

APHA Agenda for Health Reform and Relevant Provisions in the
Patient Protection and Affordable Care Act as Amended by the Health Care and Education Affordability Reconciliation Act

APHA AGENDA FOR HEALTH REFORM	THE PATIENT PROTECTION & AFFORDABLE CARE ACT (P.L. 111-148)
Provide Access to Comprehensive Coverage for All	Sec. 1001. Prohibits insurers from establishing lifetime or unreasonable annual limits on coverage (effective for plan years beginning on or after 6 months after enactment).
	Sec. 1001. Prohibits insurers from rescinding coverage except in cases of fraud or misrepresentation (effective for plan years beginning on or after 6 months after enactment).
	Sec. 1001. Prohibits employers from limiting eligibility for coverage based on wages or salary of full-time employees (effective for plan years beginning on or after 6 months after enactment).
	Sec. 1001. Requires health insurers to allow individuals up through age 26 to remain on their parent's plan (effective for plan years beginning on or after 6 months after enactment).
	Sec. 1102. Establishes a temporary reinsurance to provide employer-based plans reimbursement for 80% of the cost of covering claims between \$15,000 and \$90,000 for adults ages 55 to 64. Effective within 90 days of enactment through Jan. 1, 2014 (Appropriates \$5 billion).
	Sec. 1201 Requires guaranteed availability and renewability of coverage.
	<p>Requires "Shared responsibility payments" for certain employers not providing coverage and individuals without coverage:</p> <ul style="list-style-type: none"> ○ Sec. 1501. Requires individuals to maintain minimum essential coverage beginning 2015 or pay a penalty of the greater of \$750 per year up to a maximum of three times that amount (\$2,250) per family or 2% of household income. The penalty will be phased in: \$95 (2014), \$325 (2015), \$695 (2016) for the flat fee or 1% of taxable income in 2014, 2% of taxable income in 2015, and 2.5% of taxable income in 2016. Beginning after 2016, the penalty will be increased annually by the cost-of-living adjustment. Exemptions for financial hardship, religious objections, American Indians, those without coverage for less than 3 months, undocumented immigrants, incarcerated individuals, if the lowest cost plan exceed 8% of income and those below 100% FPL. ○ Sec. 1511. Requires employers with more than 200 employees to automatically enroll new full-time employees in coverage; gives employees opt-out option. ○ Sec. 1512. Requires employers to notify employees of the Exchange and potential eligibility for premium assistance and cost-sharing reduction. ○ Sec. 1513. Requires shared responsibility payments for employers with 50 or more full-time employees: \$750 for each FT employee receiving the premium assistance tax credit; the lesser of \$2,000 for each FT employee receiving a credit or \$750 for each FT employee total.
	Sec. 10108. Requires employers that offer coverage to provide a free choice voucher to employees with incomes less than 400% FPL whose share of the premium is between 8-9.8% of their income and who chooses to enroll in an Exchange plan. The voucher amount is equal to what the employer would have paid to provide coverage to the employee under the employer's plan and will be used to offset the premium costs. Employers providing free choice vouchers will not be subject to penalties for employees that receive premium credits in the Exchange.
	Sec. 1002. Directs HHS Sec. to award grants to establish, expand, or provide support offices of health insurance consumer assistance or ombudsman programs. Authorizes \$30 million for first fiscal year (effective upon enactment).
Prohibit Restrictions Due to Pre-existing Condition or Health Status	Sec. 1201. Prohibits preexisting condition exclusions or other discrimination based on health status for plans or coverage. Allows for insurance rating variation (in the individual and small group markets) only by family structure, geography, age, tobacco use, and actuarial value of benefit (effective Jan. 1, 2014).
	Sec. 1201. Permits employers to vary insurance premiums by up to 30% for employee participation in certain health promotion and disease prevention programs.
	Sec. 1101. Creates a temporary insurance program with financial assistance for those uninsured because of pre-existing conditions. Authorizes up to \$5 billion; program terminates when Exchanges are operation in 2014 (effective upon enactment).
Ensure Affordable Coverage	Sec. 1001. Effective for plan years beginning on or after 6 months after enactment, requires health insurers to publicly report the percentage of total revenue spent on clinical services. Requires health insurers to refund each enrollee by the amount for which premium revenue for non-claims costs exceeds 20% in the group market and 25% in the individuals market (this provision expires on Dec. 31, 2013).
	Sec. 1001. Requires the Sec., in conjunction with the National Association of Insurance Commissioners and patient advocates, within 12 months of enactment, develop standards for insurer to use in providing information on coverage and benefits. Insurers must comply within 24 months of enactment or pay a penalty of no more than \$1,000 per violation.

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Ensure Affordable Coverage (cont.)	<p>Sec. 1311-1313. Requires HHS Sec. to provide grants for States to establish American Health Benefit and Small Business Health Options Program (SHOP) Exchanges; exchanges must be self-sustaining beginning 2015 and can charge assessments or user fees; Allows individuals to enroll and small employers to offer a choice of qualified plans at one level of coverage. States may form regional Exchanges or allow more than one Exchange to operate in a state as long as each Exchange serves a distinct geographic area. (Funding available to states to establish Exchanges within one year of enactment and until January 1, 2015) States may allow business with more than 100 employees to purchase coverage in the SHOP Exchange beginning 2017.</p>
	<p>Sec. 1301-1302. Requires qualified health plans to be certified by Exchanges and provide essential benefits packages; Defines essential benefits package; Creates four benefit categories of plans plus a separate catastrophic plan to be offered through the Exchange, and in the individual and small group markets (out-of-pocket costs limited to the Health Savings Account (HSA) current law limit (\$5,950 for individuals and \$11,900 for families in 2010);</p> <ul style="list-style-type: none"> o Bronze - minimum creditable coverage and provides the essential health benefits, cover 60% of the plan costs o Silver - essential health benefits, covers 70% of the plan costs, o Gold - essential health benefits, covers 80% of the plan costs o Platinum - essential health benefits, covers 90% of the plan costs o Catastrophic – available for those up to age 30 or to those who are exempt from the mandate; Set at the HSA current law levels except; Prevention benefits and coverage for three primary care visits would be exempt from the deductible. Only available in the individual market.
