

H.R. 3590, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)

PREVENTION AND PUBLIC HEALTH IMPLEMENTATION TIMELINE

2010

National Prevention, Health Promotion and Public Health Council. PPACA establishes the National Prevention, Health Promotion and Public Health Council (National Prevention Council) within the Department of Health and Human Services (HHS), composed of department secretaries from across the government and chaired by the Surgeon General. The National Prevention Council is charged with developing the National Prevention Strategy, coordinating among federal agencies and making recommendations to the President on federal policy changes needed to achieve national wellness, health promotion and public health goals. (Sec. 4001)

Prevention and Public Health Advisory Group. PPACA creates the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health within HHS. Comprised of 25 stakeholders, the Advisory Group will advise the National Prevention Council on the development of policy and program recommendations. (Sec. 4001)

Prevention and Public Health Fund. In fiscal year 2010, first year funding (\$500 million) is appropriated to the Prevention and Public Health Fund to expand and sustain a national investment in prevention and public health programs. The Fund will support programs authorized by the Public Health Service Act for prevention, wellness and public health activities such as the community transformation grant program, the education and outreach campaign for preventive benefits and immunization programs. (Sec. 4002)

Health plan coverage of preventive health services. For plan years beginning on or after September 23, 2010, all new group or individual health insurance coverage must cover and not impose any cost sharing for preventive services graded 'A' or 'B' by the U.S. Preventive Services Task Force; immunizations recommended by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices; preventive care and screenings for infants, children and adolescents included in guidelines from the Health Resources and Services Administration (HRSA); and, additional preventive care and screenings for women not described by the U.S. Preventive Services Task Force but included in HRSA guidelines. (Sec. 1001)

Medicaid coverage of tobacco cessation services for pregnant women. Effective October 2010, states will be required to provide Medicaid coverage for tobacco cessation counseling and drug therapy for pregnant women without cost-sharing. (Sec. 4107)

Childhood obesity demonstration project funding. PPACA appropriates \$25 million for the period of fiscal years 2010 through 2014 for the child obesity demonstration project authorized in the Children's Health Insurance Program Reauthorization Act of 2009 (P.L. 111-3). (Sec. 4306)

Community transformation grants. The Secretary of Health and Human Services (Secretary), through the CDC director, will award competitive grants to state and local government agencies and community-based organizations to implement, evaluate and disseminate evidence-based community preventive health activities designed to reduce chronic disease, prevent the development of secondary conditions, address health disparities and develop a stronger evidence base of effective prevention programming. At least 20 percent of the grants will be awarded to rural and frontier areas. Grantees are required to develop detailed plans addressing the policy, environmental, programmatic and infrastructure changes needed to promote healthy living and reduce disparities, and to implement programs and policies to promote healthier lifestyles. Such sums as may be necessary are authorized for these activities for each of fiscal years 2010 through 2014. (Sec. 4201)

Preventive Services Task Force. An independent Preventive Services Task Force will be convened by the director of the Agency for Healthcare Research and Quality to develop and update clinical preventive recommendations and to publish the Guide to Clinical Preventive Services. The Task Force will review scientific evidence regarding effectiveness, appropriateness and cost-effectiveness of clinical preventive services. At least once during every five year period, the independent Preventive Services Task Force will update the recommendations. The Task Force will make yearly reports to Congress identifying gaps in research and recommending research areas. There are authorized to be appropriated such sums as may be necessary for each fiscal year to carry out the activities of the Task Force. (Sec. 4003)

Community Preventive Services Task Force. The CDC director will convene an independent Community Preventive Services Task Force to review the scientific evidence related to the effectiveness, appropriateness and cost-effectiveness of community preventive interventions and make recommendations. The Task Force will publish the Guide to Community Preventive Services. At least once during every five year period, the Community Preventive Services Task Force will review and update recommendations. The Task Force will make yearly reports to Congress identifying gaps in research and recommending research areas. There are authorized to be appropriated such sums as may be necessary for each fiscal year to carry out the activities of the Task Force. (Sec. 4003)

