

## QUESTIONS AND ANSWERS FROM NACCHO HEALTH REFORM WEBCAST

APRIL 13, 2010

**Q:** How is \$500 million (available to Prevention and Public Health Fund in FY2010) apportioned? Will \$ be divided proportionate to state populations?

**A:** The HHS Secretary has not yet made any decisions concerning the allocation of the FY2010 funds from the Prevention and Public Health Fund.

**Q:** At the end please repeat information about tax credit for small employers who provide insurance to employees (or assistance with); available immediately?

**A:** Small businesses are eligible for new tax credits of up to 35% to offset their premium costs in 2010, starting with businesses with fewer than 25 employees and with average wages under \$50,000. Eligible businesses will have to contribute 50 percent of their employees' premiums. The tax credit will increase to 50 percent of premium costs in 2014.

**Q:** What is the definition of a community-based organization (as referenced in the provision establishing the Community Transformation Grants)?

**A:** The definition is not specified in the law.

**Q:** If the loan repayment program goes into effect, would it be available for those already working in their PH careers?

**A:** Yes, it could be, if the individual has graduated during the preceding 10-year period from an accredited educational institution in a State or territory and received a public health or health professions degree or certificate and is employed by a federal, state, local or tribal public health agency.

**Q:** What do the tea leaves read on appropriations for these add on public health projects? Will they just be buried?

**A:** Programs that have a constituency advocating actively for appropriations are unlikely to be permanently "buried." However, in this time of high federal deficits and a tight federal budget for discretionary programs, it is reasonable to expect that new programs will be funded on a gradual and incremental basis.

**Q:** Are you going to discuss the PPACA provisions related to mental health and substance abuse parity?



**A:** An excellent discussion of these provisions can be found at <http://www.bazelon.org/issues/healthreform/1-26AmendedSenateSummary.pdf>

**Q:** If an employer has a cost sharing insurance plan for their employees, how will it be determined what the preventive portion of that is that cannot impose cost-sharing.

**A:** In the context of describing coverage of preventive health services, the term “cost sharing” refers to deductibles and copayments applicable to covered services, not the employee share of premium costs.

**Q:** How can we influence the decision of the Secretary on allocations? Will my elected officials have a say in it?

**A:** The law directs the HHS Secretary to determine how the Prevention and Public Health Fund will be allocated. While Congress reserved for itself the right to provide direction to the Secretary, there are no plans to do so with respect to the FY2010 funding of \$500 million. This could change in FY2011. Meanwhile, mayors and elected county officials surely could be helpful in urging the Secretary to assure that local health departments participate in the funding.

**Q:** Will this bill do anything to redress inequities in state Medicaid reimbursement rates?

**A:** Yes. In 2013 and 2014, states will receive 100% federal funding for the cost of increasing their reimbursement rates for primary care services up to Medicare levels.

**Q:** Are there any program for addressing environmental justice in low income health prevention?

**A:** No.

**Q:** What types of documented individuals might still be uncovered?

**A:** The Congressional Budget Office has estimated that, when the law is fully implemented, about 94% of non-elderly person will be insured. Among those who may remain uninsured, besides undocumented persons who are ineligible, would be persons who find coverage too expensive notwithstanding available federal subsidies, or those who opt out for other reasons and choose instead to pay the required penalty. Also, there may continue to be persons eligible for Medicaid who do not enroll in that program.

**Q:** How can health departments monitor specific grant opportunities resulting from this legislation?

**A:** Watch NACCHO’s website and read our newsletters. We will be following the implementation of the new law closely and advocating on behalf of local health departments every step of the way.

**Q:** When funding is distributed will there be grants or will it be in a different way?

**A:** No decisions have been made with respect to distribution of funds from the Prevention and Public Health Fund.

**Q:** Will there be any committees or work groups formed that we may participate in especially the national prevention plan?

**A:** The President will appoint the 25-member advisory group to the National Prevention, Health Promotion and Public Health Council. NACCHO's input will ultimately be determined by our elected Board of Directors or its designees and we would certainly expect to solicit NACCHO member input as broadly as possible in the course of developing our positions. No specific mechanisms have been discussed yet, however.

**Q:** Do you think there will be alternative funding for groups that provide healthcare to those who are undocumented?

**A:** It is likely that the current need to rely on non-federal sources of funding to serve undocumented persons will continue and it is well known that many states and localities are cutting back on such services.

**Q:** Is there any percentage or identified process that will define how much will be distributed to existing programs vs. new programs?

**A:** No.

**Q:** Host of new building sites--Does this mean new buildings housing PH will have funds?

**A:** This question probably refers to the slide that suggested that the new law provides new building blocks for health departments. The term "building blocks" was used metaphorically to connote a foundation and raw materials for fashioning public health improvements, rather than literally to connote the physical construction of buildings.

**Q:** Will the funding for LHA's be funneled down through state health departments or to LHA's directly?

**A:** That depends on which existing program authorities are used and how funding guidance for new programs is written. There is no single answer.

**Q:** Are there any provisions for dental care or is it strictly medical?

**A:** Pediatric oral health services will be a required benefit in plans offered by health insurance exchanges beginning in 2014.

The legislation also authorizes a demonstration grant program for oral health which is open to community-based providers of dental health including health departments. This program requires funding from Congressional appropriations.

