

Public Health and Prevention Provisions of the [Affordable Care Act](#)

(Updated November 2016)

ACA Provision	Purpose of Program	Implementation Action	Authorized	Appropriated
Investments in Public Health and Prevention				
Prevention and Public Health Fund (Section 4002, 10401)	<p>Authorizes mandatory funds to establish a Prevention and Public Health Fund to provide for expanded and sustained national investment in prevention and public health programs for prevention, wellness, and public health activities, including prevention research and health screenings. The Fund can be used to fund any program authorized by the Public Health Service Act over fiscal year 2008 levels for “prevention, wellness, and public health activities.” The Fund is administered by the HHS Secretary. House and Senate Appropriations Committees may also allocate funds through Appropriations legislation.</p> <p>Key programs for local health departments that are supported by the PPHF include: Epidemiology and Lab Capacity (ELC) Grants, Public Health Training Fellowships, Preventive Health and Health Services Block Grant, 317 Immunization Program and Public Health and Preventive Medicine Training Programs.</p> <p>Programs once funded by PPHF but discontinued: Community Transformation Grants (CTG) and National Public Health Improvement Initiative (NPHII).</p>	<p>AHRQ, CDC, HRSA, SAMHSA, and the Office of the Secretary have received funding from the PPHF to support new and existing programs.</p> <p>A NACCHO chart of the funding allocations for FY2014 – FY2016.</p> <p>A chart of CDC PPHF awards by state for FY10-FY14.</p> <p>HHS has created a website with PPHF resources.</p>	<p>\$15 billion over 10 years, beginning with \$500 million in FY2010, ramping up to \$2 billion in FY2015 and each year after.</p> <p>In February 2012, Congress passed the Middle Class Tax Relief and Job Creation Act (Public Law 112-96), which cut \$6.25 billion from the PPHF over nine years, beginning with a \$250 million cut in FY2013. For FY2013 - FY2021 the PPHF now totals \$10.5 billion.</p>	<p>FY2010, \$500 million FY2011, \$750 million FY2012, \$1 billion FY2013, \$949 million FY2014, \$928 million FY2015, \$927 million FY2016, \$932 million</p>

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<p>National Prevention, Health Promotion and Public Health Council (Section 4001, 10401)</p>	<p>Establishes a council within HHS to coordinate and lead the federal government’s efforts on prevention, wellness and health promotion. There are 17 federal executive departments and agencies that participate. The council is chaired by the Surgeon General. The National Prevention Council is charged with developing a National Prevention Strategy. The council must provide an annual status report to the President and Congress to provide progress on strategy implementation. There is an Advisory Group on Prevention, Health Promotion, and Integrative and Public Health that provides guidance to the Council. The Prevention Advisory Group is to be composed of no more than 25 non-Federal members appointed by the President.</p>	<p>Status Reports of the Council’s activities were issued in 2010, 2011, 2012, 2013, and 2014.</p> <p>The Prevention Advisory Group issued recommendations to the National Prevention Council in November 2011, June 2012, April 2013, April 2014, and June 2015.</p>	<p>Law does not include funding amount.</p>	<p>FY2010, \$.1 million FY2011, \$1 million FY2012, \$1 million FY2013, \$922,000</p>
<p>Community Transformation Grants (Section 4201)</p>	<p>Authorizes the CTG program to provide resources to state and local governmental agencies and community-based organizations to address chronic diseases. The grants focus on the implementation, evaluation and dissemination of evidence-based community preventive health activities in order to develop strategies and practices to control chronic disease and address health disparities. Grantees are charged with a 5% reduction in 5 years of death and disability due to tobacco use, heart disease and stroke and the rate of obesity through nutrition and physical activity. Twenty percent of grants are targeted to rural and frontier areas.</p>	<p>In FY2011, CDC awarded \$103 million to 61 state and local government agencies, tribes and territories, and nonprofit organizations in 36 states, along with \$4 million to 6 national networks of community-based organizations (29 counties were funded directly).</p> <p>FY2012, CDC supported areas with fewer than 500,000 people awarding \$70 million to 40 communities (6 counties and cities were funded directly) for two years.</p>	<p>Such Sums as Necessary (SSAN) FY2010 – FY2014</p>	<p>Funded through the PPHF FY2011, \$145 million FY2012, \$226 million FY2013, \$146 million FY2014, Congress provided no funding for CTGs but allowed grantees to spend down any remaining funds FY2015, \$0 FY2016, \$0</p>
<p>Health Aging, Living Well and</p>	<p>Authorizes grants to states, local health departments and Indian tribes for five year pilot programs to improve health outcomes through</p>		<p>SSAN FY2010 – FY2014</p>	<p>Funds have not been appropriated</p>