	<p>Sec. 1323. Requires HHS Sec. to offer a Community Health Insurance Option as a qualified health plan through Exchanges; allows states to enact a law to opt out of offering the option; requires coverage of essential health benefits; establishes a start-up fund to provide loans for initial operations which must be repaid with interest within 10 years. The community health insurance option would be subject to the same rules and requirements as private health insurers and CO-OPs. Premiums would be based on local rates. Reimbursement rates would be negotiated with health care providers and participation by providers would be voluntary. Appropriate \$6 billion to finance the program and award loans and grants to establish CO-OPs by July 1, 2013)</p>
	<p>Sec. 1103. Establishes an Internet portal for beneficiaries to access affordable coverage options (effective upon enactment).</p>
	<p>Sec. 1401. Effective Jan. 1, 2014, for individuals enrolled in qualified health plans: Provides sliding scale tax credits for insurance premiums :</p> <ul style="list-style-type: none"> o Up to 133% FPL: 2% (of income) o 133-150% FPL: 3 - 4% o 150-200% FPL: 4 - 6.3% o 200-250% FPL: 6.3 - 8.05% o 250-300% FPL: 8.05 - 9.5% o 300-400% FPL: 9.5%
	<p>Sec. 1402. Provides cost sharing subsidies to eligible families and individuals, which reduce cost sharing amounts and annual cost-sharing limits:</p> <ul style="list-style-type: none"> o 100-150% FPL: 94% o 150-200% FPL: 87% o 200-250% FPL: 73% o 250-400% FPL: 70%
	<p>Sec. 1421. Provides a sliding scale tax credit to small employers to fewer than 25 employees and average annual wages of less than \$50,000 that contribute at least 50% of total premium cost for employees. In 2011 through 2013, credit up to 35% (up to 25% for tax-exempt businesses. In 2014 and after, employers who purchase coverage through the Exchange can receive credit for two years of up to 50% (up to 35% tax-exempt businesses). Full credit is available to small businesses with 10 or fewer employees and average annual wages of less than \$25,000.</p>
	<p>Sec. 1003. Directs HHS Sec and States to establish a process for annual review of premium increases. Authorizes \$250 million in grants to states for FY2010-2014; each state would receive \$1-\$5 million per grant year (effective upon enactment).</p>
	<p>Sec. 1312. Beginning 2017 allows States to apply for a waiver for up to 5 years of requirements related to qualified health plans, Exchanges, cost-sharing reductions, and responsibility requirements.</p>
	<p>Sec. 10504. Within 6 months of enactment, directs HHS (through HRSA) to establish a 3-year demonstration project in up to 10 States to provide access to comprehensive health care services to the uninsured at reduced fees. The Secretary shall evaluate the feasibility of expanding the project to additional States. To be eligible to participate in the demonstration project, an entity shall be a State-based, nonprofit, public-private partnership that provides access to comprehensive health care services to the uninsured at reduced fees. Each State shall receive not more than \$2,000,000 to establish and carry out the project for the 3-year demonstration period.</p>
	<p>Sec. 1332. Beginning 2017 allows States to apply for a waiver for up to 5 years of requirements related to qualified health plans, Exchanges, cost-sharing reductions, and responsibility requirements.</p>

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Provide First Dollar Support for Evidence-Based Clinical Preventive Services	<u>Exchange Plans</u> Sec. 1001. Requires all health plans to cover and not impose any cost sharing requirements on certain clinical preventive services and items including well baby and well child care.
	<u>Medicare</u> Sec. 4103-4105. Provides coverage under Medicare, with no co-payment or deductible, for an annual wellness visit and personalized prevention plan services, including a comprehensive health risk assessment. Eliminates cost sharing and coinsurance for Medicare covered preventive services. Sec. 4105. Allows HHS Secretary to modify coverage of existing preventive services to the extent that the modification is consistent with USPSTF recommendations. The Secretary can withdraw Medicare coverage for services rated —D or harmful by USPSTF.
	<u>Medicaid</u> Sec. 4106-4107. Gives States the option to provide other diagnostic, screening, preventive and rehabilitation service; prohibit cost-sharing for such services and vaccines; provides these states with an increased FMAP of 1% for these services. Requires States to provide Medicaid coverage for tobacco cessation services for pregnant women; eliminates cost sharing for these services.
Additional Coverage Provisions	Sec. 1303. Prohibits use of federal premium or cost-sharing subsidies to purchase coverage for abortion if coverage extends beyond that covered by Hyde. Allows states to prohibit plans participating in the Exchange from providing coverage for abortions. Requires plans that choose to offer coverage for abortions beyond those covered by Hyde in states that allow such coverage to create allocation accounts for segregating premium payments for coverage of abortion services from premium payments for coverage for all other services to ensure that no federal premium or cost-sharing subsidies are used to pay for the abortion coverage. Prohibit plans participating in the Exchanges from discriminating against any provider because of an unwillingness to provide, pay for, provide coverage of, or refer for abortions; Does not preempt State laws regarding coverage or funding of abortion services.
Strengthen Public Programs	MEDICARE
	Sec. 3301. Provides a \$250 rebate for all Medicare Part D enrollees who enter the donut hole in 2010. Requires drug manufacturers to provide a 50% discount to Part D beneficiaries for brand-name drugs and biologics purchased during the coverage gap beginning 2011; discount increases to 75% by 2020.
