

# Prevention, Wellness, Public Health and Health Reform

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# TFAH: Who we are

- Trust for America's Health (TFAH) is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.

# TFAH: What we believe

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- At TFAH we believe that people's health should not be determined by where they live. Every American deserves and should expect basic health protections.

# TFAH: What we do

- TFAH advocates for a strong public health system
- Prevention
  - Prevent illness in the first place, particularly for those most at risk.
- Protection
  - Hold officials accountable for their performance on public health issues and activities.
- Healthy Communities
  - Improving people's health begins with strong, well-prepared, connected communities.

# Overview - PPACA

- What's in the new health reform law with a special focus on public health, prevention, and wellness provisions?
- How public health became a part of health reform?
- Community Prevention
- Community Transformation Grants

# Public Health Spoke with Unified Voice

- Pillars for public health in health reform:
  - Universal coverage, including first \$ coverage of clinical preventive services
  - National Prevention Strategy
  - Reliable funding stream through creation of a Trust Fund (mandatory appropriation) to support:
    - Core public health functions
    - Community prevention
    - Public health workforce
    - Public health and prevention research

# Prevention for a Healthier America

ISSUE REPORT

## Prevention for a Healthier America:

INVESTMENTS IN DISEASE PREVENTION  
YIELD SIGNIFICANT SAVINGS,  
STRONGER COMMUNITIES



JULY 2006  
PREVENTING EPIDEMICS.  
PROTECTING PEOPLE.



Trust for America's Health  
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# How did Prevention – Community Prevention -- Become so Important?

- Coverage is important, but what surrounds (or precedes) coverage is also important
  - Achieving good health outcomes requires healthy communities, not just healthy individuals
- Drivers of health care costs (chronic disease) can often be effectively *prevented* in the community as opposed to *managed* in the health care setting
  - Reducing costs as a critical policy outcome
- Disparities in chronic diseases related to disparities in the “health” of communities
  - Poverty, race/ethnicity and obesity
  - Poor communities provide less support for healthy lifestyles (nutrition, physical activity)

# Key Provisions: Clinical Prevention

- First dollar coverage of clinical preventive services
  - Over time in private insurance; immediate in Medicare and Medicaid
    - Annual wellness visit in Medicare
  - U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices (ACIP)
  - “Essential Health Benefits” requirements
  - Tobacco cessation for pregnant women
- CHIPRA childhood obesity demonstration projects (\$25 million)

# Workforce (Authorizations)

- ❑ Loan repayment program for public health workers
- ❑ Training for mid-career public health workers
- ❑ Fellowships
- ❑ Epidemiology-Lab Capacity Grants
- ❑ Elimination of cap on Commissioned Corps
  - Establishment of a Ready Reserve
- ❑ Grants for community health workers

# Key provisions: Health in All Policies

## Title IV: Prevention of Chronic Disease & Improving Public Health

- National Prevention, Health Promotion and Public Health Council (Sec 4001)
  - Chaired by Surgeon General
    - HHS, USDA, ED, FTC, DOT, DOL, DHS, EPA, ONDCP, DPC, Asst. Secretary for Indian Affairs
    - Others: VA, DOD
- National Prevention and Health Promotion Strategy (Sec 4001 (g))
  - Due March 23, 2011

# Purposes of the National Strategy

- (1) set specific goals and objectives for improving the health of the U.S. through federally-supported prevention, health promotion, and public health programs, consistent with ongoing goal setting efforts conducted by specific agencies;
- (2) establish specific and measurable actions and timelines to carry out the strategy, and determine accountability for meeting those timelines, within and across Federal departments and agencies; and
- (3) make recommendations to improve Federal efforts relating to prevention, health promotion, public health, and integrative health care practices to ensure Federal efforts are consistent with available standards and evidence.

# Prevention & Public Health Fund

## Purpose & Use of Fund (Sec. 4002)

### Purpose

- To provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs.

### Use of Fund

- For prevention, wellness, and public health activities, including: prevention research and health screenings, such as the Community Transformation grant program, the Education and Outreach Campaign for Preventive Benefits, and immunization programs.

