

Policy and Advocacy Update #5

August 6, 2010

Health care reform: Successful implementation of the provisions in the Patient Protection and Affordable Care Act (PL 111-148) rest with the administrators of federal agencies and YOU! At our recent annual meeting in Seattle many of you heard my remarks during my presentation to the Council of Faculties. Some of you were interested enough to ask me directly what successful implementation would require. Whether you were a group or personal recipient of my message it bears repeating:

Reorganizing our healthcare system, as envisioned in the legislation, depends on each and every faculty member of a college or school of pharmacy actively seeking partnerships with a host of organizations, providers groups, and policy makers. These partnerships are essential to ensure that individuals have access to a better coordinated system of care focused on preventing illness, improving quality, and providing care that is science-based and reflective of patient needs. Good intentions will not lead to reorganization. Lack of engagement will allow the status quo to flourish and the cost reduction expected through reorganization to be unrealized. Provisions establish pilots and demonstration projects. The Centers for Medicare and Medicaid is authorized to “test innovative payment and service delivery models...” in its soon to be established Center for Medicare and Medicaid Innovation (Section 3021). Other than the insurance provisions, no provision creates a standard of care. The prevention and wellness provisions require the regular assessment of both clinical and community prevention services and programs that are science-based and supported by the United States Preventive Services Task Force. This means that the change you want to see for your patients, your community, your students, and your profession will require your active engagement!

This update focuses on opportunities for you to engage with the Centers for Disease Control and Prevention (CDC), Medicare, state Medicaid programs, local and state health departments and tribal organizations that will be engaged in efforts to reorganize our healthcare system around prevention of disease and helping individuals engage in healthy behaviors. This reorganization will require a renewed commitment to developing strong, reproducible, scalable, evidence-based clinical and community services. Your program development and evaluation skills are needed by these potential community partners. A recommended approach would be to read the provision, determine who the eligible entities are or who the provision impacts, assemble useful information to approach the eligible entity and create an opportunity to discuss the benefits of collaboration to address the provisions intent.

The Government Printing Office print of the legislation is available at: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_public_laws&docid=f:publ148.111.pdf

In the next update we will review the provisions relevant to the health professions workforce.

Section 4001- By July 1, 2010 the National Prevention, Health Promotion and Public Health Council, a federal interagency group established by the President shall make its first annual report which will continue through January 2015. The Council will be supported by a 25-member, President appointed Advisory Group on Prevention, Health Promotion and Integrative Public Health. The Council: will serve as a coordinating body for federal health promotion and wellness efforts; make recommendations, based on stakeholder input, for a national health promotion and wellness strategy; and make recommendations to the President for federal health promotion and wellness priorities. [The Council released its 2010 report on July 1st. The report is available at: <http://www.hhs.gov/news/reports/nationalprevention2010report.pdf>]

Section 4002- Beginning in FY10 the Secretary “shall transfer amounts in the Fund to accounts within the Department of Health and Human Services to increase funding, over the fiscal year 2008 level, for programs authorized by the Public Health Service Act, for prevention, wellness, and public health activities including prevention research and health screenings, such as the Community Transformation grant program, the Education and Outreach Campaign for Preventive Benefits, and immunization programs.” Fund amounts increase annually to \$2 billion in FY 2015 and thereafter.

Section 4003- The current law authorizing the Preventive Services Task Force, supported by the Agency for Healthcare Research and Quality (AHRQ) is amended to more clearly articulate the purpose of the Task Force and the expectations for development and ongoing review of evidence-based clinical preventive services.

This section also authorizes the creation of a new Independent Community Preventive Services Task Force, supported by the Centers for Disease Control and Prevention (CDC). The Task Force will focus on the development and evaluation of population-based prevention programs.

Section 4004- By January 1, 2011 the Secretary shall report on the development of a education and outreach campaign regarding preventive benefits. This national media campaign will provide patients and providers with information to better assess their health status and engage in healthy behaviors through information provided by the campaigns communication plan including the development of web-based resources. The web-based resources will include assessment tools developed and maintained by academic institutions.

Section 4101- Beginning FY10 through FY13 a new grant program is created to support the development of school-based health centers that shall provide comprehensive primary care services including treatment of chronic illness to school-aged children with parental consent. A center is expected to establish and maintain ongoing relationships with health professionals in the catchment area.