National Prevention Council progress updates. By July 1, 2010 and in each subsequent year through 2015, the National Prevention Council will submit to the President and the relevant congressional committees a report describing the Council's activities, progress on meeting the national goals to be developed by the Council, a list of national priorities on health promotion and disease prevention, and plans for initiatives (including coordinating and consolidating federal programs) to target health behaviors. (Sec. 4001)

Demonstration program to improve immunization coverage. The Secretary, acting through the CDC director, will establish a demonstration program to award grants to states to improve immunizations for children, adolescents and adults. Grants will be used to implement interventions recommended by the Task Force on Community Preventive Services and other evidence-based interventions. Four years after the date of enactment, the Secretary will report to Congress on the effectiveness of the program and make

recommendations about whether to continue and expand the program. Such sums as may be necessary are authorized for these activities for each of fiscal years 2010 through 2014. (Sec. 4204)

Healthy Aging, Living Well pilot programs. The Secretary, acting through the CDC director, will award grants to state or local health departments to conduct five-year pilot programs to provide community interventions, screenings and clinical referrals for individuals between the ages 55 and 64. Community interventions may include efforts to improve nutrition, increase physical activity, reduce tobacco use and substance use, improve mental health and promote healthy lifestyles. Screening activities may include mental health, behavioral health, physical activity, smoking and nutrition screening. Individuals between 55 and 64 years of age who are found to have chronic disease risk factors through these screening activities will receive referral for clinical follow-up. The program evaluation will consider changes in the prevalence of uncontrolled risk factors among new Medicare enrollees. Such sums as may be necessary are authorized for these activities for each of fiscal years 2010 through 2014. (Sec. 4202)

National diabetes prevention program. The Secretary, acting through the CDC director, will establish a national diabetes prevention program targeting adults at high risk for diabetes. Eligible grantees include state and local health departments, tribal organizations, national networks of community-based non-profits focused on health, academic institutions or other entities determined by the Secretary. Such sums as may be necessary are authorized for each of fiscal years 2010 through 2014 for these activities. (Sec. 10501)

Public health workforce loan repayment program. The Secretary will establish a Public Health Workforce Loan Repayment Program for public health or health professionals who work for at least three years in a federal, state, local or tribal public health agency or fellowship. Annual loan repayment is capped at the lesser of \$35,000 per individual or one-third of total debt. The program is authorized at \$195 million in fiscal year 2010 and such sums as may be necessary are authorized for each of fiscal years 2011 through 2015. (Sec. 5204)

Public health training for mid-career professionals. The Secretary is authorized to make awards to educational entities for scholarships to support the training of mid-career professionals in public health and allied health. In fiscal year 2010, \$60 million is authorized. Such sums as may be necessary are authorized for each of fiscal years 2011 through 2015. Fifty percent of appropriated funds will be allotted to public health mid-career professionals and 50 percent to allied health. (Sec. 5206)

Epidemiology-laboratory capacity grants. The Secretary, acting through the CDC director, will establish an Epidemiology and Laboratory Capacity Grant Program to award grants to state and local health departments and, at the director's discretion, to academic centers, to assist public health agencies in improving surveillance and response to infectious diseases. PPACA authorizes \$190 million for each of fiscal years 2010 to 2013 for these grants, of which at least \$95 million per year would be for epidemiology, \$60 million per

year for information management and \$32 million per year for laboratory capacity. (Sec. 4304)

Training in cultural competency, prevention, public health and working with individuals with disabilities. The Secretary will support the development and evaluation of research, demonstrations and model curricula for use in health professions schools to provide training in cultural competency, prevention, public health proficiency, reducing health disparities and working with individuals with disabilities. Such sums as may be necessary are authorized for each of fiscal years 2010 through 2015 for these activities. (Sec. 5307)

Lifting the cap on the Commissioned Corps. PPACA removes the cap (set at 2,800) on the number of commissioned officers in the U.S. Public Health Service Regular Corps. (Sec. 5209)

Establishing a Ready Reserve Corps. PPACA establishes the Ready Reserve Corps within the Commissioned Corps to address the need for additional commissioned personnel to assist in emergency response and other public health situations, including backfilling critical positions left vacant during deployment of active duty Commissioned Corps. For each of fiscal years 2010 through 2014, \$5 million is authorized for recruitment and training and \$12.5 million for the Ready Reserve Corps.