# Ensuring the Quality of Care (Sec. 2717)

- “(b) WELLNESS AND PREVENTION PROGRAMS.—Wellness and health promotion activities may include personalized wellness and prevention services, which are coordinated, maintained or delivered by a health care provider, a wellness and prevention plan manager, or a health, wellness or prevention services organization that conducts health risk assessments or offers ongoing face-to-face, telephonic or web-based intervention efforts for each of the program’s participants, and which may include the following wellness and prevention efforts:
  - “(1) Smoking cessation.
  - “(2) Weight management.
  - “(3) Stress management.
  - “(4) Physical fitness.
  - “(5) Nutrition.
  - “(6) Heart disease prevention.
  - “(7) Healthy lifestyle support.
  - “(8) Diabetes prevention.

# Real Money Through Mandatory Appropriations

- Prevention and Public Health Fund: **\$15 billion** over 10 years (permanent authorization at **\$2 billion** a year)
  - Supports new and existing prevention and public health programs, including Community Transformation Grants
  - \$500 million available immediately (FY 2010); \$750 million available in October (FY 2011)
  - Separate fund for Community Health Centers (\$11 billion over 5 years)

# Purpose of the Fund: Non-Clinical Prevention

- “Another critical element in the bill essential to a sustainable push for wellness is the creation of a prevention and public health trust fund. Typically prevention and public health initiatives are subject to unpredictable and unstable funding. This means that important interventions...often go unfunded from one year to the next. .... **The prevention and public health fund in this bill will provide an expanded and sustained national investment in programs that promote physical activity, improve nutrition, and reduce tobacco use.** We all appreciate that checkups and immunizations and other clinical services are important. (**Senator Harkin**, December 21, 2009, Congressional Record, pp. S13661-62.)

# Purpose of the Fund: Non-Clinical Prevention

- But this bill also recognizes that **where Americans live and work and go to school also has a profound impact on our health.** This is the very first opportunity in a generation – one that may never return – to invest in modernizing the public health system. To divert from this intent is only inviting the Congress to give very specific direction to the Administration about how this money is spent. That would remove the flexibility this Fund is meant to give the Administration in the long term.” (**Senator Harkin**, December 21, 2009, Congressional Record, pp. S13661-62.)

# What can be Funded?

- March 23, 2010 – TFAH/RWJF consultation meeting on implementation of PPAC – key themes
- Community prevention
- Public health infrastructure/capacity
  - New skills associated with policy change and community prevention
  - Accreditation
- Community Guide and USPSTF
- Public Health Services and Systems Research
- Workforce

# What is Community Prevention?

- Interventions that promote healthy environments and behaviors – making it easier for people to make healthy choices, such as:
  - Changing community norms and empowering communities
    - Coalition and social network building
    - Social marketing campaigns
  - Changing the physical and social environments
    - Organizational practices and governmental policies
    - Facilities and programs
    - Walkability – lighting, sidewalks, signs
    - Access to healthy foods
  - Increasing individual knowledge and skills

# True Community-Based Prevention

- **Community Transformation Grants**
  - Requires detailed plan for policy, environmental, programmatic and infrastructure changes to promote healthy living and reduce disparities
    - Create healthier school environments, including healthy food options, physical activity opportunities, promotion of healthy lifestyles
    - Develop and promote programs targeting increased access to nutrition, physical activity, smoking cessation and safety
    - Highlight healthy options at restaurants and food venues
    - NOT limited to chronic diseases or one disease at a time
    - NOT \$7 billion for jungle gyms

# Examples: Create an opportunity to Think Across Stovepipes

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- Physical activity and youth
  - Obesity, depression, sexual risk, educational performance
- Alcohol taxes
  - Alcoholism, motor vehicle accidents, domestic violence, STDs

# Preventive and Wellness Benefits

- Covers preventive and wellness benefits at no charge – exempts benefits from deductibles and other cost-sharing requirements
- Directs HHS Secretary to award grants to States to carry out initiatives to provide incentives to Medicaid beneficiaries who successfully participate in a healthy lifestyles program and demonstrate changes in health risk and outcomes

# Some Provisions Impacting Individuals with Disabilities

## Removing barriers and improving access to wellness for individuals with disabilities (Sec. 4203)

- Amends Title V of the Rehabilitation Act of 1973
  - **ESTABLISHMENT OF STANDARDS FOR ACCESSIBLE MEDICAL DIAGNOSTIC EQUIPMENT (Sec. 510)**
- Requires the the Architectural and Transportation Barriers Compliance Board (in consultation with FDA) to issue regulatory standards for minimal technical criteria for medical diagnostic equipment (as specified) used in (or in conjunction with) physician's offices, clinics, emergency rooms, hospitals, and other medical settings.
- The standards must ensure that individuals with disabilities can use, enter, and exit such equipment independently, to the maximum extent possible.