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other Programs (Section 4202)	community based public health interventions of individuals in the community age 55-64. HHS to evaluate community-based prevention and wellness programs for Medicare beneficiaries. Secretary must submit a report to Congress by September 20, 2013.			
<u>Epidemiology and Lab Capacity Grant Program (Section 4304)</u>	Authorizes grants to state, local and tribal health departments to improve surveillance and response to infectious diseases and other conditions of public health importance.	CDC awarded grants: FY2010, <u>\$81 million for ELC</u> FY2011, <u>\$103 million for ELC</u> FY2012, <u>\$84 million for ELC</u> FY2013, <u>\$90 million for ELC</u> FY2014, <u>\$97 million for ELC</u> FY2015, <u>\$110 million for ELC</u>	\$190 million per year, FY2010 – FY2013. At least \$95 million for epi, \$60 million for information management, and \$32 million for labs.	Funded partially through the PPHF FY2010, \$81 million (\$20 million PPHF) FY2011, \$103 million (\$40 million PPHF) FY2012, \$84 million (\$40 million PPHF) FY2013, \$90 million (\$40 million PPHF) FY2014, \$97 million (\$40 million PPHF) FY2015, \$110 million (\$40 million PPHF) FY2016, \$40 million (all PPHF)
<u>Maternal, Infant, and Early Childhood Home Visitation Programs (Section 2951)</u>	Authorizes mandatory funds for grants to states and Indian tribes for evidence-based early childhood home visitation programs. Grantees will measure improvement in maternal and child health, childhood injury prevention, school readiness, juvenile delinquency, family economic factors, and coordination with community resources.	HRSA <u>awarded grants</u> : FY2010, \$91 million awarded to states by formula to begin to plan for implementation. FY2011, \$124 million by formula to 55 states and territories and \$100 million by competition to 22 states. FY2012, \$125 million by formula to 54 states and territories; \$174	\$1.5 billion over 5 years FY2010, \$100 million FY2011, \$250 million FY2012, \$350 million FY2013, \$400 million FY2014, \$400 million FY2015, \$400 million FY2016, \$400 million FY2017, \$400 million	FY2010, \$100 million FY2011, \$250 million FY2012, \$350 million FY2013, \$400 million FY2014, \$400 million FY2015, \$400 million FY2016, \$400 million

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		<p>million to 38 states by competition; and \$900,000 for research projects.</p> <p>FY2016, \$344 million to 55 states, territories, and nonprofit organizations</p>		
<p>National Diabetes Prevention Program (Section 10501)</p>	<p>Authorizes a CDC National Diabetes Prevention Program targeted at adults at high risk for diabetes, which includes grant program for community-based diabetes prevention program model sites.</p>	<p>FY2012, \$6.75 million to 6 national organizations and evaluation of National Diabetes Prevention Program.</p>	<p>SSAN FY2010 – FY2014</p>	<p>FY2012, \$10 million through the PPHF FY2013, \$3 (Did not receive, CDC used internal transfers to continue program) FY2014, \$10 million through PPHF FY2015, \$10 million through PPHF FY2016, \$20 million through PPHF</p>
Public Health Workforce				
<p>Public Health Workforce Loan Repayment Program (Section 5204)</p>	<p>Authorizes a loan repayment program, repayment program that pays up to \$35,000 a year or one-third of total debt to increase the supply of public health professionals. Recipients must work in a public health agency or related training fellowship.</p>		<p>\$195 million for FY2010, SSAN for FY2011 – FY2015</p>	<p>Funds have not been appropriated</p>
<p>Allied Health Workforce Recruitment and Retention Programs (Section 5205)</p>	<p>Amends existing law to expand those eligible for a loan forgiveness program to a full-time allied health profession in a federal, state, local or tribal public health agency. Additional qualified settings include acute care and ambulatory care facilities and settings in medically underserved areas or among medically underserved populations.</p>		<p>\$30 million for FY2010</p>	<p>Funds have not been appropriated</p>
<p>Public Health and Allied Health Scholarship</p>	<p>Authorizes a public health workforce loan repayment program, allied health workforce</p>		<p>\$60 million for FY2010, SSAN for FY2011- FY2015</p>	<p>Funds have not been appropriated</p>