	Sec. 3308. Reduces the Part D premium subsidy for beneficiaries with incomes above the Part B income thresholds.
	Sec. 3313. Requires the OIG to conduct a study comparing prescription drug prices paid under the Medicare Part D program to those paid under State Medicaid programs.
	Sec. 3315. Increases the initial coverage limit in the standard Part D benefit by \$500 for 2010.
	Sec. 3309. Eliminates cost sharing for beneficiaries receiving care under a home and community-based waiver program who would otherwise require institutional care.
	Sec. 3112. Eliminates the Medicare Improvement Fund. (Effective upon enactment)
	Sec. 10316. Reduces Medicare DSH payments initially by 75% and subsequently increase payments based on the percent of the population uninsured and the amount of uncompensated care provided (Effective FY2015).
Strengthen Public Programs	MEDICAID
	Sec. 2001: <ul style="list-style-type: none"> o Beginning Jan. 1, 2011, gives states the option to provide Medicaid coverage (through a state plan amendment) to non-elderly, non-pregnant individuals with incomes up to 133% FPL. Creates a new mandatory eligibility category for “newly eligible” individuals at or below 133% FPL beginning Jan. 1, 2014. o Changes mandatory Medicaid eligibility for children ages 6-19 from 100% to 133% FPL beginning Jan. 1, 2014. o Provides federal matching to cover expansion populations: 100% (FY2014-2016); 95% (FY2017); 94% (FY2018); 93% (2019); 90% thereafter. States that have already expanded eligibility to adults with incomes up to 100% FPL will receive a phased-in increase FMAP or non-pregnant childless adults so that by 2019 they receive the same federal financing as other states (93% in 2019 and 90% in 2020 and later). States have the option to expand Medicaid eligibility to childless adults beginning on April 1, 2010, but will receive their regular FMAP until 2014.

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Strengthen Public Programs (cont.)	MEDICAID (cont.)
	Sec. 2303. Adds a new optional categorically-needy eligibility group to Medicaid comprised of (1) non-pregnant individuals with income up to the highest level applicable to pregnant women covered under Medicaid or CHIP, and (2) individuals eligible under the standards and processes of existing section 1115 waivers that provide family planning services and supplies. Benefits would be limited to family planning services and supplies, including related medical diagnostic and treatment services.
	Sec. 2005. Increases the spending caps for territories by 30% and the applicable FMAP to 55 % beginning on Jan. 1, 2011 and for each fiscal year thereafter. Sec. 1323 authorizes \$2 billion in funding to cover the increases; grants territories the option of operating a Health Benefits Exchange
	Sec. 2301. Requires coverage of services provided at freestanding birth centers.
	Sec. 2002. Requires states to use modified gross income to determine Medicaid eligibility.
	Sec. 2003. Requires States to offer premium assistance and wrap-around benefits to all Medicaid beneficiaries who are offered employer-sponsored insurance (ESI) if it is cost-effective to do so, based on current law requirements
	Sec. 2004. Allows all individuals below the age of 25 who were formerly in foster care for at least six months to be eligible for Medicaid.
	Sec. 2201. Allows individuals to apply for and enroll in Medicaid, CHIP or the Exchange through a State-run website.
	Sec. 2202. Allows any hospital the option, based off preliminary information, to provide Medicaid services during a period of presumptive eligibility to members of all Medicaid eligibility categories
	Sec. 2401-2406. Gives states options for providing long-term care services, including a Medicaid to offer community-based attendant services and supports to Medicaid beneficiaries with disabilities and other home and community-based services; extends Money Follows the Person through Sept. 30, 2016.
	Sec. 2551. Reduces state Medicaid DSH allotment by 50% or 25% for low DSH states (and by lesser percentages for states meeting certain criteria) once the state's uninsured rate decreases by at least 45%. DSH allotments will be further reduced, not to fall below 50% of the total allotment in 2012 if states' uninsured rates continue to decrease. Exempt any portion of the DSH allotment used to expand Medicaid eligibility through a section 1115 waiver. (Effective October 1, 2011)
	Sec. 2702. Prohibits federal payments to states for Medicaid services related to health care acquired conditions. (Effective July 1, 2011)
	Sec. 2007. Rescinds any funds no obligated as of enactment from the Medicaid Improvement Fund beginning FY2014.
	CHIP
	Sec. 2101. Upon enactment, States would be required to maintain income eligibility levels for CHIP through September 30, 2019. From FY2015 to 2019, States would receive a 23 % increase in the CHIP match rate, subject to a cap of 100%. CHIP-eligible children who cannot enroll in CHIP due to Federal allotment caps would be eligible for tax credits in the State Exchange
Strengthen Funding for Safety Net	Sec. 5601. Authorizes the following appropriations for FQHCs: <ul style="list-style-type: none"> o \$2.98 billion FY2010 o \$3.86 billion FY2011 o \$4.99 billion FY2012 o \$6.44 billion FY2013 o \$7.33 billion FY2014 o \$8.33 billion FY2015
	Sec. 5208. Creates a grant program administered by HRSA to support nurse-managed health clinics; authorizes \$50 million for FY2010.
Create a Public Insurance Plan	Sec. 1334. Requires the Office of Personnel Management to contract with insurers to offer at least two multi-state plans in each Exchange. At least one plan must be offered by a non-profit entity and at least one plan must not provide coverage for abortions beyond those permitted by federal law. Each multi-state plan must be licensed in each state and meet the qualifications of a qualified health plan. If a state has lower age rating requirements than 3:1, the state may require multi-state plans to meet the more protective age rating rules. These multi-state plans will be offered separately from the Federal Employees Health Benefit Program and will have a separate risk pool.