Grants to promote the community health workforce. The CDC director will award grants to eligible entities to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers. Community health workers will provide outreach related to health problems prevalent in underserved communities, provide guidance regarding effective strategies to promote positive health behaviors, identify and refer underserved populations to community-based programs and provide maternal and prenatal home visitation services. Such sums as may be necessary are authorized to be appropriated for each of fiscal years 2010 through 2014. (Sec. 5313)

Expanding public health fellowship training opportunities. The Secretary is authorized to expand existing CDC public health training fellowships in epidemiology, laboratory science and informatics, the Epidemic Intelligence Service (EIS), and other related training programs. For each of fiscal years 2010 through 2013, \$24.5 million is authorized for EIS fellowships and \$5 million each for epidemiology, laboratory and informatics fellowships. (Sec. 5314)

United States Public Health Sciences Track. The Secretary will establish a U.S. Public Health Sciences Track to award degrees that emphasize team-based service, public health, epidemiology and emergency preparedness and response by training students of medicine, dentistry, public health, behavioral and mental health, physician assistance and pharmacy. The Surgeon General is tasked with negotiating with institutions to support the science track and can provide students with funding if they serve for a period of two years in the Commissioned Corps for each year of support. Beginning in fiscal year 2010, the Secretary is required to transfer such sums as may be necessary from the Public Health and Social Services Emergency Fund to carry out these functions. (Sec. 5315)

Training in general, pediatric and public health dentistry. The Secretary is authorized to make grants to entities to support training and provide financial assistance in general dentistry, pediatric dentistry or public health dentistry for dental students, dental residents, dental hygienists, practicing dentists or dental faculty. PPACA also creates a faculty loan repayment program for specific fields of dentistry; permits eligible entities to partner with schools of public health to allow dental residents or dental hygiene students to receive master's level training in public health; and takes additional steps to expand dental training. In fiscal year 2010, \$30 million is authorized to be appropriated for these activities. For each of fiscal years 2011 through 2015, such sums as may be necessary are authorized. (Sec. 5303)

Evidence-based coverage of Medicare preventive services. Beginning in 2010, the Secretary has the authority to modify or eliminate Medicare coverage of certain preventive services to ensure consistency with the recommendations of the U.S. Preventive Services Task Force. (Sec. 4105)

2011

National Prevention, Health Promotion and Public Health Strategy. By March 23, 2011, the National Prevention Council will release a National Prevention, Health Promotion and Public Health Strategy with specific goals and timelines for improving health through federally-supported prevention, health promotion and public health programs. (Sec. 4001)

Prevention and Public Health Fund. In fiscal year 2011, \$750 million is appropriated to the Prevention and Public Health Fund to expand and sustain a national investment in prevention and public health programs. (Sec. 4002)

Medicare personalized prevention plan. Beginning in 2011, Medicare will cover personalized prevention plans that include health risk assessments. Personalized prevention plans may include review and updating of family and medical histories, screening schedules and referrals based on the U.S. Preventive Services Task Force recommendations, and a list of risk factors and treatment options. Plans also may include referral to health education or preventive counseling programs or community-based lifestyle interventions to reduce health risk and promote self-management and wellness. Beneficiaries are eligible for the personalized prevention plan benefit once a year without cost-sharing. (Sec. 4103)

Removal of cost-sharing for Medicare preventive services. Effective in 2011, Medicare will cover 100 percent of the costs for most preventive services, including personalized prevention plans, the initial Medicare preventive physical examination and those covered preventive services that are recommended with a grade of 'A' or 'B' by the U.S. Preventive Services Task Force. (Sec. 4104)

Medicaid incentives for prevention of chronic diseases. Beginning in 2011, the Secretary will award grants to states to test the use of incentives in Medicaid to encourage healthy

lifestyles. The Secretary will develop program criteria using resources such as the Guide to Community Preventive Services, the Guide to Clinical Preventive Services and the National Registry of Evidence-based Programs and Practices. Programs will have to have demonstrated success helping individuals quit smoking, lose weight, lower cholesterol and/or blood pressure, or prevent the onset of or assist in the management of diabetes. PPACA appropriates \$100 million for the program for a five-year period. (Sec. 4108)