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Program (Section 5206)	recruitment and retention programs, and training for mid-career public health professionals.			
Cultural Competency, Prevention, Public Health, Disparities, and Individuals with Disabilities Training (Section 5307)	<p>Authorizes Health Professions Education grants for the development and evaluation of research, demonstration projects, and model curricula that provide training in cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities.</p> <p>Authorizes Nursing Workforce Development grants for the development and evaluation of research, demonstration projects, and model curricula that provide training in cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities.</p>		<p>SSAN for each of FY2010 – FY2015</p> <p>SSAN for each of FY2010 – FY2015</p>	Funds have not been appropriated
Community Health Workforce (Section 5313)	Authorizes grants to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers. Eligible entities for grants are public or nonprofit private entities, including states or subdivisions of states, public health departments, free health clinics, hospitals, FQHCs, or consortia of the above.		SSAN FY2010 – FY2014	Funds have not been appropriated
Fellowship Training in Public Health (Section 5314)	Authorizes the expansion of existing CDC public health training fellowships in epidemiology, laboratory science, and informatics, the Epidemic Intelligence Service (EIS), and other training programs that meet similar objectives. Participants could be placed in state and local health agencies, and states could receive federal assistance for loan repayment programs for such participants.	Fellows supported by PH Workforce and Career Development Funding: FY2012, 546- 335 STLT/211 CDC FY2013, 614 - 401 STLT/213 CDC FY2014, 471 - 310 STLT/160 CDC FY2015, 588 - 430 STLT/158 CDC	\$39.5 million for each year FY2010 – FY2013 of which \$24.5 million is for EIS fellowships, and \$5 million each for epidemiology, laboratory, and	CDC Public Health Workforce Development: FY2010, \$45 million (\$7.5 million PPHF) FY2011, \$61 million (\$25 million PPHF) FY2012, \$61 million (\$25 million PPHF)

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			informatics fellowships	FY2013, \$64 million (\$16 million PPHF) FY2014, \$52 million FY2015, \$52 million FY2016, \$67 million (\$36 million from PPHF)
<p>Public Health and Preventive Medicine Programs (Section 10501m2)</p>	<p>Reauthorizes and expands programs under PHS Sections 765-769. They include Public Health Training Centers (PHTCs; Preventive Medicine Residency with Integrative Health Care Training Program; Integrative Medicine Program; and National Coordinating Center for Integrative Medicine. Expands PHTCs to support continuing education in core competencies for current public health workers. Eligible entities include accredited academic institutions as well as state, local and tribal public health departments.</p>	<p>FY2010, HRSA awarded \$16.7 million to 27 PHTCs; \$2.8 million for 9 preventive medicine residency grants.</p> <p>FY2011, HRSA awarded \$23.7 million to 38 PHTCs; \$3.4 million for 9 preventive medicine residency grants.</p> <p>FY2012, HRSA awarded \$23 million to 37 PHTCs; \$3.7 million for 9 preventive medicine residency grants; and \$1.4 million for 46 public health traineeship grants.</p> <p>Listing of grantees for PHTCs, Preventive Medicine Residencies, and the Public Health Traineeship can be found by searching HRSA's grants database.</p>	<p>\$43 million for FY2011 and SSAN for FY2012 – FY2015</p>	<p>FY2010, \$25 million (\$15 million PPHF) FY2011, \$30 million (\$20 million PPHF) FY2012, \$33 million (\$25 million PPHF) FY2013, \$8 million FY2014, \$18 million FY2015, \$21 million FY2016, \$17 million</p>
Expansion of Coverage, Awareness, and Access to Clinical Preventive Services				
<p>Medicaid Option for Family Planning Services (Section 2303)</p>	<p>Effective March 2010, creates a state option to provide Medicaid coverage for family planning services to low-income individuals. Individuals eligible under the new family planning group are individuals (men and women): Who are not</p>	<p>In July 2010, CMS issued guidance to states.</p>	<p>N/A</p>	<p>N/A</p>

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Coverage of Preventive Health Services (Section 2713)	pregnant; and Whose income does not exceed the income eligibility level established by the State. Requires all health plans to cover United States Preventive Services Task Force A and B Recommendations (see section 4003), ACIP recommended vaccines , Women’s preventive services as defined by HHS guidance , and Children’s services as defined in Bright Futures .	In July 2010, HHS/Labor/Treasury released an interim final rule implementing this coverage requirement for group health plans requiring coverage of USPSTF-recommended preventative services. Regulations became effective on September 17, 2010 for plan years beginning on or after September 23, 2010. In March 2013, ASPE issued an issue brief estimating that in 2011 and 2012 approximately 71 million Americans received expanded coverage of one or more preventive services.	N/A	N/A
Services for Postpartum Depression (Section 2952b)	Authorizes grants to entities, including state and local governments, for delivery of services to individuals with, or at risk of, postpartum depression.		\$3 million for FY2010 and SSAN for FY2011 and FY2012	Funds have not been appropriated
Personal Responsibility Education (Sec 2953)	Authorizes funding to states to educate adolescents on abstinence and contraception for prevention of teenage pregnancy and STIs, include HIV/AIDS. Allotments were calculated based on the number of young people in each State or Territory. States can administer the project directly or through sub-awards to public or private entities.	All States and U.S. Territories were eligible to apply for a minimum of \$250,000 per year for fiscal years 2010-2014. FY2010, \$44 million was awarded to 49 states, DC, Puerto Rico and the Federated States of Micronesia.	\$75 million for each year of FY2010-2014 with \$10 million reserved for youth pregnancy prevention strategies and to target high risk populations	FY2010, \$75 million FY2011, \$75 million FY2012, \$75 million FY2013, \$75 million FY2014, \$75 million FY2015, \$75 million FY2016, \$75 million