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Shift Reimbursement and Other Policies to Promote Primary Care	MEDICARE
	Sec. 3101. Replaces the scheduled 21% payment reduction to the Medicare physician fee schedule for 2010 with a .5% positive update.
	Sec. 5501. Beginning in 2011, provides primary care practitioners, as well as general surgeons practicing in health professional shortage areas, with a 10% Medicare payment bonus for five years. Half of the cost of the bonuses would be offset through an across-the-board reduction in all other services.
	Sec. 3007. Directs the HHS Sec. to develop and implement a budget-neutral payment system that will adjust Medicare physician payments based on the quality and cost of the care they deliver. Quality and cost measures will be risk-adjusted and geographically standardized. The Secretary will phase-in the new payment system over a 2-year period beginning in 2015.
	Sec. 3403. Creates an independent, 15-member Medicare Advisory Board tasked with presenting Congress with comprehensive proposals to reduce excess cost growth and improve quality of care for Medicare beneficiaries.
	Sec. 3114. Increases the payment rate for certified nurse midwives for covered services from 65% to 100% of the physician rate.
	Sec. 5502. Directs HHS Sec. to develop and implement a prospective payment system (PPS) for Medicare-covered services furnished by FQHCs.
	Sec. 3002. Extends through 2014 payments under the PQRI program, which provide incentives to physicians who report quality data to Medicare. Beginning in 2014, physicians who do not submit measures to PQRI will have their Medicare payments reduced.
	Sec. 3022. Rewards Accountable Care Organizations (ACOs) that take responsibility for the costs and quality of care received by their patient panel over time.
	Sec. 3502. Creates a program to fund "Community Health Teams" to support the development of medical homes by increasing access to comprehensive, community based, coordinated care; entities must match \$1 for every \$5 in federal funds.
	Sec. 3023. Direct the Secretary to develop a national, voluntary pilot program encouraging hospitals, doctors, and post-acute care providers to improve patient care and achieve savings for the Medicare program through bundled payment models. Requires the Secretary to establish this program by January 1, 2013 for a period of five years. Before January 1, 2016, the Secretary is also required to submit a plan to Congress to expand the pilot program if doing so will improve patient care and reduce spending.
	Sec. 3024. Creates a new demonstration program for chronically ill Medicare beneficiaries to test a payment incentive and service delivery system that utilizes physician and nurse practitioner directed home-based primary care teams aimed at reducing expenditures and improving health outcomes.
	Sec. 3126. Expands a demonstration program created under the Medicare Improvements for Patients and Providers Act (MIPPA, P.L. 110-275) to allow more eligible rural entities to test new models for the delivery of health care services in rural areas.
Shift Reimbursement and Other Policies to Promote Primary Care	MEDICAID
	Sec. 2703. Provide States the option of enrolling Medicaid beneficiaries with chronic conditions into a health home. Health homes would be composed of a team of health professionals and would provide a comprehensive set of medical services, including care coordination.
	Sec. 2701. Directs the HHS Sec. to develop a set of quality measures for Medicaid eligible adults that is similar to the quality measurement program for children enacted in the CHIP.
	Sec. 2704. Establishes a demonstration project, in up to eight States, to study the use of bundled payments for hospital and physicians services under Medicaid.
	Sec. 2705. Establishes a demonstration project, in coordination with the CMS Innovation Center, in up to five States to adjust their current payment structure for safety net hospitals from a fee-for-service model to a global capitated payment structure.
	Sec. 2706. Establishes a demonstration project that allows qualified pediatric providers to be recognized and receive payments as ACOs under Medicaid.
	Sec. 2707. Requires the HHS Sec. to establish a three-year Medicaid demonstration project in up to eight States to reimburse certain institutions for mental disease for services provided to Medicaid beneficiaries between the ages of 21-65.

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Ensure Cultural Competency	No provision
Sustain Investment in Health Information Technology (HIT)	Sec. 3021. Directs HHS Sec. in consultation with the HIT Policy Committee and the HIT Standards Committee to develop interoperable and secure standards and protocols that facilitate enrollment of individuals in Federal and State programs.
Other Quality Provisions	Sec. 1001. Requires the HHS Sec. to develop guidelines for insurers to report information on programs and initiatives the improve health outcomes through care coordination, chronic disease management, hospital readmission reduction, improve patient safety and promote health and wellness (effective for plan years beginning on or after 6 months after enactment).
	Sec. 3012. Requires the President to convene an Interagency Working Group on Health Care Quality comprised of Federal agencies to collaborate on the development and dissemination of quality initiatives consistent with the national strategy.
	Sec. 3013-3014. Authorizes \$75 million over 5 years for the development of quality measures at AHRQ and the CMS. Authorizes \$20 million to support the endorsement and use of endorsed quality measures by the HHS Sec for use in Medicare, reporting performance information to the public, and in health care programs.
	Sec. 6301. Authorizes the establishment of a "Patient-Centered Outcomes Research Institute" to assist patients, clinicians, purchasers, and policy makers in making informed health decisions by advancing the quality and relevance of clinical evidence through research and evidence synthesis.
	Sec. 2602. Requires the HH Sec. to establish a Federal Coordinated Health Care Office (CHCO) within CMS by March 1, 2010 to improve coordination of Medicare and Medicaid services.
	Sec. 3021. Establishes within the Centers for Medicare and Medicaid Services (CMS) a Center for Medicare & Medicaid Innovation to research, develop, test, and expand innovative payment and delivery arrangements to improve the quality and reduce the cost of care provided to patients in each program.
Invest in Population and Community-Based Prevention, Education and Outreach Programs	GENERAL PREVENTION AND WELLNESS
	Sec. 4002. Establishes a "Prevention and Public Health Investment Fund" to provide for expanded and sustained national investment in prevention and public health programs that builds up from \$500 million in FY 2010 to \$2 billion in FY2015 and each fiscal year thereafter.
