

HR Prevention Workgroup recommendations

DRAFT for review at 14 Apr 2011 meeting

Pregnancy and Parenting

Support for pregnant and parenting teens: Sec 10211 - 10214

Provision description

Establishment of pregnancy assistance fund. The purpose of the Pregnancy Assistance Fund is to award competitive grants to states to assist pregnant and parenting teens and women. Funding is available to Institutions of Higher Education, schools and community service centers, and statewide offices.

Current efforts

North Carolina received \$1,768,000 in funding to help pregnant and parenting women in high needs communities through Project Connect. The purpose of this fund is to award competitive grants to states to assist pregnant and parenting teens and women. Permissible uses of funds include for programs such as those that help pregnant or parenting teens stay in or complete high school, assistance to states in providing intervention services, and outreach so that pregnant and parenting teens and women are aware of services available to them. \$25 million was appropriated for each of the fiscal years 2010 through 2019. The North Carolina Division of Public Health (DPH) will develop a Request for Application (RFA) process to choose five counties from the 20 identified high-need counties to receive funding. Local projects will include different activities, including improved referral and coordination with other agencies serving teens and women throughout the community; integration of one of three pre-selected, evidence-based home visiting models into existing services; integration of six pre-selected best practice areas into project activities; the formation of a Community Advisory Council; and the development of an action plan to strengthen the systems of care in their communities as it relates to services for pregnant and parenting teens and women. Funding will also be used for a public education and information campaign that will run in all five counties. This campaign will include a text message service, webisodes, PSAs and TV advertisements promoting healthy behaviors and resources for pregnant and parenting teens and women.

Recommendations

NC-DPH and NC Network of Grantmakers should track relevant funding opportunities.

Maternal, infant and early childhood home visiting program: Sec 2951

Provision description

Provides funding to States, tribes, and territories to develop and implement one or more evidence-based Maternal, Infant, and Early Childhood Visitation model(s). Model options would be targeted at reducing 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.

Current efforts

North Carolina received \$2,134,807 (July 15, 2010-September 30, 2012) to develop and implement one or more evidence-based maternal, infant, and early childhood visitation model(s). Model options would be targeted at reducing 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.

Gap, Recommendations

None

Post-partum depression: Sec 2952

Provision description

Provides support services to women suffering from postpartum depression and psychosis and also helps educate mothers and their families about these conditions. Provides support for research into the causes, diagnoses, and treatments for postpartum depression and psychosis.

Current efforts

Recommendations

NC Network of Grantmakers should continue to track relevant grant opportunities.

Reasonable break time for working mothers: Sec 4207

Provision description

The ACA requires employers with 50 or more employees to provide reasonable break time and a private place (other than a bathroom) for an employee to express breast milk for nursing children for one year after the child was born. Employers with fewer than 50 employees need not comply with this requirement if it would cause an undue hardship in terms of difficulty or expense, considering “the size, financial resources, nature, or structure of an employer’s business.” State laws can provide additional protections to employees.

Current efforts

The “Eat Smart, Move More” website provides information on benefits and strategies for businesses interested in supporting breastfeeding mothers
(<http://www.eatsmartmovemorenc.com/Breastfeeding/Breastfeeding.html>).

Gap

Education of employers (with 50 or more employees) and employees about this new provision, including definition of reasonable break time and appropriate facilities.

Recommendations

1. The NC Department of Labor and the NC Worksite Wellness Collaborative should partner to educate employers and employees on this new requirement.
2. Small businesses should be encouraged to provide similar support to working mothers. The NC Worksite Wellness Collaborative should partner with the SBA to provide information to small businesses on supporting breastfeeding mothers.

Tobacco

Medicaid and Tobacco Pharmaceutical Coverage: Sec 2502

Provision description

Prevents states from excluding coverage for tobacco-cessation drugs from their Medicaid programs.

Current efforts

Tobacco pharmaceuticals are covered by NC Medicaid.

Gap

None.

Recommendation

NC-DMA and NC-SCHS should monitor the utilization of tobacco-cessation drugs and the impact on tobacco-related health outcomes.