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		<p>FY 2011, \$44 million was awarded to 49 states, DC, Puerto Rico and the Federated States of Micronesia.</p> <p>FY2012, \$18.8 million was awarded competitively to 37 grantees in FL, ND, TX, VA, IN, Guam, American Samoa, the Northern Mariana Islands, the Marshall Islands and Palau.</p> <p>FY2013, \$43 million was awarded to 45 states, DC, Puerto Rico, Virgin Islands and the Federated States of Micronesia.</p>		
Community Health Team Grants to Support Medical Homes (Section 3502/3511)	Authorizes HHS grants to states and tribes to support community-based interdisciplinary, interprofessional health teams in assisting primary care practices. Funding must be used to establish the health teams and to provide capitated payments to providers		SSAN	Funds have not been appropriated
Clinical and Community Preventive Services (Section 4003)	Expands and clarifies the role of the U.S. Preventive Services Task Force (USPSTF) administered by AHRQ and the Community Preventive Service Task Force (Community Guide) administered by CDC. Encourages coordination between the two.	<p>USPSTF has posted a list of “A” and “B” recommended services that are relevant for implementing the ACA.</p> <p>The Community Task Force sends an annual report to Congress in: 2011 First Annual Report to Congress 2012 Annual Report 2013 Annual Report 2014-2015 Annual Report 2016 Annual Report</p>	SSAN for both Task Forces	AHRQ USPSTF: FY2010, \$9 million (\$5 million PPHF) FY2011, \$11 million (\$7 million PPHF) FY2012, \$11 million (\$7 million PPHF) FY2013, \$11 million (\$6.5 million PPHF) FY2014, \$11 million (\$7 million PPHF) FY2015, \$12 million FY2016 \$12 million

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				CDC Community Guide: FY2010, \$5 million (\$5 million PPHF) FY2011, \$7 million (\$7 million PPHF) FY2012, \$10 million (\$10 million PPHF) FY2013, \$7.4 million (\$7.4 million PPHF) FY2014, \$0 FY2015, \$0 FY2016 \$0
Education and Outreach Campaign (Section 4004)	Directs HHS to implement a public-private partnership to conduct prevention and health promotion outreach and an educational campaign to raise public awareness across the lifespan. To include: importance of utilizing preventive services recommended by the USPSTF, the Community Guide, ACIP, and other federal agencies, encourage health behaviors to prevent chronic diseases, explain preventive services cover under plans in the exchanges, and general health promotion.	<p>HHS OS is funding a multi-media education campaign to promote the preventive health care benefits of the ACA to generate broad awareness of preventive benefits and encourage people to utilize them for better health. In FY2012, CMS awarded \$17.6 million to Porter Novelli; \$1 million to Campbell & Company (targeting African Americans); and \$1.4 million to The Sensis Agency (targeting Hispanics).</p> <p>In FY2012, CDC awarded \$45 million to Plowshare Group for a National Tobacco Education Campaign and \$800,000 to ICF Macro for Tobacco Use Prevention Communication, Marketing and Database Strategies,</p>	SSAN	Funded through the PPHF - FY2012, \$20 million to generate broad awareness of preventive benefits and encourage people to utilize them for better health (ASPA). FY2011, \$10 million for tobacco media campaign (ASPA). FY2012, \$10 million for tobacco media campaign (ASPA). FY2012, \$83 million to raise awareness about the harms of tobacco use and exposure to secondhand smoke in

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		<p>Services and Support financed in part by FY2012 PPHF.</p> <p>In FY2012, ACL awarded \$4 million to Porter Novelli for Alzheimer's Awareness Campaign and HRSA awarded funds to the Geriatric Education Centers National Training and Coordination Collaborative (NTACC) including \$42,222 to University of Alabama.</p>		<p>high prevalence areas (CDC). FY2013, \$83 million. \$60 million through PPHF (CDC)</p> <p>Alzheimer's E&O: FY2012, \$4 million to ACL and \$2 million to HRSA FY2013, \$150,000 to ACL and \$1.8 million to HRSA FY2014, \$14.7 million to ACL FY2015, \$14.7 million to ACL FY2016, \$14.7 million to ACL</p>
<p>Medicaid Education Campaign on Obesity-related services (Section 4004(i))</p>	<p>Requires HHS to provide guidance 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. Requires states to design public awareness campaigns to educate Medicaid enrollees regarding the availability and coverage of preventive and obesity-related services, with the goal of reducing incidences of obesity. Requires HHS to submit a Report to Congress every three years, beginning on January 1, 2011, which addresses the status and effectiveness of the activities above, including summaries of state efforts to increase awareness of coverage of obesity-related services.</p>	<p>The Centers for Medicare and Medicaid Services' (CMS) Center for Medicaid and CHIP Services (CMCS) issued a Questions and Answers document on the requirement, and created a website with information. On December 23, 2010, CMCS issued the 2011 report Preventive and Obesity-Related Services Available to Medicaid Enrollees to Congress.</p>	<p>N/A States can receive the 50 percent Medicaid administrative matching rate for public awareness campaign activities.</p>	<p>N/A</p>