	Sec. 4001. Creates an interagency council to establish a national prevention and health promotion strategy. The Council shall consist of representatives of Federal agencies that interact with Federal health and safety policy, including the departments of Health, Agriculture, Education, Labor, Transportation, and others. The Council will report annually to Congress on the health promotion activities of the Council and progress in meeting goals of the national strategy.
	Sec. 4201. Creates "Community Transformation" grants to state and local governmental agencies and community based organizations for the implementation, evaluation, and dissemination of proven evidence-based community preventive health activities to reduce chronic disease rates, address health disparities, and develop stronger evidence-base of effective prevention.
	Sec. 4202. Creates the "Healthy Aging, Living Well program to program is to improve the health status of the pre-Medicare-eligible population to help control chronic disease and reduce Medicare costs. The CDC would provide grants to states or large local health departments to conduct pilot programs in the 55-to-64 year old population. Pilot programs would evaluate chronic disease risk factors, conduct evidence-based public health interventions, and ensure that individuals identified with chronic disease or at-risk for chronic disease receive clinical treatment to reduce risk.
	Sec. 4101. Authorizes a grant program for the operation and development of School-Based Health Clinics, which will provide comprehensive and accessible preventive and primary health care services to medically underserved children and families. Appropriates \$50 million each year for fiscal years 2010 through 2013 for expenditures for facilities and equipment.
	Sec. 4004. Directs the HHS Sec. to convene a national public/private partnership for the purposes of conducting a national prevention and health promotion outreach and education campaign; funding not to exceed \$500 million. In addition HHS Sec. shall provide guidance to states regarding preventive services available to Medicaid enrollees.
	Sec. 4206. Creates a pilot program to provide at-risk populations who utilize community health centers with a comprehensive risk-factor assessment and an individualized wellness plan designed to reduce risk factors for preventable conditions.

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Invest in Population and Community-Based Prevention, Education and Outreach Programs (cont.)	GENERAL PREVENTION AND WELLNESS (cont.)
	Sec. 4306. Appropriates \$25 million for the childhood obesity demonstration project created under CHIPRA and adjusts the demonstration time period to fiscal years 2010 through 2014.
	Sec. 5313. Authorizes the Secretary to award grants to States, public health departments, clinics, hospitals, FQHCs and other nonprofits to promote positive health behaviors and outcomes in medically underserved areas through the use of community health workers.
	PREVENTION TASKFORCE
	Sec. 4003. Directs CDC Director to 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 recommendations, to be published in the "Guide to Community Preventive Services"; should take appropriate steps to coordinate its work with the USPSTF and the Advisory Committee on Immunization Practices, including the examination of how each task force's recommendations interact at the nexus of clinic and community.
	PREVENTION RESEARCH
	Sec. 4402. Directs HHS Sec. to evaluate the effectiveness of existing Federal health and wellness initiatives. The Secretary will consider whether such programs are effective in achieving their stated goals and evaluate their effect on the health and productivity of the Federal workforce.
	Sec. 4301. Directs HHS/CDC to fund research in the area of public health services and systems that examines evidence-based practices relating to prevention, with a particular focus on high priority areas as identified by the Sec. in the National Prevention Strategy or Healthy People 2020 and including comparing community-based public health interventions in terms of effectiveness and cost.
	ORAL HEALTH
	Sec. 4102. Establishes a 5-year national public education campaign on oral healthcare prevention. Provides demonstration grants to demonstrate the effectiveness of research-based dental caries disease management activities. Directs HHS Sec. to update and improve Pregnancy Risk Assessment Monitoring System (PRAMS) as it relates to oral health.
	IMMUNIZATIONS
	Sec. 4204. Directs the CDC Director to establish a demonstration program to award grants to States to improve the provision of recommended immunizations for all ages using evidence-based, population-based interventions for high-risk populations. Grants HHS Sec. Ability to negotiate and enter into contracts with manufacturers of vaccines for the purchase and delivery of vaccines for adults. Allows states to purchase adult vaccines directly from manufacturers at price negotiated by the HHS Sec. Reauthorizes the section 317 program. Orders a GAO study on Medicare beneficiaries' access to vaccines by Jun. 1, 2010. Authorizes \$1 million for FY2010.
	WORKSITE WELLNESS
	Sec. 4303. Requires the CDC to study and evaluate best employer-based wellness practices and provide an educational campaign and technical assistance to promote the benefits of worksite health promotion to employers.
	Sec. 10408. Provide grants for up to five years to small employers that establish wellness programs. Authorizes \$200 million for FY2011-2015.
	Sec. 1201. 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. Employers must offer an alternative standard for individuals for whom it is unreasonably difficult or inadvisable to meet the standard.
	MENU LABELING
	Sec. 4205. Requires nutrition labeling on standard menu items at chain restaurants and on of food sold from vending machines.
	MATERNAL AND CHILD HEALTH
	Sec. 2952. S Provides support services to women suffering from postpartum depression and psychosis and also helps educate mothers and their families about these conditions. Provides support for research into the causes, diagnoses, and treatments for postpartum depression and psychosis.
	Sec. 4207. Amends the Fair Labor Standard Act to require employers to provide break time and a place for breastfeeding mothers to express milk. This would not apply to an employer with fewer than 50 employees, and there are no monetary damages.
	Sec. 10212. Directs HHS Sec. in collaboration with Sec. of Education, to establish a Pregnancy Assistance Fund to award competitive grants to States to assist pregnant and parenting teens and women, and victims of domestic violence and sexual assault. Entities to receive grants include higher education institutions, high schools, and community service centers. Appropriates \$25 million each year for FY2010-2019.