Medicaid coverage of comprehensive tobacco cessation services for pregnant women: Sec 4107

Provision description

Coverage of comprehensive tobacco cessation services for pregnant women in Medicaid. States must provide Medicaid coverage for counseling and pharmacotherapy to pregnant women for cessation of tobacco use. Such services include diagnostic, therapy and counseling services, and prescription and nonprescription nicotine replacement agents approved by the Food and Drug Administration for cessation of tobacco use by pregnant women. Prohibits cost-sharing for these services.

Current efforts

NC provides a risk analysis through the pregnancy medical home. NC Medicaid also provides coverage for smoking and tobacco cessation counseling visits.

Recommendations

1. AHEC and NC Medical Society should partner to provide education to providers on billing options for Medicare preventive services, particularly for those providers who are not enrolled in the medical home model.
2. CCNC, through Case Managers, should educate patients on the availability of these preventive services without copayment or application of deductible.

Worksite wellness:

Employer worksite wellness programs: Sec 1201, 2705

Provision description

- Allows employers to include wellness programs as part of their insurance coverage. Wellness program must be designed to promote health or prevent disease.
- Prohibits discrimination based on health status (e.g., medical condition).

- Employers can 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).
- A 10-state demonstration project will be established no later than 7/1/2014, with possible expansion in July 2017.

Current efforts

Recommendation

The NC Network of Grantmakers should track funding for the worksite wellness demonstration project.

HNC2020 and the NC Worksite Wellness Collaborative should provide information to businesses on evidenced-based wellness programs.

Workgroup questions

Do we want to recommend that a NC insurer participate in this pilot program?

Healthy lifestyle initiatives – Incentives for prevention of chronic diseases in Medicaid: Sec 4108, 10408

Provision description

The ACA directs the Secretary to award grants to states in 2011 to provide incentives for Medicaid beneficiaries to participate in programs providing incentives for healthy lifestyles. These programs must be comprehensive and uniquely suited to address the needs of Medicaid eligible beneficiaries and must have demonstrated success in helping individuals lower or control cholesterol and/or blood pressure, lose weight, quit smoking and/or manage or prevent diabetes, and may address co-morbidities, such as depression, associated with these conditions.

Worksite wellness initiatives. The CDC will provide technical assistance and tools to evaluate employer-offered worksite wellness programs to promote the use of evidence-based and health promotion approaches. Grants will be made available to businesses to offer comprehensive workplace wellness programs, if the employer has 100 or fewer employees and no existing program as of March 2010. The ACA authorized \$200 million for this provision (FFY 2011-2015), but the legislation did not include new appropriations

Current efforts

Information on worksite wellness programs is available through the “Eat Smart, Move More” website (<http://www.eatsmartmovemorenc.com/Worksites.html>).

Recommendations

1. DMA and NC Network of Grantmakers should track grant opportunities that provide incentives to Medicaid clients for adopting healthy lifestyles.
2. NC Network of Grantmakers should track funding opportunities for businesses to develop worksite wellness programs.
3. If funding for development of worksite wellness programs becomes available, then HNC2020 and the NC Worksite Wellness Collaborative should provide education to businesses on evidence-based wellness programs and the availability of funding to implement these programs.

Worksite wellness technical assistance: Sec 4303

Provision description

CDC will provide technical assistance and tools to employers to evaluate employer-offered worksite wellness programs to promote the use of evidence-based and health promotion approaches.

Current efforts

Recommendations

NC Worksite Wellness should provide information on CDC's technical assistance through its website (<http://www.eatsmartmovemorenc.com/Worksites.html>).

Coverage of Preventive Health Services: Sec 2713

Provision description

Requires new employer-sponsored group health plans and private health insurance policies to provide coverage, without cost sharing, for preventive services rated A or B by the USPSTF, immunizations recommended by ACIP, preventive care and screening for infants, children, and adolescents, and additional preventive services for women that are recommended by HRSA.

Current efforts

n/a

Gap

Monitoring of health plans

Recommendations

1. EMR systems offered in NC should provide clinical decision support tools to identify and promote USPS-TF and ACIP recommended services targeted to the patient needs. This requirement should be incorporated in to the minimal requirements for companies providing EMRs within NC. (NC-HIT)
2. Quality improvement initiatives at the State level should include monitoring of utilization of patient-targeted prevention services. (NC-HIT, NC DMA, CCNC)
3. NC-DOI should monitor health plans to ensure that USPS-TF and ACIP services are provided without copay.
4. Healthcare providers and patients should be informed of the availability of coverage for these services. (NC Medical Society, NC-DOI)
5. AHEC should advise the practice community on how to ramp up on secondary prevention services by 2014 through meaningful use of EMRs and quality improvement initiatives.