# Some Provisions Impacting Individuals with Disabilities cont.

- **Data Collection, Analysis, and Quality (Title XXXI, Sec. 3101)**
  - Requires: “(A) data on race, ethnicity, sex, primary language, and disability status for applicants, recipients, or participants”; “(C) sufficient data to generate statistically reliable estimates by racial, ethnic, sex, primary language, and disability status subgroups for applicants, recipients or participants using, if needed, statistical oversamples of these subpopulations;”
  - In collecting data, the Secretary is required to “develop standards for the measurement of sex, primary language, and disability status;”

# Some Provisions Impacting Individuals with Disabilities cont.

- Also requires “(D) survey health care providers and establish other procedures in order to assess access to care and treatment for individuals with disabilities and to identify--
  - “(i) locations where individuals with disabilities access primary, acute (including intensive), and long-term care;
  - “(ii) the number of providers with accessible facilities and equipment to meet the needs of the individuals with disabilities, including medical diagnostic equipment that meets the minimum technical criteria set forth in section 510 of the Rehabilitation Act of 1973; and
  - “(iii) the number of employees of health care providers trained in disability awareness and patient care of individuals with disabilities; and
- “(E) require that any reporting requirement imposed for purposes of measuring quality under any ongoing or federally conducted or supported health care or public health program, activity, or survey includes requirements for the collection of data on individuals receiving health care items or services under such programs activities by race, ethnicity, sex, primary language, and disability status.

# Some Provisions Impacting Individuals with Disabilities cont.

## Essential Health Benefits Requirements (Sec. 1302)

In defining the essential health benefits, the Secretary is required to:

- (B) not make coverage decisions, determine reimbursement rates, establish incentive programs, or design benefits in ways that discriminate against individuals because of their age, disability, or expected length of life;
- (C) take into account the health care needs of diverse segments of the population, including women, children, persons with disabilities, and other groups;
- (D) ensure that health benefits established as essential not be subject to denial to individuals against their wishes on the basis of the individuals' age or expected length of life or of the individuals' present or predicted disability, degree of medical dependency, or quality of life;

# Latest Developments

- On 6/14/10, HHS, DOL, and Treasury issued a new regulation for health coverage in place on March 23, 2010 that aims to:
  - Protect the ability of individuals and businesses to keep their current plan;
  - Provide important consumer protections that give Americans control over their own health care; &
  - Provide stability and flexibility to insurers and businesses that offer insurance coverage as the nation transitions to a more competitive marketplace in 2014 where businesses and consumers will have more affordable choices through Exchanges.

# Latest Developments cont.

- All health plans must provide certain benefits to their customers for plan years starting on or after September 10, 2010, including:
  - No lifetime limits on coverage for all plans;
  - No rescissions of coverage when people get sick and have previously made an unintentional mistake on their application; &
  - Extension of parents' coverage to young adults under 26 years old.

# Latest Developments cont.

- For the vast majority of individuals who receive health insurance through employers, additional benefits will be offered, irrespective of whether their plan is grandfathered, including:
  - No coverage exclusions for children with pre-existing conditions; and
  - No “restricted” annual limits (e.g., annual dollar amount limits on coverage below standards to be set in future regulations)

# Latest Developments cont.

- HHS announced yesterday (6/16) that \$250 million (half of the Fund's dollars) would be used to increase the physician workforce.
- These funds were redirected outside the scope of its Congressional intent from the Public Health Fund.
- House Energy & Commerce Committee Chairman Waxman's response: "We need to do prevention and we need to do workforce, but we had an agreement..." "I don't like the idea that there should be a scramble for funds when we had a pretty clear idea that we were going to use them for different purposes..." "Prevention and public health, as well as manpower, are things we need to support, not have them compete against the other the way it appears the way they're doing now"
- Senate HELP Committee Chairman Harkin agreed that the workforce programs were not an ideal implementation of the funds. He stated "Well, I don't like it, but I understand what they're doing. It's a one-time shot..."

# Questions & Comments

For further information

[www.healthyamericans.org/health-reform](http://www.healthyamericans.org/health-reform)

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