissemination of evidence-based community preventive health activities to reduce chronic diseases, prevent the development of secondary conditions, address health disparities, and develop evidence-based effective prevention programs.
 - Available to state and local government agencies and community-based organizations.
 - Activities may focus on healthier school environments, active living communities, access to nutritious foods, chronic disease, worksite wellness, healthy food options, and reducing disparities.
 - Authorizes funds necessary. May be funded by the Prevention and Public Health fund.



Competitive Grants

- National Diabetes Prevention Program (Sec. 10501(g))
 - The HHS Secretary will establish a national diabetes prevention program at the CDC in which state, local, and tribal public health departments and non-profit entities can use grant funds for community-based prevention activities, training and outreach, and evaluation.
 - Authorizes such sums as may be necessary for FY 2010-2014.
- Centers of Excellence for Depression (Sec. 10410)
 - The HHS Secretary will award grants to eligible entities, including an institution of higher education or a public or private nonprofit research institution, to establish national centers of excellence for depression. Authorizes \$100M for each FY 2011-2015 and \$120M for each FY 2016-2020.





Demonstrations and Pilots

- **Dental caries disease management** (Sec. 4102)
 - The HHS Secretary will award demonstration grants to eligible entities to demonstrate the effectiveness of research-based dental caries disease management activities (authorizes such sums as necessary)
 - Eligible entities include a federally-qualified health center, a hospital-owned or state-run clinic, a state or local department of health, a dental program of the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization, a health system provider, a private provider of dental services, medical, dental, public health, nursing, nutrition educational institutions, or national children's oral health organizations.
- **Individualized wellness plans** (Sec. 4206)
 - A pilot program will test the impact of providing at-risk populations who utilize community health centers an individualized wellness plan that is designed to reduce risk factors for preventable conditions as identified by a comprehensive risk-factor assessment (authorizes such sums as necessary)



Demonstrations and Pilots

○ Coverage of environmental health hazards

(Sec. 10323; FYI to New Models of Care Workgroup)

- Pilot program to provide innovative approaches to furnishing comprehensive, coordinated, and cost-effective care to individuals affected by environmental exposure to asbestosis or mesothelioma
 - Transfer to CMS of such sums as the HHS Secretary determines appropriate
- Competitive grant program for hospitals, CHCs, NCI-designated cancer centers, state/local government, and non-profits to screen at-risk individuals for environmental health conditions
 - Appropriates \$23M for FY 2010-2014 and \$20M for each 5-fiscal year period thereafter.





Education and Outreach

- Outreach and education campaign (Sec. 4004)
 - The HHS Secretary will convene a national public/private partnership for the purposes of conducting a national prevention and health promotion outreach and education campaign.
 - Beginning March 2011, CDC will shall establish and implement a national science-based media campaign on health promotion and disease prevention.
 - The HHS Secretary will maintain a web-based portal that provides informational guidelines on health promotion and disease prevention to health care providers and the public as well as a personalized prevention plan tool for individuals to determine their disease risks and obtain tailored guidance on health promotion and disease prevention.
 - Each state will design a public awareness campaign to educate Medicaid enrollees regarding availability and coverage of preventive services, with the goal of reducing incidences of obesity.





Maternal and Child Health

- Support, education, and research for postpartum depression (Sec. 2952)
 - The HHS Secretary may make grants for the delivery of essential services to individuals with or at risk for postpartum conditions and their families.
 - Authorizes \$3M for FY 2010 and such sums for FY 2011-2012.
- Personal Responsibility Education (Sec. 2953)
 - Each state is eligible for an allotment of at least \$250,000 to reduce pregnancy and birth rates among youth ages 10-19 years.
 - Appropriates \$75 million in each FY 2010-2014 to states to carry out personal responsibility education programs (PREP) designed to educate adolescents on abstinence, contraception, and preparation for adulthood.



Maternal and Child Health

- Support for pregnant and parenting teens and women (Sec. 10211-10214)
 - Appropriates \$25 million in each fiscal year 2010-2019 in pregnancy assistance grant funds for states to assist pregnant and parenting teens and women.



Maternal and Child Health

- Maternal, infant, and early childhood home visiting programs (Sec. 2951)
 - Funding to states, tribes, and territories to develop and implement one or more evidence-based Maternal, Infant, and Early Childhood Visitation model(s), which aim to reduce infant and maternal mortality and its related causes by producing improvements in prenatal, maternal, and newborn health, child health and development, parenting skills, school readiness, juvenile delinquency, and family economic self-sufficiency.
 - NC has received \$2.1 million in initial funding under this provision for the Nurse-Family Partnership.



Immunizations

- Improve immunization coverage (Sec. 4204)
 - States may purchase adult vaccines at prices negotiated by HHS Secretary.
 - Grants to states to improve the provision of recommended immunizations for children, adolescents, and adults through the use of evidence-based interventions for high-risk populations.
 - Authorizes such sums as necessary through FY 2014.
 - Appropriates \$1 million (FY 2010) for GAO study and report to Congress on Medicare beneficiary access to vaccines.