Personal responsibility and abstinence education: Sec 2953

Provision description

Provides \$75 million per year through FY2014 for Personal Responsibility Education grants to States for programs to educate adolescents on both abstinence and contraception for prevention of teenage pregnancy and sexually transmitted infections, including HIV/AIDS. Funding is also available for 1) innovative teen pregnancy prevention strategies and services to high-risk, vulnerable, and culturally under-represented populations, 2) allotments to Indian tribes and tribal organizations, and 3) research and evaluation, training, and technical assistance

Current efforts

North Carolina received \$1,544,312 in PREP funds to educate adolescents on both abstinence and contraception for prevention of teenage pregnancy and sexually transmitted infections, including HIV/AIDS.

Recommendations

NC-DPH should continue to track grant opportunities.

AIDS Drug Assistance: Sec 3314

Provision description

Allows drugs provided to beneficiaries by AIDS Drug Assistance Programs or the Indian Health Service to count toward the annual out-of-pocket threshold.

Current efforts

Recommendations

The AIDS Drug Assistance Programs and the Indian Health Service should provide education to beneficiaries on this benefit.

Prevention and Public Health Fund: Sec 4002

Provision description

The ACA appropriated \$500 million in FFY 2010 to a new Public Health and Prevention Trust Fund to help fund new prevention efforts, as well as grants to strengthen the public health infrastructure. In FFY 2010, about half of the funding was used to support workforce provisions. The ACA included additional appropriations for the Public Health and Prevention Trust Fund in FFY 2011-2015. It is unknown at this time whether the full funds will be available to support public health activities.

Current efforts

Recommendations

NC Network of Grantmakers and NC-DPH should continue to track grant opportunities.

Outreach and education efforts: Sec 4004

Provision description

Directs the Secretary to convene a national public/private partnership for the purposes of conducting a national prevention and health promotion outreach and education campaign. In addition, the Secretary will provide guidance and relevant information to States and health care providers regarding preventive and obesity-related services that are available to Medicaid enrollees, including obesity screening and counseling for children and adults. Each State would be required to design a public awareness campaign to educate Medicaid enrollees regarding availability and coverage of such services.

Current efforts

Recommendations

NC DMA shall design a public awareness campaign to educate Medicaid enrollees regarding availability and coverage of preventive and obesity-related services with the goal of reducing the incidence of obesity.

Dental caries disease management: Sec 4102

Provision description

Establishes an oral healthcare prevention education campaign at CDC focusing on preventive measures and targeted towards key populations including children and pregnant women. Creates demonstration grants on the effectiveness of research-based dental caries disease management activities.

Current efforts

Recommendations

NC-DPH and NC Network of Grantmakers should continue to track grant opportunities.

Medicare coverage of annual wellness visit providing a personalized prevention program: Sec 4103

Provision description

Eliminates copayments for Medicare enrollees who receive an annual wellness exam that includes a health risk assessment and personalized prevention plan.

Current efforts

Recommendations

AHEC and CCNC should provide education to primary care physicians on this benefit for Medicare enrollees.

Removal of barriers to preventive services in Medicare: Sec 4104

Provision description

Eliminates copayments and application of deductible for Medicare preventive services that are rated A or B by the USPSTF, and application of deductible for colorectal cancer screening tests.

Current efforts

Recommendations

AHEC, the NC Medical Society, and the NC Division of Aging and Adult Services should partner to provide education to providers on billing options for Medicare preventive services, particularly for those providers who are not enrolled in the medical home model. Providers also should be encouraged to educate patients on the value of these preventive services, as well as availability without copayment or application of deductible, and to appropriately encourage utilization of preventive services.

Medicaid – Improving access to preventive services for eligible adults: Sec 4106

Provision description

Improving access to preventive services for eligible adults in Medicaid. Beginning in Jan 2013, states may provide Medicaid coverage for all preventive clinical services recommended by the USPSTF, and immunizations recommended by ACIP. This is similar to what insurers are required to provide in individual and group health plans (Sec 1001, 10101), and what Medicare began covering in 2011 (Sec 4104). States that elect to cover these preventive services and vaccines, and provide these services without cost sharing, will receive an increase of one percentage point in their FMAP rate for these services.