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School-Based Health Centers (Section 4101)	Establishes Capital Program grants to fund the operation, including construction and renovation, of SBHCs. Establishes grants to provide comprehensive primary health services – both physical and mental health. Both grants seek to target medically underserved children and adolescents that have limited access to health care.	FY2011, \$95 M to 278 SBHCs for Capital Program FY2011, \$14 million to 45 SBHCs for Capital Program FY2012, \$80 million to 197 SBHCs for Capital Program	SBHC Capital Program: FY2010 - FY2013, \$50 million for each year SBHC Health Services: SSAN FY2010 – FY2014	FY2010, \$50 million for Capital Program FY2011, \$50 million FY2012, \$50 million FY2013, \$50 million
Oral Health Activities (Section 4102)	<p>Reauthorizes CDC grants to states, territories, and tribes for school-based dental sealant programs.</p> <p>Authorizes CDC grants to states, territories and tribes to establish oral health leadership and program guidance for data collection, and to implement science-based programs, such as sealants and community water fluoridation.</p> <p>Authorizes a five-year national, public education campaign focused on oral healthcare prevention and education including community water fluoridation and dental sealants.</p> <p>Authorizes CDC to award grants to entities including LHDs to demonstrate effectiveness of research-based dental caries management.</p> <p>Requires HHS to update, improve and implement oral health components of the following national health survey and surveillance systems: PRAMS, NHANES, NOHSS, and MEPS.</p>	FY2010, \$6.8 million for 20 grants to states FY2011, \$6.8 million for 20 grants to states FY2012, \$6.8 million for 20 grants to states FY2013 – FY2017, \$6 million for 21 states totaling \$30 million	SSAN FY2010 – FY2014	FY2010, \$15 million for CDC oral health activities overall FY2011, \$14.7 million FY2012, \$14.6 million FY2013, \$13.8 million FY2014, \$14.8 million FY2015, \$15.7 million FY2016, \$18 million
Medicare Coverage of Annual Wellness	Effective January 1, 2011, authorizes annual wellness visit benefit, including a personalized prevention plan under Medicare.	March 2011, HHS released a report finding that Medicare Part B beneficiaries received over 150,000 annual wellness visits in the first two	N/A	N/A

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Visit (Section 4103)		months. A state breakdown of visits in 2011 is available. In the first six months of 2012, 1.35 million have taken advantage of the Annual Wellness Visit.		
Preventive Services in Medicare (Section 4104)	Effective January 1, 2011, authorizes first dollar Medicare coverage of services with a rating of “A” or “B” from the USPSTF.	USPSTF has posted a list of “A” and “B” recommended services. According to CMS , in 2011 32.5 million people in Medicare received one or more preventive benefits free of charge and 16 million got at least one preventive service in the first six months of 2012. A state breakdown of preventive services provided in 2015 is available.	N/A	N/A
Evidence-based Medicare Coverage in Preventive Services (Section 4105)	Effective January 1, 2010, authorizes CMS to modify coverage of any currently covered Medicare preventive service consistent with USPSTF recommendation.	CMS created a Medicare Preventive Services Quick Reference Chart (May 2012) and issued a Medicare Learning Network Matters on the issue.	N/A	N/A
Preventive Services for Adults in Medicaid (Section 4106)	Effective January 1, 2013, expands option for states to provide any USPSTF “A” or “B” recommended service or ACIP recommended vaccines under the standard Medicaid program. Provides states with a 1 percentage point increase in federal matching payments to provide these services.	On January 22, 2013 CMS issued a proposed rule and on July 5, 2013 a final rule that changes existing Medicaid regulations to permit states to reimburse for preventive services <i>provided by</i> a licensed physician or practitioner as well as those that are <i>recommended by</i> . On February 1, 2013, CMS released a State Medicaid Director letter on	N/A	N/A