**Q:** What does Preventive services graded A, B, C or I mean?

**A:** This refers to the system used by the U.S. Preventive Services Task Force to grade the strength of the evidence supporting the effectiveness of a preventive service. More detail on the methods and grading system of the Task Force is available at <http://www.ahrq.gov/clinic/uspstf/grades.htm>.

**Q:** How will dollars for workforce development filter down to the local level.

**A:** Loan repayment dollars will be paid to individuals who agree to work at least three years in a federal, state, local or tribal health department. Similarly, when funds for mid-career public health professional training become available, scholarships for such training will be awarded by accredited educational institutions

(as defined by the Secretary of HHS) to individuals employed in federal, state, local or tribal health departments. In other words, the new workforce development programs will benefit local health departments insofar as they incentivize new employees and increase the competence of existing employees.

**Q:** What can we do to make sure that the Prevention and Public Health Fund dollars flow to local health departments and not to the states in the form of a block grant?

**A:** The currently available block grants for state health departments are the Preventive Health and Health Services block grant and the Maternal and Child Health block grant. The latter is not eligible for funds from the Prevention and Public Health Fund in the new law. The HHS Secretary has considerable latitude in creating grant guidance for new and existing public health programs that might receive new funds. NACCHO will be following implementation closely and will alert NACCHO members when opportunities to advocate for local dollars at either the state or federal levels arise.

**Q:** Will undocumented individuals be turned away from Emergency Departments or will they be seen in a true emergency?

**A:** The current requirement that Medicaid programs provide coverage for treatment of emergency medical conditions for undocumented persons remains in effect.

**Q:** Will guidance come from NACCHO on different programs or will that depend on LHDs?

**A:** NACCHO will keep members regularly informed about progress in implementation of health reform and about new opportunities as they arise. It is important to remember that this will be a years-long process.

**Q:** Are there any safeguards in the bill to distribute funding across areas with various population sizes, so that the attention isn't focused on large cities?

**A:** There is no single answer to this question, because each existing and new public health program has different requirements.

**Q:** Is all the public health funds only available via competitive grants or will there be some population based money for local health departments?

**A:** The new programs established by the law are competitive by design. There are no new formula grant programs. The House version of health reform included a formula grant program for development of local and state public health infrastructure, but this was not included in the Senate version to which the House ultimately agreed.

**Q:** Will the Community Transformation grants become available this September?

**A:** The Community Transformation grants, like other public health programs established by the new law, will become available when funds are made available, either from the Prevention and Public Health Fund or through regular annual Congressional appropriations. It is not known how the HHS Secretary will allocate the FY2010 \$500 million from the Fund. Congress will not complete its appropriations work for FY2011 for many months. NACCHO has advocated that Congress begin building all new programs that will benefit local health departments in FY2011.

**Comment:** In order for any of these future funds to actually get down to the local level, I fear there will need to be a minimum percentage set-aside. I can also see large non-profit organizations using their political connections to take much of the funding.

**Q:** Can you comment on what you currently know about the National Prevention Strategy and how it will influence health priorities?

**A:** The National Prevention Strategy will be developed by the new National Prevention, Health Promotion and Public Health Council. Its purpose is to provide government-wide leadership and direction in identifying and implementing the most effective, science-based, and achievable means of improving the health status of Americans, after a process of stakeholder consultation. The law requires that the Council establish specific and measurable actions and timelines for which all involved federal departments would be accountable.

**Q:** Are there any references/requirements tied to p.h. accreditation in the final reform package?

**A:** No.

**Q:** How about the impact on going STI clinical services and family planning particularly for minors?

**A:** This question reflects one dimension of the larger questions about the impact of increasing health insurance coverage for clinical services on the local health departments that provide these services. Assessing the impact of the implementation of health insurance reform on the demand for these services and local health departments' ability to finance them will be an important activity going forward, but it is too early to predict that impact.

**Q:** Is it likely that all funding opportunities through the Prevention and Public Health Fund come only through state health departments or will LHDs be able to apply directly?

**A:** The answer to this question depends on what decisions are made with respect to the uses of the Prevention and Public Health Fund, which are unknown at this juncture.

**Q:** Non-profit hospitals are required to perform community health assessments every 3 years in the bill. How should local public health coordinate with these hospitals? Will there be national guidance?

**A:** This question flags an interesting and important issue. The law requires that such assessments take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health. NACCHO would welcome feedback about how we might most usefully assist local health departments and/or advocate on their behalf in this regard.

**Q:** Are there any provisions for family planning and reproductive health?

**A:** An excellent summary of the new law's provisions concerning reproductive health can be found at <http://www.gutmacher.org/media/inthenews/2010/03/29/index.html>.

**Q:** Was there any discussion of the interest or lack of providers to see Medicaid enrolled persons and local provider capacity issues?

**A:** In 2013 and 2014, states will receive 100% federal funding for the cost of increasing their reimbursement rates for primary care services up to Medicare levels, in an attempt to draw more providers into Medicaid. Congress was fully aware of the continuing shortages in health care providers in many areas of the country and expanded primary care and nursing workforce development programs in the law. The law also establishes an \$11 billion fund to expand federally qualified health centers over five years. The sufficiency of these measures to provide needed capacity when Medicaid and private health insurance enrollment increase remains to be seen.