

Prevention and Wellness July 2010

The Patient Protection and Affordable Care Act (PPACA) includes several provisions related to prevention and wellness. Programs supported in the legislation have the potential to significantly reduce health risks and chronic diseases. While there are benefits to the prevention focused provisions in PPACA, we must continue to increase the presence of public health in our health system and work to improve population health and reduce disparities. Several of the prevention-focused provisions are described below.

No Co-Payment for Preventive Services (Section 2713 of PPACA)

Health insurance plans will be required to provide coverage (with no cost sharing) for preventive care or services rated A or B by the U.S. Preventive Services Task Force.¹ Services include cancer screenings, counseling for tobacco cessation and weight loss, routine immunizations, well-baby and well-child visits up to age 21, and blood pressure, diabetes, and cholesterol tests.² To view a list of the 2009 A and B recommendations visit <http://www.ahrq.gov/clinic/pocketgd.htm>.

- By eliminating cost-sharing, financial barriers to receiving preventive services are reduced; increasing the likelihood people will seek these services.
- The provision only applies to insurance plans enrolled in after September 23, 2010, and is not applied to plans that have been “grandfathered” before that date. Any health plan that makes significant changes after September 23rd will be required to follow this provision.²
- While eliminating cost-sharing will benefit those covered by health plans, those without insurance (an estimated 27 million post health reform) may continue to struggle in accessing these services. Those without insurance are often the most disenfranchised in our society, and the preventable disease disparity between this group and others may grow.

Grants to Small Businesses for Wellness Programs (Section 10408 of PPACA)

Comprehensive workplace wellness plans for small businesses and non-profits will be eligible for grant funding for fiscal years 2011 through 2015. An appropriation of \$200 million is designated for the small business wellness grant program. Organizations with less than 100 employees who work 25 hours or greater per week will qualify. The wellness program must be made available to all employees with four components: health awareness initiatives; efforts to maximize employee participation in the wellness program; initiatives to change unhealthy behaviors and life-style choices; and provide a supportive environment.

Wellness Programs for Medicare Beneficiaries (Section 4202 of PPACA)

The Secretary of Health and Human Services and the Director of the Centers for Disease Control and Prevention will award grants to state or local health departments to develop five 5-year pilot programs to provide public health community interventions, screenings, and where necessary, clinical referrals for individuals who are between the ages of 55 and 64.

An annual evaluation will be conducted to find the effectiveness of pilot programs and grant recipients. Evaluation will include the prevalence of uncontrolled chronic disease risk factors among new Medicare enrollees or individuals nearing enrollment in Medicare.

Additionally, the Secretary of Health and Human Services will develop a report by 2013 to present to Congress providing recommendations to promote healthy lifestyle and chronic disease self-management for Medicare beneficiaries. This report will be based off an evaluation conducted by the Secretary. There are several factors that will be reviewed such as evidence, literature, best practices and available resources targeting the Medicare population. Existing evidence-based community prevention and wellness programs will be under review in the 2013 report.

Establishes National Prevention, Health Promotion, and Public Health Council (Section 4001 of PPACA)

To support modernizing disease prevention and public health systems, the National Prevention, Health Promotion, and Public Health Council will be established by the President. The Council will consist of several Federal Department Secretaries and Directors. The Council will provide recommendations about the most pressing health issues confronting the U.S. An Advisory Group will be established which will consist of non-Federal members appointed by the President. The Advisory Group will develop policy and program recommendations while providing advice to the Council on lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion.

Beginning in 2010, the Council will submit a report to relevant members of Congress and the President describing activities and efforts on prevention. It will contain a list of national priorities on health promotion and the measurable goals of Healthy People 2010.

Establishes the United States Public Health Sciences Track (Section 5315 of PPACA)

Sites selected by the Secretary of Health and Human Services will have the authority to grant appropriate advanced degrees that emphasize team based service, public health, epidemiology, and emergency preparedness and response. Under this Track, not less than 150 medical students, 100 dental students, 250 nursing students, 100 public health students, 100 behavioral and mental health professional student, and 50 pharmacy students will graduate annually. Programs will be at existing and accredited health education training programs. While considering the recommendations of the National Health Care Workforce Commission (section 5101 PPACA) the Surgeon General will designate which educational programs will participate in this Track. Student selection, tuition rates, and service obligation will vary on type of education training program which will be pre-determined prior to entry in the specific public health education program.

Fellowship Training in Public Health (Section 5314 of PPACA)

Authorizes funding for fellowship training in applied public health epidemiology, public health laboratory science, public health informatics, and expansion of the epidemic intelligence service in order to address documented workforce shortages in State and local health departments. Authorizes, for each of fiscal years 2010 through 2013, \$5 million for epidemiology fellowship training programs, \$5 million for laboratory fellowship training programs; \$5 million for the Public Health Informatics Fellowship Program; and \$24,500,000 for expanding the Epidemic Intelligence Service.