Worksite Wellness

○ Worksite wellness initiatives

- CDC to provide technical assistance, consultation, tools, and other resources in evaluating wellness programs offered by employers of all sizes (Sec. 4303)
- Grants to encourage *small businesses* (100 employees or fewer) to offer comprehensive workplace wellness programs (Sec. 10408)
 - Authorizes \$200 million for the period of FY 2011-2015
- Employers can have wellness programs that include requirements that enrollees satisfy health status factors (i.e., tobacco cessation or weight) if the financial consequences (reward or penalty) do not exceed 30% of the cost of employee-only coverage (or 30% of family coverage if dependents participate)* (Sec. 1201)



Insurers Wellness Provisions

- Insurers can include incentives to encourage healthy lifestyles in health insurance plans. (Sec. 2705 of Public Health Service Act as amended in Sec. 1201 of PPACA)
 - If premium or cost sharing reward/penalty is based on participating in a wellness program and satisfying a standard related to health status factor (i.e., smoking cessation, weight loss), the financial reward/penalty shall not exceed 30% of the premium.
- HHS Secretary can authorize similar wellness programs in the individual market in up to 10 states; however, states must show the program will not result in a decrease in coverage. (Sec. 2705(l) of Public Health Service Act; effective not later than July 1, 2014)



Public Health Surveillance

- Epidemiology laboratory capacity grants (Sec. 4304)
 - CDC shall establish an Epidemiology and Laboratory Capacity Grant Program to award grants to state health departments as well as local health departments and tribal jurisdictions to improve surveillance for infectious diseases and other conditions of public health importance
 - Authorizes \$190M in each fiscal year 2010-2013
 - Funding of not less than \$95M to strengthen epidemiological capacity and to implement prevention and control strategies
 - Funding of not less than \$32M to enhance laboratory practice and report tests electronically
 - Funding of not less than \$60M to improve information systems



Prevention (FYI)

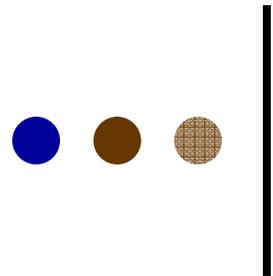
○ Nutrition labeling (Sec. 4205)

- A restaurant that is part of a chain with 20 or more locations are required to disclose calories on the menu board and additional nutrition information pertaining to total calories and calories from fat and amounts of fat, saturated fat, cholesterol, sodium, total carbohydrates, complex carbohydrates, sugars, dietary fiber, and protein.
- Not later than 1 year after enactment, the Secretary shall promulgate proposed regulations to carry out this clause.

○ Research for public health service delivery (Sec. 4301)

- CDC will fund research of public health services and systems.
- Research will be coordinated with the Community Preventive Services Task Force and carried out by building on existing partnerships within the federal government while also considering initiatives at the state and local levels and in the private sector.





Prevention (FYI)

- Clinical and community preventive services (Sec. 4003)
 - Expands the efforts of, and improves the coordination between, the US Preventive Services Task Force and the Community Preventive Services Task Force.
- Understanding health disparities (Sec. 4302)
 - HHS Secretary must ensure that all publicly-funded health programs, surveys, and reports collect data on race, ethnicity, sex, primary language, and disability status and that data be collected at the smallest geographic level possible.



Prevention (FYI)

- Commissioned Corps cap (Sec. 5209)
 - Eliminates the cap on the number of Commissioned Corps members, allowing the Corps to expand to meet national public health needs.
- Establishing Ready Reserve Corps (Sec. 5210)
 - Establishes a Ready Reserve Corps within the Commissioned Corps for service in times of national emergency.
 - The purpose of the Ready Reserve Corps is to fulfill the need to have additional Commissioned Corps personnel available on short notice (similar to the uniformed service's reserve program) to assist regular Commissioned Corps personnel to meet both routine public health and emergency response missions.



Prevention (FYI)

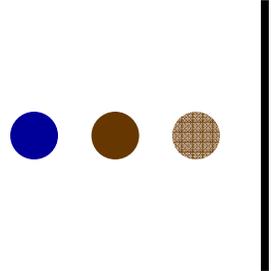
- **Better diabetes care** (Sec. 10407)
 - The CDC will prepare on a biennial basis a national diabetes report card and, to the extent possible, for each state.
 - The HHS Secretary will encourage states and health professionals to improve data collection for diabetes and other chronic diseases.
- **Congenital heart surveillance system** (Sec. 10411)
 - The CDC may establish the National Congenital Heart Disease Surveillance System to track the epidemiology of congenital heart disease and to organize such information into a nationally-representative, population-based surveillance system.
- **Automated Defibrillation in Adam's Memory Act** (Sec. 10412)
 - Reauthorizes through 2014 public access defibrillation programs.





Prevention (FYI)

- Young women's breast health awareness and support
(Sec. 10413)
 - CDC shall conduct a national evidence-based education campaign and a campaign among physicians to increase awareness of young women's knowledge of breast health and the occurrence of breast cancer.



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Next steps

In thinking about identifying funding opportunities for prevention and wellness programs and those communities in greatest need:

- What are the strengths North Carolina should build upon?
- How do make sure to get the right communities involved?
- What are the challenges we face in implementing these health reform provisions?
- How should we move forward from here?



Useful Resources

- Patient Protection and Affordable Care Act

(HR 3590 signed into law March 23, 2010)

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf

- Health Care and Education Reconciliation Act of 2010

(HR 4872 signed into law March 30, 2010)

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h4872eh.txt.pdf

- Kaiser Family Foundation

<http://www.kff.org/healthreform/upload/8061.pdf>

- Congressional Budget Office

<http://www.cbo.gov/ftpdocs/113xx/doc11379/Manager'sAmendmenttoReconciliationProposal.pdf>

http://www.cbo.gov/ftpdocs/114xx/doc11490/LewisLtr_HR3590.pdf

http://www.cbo.gov/ftpdocs/114xx/doc11493/Additional_Information_PPACA_Discretionary.pdf





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