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Invest in Population and Community-Based Prevention, Education and Outreach Programs (cont.)	REPRODUCTIVE HEALTH
	Sec. 2953. Provides \$75 million per year through FY2014 for Personal Responsibility Education grants to States for programs to educate adolescents on both abstinence and contraception for prevention of teenage pregnancy and sexually transmitted infections, including HIV/AIDS. Funding is also available for 1) innovative teen pregnancy prevention strategies and services to high-risk, vulnerable, and culturally under-represented populations, 2) allotments to Indian tribes and tribal organizations, and 3) research and evaluation, training, and technical assistance.
	Sec. 2954. Appropriates \$50 million per year through FY 2014 for abstinence education.
	DIABETES
	Sec. 10407. Catalyst to Better Diabetes Care Act of 2009. Directs HHS Sec and CDC Dir to submit an annual diabetes report card; Improves collection of vital statistics data on chronic diseases; orders am IOM report on appropriate levels of diabetes medical education.
	MENTAL HEALTH
	Sec. 10410. Directs HHS Secretary (through HRSA) to award competitive grants for National Centers of Excellence for Depression. Center activities include develop and implement treatment standards, clinical guidelines, and protocols that emphasize primary prevention, early intervention, treatment for, and recovery from, depressive disorders; foster public-private collaboration; and expand interdisciplinary, translational, and patient-oriented research and treatment. Authorizes \$100 million for each year FY2011-2015 and \$150 million for FY2016-2020.
	BREAST CANCER
	Sec. 10413. Directs HHS Secretary (through CDC) to conduct an evidence-based education campaign to increase awareness of young women's knowledge of breast cancer and breast health. Authorizes \$9 million for each year FY 2010-2014.
Develop More Accurate Fiscal Scoring for Prevention and Early Intervention Services	Sec. 4401. Urges Congress should work with the Congressional Budget Office to develop better methodologies for scoring prevention and wellness programs given that results may occur outside the 5 and 10 year budget windows.
Require Health Impact Assessment for All New Federal Policies and Programs	No provision
Establish Health Goals and Outcomes and Require an Annual "State of the Nation's Health" Report Card	Sec. 5605. Directs the National Academy of Sciences to establish a "Commission on Key National Indicators" to develop and conduct comprehensive oversight of a "Key National Indicators System". Authorizes \$10 million FY2010 and \$7.5 million each year for FY2011-2018.
	Sec. 3011. Requires the HHS Sec. to establish and update annually a national strategy to improve the delivery of health care services, patient health outcomes, and population health. Establishes, not later than January 1, 2011, a Federal health care quality internet website.
Support Effective Strategies to Reduce Health Disparities	Sec. 2951. Provides funding to States, tribes, and territories to develop and implement one or more evidence-based Maternal, Infant, and Early Childhood Visitation model(s).
	Sec. 3510. Reauthorizes demonstration programs to provide patient navigator services within communities to assist patients overcome barriers to health services.
	Sec. 3509. Codifies the HHS Office of Women's Health and within the director's office of various Federal agencies to improve prevention, treatment, and research for women in health programs.
	Sec. 5603. Reauthorizes the Wakefield Children's Emergency Services Program. Authorizes funding that builds up from \$25 million in FY2010 to \$30.4 million in FY2014.
	Sec. 5604. Authorizes \$50 million in grants for coordinated and integrated services through the co-location of primary and specialty care in community-based mental and behavioral health settings.
	Sec. 5606. Allows states to provide grants to health care providers who treat a high percentage of medically underserved or other special populations.

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APHA AGENDA FOR HEALTH REFORM	THE PATIENT PROTECTION & AFFORDABLE CARE ACT (P.L. 111-148)
Support Effective Strategies to Reduce Health Disparities (cont.)	Sec. 10333. Establishes a new program to support community-based collaborative care networks to offer coordinated and integrated health care services for low-income populations and medically underserved communities. Authorizes such sums as necessary for FY2011-2015 to carry out this section.
	Sec. 10334. Transfers the Office of Minority Health from the Office of Public Health and Science to the Office of the Secretary to be headed by the Deputy Assistant Secretary for Minority Health who will report directly to the HHS Sec. to strengthen existing activities related to improving minority health and the quality of health care minorities receive, and eliminating racial and ethnic disparities. Requires report of the activities within one year, and every other year thereafter. Establishes Offices of Minority Health within various federal agencies. Redesignates the National Center on Minority Health and Health Disparities as the National Institute on Minority Health and Health Disparities. The Director of the Institute, as the primary Federal officials with responsibility for coordinating all research and shall plan, coordinate, review and evaluate research and other activities conducted or supported by the Institutes and Centers of the National Institutes of Health as they related to minority health and health disparities.
	Sec. 10212. Directs HHS Sec. in collaboration with Sec. of Education, to establish a Pregnancy Assistance Fund to award competitive grants to States to assist pregnant and parenting teens and women, and victims of domestic violence and sexual assault. Entities to receive grants include higher education institutions, high schools, and community service centers. Appropriates \$25 million each year for FY2010-2019.
Fund Research to Better Understand the Underlying Causes of Disparities	Sec. 4302. Establishes uniform categories for collecting data on race and ethnicity, gender and primary language. The OMB Directive 15 standards and the OMB policy for aggregation and allocation of subgroups for race and ethnicity data would apply to Medicaid. Requires CMS to collect primary language data on CHIP enrollees and their parents. Requires CMS to collect data on individuals with disabilities. Requires that Federally-funded population surveys collect sufficient data on racial and ethnic subgroups. Requires HHS to share health disparities data, measures, and analyses with other relevant agencies. Ensures all appropriate privacy and security safeguards are followed for activities relating to health disparities data collection, analysis, and sharing.
