

# Wellness & Prevention Provisions in the Patient Protection and Affordable Care Act (H.R. 3590)



## IMMEDIATE

- Establish the **National Prevention, Health Promotion and Public Health Council** (the Council) to coordinate federal prevention, wellness, and public health activities (*Sec. 4001*).
  - The Council shall be composed of departmental Secretaries from across the federal government, with the Surgeon General serving as Chair.
  - Tasks the Council with creating a national strategy to: set goals and objectives for improving health through federally-supported prevention, health promotion and public health programs, establish measurable actions and timelines to carry out the strategy, and make recommendations to improve Federal prevention, health promotion, public health and integrative health care practices
- Create a **Prevention and Public Health Fund** (the Fund) to expand and sustain funding for prevention and public health programs: \$500 million in FY2010 (*Sec. 4002*).
- Create **task forces on Preventive Services and Community Preventive Services** to develop, update, and disseminate evidenced-based recommendations on the use of clinical and community prevention services (*Sec. 4003*).
  - Director of the CDC will convene and Council will “be composed of individuals with appropriate expertise.
  - Council will review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of clinical preventive services to develop to be published in the Guide to Clinical Preventive Services. Recommendations will consider guidelines by AHRQ, NIH, CDC, IOM, medical associations, patient groups, and scientific societies.
- Establish a **grant program to support the delivery of evidence-based and community-based prevention and wellness services** aimed at strengthening prevention activities, reducing chronic disease rates and addressing health disparities in rural and urban areas areas (*Sec. 4201*).
  - Eligible entities include state and local governments, national networks of community-based organizations; state or local non-profit organizations, and Indian tribes that “demonstrate a history or capacity, if funded, to develop relationships necessary to engage key stakeholders from multiple sectors within and beyond health care and across a community, such as healthy futures corps and health care provider.”
- Conduct a **national worksite health policies and programs survey** (the Worksite Survey) to assess employer-based health policies and programs (*Sec. 399MM*).
- Directs the Secretary of HHS to award **grants to support the operation of school-based health centers**, with an emphasis on communities with barriers in access to health services.
  - Up to \$50 million in FY 2010 for facilities and equipment or similar expenditures.
  - Authorizes the Secretary to award grants to pay the costs associated with expanding and modernizing existing buildings for use as a School-Based Health Center (SBHC) (*Sec. 4101*).

## SIX MONTHS

- Require qualified health plans to provide at a minimum coverage without cost-sharing for **preventive services** rated A or B by the U.S. Preventive Services Task Force, recommended immunizations, preventive care for infants, children, and adolescents, and additional preventive care and screenings for women (*Sec. 2713*).
- Eliminate cost-sharing for **tobacco cessation** counseling and Rx for pregnant women in Medicaid and Medicare (*Secs. 4107*).

## 2011

- **National strategy** to improve the nation’s health due March 2011 (*Sec. 4001*).

- The Fund receives up to \$750 million
- SBHCs receive up to \$50 million.
- Improve prevention by covering only proven preventive services **and eliminating cost-sharing for preventive services in Medicare and Medicaid** (Secs. 4104-4108).
  - For states that provide Medicaid coverage for and remove cost-sharing for preventive services recommended by the US Preventive Services Task Force and recommended immunizations, provide a one percentage point increase in the FMAP for these services. Increase Medicare payments for certain preventive services to 100 % of actual charges or fee schedule rates.
- Provide **grants for up to five years to small employers** (< 100 employees working 25+ hours p/week) which establish **wellness programs**. Provide technical assistance and other resources to evaluate employer-based wellness programs (Sec. 10408).
  - Workplace wellness programs include health awareness initiatives (including health education, preventive screenings, and health risk assessments); efforts to maximize employee engagement (including mechanisms to encourage employee participation); initiatives to change unhealthy behaviors and lifestyle choices (including counseling, seminars, online programs, and self-help materials); supportive environment efforts (including workplace policies to encourage healthy lifestyles, healthy eating, increased physical activity, and improved mental health).
- Require chain restaurants and food sold from vending machines to disclose the **nutritional content** of each item (regulations due March 2011) (Sec. 4205).
  - This includes disclosing calories on menu boards and 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.

## 2012

- Worksite survey results due March 2012.
- The Fund receives up to \$1 billion.
- SBHCs receive up to \$50 million.

## 2013

- The Fund receives up to \$1.25 billion.
- SBHCs receive up to \$50 million.

## 2014

- Permit employers to offer **employees rewards**—in the form of premium discounts, waivers of cost-sharing requirements, or benefits that would otherwise not be provided—of up to 30% of the cost of coverage for participating in a wellness program and meeting certain health-related standards (Sec. 2705).
  - Employers must offer an alternative standard for individuals for whom it is unreasonably difficult or inadvisable to meet the standard.
  - The reward limit may be increased to 50% of the cost of coverage if deemed appropriate.
- Establish **10-state pilot programs** by July 2014 to permit participating states to apply similar rewards for participating in wellness programs in the individual market and expand demonstrations in 2017 if effective (Sec. 2705).
- The Fund receives up to \$1.5 billion.
- SBHCs receive up to \$50 million.

## 2015 AND BEYOND

- The Fund receives up to \$2 billion.
- SBHCs receive up to \$50 million.