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		the increased match for preventive services in the standard Medicaid program. On November 27, CMS released an Informational Bulletin on opportunities to enhance access to preventive services to Medicaid enrollees.		
Tobacco Cessation Services for Pregnant Women in Medicaid (Section 4107)	Effective October 1, 2010, Medicaid programs to provide first dollar coverage for counseling and pharmaceutical therapy for tobacco cessation for pregnant women.	In June 2011, CMS released a “Dear Medicaid Director” letter .	N/A	N/A
Incentives for Prevention of Chronic Diseases in Medicaid (Section 4108)	Authorizes grants to states to administer programs to provide incentives to Medicaid beneficiaries who participate in health lifestyles programs and demonstrate changes in health risk and outcomes. State grants must address one or more of the following prevention goals: tobacco cessation, controlling or reducing weight, lowering cholesterol, lowering blood pressure, and avoiding the onset of diabetes or in the case of a diabetic, improving the management of the condition. Programs will be carried out by a state for not less than 3 years.	CMS’ Center for Innovation created a website and Fact Sheet on the Medicaid Incentives for the Prevention of Chronic Diseases (MIPCD) program.	Authorizes \$100 million for five year period beginning January 1, 2011.	FY2011-FY2015, \$100 million
Immunizations (Section 4204)	Allows state to purchase adult vaccines at a federally-negotiated price, reauthorizes the 317 Immunization Program, authorizes a demonstration program to improve immunization coverage, and requires a GAO report to Congress on Medicare beneficiaries’ access to recommended vaccines.	In September 2015, GAO released a report that found that many Part D enrollees did not receive recommended vaccine covered under Part D due to administrative challenges.	SSAN FY2010 – FY2014	317 Vaccine Program FY2010, \$561 million FY2011, \$589 million (\$100 million PPHF) FY2012, \$642 million (\$190 million PPHF) FY2013, \$552 million (\$91 million PPHF)

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				FY2014, \$611 million (\$160 million PPHF) FY2015, \$611 million (\$210 million PPHF) FY2016, \$611 million (\$324 million PPHF)
Nurse-Managed Health Clinics (Section 5208)	Authorizes a grant program to support nurse-managed health clinics that provide services to underserved populations.	In FY2010, HRSA awarded \$14.8 million to 10 clinics. According to HRSA, this program was funded one-time only and will not have any future competitions	Authorizes \$50 million for FY2010 and SSAN for FY2011-FY2014	Funded through the PPHF in FY2010 at \$15 million
Pregnancy Assistance Fund (Section 10211-10214)	Authorizes competitive grants to states to assist pregnant and parenting teens and women, and victims of domestic violence and sexual assault.	From 2010-2013, OAH funded 15 states and two tribal entities. From 2013-2017, 14 states and three tribal entities funded. From 2015-2020, three state agencies funded .	\$25 million each year for FY2010-2019	FY2010, \$25 million FY2011, \$25 million FY2012, \$25 million FY2013, \$25 million FY2014, \$25 million FY2015, \$25 million FY2016, \$25 million
Young Women’s Breast Health Awareness (Section 10413)	Authorizes CDC to conduct a national evidence-based education campaign to increase awareness among young women about breast cancer. Establishes an advisory Committee.	CDC established the Advisory Committee on Breast Cancer in Young Women ; funded seven organizations for a three-year cooperative agreement "Developing support and educational awareness for young (<45 years of age) breast cancer survivors in the United States;" and funded five state health departments for a three year cooperative agreement, "Enhancing Breast Cancer Genomic Practices through Education, Surveillance, and Policy."	\$9 million for each of FY2010 – FY2014	FY2010, \$5 million FY2011, \$5 million FY2012, \$5 million FY2013, \$5 million FY2014, \$5 million FY2015, \$5 million FY2016, \$5 million
Community Health Centers	Authorizes mandatory funds – Community Health Center Fund - for a dedicated fund for Community	CHCs:	CHCs:	CHCs: FY2010, \$2.2 billion