Address Chronic Underfunding of the Public Health System	Sec. 4002. Establishes a "Prevention and Public Health Investment Fund" to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs. Authorizes funding that builds up from \$500 million in FY 2010 to \$2 billion in FY2015 and each fiscal year thereafter.
	Sec. 4304. Establishes a program at the CDC that awards grants to assist State, local, and tribal public health agencies in improving surveillance for and responses to infectious diseases and other conditions of public health importance. Amounts received under the grants shall be used to strengthen epidemiologic capacity, enhance laboratory practices, improve information systems, and develop outbreak control strategies. Requires the Director of the CDC to issue national standards on information Exchange systems to public health entities for the reporting of infectious diseases and other conditions of public health importance in consultation with the National Coordinator for Health Information Technology. Authorizes \$190 million each year for FY2010-2013.
	Sec. 10502. Appropriates \$100 million to HHS to be available through September 30, 2011 to fund infrastructure projects to expand access to care. Funds must be used for debt service on, or direct construction or renovation of, a health care facility that provides research, inpatient tertiary care, or outpatient clinical services. Such facility shall be affiliated with an academic health center at a public research university in the United States that contains a State's sole public academic medical and dental school.
	Sec. 10503. Establishes a Community Health Center Fund to provide for expanded and sustained national investment in community health centers. Authorizes: <ul style="list-style-type: none"> o \$1 billion FY 2011 o \$1.2 billion FY 2012 o \$1.5 billion FY 2013 o \$2.2 billion FY 2014 o \$3.6 billion FY 2015
Expand the Public Health and Primary Care Workforce	NATIONAL HEALTH SERVICES CORPS
	Sec. 5207. Increases and extends the authorization of appropriations for the National Health Service Corps scholarship and loan repayment program for FY10-15
	Sec. 5209. Eliminates the artificial cap on the number of Commissioned Corps members, allowing the Corps to expand to meet national public health needs.
	Sec. 10503. Establishes a Community Health Center Fund to provide for expanded and sustained national investment in the National Health Service Corps. Authorizes: <ul style="list-style-type: none"> o \$290 million FY2011 o \$295 million FY2012 o \$300 million FY2013 o \$305 million FY2014 o \$310 million FY2015

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Expand the Public Health and Primary Care Workforce (cont.)	WORKFORCE PLANNING
	Sec. 5101. Establishes a "National Health Care Workforce Commission" to disseminate information on current and projected health care workforce supply and demand, education and training capacity, retention programs, recommendations on a fiscally sustainable workforce.
	Sec. 5102. Establishes a competitive health care workforce development grant program to enable State partnerships for completing comprehensive planning and to carry out activities leading to coherent and comprehensive health care workforce development strategies at the State and local levels (up to \$150,000 per state). Authorizes \$ 8llion in FY2010 for planning grants (entities must match at least 15% of funding) and \$150 million for FY2010 for implementation grants (entities must match at least 25% of funding).
	Sec. 5103. Codifies the "National Center for Health Workforce Analysis" and creates regional centers to collect, analyze and report data related to the Title VII primary care workforce programs. Authorizes \$7.5 million each year (FY2010-2014) for National centers and \$4.5 million each year (FY2010-2014) for state and regional centers.
	PUBLIC HEALTH WORKFORCE
	Sec. 5204. Creates a Public Health Workforce Loan Repayment Program (\$195 million FY2010 and such sums as may be necessary for FY 2011-2015). Participants will receive up to \$35,000 for loan repayment for each year of service.
	Sec. 5206. Creates a training program for mid-career public health professionals. Authorizes \$30 million for FY2010.
	Sec. 5210. Establishes a Ready Reserve Corps within the Commissioned Corps for service in times of national emergency. Authorizes \$50 million each year for FY2010-2014.
	Sec. 5314. Authorizes the Secretary to address workforce shortages in State and local health departments in applied public health epidemiology and public health laboratory science and informatics. For FY2010 through 2013. Authorizes: <ul style="list-style-type: none"> o \$5 million for epidemiology fellowship o \$5 million for laboratory fellowship training o \$5 million for Public Health Informatics Fellowship Program o \$24.5 million to expand the Epidemic Intelligence Service
	Sec. 5315. Directs the Surgeon General to establish a "U.S. Public Health Sciences Track" to train various health professionals emphasizing team-based service, public health, epidemiology, and emergency preparedness and response in affiliated institutions. Students would receive tuition remission and a stipend and are accepted as Commission Corps officers in the U.S. Public Health Service with a 2 year service commitment for each year of school covered.
	WORKFORCE DIVERSITY
	Sec. 5402. Authorizes funding for the Health professions training for diversity program: <ul style="list-style-type: none"> o \$51 million for FY2010 to increase loan repayment amount (from \$20,000 to \$30,000) for scholarships to disadvantaged students. o \$5 million each year for FY2010-2014 for faculty loan repayment. o \$60 million for FY2010 for educational assistance for students in health professions from disadvantaged backgrounds.
	Sec. 5507. Establishes a demonstration grant program through competitive grants to provide aid and supportive services to low-income individuals with the opportunity to obtain education and training for occupations in the health care field that pay well and are expected to experience labor shortages or be in high demand.
	Sec. 5401. Reauthorizes the Centers of Excellence program for \$50 million for FY2010-2015 (this is 150% of 2005 appropriations).
	Sec. 5307. Reauthorizes and expands programs to support the development, evaluation, and dissemination of model curricula for cultural competency, prevention, and public health proficiency and aptitude for working with individuals with disabilities training for use in health professions schools and continuing education programs.