Current efforts

DMA already covers most of the recommended services and immunizations, however it does not currently cover BRCA testing (to determine if a person has the breast cancer gene), Zostavax, aspirin for cardiovascular disease prevention, folic acid and iron supplementation for children, or human papilloma virus (HPV) immunizations for people ages 21-26.

DMA is currently conducting a cost analysis to determine the costs involved in offering all the recommended clinical preventive services and immunizations without cost sharing, versus the additional reimbursement it would receive from the enhanced FMAP rate.

Gap

Medicaid recipients do not always receive appropriate clinical preventive services, even when they are covered services. Thus, merely extending coverage to new preventive services will not ensure their use.

Recommendations

1. North Carolina should provide coverage of all preventive services and immunizations recommended by USPSTF and ACIP without cost-sharing.
2. DMA, AHEC, NCMS, and other health care professional associations, should educate providers to ensure that health professionals are aware of, and actively advise their patients to obtain appropriate clinical preventive services.

Healthy Aging grants: Sec 4202

Provision description

The goal of this program is to improve the health status of the pre-Medicare-eligible population to help control chronic disease and reduce Medicare costs. The CDC would provide grants to States or large local health departments to conduct pilot programs in the 55-to-64 year old population. Pilot programs would evaluate chronic disease risk factors, conduct evidence-based public health interventions, and ensure that individuals identified with chronic disease or at-risk for chronic disease receive clinical treatment to reduce risk. Pilot programs would be evaluated for success in controlling Medicare costs in the community. Additionally, the Centers for Medicare & Medicaid Services (CMS) would conduct a comprehensive assessment of community-based disease self-management programs that help control chronic diseases. The Secretary would then develop a plan for improving access to such services for Medicare beneficiaries.

Current efforts

Recommendations

NC-DPH and NC Network of Grantmakers should track funding opportunities for pilot programs.

Increasing child and adult immunizations: Sec 4204

Provision description

Authorizes States to purchase adult vaccines under CDC contracts. Currently, 23 States purchase vaccines under CDC contracts. These contracts for adult vaccines provide savings that range from 23-69 percent compared to the private sector cost. Authorizes a demonstration program to improve immunization coverage. Under this program, CDC will provide grants to States to improve immunization coverage of children, adolescents, and adults through the use of evidence-based interventions. States may use funds to implement interventions that are recommended by the Community Preventive Services Task Force, such as reminders or recalls for patients or providers, or home visits. Reauthorizes the Immunization Program in Section 317 of the Public Health Service Act. This section would also require a GAO study and report to Congress on coverage of vaccines under Medicare Part D and the impact on access to those vaccines.

Recommendations

NC-DPH should track funding opportunities for improving immunization coverage .

Individualized wellness plans: Sec 4206

Provision description

Creates a pilot program to determine the effectiveness of individualized wellness plans at federally-qualified community health centers. This pilot program provides at-risk populations who utilize community health centers with a comprehensive risk-factor assessment and an individualized wellness plan designed to reduce risk factors for preventable conditions.

Current efforts

Recommendations

NC-DPH and NC Network of Grantmakers should track funding opportunities for pilot programs.

Research on public health service delivery: Sec 4301

Provision description

Funding shall be provided through the CDC for research in the area of public health services and systems. This research shall include examining best practices relating to prevention, analyzing the translation of interventions from academic institutions to clinics and communities, and identifying effective strategies for delivering public health services in real world settings.

Current efforts

Recommendations

NC Network of Grantmakers should track relevant funding opportunities.

Epidemiology laboratory capacity grants: Sec 4304

Current efforts

North Carolina received a grant of \$371,894 to improve surveillance for and responses to infectious diseases and other conditions of public health importance.

Recommendations

NC-DPH and NC Network of Grantmakers should track relevant funding opportunities.

CHIPRA childhood obesity grants: Sec 4306

Provision description

Funding for Childhood Obesity Demonstration Project.

Current efforts

Recommendations

NC-DPH and NC Network of Grantmakers should track relevant funding opportunities.

Vital statistics system improvement (part of Diabetes Report Card provision): Sec 10407

Provision description

Diabetes report card; Improvement of vital statistics data collection, including education of physicians, encouraging state adoption of latest standard birth and death certificates, and working with states to reengineer vital statistics systems to provide cost-effective, timely, and accurate vital systems data.