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<p>and National Health Service Corps (Section 10503)</p>	<p>Health Center (CHCs) program and the National health Services Corps.</p>	<p>FY2010, \$727 million to 143 CHCs for infrastructure improvements; \$335 million for CHCs to expand medical services; and \$8 million for Technical Assistance Cooperative Agreements.</p> <p>FY2011, \$732 million to 144 CHCs for infrastructure improvements; \$90 million for 127 CHCs to expand medical services; \$40 million for 67 new sites and 129 planning grants; \$40 million for QI in 900 CHCs</p> <p>FY2012, \$629 million to 177 CHCs for infrastructure improvements and to expand medical services; \$99 million to 227 sites for new construction; and \$129 million for 219 new sites.</p> <p>FY2013, \$48 million in base adjustment awards; \$67 million to 32 CHCs and \$150 million to 236 CHCs for new sites; \$3 million to 6 CHCs and \$18 million for 35 CHCs for HIT; \$150 million to 1,159 CHCs for ACA enrollment assistance.</p> <p>FY2014, \$295 million to 1,195 CHCs to expand medical services; \$35.7 million to 147 CHCs for infrastructure improvements; \$36.3 million to 1,113 CHCs for QI.</p>	<p>\$11 billion over FY2011 – FY2015 includes \$1.5 billion over 5 years for infrastructure improvements and \$9.5 billion in CHCF.</p> <p>FY2010, \$3 billion FY2011, \$3.8 billion (\$1 billion CHCF) FY2012, \$4.9 million (\$1.2 billion CHCF) FY2013, \$6.4 billion (\$1.5 billion CHCF) FY2014, \$7.3 billion (\$2.2 billion CHCF) FY2015, \$8.3 billion (\$3.6 billion CHCF)</p> <p>Medicare Access and CHIP Reauthorization Act (MACRA) extended the CHCF for CHCs for FY16 and FY17 at \$3.6 billion each year</p>	<p>FY2011, \$2.6 billion (\$1 billion CHCF) FY2012, \$2.8 billion (\$1.2 billion CHCF) FY2013, \$2.9 billion (\$1.5 billion CHCF) FY2014, \$3.7 billion (\$2.2 billion CHCF) FY2015, \$5 billion (\$3.6 billion CHCF) FY2016, \$5.1 billion (\$3.6 billion CHCF)</p>

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		<p>FY2015, \$101 million for 164 new CHCs; \$169 million to new 266 CHCs; \$350 million to 1,184 CHCs to expand medical services and \$150 million to 160 CHCs for infrastructure improvements; \$63.3 million to 1,153 CHCs for QI.</p> <p>FY2016, \$260 million to 290 CHCs for infrastructure improvements; \$100 million to 1,304 CHCs for QI; \$87 million for 1,310 CHCs for HIT; \$7 million to 93 CHCs for ACA outreach and enrollment</p> <p>NHSC: FY2011, HHS announced \$253 million for 5,418 loan repayment awards from ACA, ARRA, and FY2011 base appropriations; NHSC Scholarship Program of 247 awards totaling \$46 million from ACA mandatory funding.</p> <p>FY2012, HHS announced \$229.4 million for 4,600 loan repayment and scholarship awards and grants to 32 states to support state loan repayment programs.</p> <p>FY2013, HHS announced \$10 million for Students to Service Loan Repayment Program for loan repayment to 87 medical students in 29 states, DC and Puerto Rico.</p>	<p>NHSC: FY2010, \$320 million FY2011, \$414 million (\$290 million CHCF) FY2012, \$535 million (\$295 million CHCF) FY2013, \$691 million (\$300 million CHCF) FY2014, \$893 billion (\$305 million CHCF) FY2015, \$1.2 billion (\$310 million CHCF)</p> <p>MACRA extended the CHCF for the NHSC for FY16 and FY17 at \$310 million</p>	<p>NHSC: FY2010, \$141 million FY2011, \$315 million (\$290 million from CHCF) FY2012, \$295 million (all CHCF) FY2013, \$285 million (all CHCF) FY2014, \$283 million (all CHCF) FY2015, \$287 million (all CHCF) FY2016, \$310 million (all CHCF)</p>

ACA Provision	Purpose of Program	Implementation Action	Authorized	Appropriated
		FY2014, \$283 million for NHSC FY2015, HHS announced \$125.9 million for 2,934 loan repayment awards; \$39.3 million for 196 scholarship awards		
Wellness Programs				
Individual Wellness Plan Demos (Section 4206)	Requires HHS to establish a pilot program to test the effect of utilizing individualized wellness plans among at-risk populations in the community health center setting. Wellness plans would include nutritional counseling, physical activity, alcohol and tobacco cessation counseling, and stress management.		SSAN	Funds have not been appropriated
Employer-Based Wellness Programs (Section 4303)	Requires CDC to provide employers with technical assistance and other tools to evaluate workplace wellness programs and directs CDC to study the issue.	CDC created a website that includes tools, resources, and guidance for those interested in establishing or enhancing workplace health and safety programs.	Law does not include funding amount	
Small Business Wellness Programs (Section 10408)	Authorized grants to small businesses to provide employers with access to comprehensive workplace wellness programs. Eligible employers would be defined as those that employ fewer than 100 employees who work 25 or more hours per week and that do not provide a wellness program as of the date of enactment.	In FY2011, CDC began the National Healthy Worksite Program (NHWP). The NHWP is designed to assist small and mid-sized employers in implementing health protection and promotion strategies that will lead to specific, measureable health outcomes to reduce chronic disease rates. Seven communities were selected to participate. In FY2012, CDC announced partnering with 104 employers in eight counties. CDC provided \$9 million to Viridian Health Management to help 70 to	\$200 million for FY2011 – FY2015	FY2011, \$10 million through PPHF FY2012, \$10 million FY2013, \$0 FY2014, \$10 million (all PPHF) FY2015, \$10 million (all PPHF)

