

Health Reform and Local Health Departments

April 13, 2010



The National Connection for Local Public Health



Patient Protection and Affordable Care Act

Health Insurance Coverage

- Requires most U.S. citizens and legal residents to have health insurance
- Creates state-based American Health Benefit Exchanges
 - Individuals can purchase coverage, with premium and cost-sharing credits available to individuals/families with income between 133-400% of the federal poverty level
 - Small businesses can purchase coverage
 - Requires employers to pay penalties for employees who receive tax credits for health insurance through an Exchange, with exceptions for small employers

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Health Insurance Coverage

- Imposes new regulations on health plans in the Exchanges and in the individual and small group markets, including coverage of clinical preventive services
- Expands Medicaid to 133% of the federal poverty level



Patient Protection and Affordable Care Act

National Prevention, Health Promotion & Public Health Council

- Comprised of high-level federal officials led by the Surgeon General
- Charged with developing the National Prevention Strategy
- Makes recommendations to the President on federal policy changes needed to achieve national wellness, health promotion and public health goals
- The President will appoint a 25-member non-federal Advisory Group on Prevention, Health Promotion, and Integrative and Public Health to advise the Council.



Patient Protection and Affordable Care Act

Prevention and Public Health Fund

\$15 Billion/10 years

\$500 million/FY2010, ramping up to \$2 billion in FY2015 and each year thereafter

- Provides for expanded and sustained national investment in prevention and public health programs authorized by the Public Health Service Act for prevention, wellness, and public health activities, including prevention research and health screenings

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Prevention and Public Health Fund

- The Fund assures additional federal funding for prevention and public health programs, broadly defined
- Funds may be used only to increase a program's funding over FY08 levels
- The HHS Secretary is directed to allocate the funds and no decisions have been made for FY2010
- The Fund DOES NOT assure additional federal money for any particular program



Patient Protection and Affordable Care Act

Community Transformation Grants

- Competitive grants to state and local governmental agencies and community-based organizations to reduce chronic disease rates, address health disparities, and develop a stronger evidence-base of effective prevention programming
- 20% of the grants are targeted to rural and frontier areas
- *Prevention and Public Health Fund* resources may be used

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Healthy Aging, Living Well

- CDC will administer competitive grants to health departments and Indian tribes for 5-year pilot programs to provide public health community interventions, screenings, and clinical referrals for 55-64 year olds
- Community based public health interventions include efforts to improve nutrition, increase physical activity, reduce tobacco use and substance abuse, improve mental health and promote healthy lifestyles

Subject to funding through Congressional appropriations

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Public Health Workforce Recruitment and Retention Programs

\$195 million/year for loan repayment

\$30 million/year for mid-career training

- Establishes a public health workforce loan repayment program
- Allied health workforce recruitment and retention programs
- Training for mid-career public health professionals.

Subject to funding through Congressional appropriations

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Epidemiology-Laboratory Capacity Grants

\$190 Million/FY10-13

- \$95 Million – epidemiology
- \$60 Million – information management
- \$32 Million – laboratory capacity
- Administered by the CDC
- State and local health departments and academic centers
- Assist public health agencies in improving surveillance and response to infectious diseases.

Subject to funding through Congressional appropriations

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Clinical Preventive Services

Health plan coverage of preventive health services

For plan years beginning on or after 9/23/10, all new group or individual health insurance coverage must cover and not impose cost sharing for the following:

- Preventive services graded 'A' or 'B' by the U.S. Preventive Services Task Force (USPSTF)
- Immunizations recommended by the CDC Advisory Committee on Immunization Practices (ACIP);
- Preventive care and screenings for infants, children and adolescents included in guidelines from the Health Resources and Services Administration (HRSA)
- Additional preventive care and screenings for women included in HRSA guidelines.

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Medicare Coverage of Clinical Preventive Services

- Waives coinsurance requirements for most preventive services, requiring Medicare to cover 100 percent of the costs
- No coinsurance or deductible required for the personalized prevention plan services, an initial preventive physical examination and any covered preventive service if it is recommended with a grade of A or B by the USPSTF
- HHS Secretary is authorized to modify coverage of existing preventive services, consistent with USPSTF recommendations
- Allows the Secretary to end Medicare coverage for services not rated as A, B, C, or I by the USPSTF

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Medicaid Coverage of Clinical Preventive Services

- 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 USPSTF
 - (2) Adult immunizations recommended by the ACIP and their administration
- States that cover these additional services and vaccines, and also prohibit costsharing for such services and vaccines, would receive an increased Federal medical assistance percentage of one percentage point for these services



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Medicaid Coverage of Clinical Preventive Services

- Effective October 2010, states are required to provide Medicaid coverage for tobacco cessation counseling and drug therapy for pregnant women without cost-sharing.



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Menu Labeling

- Establishes nutrition labeling of standard menu items at chain restaurants (at least 20 outlets) and in vending machines
- Disclosures include
 - Calories on menu boards
 - In a written form, available on request, additional information pertaining to total calories and calories from fat, amounts of fat and saturated fat, cholesterol, sodium, total and complex carbohydrates, sugars, dietary fiber, and protein.
- Preempts state and local menu labeling requirements for chain restaurants

FDA regulations expected by March 2011

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Health Disparities/Data Collection

Requires the collection and reporting of data on race and ethnicity, gender, geographic location, socioeconomic status (including education, employment or income), primary language, and, disability status, data at the smallest geographic level such as State, local, or institutional levels if such data can be aggregated; data by racial and ethnic subgroups.



Patient Protection and Affordable Care Act

Home Visitation for Families

\$1.5 billion over 5 years (Mandatory funding; \$100 M/FY10)

- State grant program for evidence-based early childhood home visitation
- Measures improvement in maternal and child health, childhood injury prevention, school readiness, juvenile delinquency, family economic factors, and coordination with community resources



Patient Protection and Affordable Care Act

Other newly-authorized programs

- Preventive Services and Community Preventive Services Task Forces
- School-based Health Centers
- Immunization Demonstrations
- Public Health Services Research
- Workplace Wellness
- Diabetes Prevention Program



What does health reform mean for LHDs?

- Attention to clinical and population-based prevention
- Provides new building blocks; no immediate solutions
- Increasing funds for existing and newly-authorized public health programs through Prevention and Public Health Fund (not subject to annual federal budget and appropriations processes)
- Potential for LHD workforce development



Things to think about as health reform unfolds

- What will be the impact of greater availability of health insurance and Medicaid expansion on LHD services and finances?
- What needs will remain for “safety net” clinical services for populations served by LHD’s (i.e. undocumented persons)?
- What might be the LHD roles in health care quality improvement?



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