

Historic Investment in Prevention and Wellness Efforts In Health Reform Law

“[It is time] to make the largest investment ever in preventive care, because that’s one of the best ways to keep our people healthy and our costs under control.” – President Barack Obama, Address to Congress, Feb. 24, 2009

“I am most encouraged that with this reform, we will begin to recreate America as a genuine wellness society – a society focused on healthful lifestyles and preventing the chronic diseases that take such a toll on our bodies and our budgets. And make no mistake, this bill doesn’t just tinker around the edges; it changes the paradigm.” – Senator Tom Harkin (D-IA), following the White House signing ceremony of the health reform law, March 23, 2010

In March, as the President signed *The Patient Protection and Affordable Care Act*, he signed into law historic investments in prevention and wellness efforts. These investments will begin to recreate America as a genuine wellness society – a society focused on healthful lifestyles, preventing chronic diseases and reining in the high cost of health care.

More specifically, the Prevention and Public Health title of the bill creates incentives to prevent chronic disease and rein in costs across the full health care spectrum.

- **At the federal level** it creates a new inter-agency council to develop a national health strategy and a dedicated funding stream to support these efforts.

- **At the clinical level** it boosts doctor training and coverage of preventive services and eliminates co-pays and deductibles for these services.

- **At the grassroots level** it provides grants for community initiatives that will support more walkable communities, healthier schools and increased access to nutritious foods in safe environments.

The legislation also includes a bipartisan compromise to provide **mandatory disclosure of calories on menus and menu boards** to help reduce rising obesity rates by enabling Americans to make healthier food choices.

Preventing disease isn’t just the right thing to do – it’s the smart thing to do. Right now, the bulk of health care costs are accounted for by conditions that are largely *preventable* and even *reversible* by changes in nutrition, physical activity and lifestyle. More than half of all Americans live with one or more chronic conditions, and chronic diseases are responsible for seven out of ten deaths in the United States. [*Milken Institute, 10/2007; Centers for Disease Control and Prevention (CDC), 2004*] By focusing on prevention, we can start to bend the cost curve down, improving our physical and fiscal health for generations to come.

Transforming our current “sick care” system into a genuine “health care” system is no small task, but a new focus on and investments in prevention and public health policies will reduce the number of Americans suffering from chronic disease and reduce health care costs.

A summary of the Prevention, Wellness and Public Health title follows. If you need any further information, please do not hesitate to contact Kate Cyrul or Bergen Kenny in Senator Harkin’s office at (202) 224-3254.

TITLE IV—PREVENTION OF CHRONIC DISEASE AND IMPROVING PUBLIC HEALTH

Subtitle A – Modernizing Disease Prevention and Public Health Systems

Sec. 4001. National Prevention, Health Promotion and Public Health Council. Creates an interagency council dedicated to promoting healthy policies at the Federal level. The Council shall consist of representatives of Federal agencies that interact with Federal health and safety policy, including the departments of HHS, Agriculture, Education, Labor, Transportation, and others. The Council will establish a national prevention and health promotion strategy and develop interagency working relationships to implement the strategy. The Council will report annually to Congress on the health promotion activities of the Council and progress in meeting goals of the national strategy.

Sec. 4002. Prevention and Public Health Fund. Establishes a Prevention and Public Health Investment Fund. The goal of the Investment Fund is to provide an 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. This will involve a dedicated, stable funding stream for prevention, wellness and public health activities authorized by the Public Health Service Act.

Sec. 4003. Clinical and community preventive services. Expands the efforts of, and improves the coordination between, two task forces which provide recommendations for preventive interventions. The U.S. Preventive Services Task Force is an independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness of clinical preventive services such as colorectal cancer screening or aspirin to prevent heart disease, and develops recommendations for their use. The Community Preventive Services Task Force uses a public health perspective to review the evidence of effectiveness of population-based preventive services such as tobacco cessation, increasing physical activity and preventing skin cancer, and develops recommendations for their use.

Sec. 4004. Education and outreach campaign regarding preventive benefits. 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. The goal of the campaign is to raise awareness of activities to promote health and prevent disease across the lifespan. The Secretary will conduct a national media campaign on health promotion and disease prevention focusing on nutrition, physical activity, and smoking cessation using science-based social research. The Secretary shall also 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. 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.

Subtitle B – Increasing Access to Clinical Preventive Services

Sec. 4101. School-based health centers. Authorizes a grant program for the operation and development of School-Based Health Clinics, which will provide comprehensive and accessible preventive and primary health care services to medically underserved children and families. Appropriates \$50 million each year for fiscal years 2010 through 2013 for expenditures for facilities and equipment.

Sec. 4102. Oral healthcare prevention activities. 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 programs on oral health delivery and strengthens surveillance capacity.

Sec. 4103. Medicare coverage of annual wellness visit providing a personalized prevention plan. Provides coverage under Medicare, with no co-payment or deductible, for an annual wellness visit and personalized prevention plan services. Such services would include a comprehensive health risk assessment. The personalized prevention plan would take into account the findings of the health risk assessment and include elements such as: a five- to ten-year screening schedule; a list of identified risk factors and conditions and a strategy to address them; health advice and referral to education and preventive counseling or community-based interventions to address modifiable risk factors such as physical activity, smoking, and nutrition.

Sec. 4104. Removal of barriers to preventive services in Medicare. This section would waive beneficiary coinsurance requirements for most preventive services, requiring Medicare to cover 100 percent of the costs. Services for which no coinsurance or deductible would be required are the personalized prevention plan services and any covered preventive service if it is recommended with a grade of A or B by the U.S. Preventive Services Task Force.