ACA Provision	Purpose of Program	Implementation Action	Authorized	Appropriated
		<p>1000 small, mid-size, and large employers to reduce the risk of chronic disease, promote sustainable and replicable workplace health activities, and promote peer-to-peer healthy business mentoring and Research Triangle Institute to administer a national evaluation program.</p> <p>FY2012, CDC provided \$7 million to Ashlin Management Group to comparatively evaluate the effectiveness of multiple comprehensive workplace health training methods and approaches designed for employers.</p>		
Public Health Research and Data				
Health Disparities Data Collection (Section 4302)	Requires federally supported health programs, surveys or reports to include data on race and ethnicity, gender, geographic location, socioeconomic status (including education, employment or income), primary language, and, disability status.	In October 2011, HHS issued final data collection standards and Implementation Guidance on Data Collection standards for Race, Ethnicity, Sex, Primary Language, and Disability Status .	N/A	N/A
Public Health Services and Systems Research (Section 4301)	Directs CDC to fund research in public health services and systems including on effectiveness of evidence-based practices relating to prevention and community-based public health interventions and to identify effective strategies for state and local systems to organize, finance, and deliver public health services. Such research would be coordinated with Community Preventive Service Task Force .		Law does not include funding amount	FY2011, \$20 million from PPHF

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Childhood Obesity Demos (Section 4306)	Authorizes mandatory funds for CMS to carry out the CHIPRA Childhood Obesity Demonstration Project. The goal of the CHIPRA childhood obesity demonstration grants is to determine whether an integrated model of primary care and public health approaches can improve underserved children’s risk factors for obesity.	In FY2010, CDC awarded \$10.4 million over four years to three research facilities to identify effective childhood obesity prevention strategies and one evaluation center to determine successful strategies and share lessons and successes.	\$25 million for FY2010 – FY2014	FY2010, \$25 million FY2011, \$25 million FY2012, \$25 million FY2013, \$25 million FY2014, \$25 million
Vital Statistics (Section 10407c)	Authorizes CDC to promote the education and training of physicians on the importance of birth and death certificate data, encourage state adoption of the latest standard revisions of birth and death certificates, and work with state to re-engineer their vital statistics systems.		Law does not include funding amount	
Congenital Heart Disease Programs (Section 10411)	Authorizes CDC to establish a National Congenital Heart Disease Surveillance System (NCHDSS), or award one grant to establish such a system.	CDC funded a pilot project with the New York State Department of Health, Emory University in Atlanta, Georgia, and the Massachusetts Department of Public Health to develop population-based surveillance of adolescents and adults with congenital heart defects.	SSAN FY2011-FY2015	FY2012, \$2 million FY2013, \$2 million FY2014, \$3 million FY2015, \$4 million FY2016, \$4 million
Other				
National Strategy to Improve Health Care Quality (Section 3011)	Requires HHS to develop a national quality improvement strategy that includes priorities to improve the delivery of health care services, patient health outcomes, and population health. The strategy must include a strategic plan to achieve priorities identified. Requires development of health care quality website .	March 2011, HHS released the National Quality Strategy (NQS). The NQS includes three aims, one of which is <i>Healthy People and Communities</i> to improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering	Law does not include funding amount	

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		<p>higher-quality care. The NQS also focuses on six priorities:</p> <ul style="list-style-type: none"> • Priorities in Person- and Family-centered Care • Priorities in Focus-Effective Treatment • Priorities in Focus-Care Affordability • Priorities in Focus-Care Coordination • Priorities in Focus-Patient Safety • Priorities in Focus-Healthy Living <p>Measures have been identified that will be used to track national progress in each of the six NQS priorities. The measures were selected after a public stakeholder input process, led by the National Priorities Partnership (NPP). The NPP is administered by the National Quality Forum</p> <p>HHS releases annual progress reports to Congress</p>		
<p>Nutrition Labeling at Chain Restaurants (Section 4205)</p>	<p>Requires nutrition labeling of standard menu items at restaurants operating in 20 locations or more under the same name.</p>	<p>In July 2010, FDA invited public comment on the labeling requirement. In April 2011, FDA issued a proposed rule outlining the kind of nutritional information restaurants will have to put on their menus. FDA issued a final rule on December 1, 2014.</p>	<p>N/A</p>	<p>N/A</p>

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Additional Requirements for Charitable Hospitals (Section 9007)	Requires non-profit hospitals to conduct a community health needs assessment (CHNA) at least every three years to include an assessment of need and an implementation strategy describing how identified needs will be met.	June 2011, IRS issues interim guidance in Notice 2011-52 . April 2013, IRS issues a Notice of Proposed Rulemaking .	N/A	N/A

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