Current efforts

The NC Vital Records office has successfully reengineered their birth registration system and adopted the 2003 U.S. standard certificate. So beginning with Jan 2011 births, all birth data will be collected under the 2003 certificate revision standards.

Vital Records has partnered with the State Center for Health Statistics to develop plans to overhaul processing of death certificates. In October 2010 SCHS received ACA (Public Health Infrastructure Grant) funds. One of the projects stipulated under that funding is to develop specifications for a new death registration system.

Recommendations

NC-DPH and NC Network of Grantmakers should continue to track and pursue relevant funding opportunities to support the work of Vital Records and the State Center for Health Statistics to improve vital statistics data systems.

Centers of Excellence for Depression: Sec 10410

Provision description

Establishing a network of health-advancing national centers of excellence. Funding for grants authorized, but not appropriated.

Current efforts

Recommendations

NC Network of Grantmakers should track relevant funding opportunities.

Congenital heart surveillance system: Sec 10411

Provision description

CDC may award a grant to expand the infrastructure to track the epidemiology of congenital heart disease and to create a population-based surveillance system.

Current efforts

Recommendations

NC-DPH and NC Network of Grantmakers should track relevant funding opportunities.

Diabetes prevention grants: Sec 10501(g)

Provision description

National diabetes prevention program. Includes a grant program for community-based diabetes prevention program model sites. Eligible entities include State or local health department, a tribal organization, a national network of community-based nonprofits focused on health and wellbeing, an academic institution, or other entity, as the Secretary determines.

Current efforts

Recommendations

NC-DPH and NC Network of Grantmakers should track relevant funding opportunities.

Community transformation grants: Sec 4201, 10403

Provision description

Competitive grants to State and local governmental agencies and community based organizations for the implementation, evaluation, and dissemination of evidence-based community preventive health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence-base of effective prevention programming.

Current efforts

Recommendations

1. NC-DPH and NC Network of Grantmakers should continue to track funding opportunities.
2. See document titled "InfrastructureSubcommittee-Summary-08Apr2011.docx" for additional recommendations from the from the Prevention Subcommittee on identifying mechanisms to assist communities of greatest need with applications for and implementation of prevention-related funding opportunities.

Public health infrastructure grants:

Provision description

Public health infrastructure grants offered support to advance health promotion and disease prevention through improved information technology, workforce training, and regulation and policy development.

Current efforts

North Carolina was one of only 14 states to receive both component I (non-competitive) and component II (competitive) awards. In component I, North Carolina received \$400,000 to support the Public Health Quality Improvement Center. As part of component II, North Carolina received \$1,503,858 for the State Center for Health Statistics to strengthen collection, reporting and analysis of health statistics, including enhancement of the its web-based data query system, re-design of death registration in preparation for automation, and increased use of electronic health records for disease surveillance.

Provisions without recommendations:

- Creation of National Prevention Council (Sec 4001): Creates a National Prevention Council to help set national prevention priorities.
- Nutrition labeling of standard menu items at chain restaurants (Sec 4205): Mandates calorie information on restaurant menus and menu boards in restaurant chains with greater than 20 locations. Also effects chain vending machine operators (persons who own or operate 20 or more vending machines). The party responsible for monitoring of impact and compliance will be defined in the Federal regulations.
- Establishment of the Ready Reserve Corps (Sec 5210): The purpose of the Ready Reserve Corps is to fulfill the need to have additional Commissioned Corps personnel available on short notice to assist regular Commissioned Corps personnel to meet both routine public health and emergency response missions.
- Medicare coverage for individuals exposed to environmental health hazards (10323)
- Congenital heart surveillance system (Sec 10412): Automated Defibrillation in Adam's Memory Act: changes wording in original legislation to require that clearinghouse tasked with increasing defibrillation access in schools be administered by an organization with substantial expertise in pediatric education, pediatric medicine, electrophysiology, and sudden death. The provision also changes the funding to include FY2003-2014.
- Young women's breast health "education and awareness requires learning young" (EARLY): (Sec 10413): Young women's breast health awareness and support of young women diagnosed with breast cancer. CDC shall conduct (1) an evidence-based education campaign to increase awareness & knowledge of breast health; (2) prevention research activities, and support for young women diagnosed with breast cancer.