Sec. 4105. Evidence-based coverage of preventive services in Medicare. This section would authorize the Secretary to modify the coverage of any currently covered preventive service in the Medicare program to the extent that the modification is consistent with U.S. Preventive Services Task Force recommendations and the services are not used for diagnosis or treatment. The Secretary will also conduct a provider and beneficiary outreach program regarding covered preventive services. This section also authorizes a Government Accountability Office (GAO) study of the utilization of and payment for Medicare covered preventive services, the use of health information technology in coordinating such services, and whether there are barriers to the utilization of such services.

Sec. 4106. Improving access to preventive services for eligible adults in Medicaid. The current Medicaid State option to provide other diagnostic, screening, preventive, and rehabilitation services would be expanded to include: (1) any clinical preventive service recommended with a grade of A or B by the U.S. Preventive Services Task Force and (2) with respect to adults, immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration. States that elect to cover these additional services and vaccines, and also prohibit cost-sharing for such services and vaccines, would receive an increased Federal medical assistance percentage (FMAP) of one percentage point for these services.

Sec. 4107. Coverage of comprehensive tobacco cessation services for pregnant women in Medicaid. States would be required to provide Medicaid coverage for counseling and pharmacotherapy to pregnant women for cessation of tobacco use. Such services would include diagnostic, therapy and counseling services, and prescription and nonprescription tobacco cessation agents approved by the Food and Drug Administration for cessation of tobacco use by pregnant women. This section would also prohibit cost-sharing for these services.

Sec. 4108. Incentives for prevention of chronic diseases in Medicaid. The Secretary would award grants to States 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.

Subtitle C – Creating Healthier Communities

Sec. 4201. Community transformation grants. This section authorizes the Secretary to award competitive grants to eligible entities for programs that promote individual and community health and prevent the incidence of chronic disease. Communities can carry out programs to prevent and reduce the incidence of chronic diseases associated with overweight and obesity, tobacco use, or mental illness; or other activities that are consistent with the goals of promoting healthy communities.

Sec. 4202. Healthy aging, living well; evaluation of community-based prevention and wellness programs for Medicare beneficiaries. 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.

Sec. 4203. Removing barriers and improving access to wellness for individuals with disabilities. Requires the Access Board to establish standards for accessibility of medical diagnostic equipment to individuals with disabilities.

Sec. 4204. Immunizations. 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.

Sec. 4205. Nutrition labeling of standard menu items at chain restaurants. This initiative represents a compromise between the Menu Education and Labeling (MEAL) Act, sponsored by Senator Harkin, and the Labeling Education and Nutrition (LEAN) Act, sponsored by Senators Carper and Murkowski. Under the terms of the compromise, a restaurant that is part of a chain with 20 or more locations doing business under the same name (other restaurants are exempt) would be required to disclose calories on the menu board and in a written form, available to customers upon request, additional nutrition information pertaining to total calories and calories from fat, as well as amounts of fat, saturated fat, cholesterol, sodium, total carbohydrates, complex carbohydrates, sugars, dietary fiber, and protein.

Sec. 4206. Demonstration project concerning individualized wellness plan. 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.

Sec. 4207. Reasonable break time for nursing mothers. This initiative would amend the Fair Labor Standard Act to require employers to provide break time and a place for breastfeeding mothers to express milk. This would not apply to an employer with fewer than 50 employees, and there are no monetary damages.

Subtitle D – Support for Prevention and Public Health Innovation

Sec. 4301. Research on optimizing the delivery of public health services. The Secretary, acting through the Director of CDC, shall provide funding 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. CDC shall annually report research findings to Congress.

Sec. 4302. Understanding health disparities; data collection and analysis. Ensures that any ongoing or new Federal health program achieve the collection and reporting of data by race, ethnicity, primary language and any other indicator of disparity. The Secretary shall analyze data collected to detect and monitor trends in health disparities and disseminate this information to the relevant Federal agencies.

Sec. 4303. CDC and employer-based wellness programs. Requires the CDC to study and evaluate best employer-based wellness practices and provide an educational campaign and technical assistance to promote the benefits of worksite health promotion to employers.

Sec. 4304. Epidemiology-Laboratory Capacity Grants. Establishes a program at the CDC that awards grants to assist State, local, and tribal public health agencies in improving surveillance for and responses to infectious diseases and other conditions of public health importance. Amounts received under the grants shall be used to strengthen epidemiologic capacity, enhance laboratory practices, improve information systems, and develop outbreak control strategies. Requires the Director of the CDC to issue national standards on information Exchange systems to public health entities for the reporting of infectious diseases and other conditions of public health importance in consultation with the National Coordinator for Health Information Technology.

Sec. 4305. Advancing research and treatment for pain care management. Authorizes an Institute of Medicine Conference on Pain Care to evaluate the adequacy of pain assessment, treatment, and management; identify and address barriers to appropriate pain care; increase awareness; and report to Congress on findings and recommendations. Also authorizes the Pain Consortium at the National Institutes of Health to enhance and coordinate clinical research on pain causes and treatments. Establishes a grant program to improve health professionals' understanding and ability to assess and appropriately treat pain.

Sec. 4306. Funding for childhood obesity demonstration project. The Children's Health Insurance Program Reauthorization Act of 2009 included several provisions designed to improve the quality of care under Medicaid and CHIP. This law directed the Secretary to initiate a demonstration project to develop a comprehensive and systematic model for reducing childhood obesity. This section appropriates \$25 million for the childhood obesity demonstration project and adjusts the demonstration time period to fiscal years 2010 through 2014.