Nutrition labeling of standard menu items at chain restaurants. Within one year of enactment of PPACA, the Secretary will promulgate proposed regulations requiring nutrition labeling for standard menu items in chain restaurants or food establishments with 20 or more locations. These entities must disclose the number of calories in standard menu items and other required nutritional information. Vending machine operators that own or operate 20 or more machines must disclose the number of calories in each food item in a way that makes the information available before purchase. The Secretary will provide quarterly reports to Congress regarding progress on finalizing regulations. (Sec. 4205)

National Health Care Workforce Commission. Beginning in 2011, the PPACA created 15-member National Health Care Workforce Commission will make annual reports to Congress and the Administration on its review of health care workforce supply and demand issues and its recommendations for national priorities and policies. High priority areas for the Commission include public health care workforce capacity at all levels. Such sums as may be necessary to carry out these activities are authorized. Further, PPACA establishes competitive health care workforce development grants for states. HRSA will administer the program in consultation with the Commission. Planning grants are authorized at \$8 million for fiscal year 2010 and such sums as may be necessary for each subsequent fiscal year. Implementation grants are authorized at \$150 million for fiscal year 2010 and such sums as may be necessary in each subsequent year. (Sec. 5101 and Sec. 5102)

Health promotion media campaign. By March 23, 2011, the CDC will implement a national science-based media campaign on health promotion and disease prevention to address proper nutrition, regular exercise, smoking cessation, obesity reduction, the five leading killers in the U.S., and secondary prevention through disease screening promotion. Every two years, the campaign is to be evaluated and the Secretary is to report to Congress on its effectiveness. In addition, the Secretary, in consultation with the Institute of Medicine, will develop a national public-private partnership for a prevention and health promotion outreach and education campaign to raise public awareness of health improvement across the lifespan. Further, the CDC director will develop a Web site resource on disease prevention that allows individuals to determine their own disease risk. (Sec. 4004)

Obesity and Medicaid. The Secretary will provide guidance to states and health care providers on preventive and obesity-related services available to Medicaid enrollees. States are to design awareness campaigns to educate Medicaid enrollees about coverage of these services. The Secretary is to report to Congress by January 1, 2011 and every 3 years thereafter on the status of these efforts and states' actions. (Sec. 4004)

Health risk assessments. The Secretary will establish publicly available guidelines for health risk assessments and standards for telephone and Web-based risk assessment tools. Within 18 months of enactment of PPACA, the Secretary will make a health risk assessment model publicly available. (Sec. 4103)

Preventive medicine and public health training grant program. The Secretary, acting through the HRSA administrator and in consultation with the CDC director, will award grants or enter into contracts with eligible entities: 1) to plan, develop, operate or participate in an accredited residency or internship program in preventive medicine or public health; 2) defray the costs of practicum experiences; and 3) establish, maintain or improve academic administrative units in preventive medicine and public health or programs that improve clinical teaching in preventive medicine and public health. For fiscal year 2011, \$43 million is authorized to be appropriated. Such sums as may be necessary are authorized to be appropriated for each of fiscal years 2012 through 2015. (Sec. 10501)

Workplace wellness program grants. The Secretary will award grants to eligible employers to provide comprehensive workplace wellness programs over a five year period. Eligible employers employ less than 100 employees. The Secretary will develop program criteria consistent with the Guide to Community Preventive Services and the National Registry for Effective Programs. For the period of fiscal years 2011 through 2015, \$200 million is authorized. (Sec. 10408)

2012

Prevention and Public Health Fund. In fiscal year 2012, \$1 billion is appropriated to the Prevention and Public Health Fund to expand and sustain a national investment in prevention and public health programs. (Sec. 4002)

Oral healthcare prevention education campaign. By March 2012, the Secretary will initiate a five-year national, public education campaign focused on oral healthcare prevention and education. Such sums as may be necessary are authorized for these activities. (Sec. 4102)

CDC and employer-based wellness programs. The CDC director will provide employers with technical assistance, consultation and other resources to evaluate workplace wellness programs. Not later than two years after the date of enactment of PPACA, the director also will conduct a national worksite health policies and programs survey to assess employer-based health policies and programs. (Sec. 4303)