	Sec. 5403. Establish community-based training and education grants for Area Health Education Centers (AHECs) and Programs. Two programs are supported - Infrastructure Development Awards and Points of Service Enhancement and Maintenance Awards - targeting individuals seeking careers in the health professions from urban and rural medically underserved communities. Authorizes \$125 million each year fro FY2010-2014; \$250,000 minimum per grant.
	Sec. 5205. Offers loan repayment to allied health professionals employed at public health agencies or in settings providing health care to patients located in Health Professional Shortage Areas, Medically Underserved Areas, or serving Medically Underserved Populations. Authorizes \$30 million for FY2010.

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APHA AGENDA FOR HEALTH REFORM	THE PATIENT PROTECTION & AFFORDABLE CARE ACT (P.L. 111-148)
Expand the Public Health and Primary Care Workforce (cont.)	PRIMARY CARE
	Sec. 5201. Eases current criteria for schools and students to qualify for loans, shorten payback periods, and decreases the non-compliance provision to make the primary care student loan program more attractive to medical students.
	Sec. 5203. Establishes a loan repayment program for pediatric subspecialists who are or will be working in a Health Professional Shortage Area, Medically Underserved Area, or with a Medically Underserved Population. Authorizes \$30 million each year for FY2010-2014.
	Sec. 5301. Authorizes \$125 million for FY2010 for primary care training grants. Authorizes \$750,000 for each year FY2010-FY2014 for integrating academic units of primary care.
	Sec. 5405. Establishes a "Primary Care Extension Program" to provide support and assistance to and educate primary care providers about preventive medicine, health promotion, chronic disease management, mental health services, and evidence-based and evidence-informed therapies and techniques, in order to enable providers to incorporate such matters into their practice and to improve community health by working with community-based health connector. Authorizes \$120 million FY2011-2012.
	Sec. 5508. Establishes a grant program to support new or expanded primary care residency programs at teaching health centers and authorizes \$25 million for FY2010, \$50 million for FY2011 and FY2012 and such sums as may be necessary for each fiscal year thereafter to carry out such program. Also provides \$230 million in funding under the Public Health Service Act to cover the indirect and direct expenses of qualifying teaching health centers related to training primary care residents in certain expanded or new programs.
	Sec. 5305. Authorizes \$10.8 million per year for FY 2011-2014 for geriatric education and training. Also authorizes \$10 million per year from FY2010-2013 for "Geriatric Career Incentive" programs.
	Sec. 5503. Beginning July 1, 2011, directs the HHS Sec. to redistribute residency positions that have been unfilled for the prior three cost reports and directs those slots for training of primary care physicians.
	NURSING
	Sec. 5202. Increases loan amounts and updates the years for nursing schools to establish and maintain student loan funds.
	Sec. 5308. Strengthens language for accredited Nurse Midwifery programs to receive advanced nurse education grants in Title VIII of the Public Health Service Act.
	Sec. 5309. Awards grants to nursing schools to strengthen nurse education and training programs and to improve nurse retention.
	Sec. 5310. Adds faculty at nursing schools as eligible individuals for loan repayment and scholarship programs.
	Sec. 5311. Establishes a Federally-funded student loan repayment program for nurses with outstanding debt who pursue careers in nurse education. Nurses agree to teach at an accredited school of nursing for at least 4 years within a 6-year period.
	Sec. 5312. Authorization of appropriations for parts B through D of title VIII. Authorizes \$338 million to fund Title VIII of the Public Health Service Act nursing programs.
	Sec. 5316. Directs HHS Secretary to establish a training demonstration program for family nurse to employ and provide 1-year training for nurse practitioners who have graduated from a nurse practitioner program for careers as primary care providers in FQHCs and NMHCs. Each grant awarded shall not to exceed \$600,000 per year. Authorizes such sums as may be necessary for FY2011-2014.
	Sec. 5404. Expands the allowable uses of nursing diversity grants to include completion of associate degrees, bridge or degree completion program, or advanced degrees in nursing, as well as pre-entry preparation, advanced education preparation, and retention activities.
	Sec. 5509. Directs HHS Sec. to establish a demonstration program to increase graduate nurse education training under Medicare and authorizes \$50 million to be appropriated from the Medicare Hospital Insurance Trust Fund for each year FY2012-2015.
	DENTISTRY
	Sec. 5303. Authorizes \$30 million in FY2010 to support and develop dental training programs.
	Sec. 5304. Establishes demonstrations to create programs to train, or to employ, alternative dental health care providers to increase access to dental health care services in rural and other underserved communities (At least \$4 million per grant).

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APHA AGENDA FOR HEALTH REFORM	THE PATIENT PROTECTION & AFFORDABLE CARE ACT (P.L. 111-148)
Expand the Public Health and Primary Care Workforce (cont.)	MENTAL HEALTH
	Sec. 5203. Establishes a loan repayment program for providers of mental and behavioral health services to children and adolescents who are or will be working in a Health Professional Shortage Area, Medically Underserved Area, or with a Medically Underserved Population. Authorizes \$30 million each year for FY2010-2014.
	Sec. 5306. Awards grants to schools for the development, expansion, or enhancement of training programs. For FY 2010-2013, authorizes: <ul style="list-style-type: none"> o \$8 million for training in social work o \$12 million for training in graduate psychology o \$10 million for training in professional child and adolescent mental health o \$5 million for training in paraprofessional child and adolescent work
	LONG-TERM CARE
	Sec. 5302. Establishes a grant program to create new training opportunities for direct care workers providing long-term care services and supports. Authorizes \$10 million for FY2011-2013.
	Sec. 5507. Establishes a demonstration program to competitively award grants for up to six States for three years to develop core training competencies and certification programs for personal and home care aides. Authorizes \$85 million per year for each year FY2010-2014. Also, extends funding for family-to-family health information centers at \$5 million for FY2010- 2012.