Diabetes Report Cards (Section 10407 of PPACA)

A national diabetes report card will be prepared every two years by a collaborative effort of the Secretary of Health and Human Services and the Director of the Centers for Disease Control and Prevention. After an initial national report card of diabetic trends, biennial report cards will capture any new trends on a national and/or State level. The report cards will also track the progress of national health goals established by programs such as Healthy People. Furthermore, diabetic report cards will educate policymakers and steer program implementation and development. The CDC will build collaborative relationships with appropriate agencies and States to improve documentation on birth and death certificates. Proper documentation on these certificates will provide family history health concerns that commonly are unknown or lost in translation.

- According to the Illinois Department of Public Health, each year about 600,000 people are diagnosed with diabetes in the United States. In Illinois about 500,000 people 18 years of age and older have been diagnosed with diabetes.³
- The Illinois Diabetes Prevention and Control Program (DPCP) has five areas of focus: (i) reducing health disparities (ii) promotion of wellness (iii) surveillance (iv) disease management and (v) provision of essential public health services. This is a collaborative effort through the Illinois departments of Public Health and Human Services and the American Heart Association.⁴ The diabetes report cards will help Illinois track its progress in diabetes prevention.

Nutritional Labeling Requirements (Section 4205 of PPACA)

The owners of restaurants, retail food establishments, and vending machines with twenty (20) or more locations must disclose the nutritional content of food items on the menu or in a clear and conspicuous manner (section 4205). The FDA has one year to propose regulations, which means timing for full compliance is uncertain. However, included restaurants will have six months to comply after final regulations are complete.⁵

- Prior to reform, Illinois had no requirements for nutritional labeling but some restaurants and food chains chose to voluntarily disclose nutritional information.
- Evidence indicates that having more information about choices may affect food selection and lead to healthier choices. In 2008, New York implemented legislation to require similar nutritional labeling to increase awareness of caloric intake.⁶

Tobacco Cessation Coverage for Pregnant Women Under Medicaid (Section 4107 of PPACA)

Coverage for Pregnant Women under Medicaid will include counseling and pharmacotherapy for cessation of tobacco use. Medicaid will be required to cover diagnostic, therapy, counseling services, and prescription and non-prescription cessation programs for pregnant women beginning October 1, 2010.

Young Women's Breast Health Education and Awareness (Section 10413 of PPACA)

This section of the bill has a focal point of reducing breast cancer among young women (women aged 15-44 years of age). Under the direction of the CDC, there will be national campaigns developed directly targeting young women. Additionally, there will be research either by the CDC or NIH to develop and validate preventive tactics such as new screening tests and early detection methods of breast cancer to reduce the occurrences of breast cancer in younger women.

- In 2003 the Sinai Urban Health Institute found that the mortality rate for black women diagnosed with breast cancer in Chicago was 73% higher than the mortality rate among white women.⁷
- Currently the Illinois Breast and Cervical Cancer Program (IBCCP) offers free mammograms, breast exams, pelvic exams and Pap tests to eligible women. Eligibility for IBCCP services are for women living in Illinois, who are 35-64 years old (younger women are eligible in some cases).⁸ Women diagnosed with cancer may receive free treatment if she qualifies.
- A national campaign targeting young women would strengthen the existing efforts in Illinois to prevent breast and cervical cancer and would expand the age group targeted by these efforts.

1. The Guide to Clinical Preventive Services: 2009 Recommendations of the U.S. Preventive Services Task Force. Retrieved June 14, 2010 from <http://www.ahrq.gov/clinic/pocketgd.htm>.
2. US Department of Health & Human Services (2010). The Affordable Care Act's new rules on preventive care and you. Retrieved July 19, 2010 from <http://www.healthcare.gov/law/about/provisions/services/index.html>.
3. Illinois Department of Public Health, Health Beat (2010). Diabetes. Retrieved June 17, 2010 from <http://www.idph.state.il.us/public/hb/hbdiabet.htm>
4. Illinois Department of Public Health (2007). Heart disease and stroke in Illinois: State plan 2007-2012. Retrieved July 8, 2010 from http://www.idph.state.il.us/heartstroke/state_plan_book2.pdf.
5. National Restaurant Association: Q&A: New Federal Nutrition Disclosure Rules for Certain Restaurants. Retrieved June 14, 2010 from http://www.restaurant.org/pdfs/advocacy/menulabeling_faq.pdf
6. Elbel B., Kersh R., Brescoll V.L., and L.B. Dixon (2009). Calorie Labeling and Food Choices: A First Look At the Effects on Low-Income People in New York City, *Health Affairs-Web Exclusive*, p. 1110-1121.
7. The Henry J. Kaiser Family Foundation (2006). Public health and education: Black women in Chicago more likely to die from breast cancer than white women. *Kaiser Daily Women's Health Policy Reports*. Retrieved July 15, 2010 from http://www.kaisernet.org/daily_reports/rep_index.cfm?hint=2&DR_ID=40486.
8. Illinois Department of Public Health (2010). Illinois Breast and Cervical Cancer Program: Eligibility/how to apply. Retrieved July 8, 2010 from <http://cancerscreening.illinois.gov/howToApply.htm>.