Better diabetes care. The Secretary, in collaboration with the CDC director, will prepare on a biennial basis a national diabetes report card, including to the extent possible, report cards for each state. Report cards will include aggregate health information related to diabetes and pre-diabetes, including preventive care, risk factors and outcomes. The Secretary will also act through the CDC director to promote the education and training of physicians on the importance of birth and death certificate data, including the collection of this data for

diabetes, and work with states to re-engineer their vital statistics systems, including improvements in diabetes mortality data. Such sums as may be necessary to carry out these activities are authorized. (Sec. 10407)

2013

Prevention and Public Health Fund. In fiscal year 2013, \$1.25 billion is appropriated to the Prevention and Public Health Fund to expand and sustain a national investment in prevention and public health programs. (Sec. 4002)

Medicaid preventive services for adults. Effective January 1, 2013, the Medicaid state option to provide certain screening and preventive services is expanded to include any clinical preventive service recommended with a grade of ‘A’ or ‘B’ by the U.S. Preventive Services Task Force and to include adult immunizations recommended by the CDC’s Advisory Committee on Immunization Practices. States that cover these services with no enrollee cost-sharing will receive an increase in their federal Medicaid match for these services of one percentage point. (Sec. 4106)

Secretarial plan for community-based prevention and wellness programs for Medicare. By September 30, 2013, the Secretary will submit to Congress a report that includes recommendations for legislative and administrative action to promote healthy lifestyles and chronic disease self-management for Medicare beneficiaries. The recommendations will be based on an evaluation of community-based prevention and wellness programs, including those sponsored by the Administration on Aging, and an evidence review of the literature and best practices. The Secretary will fund these evaluation activities by transferring a total of \$50 million from the Medicare Part A and Part B Trust Funds to the Centers for Medicare and Medicaid Services. (Sec. 4202)

2014

Prevention and Public Health Fund. In fiscal year 2014, \$1.5 billion is appropriated to the Prevention and Public Health Fund to expand and sustain a national investment in prevention and public health programs. (Sec. 4002)

Essential health benefits package. All new health plans in the individual and small group markets and all qualified health plans that participate in the new health insurance exchanges, will be required to cover “preventive and wellness services and chronic disease management” to be defined by the Secretary. No deductible can apply to services graded ‘A’ or ‘B’ by the U.S. Preventive Services Task Force; immunizations recommended by the CDC’s Advisory Committee on Immunization Practices; preventive care and screenings for infants, children and adolescents included in HRSA guidelines; and, additional preventive care and screenings for women not described by the U.S. Preventive Services Task Force but included in HRSA guidelines.

2015 and subsequent years

Prevention and Public Health Fund. In fiscal year 2015 and each fiscal year thereafter, \$2 billion per year is appropriated to the Prevention and Public Health Fund to expand and sustain a national investment in prevention and public health programs. (Sec. 4002)

Additional provisions

Research on optimizing the delivery of public health services. The Secretary, acting through the CDC director, will fund public health research examining evidence-based prevention practices, including comparing community-based public health interventions in terms of effectiveness and cost, translating interventions from academic into real world settings and identifying effective strategies for organizing, financing or delivering public health services in community settings. The Secretary will make an annual report to Congress on this research. (Sec. 4301)

Effectiveness of federal health and wellness initiatives. The Secretary will conduct an evaluation of federal health and wellness initiatives as they relate to changes in the health status of the American public, specifically the federal workforce. Topics include absenteeism, productivity, rate of workplace injuries, as well as medical costs incurred by employees, workplace fitness, healthy food and beverages and incentives in the Federal Employee Health Benefits Program. The Secretary will submit a report to Congress on the evaluation. (Sec. 4402)

Health promotion and disease prevention evaluations. The Secretary of Health and Human Services and the Comptroller General will conduct periodic reviews (at least every 5 years) and evaluations of every federal disease prevention and health promotion initiative, program and agency. (Sec. 4001)

Individualized wellness plans and community health centers. The Secretary will establish a pilot program to test the impact of providing at-risk populations who use community health centers with individualized wellness plans designed to reduce risk factors for preventable conditions. The pilots will support up to 10 community health centers and focus on weight, tobacco and alcohol use, exercise rates, nutritional status and blood pressure. Such sums as may be necessary are authorized for these activities. (Sec. 4206)