Section 4103- Beginning January 1, 2011, Medicare will provide payment for a beneficiary’s annual wellness visit that can be provided by a team of providers as described by the Secretary and is to include a list of all a beneficiaries providers and a list of all their prescribed medications.

Section 4106- Beginning January 1, 2013, state Medicaid programs shall include services recommended by the U.S. Preventive Services Task Force and adult immunizations approved by the CDC Advisory Committee on Immunization Practice and “any medical or remedial services (provided in a facility, a home, or other setting) recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law, for the maximum

reduction of physical or mental disability and restoration of an individual to the best possible functional level.”

Section 4107- Beginning October 1, 2010, state Medicaid programs shall cover the provision of comprehensive tobacco cessation services for pregnant women. Medicaid will pay for “counseling and pharmacotherapy for cessation of tobacco use by pregnant women' means diagnostic, therapy, and counseling services and pharmacotherapy (including the coverage of prescription and nonprescription tobacco cessation agents approved by the Food and Drug Administration) for cessation of tobacco use by pregnant women who use tobacco products or who are being treated for tobacco use that is furnished: by or under the supervision of a physician; or by any other health care professional who is legally authorized to furnish such services under State law (or the State regulatory mechanism provided by State law) of the State in which the services are furnished and is authorized to receive payment for other services under this title or is designated by the Secretary for this purpose.”

Section 4108- Beginning January 1, 2011 the Secretary shall grants to state Medicaid programs for the development, implementation and evaluation of programs developed to increase Medicaid eligible individuals participation in chronic disease prevention programs. These programs shall focus on tobacco cessation, weight reduction and control, lowering blood pressure and cholesterol, avoiding diabetes onset or effective management of diabetes.

Section 4201- Beginning FY2011 the Secretary, through the CDC, shall make available competitive grants, referred to as Community Transformation Grants, to “State and local governmental agencies and community-based organizations for the implementation, evaluation, and dissemination of evidence-based community preventive health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence-base of effective prevention programming.”

Section 4202- Beginning FY11 the Secretary working through the CDC shall make grants available to state and local health departments and Indian tribes for the creation of community interventions, screenings and referrals to individuals 55-64 years old (pre-Medicare). The Secretary working through CMS shall evaluate these programs to ensure that they are evidence-based. The community interventions and screenings including tobacco cessation and chronic-illness self-management and should be in conjunction with insurance companies and community health centers.

Section 4203- Beginning in 2010 the Secretary shall make available grants to States to increase access to recommended immunizations.

Section 4301- The Secretary, working through the CDC, shall provide funding for public health services and systems research.

Section 4302- Two years after implementation (March 2012) federally supported activity shall capture: A) data on race, ethnicity, sex, primary language, and disability status for applicants, recipients, or participants; (B) data at the smallest geographic level such as State, local, or institutional levels if such data can be aggregated; (C) sufficient data to generate statistically reliable estimates by racial, ethnic, sex, primary language, and disability status subgroups for applicants, recipients or participants using, if needed, statistical oversamples of these subpopulations; and (D) any other demographic data as deemed appropriate by the Secretary regarding health disparities.

Section 4303- The Director of CDC will be responsible for expanding access to health promotion and wellness programs in the workplace by providing information and consultation to employers regarding evidence-based programs to employers. This section also includes a program evaluation requirement.

Section 4305- Within one year of funding availability the Secretary shall seek the support of the Institute of Medicine to establish a conference on pain and pain management. This Section requests the NIH to continue its support of pain research. This Section also requires the Secretary to make grants available to entities including health professions schools for the development and implementation of curriculum that include pain management provided in an interdisciplinary approach.

FY11 Appropriations process ongoing: The Senate Committee on Appropriations passed the FY11 appropriations bill funding the Departments of Labor, Health and Human Services, and Education on the 29th of July. It is uncertain whether the bill will ever come to the Senate floor for consideration. The bill does include increased funding for many HHS agencies including the National Institutes of Health.

The Senate bill (S3686) is available at: <http://thomas.loc.gov/cgi-bin/query/z?c111:S.3686>:

The committee report accompanying the FY11 legislation is available at: [http://thomas.loc.gov/cgi-bin/cpquery/R?cp111:FLD010:@1\(sr243\)](http://thomas.loc.gov/cgi-bin/cpquery/R?cp111:FLD010:@1(sr243))