



2010 FEDERAL HEALTH REFORM PUBLIC HEALTH FACT SHEET

President Obama signed comprehensive health reform, the Patient Protection and Affordable Care Act on March 23, and the Health Care and Education Reconciliation Act of 2010, on March 30, 2010.

This fact sheet summarizes some of the main provisions related to prevention and public health. There are significant prevention provisions in the bill, including requirements for preventive health care in basic health coverage, Medicaid and Medicare.

Immunizations

States will now be allowed to purchase recommended vaccines for adults at a price negotiated by the Secretary of Health and Human Services (HHS).

In addition, the Public Health Service Act was amended to create a Demonstration Program to Improve Immunization Coverage. States may apply for grants from the CDC to improve immunization rates for children, adolescents and adults “through the use of evidence-based, population-based interventions for high risk populations”. Under a state plan, funds may be used to provide immunization reminders or recalls for targeted populations, reduce out-of-pocket costs for families (for both vaccines and administration), carry out immunization-promoting strategies for participants or clients of public programs, provide for home visits that promote immunizations or develop (or enhance) immunization information systems to create an electronic immunization records database.

Nutrition Labeling of Standard Menu Items at Chain Restaurants

Requires that restaurants with more than 20 stores must comply by posting calorie counts for standard menu items on their menu boards as well as listing nutritional content for standard menu items on menus or other readily available written format. This is very similar to California’s law passed in 2008. However, Federal law also adds new provisions that include caloric content being printed on drive-through menu boards and being listed adjacent to food items offered in a salad bar, buffet or cafeteria line and in vending machines. These new nutrition labeling provisions do not preempt existing state or local laws.

Research on Optimizing the Delivery of Public Health Services

This section of the bill directs the HHS Secretary and CDC Director to “fund research in the area of public health services and systems”. The research is to focus particularly on high priority areas of Healthy People 2020 and will include effective strategies for organizing, financing or delivering public health services, including comparing State and local health department structures and systems in terms of effectiveness and cost.

Public Health Workforce

Includes innovations in the health care workforce (including state development grants), increasing the supply of health care workers in the system (including public health workforce recruitment and retention programs), enhancing existing work force education and training (grants for community health workers, fellowship training in public health), supporting the existing workforce (diversity grants), strengthening primary care and improving access to health care services.

The measures create a National Health Care Work Force Commission that is tasked with determining if the demand for health care workers is being met, and if not, to encourage innovations to address these needs including expanding the capacity for education and training, projected workforce demands and integration with the health care delivery system of the public health workforce at all levels.

FUNDING OPPORTUNITIES FOR STATE AND LOCAL HEALTH DEPARTMENTS

Maternal, Infant, and Early Childhood Home Visiting Programs

Purpose	Strengthen and improve maternal, infant and early childhood home visiting programs.
Eligible Entities	States, and if a state declines to participate, Indian tribes or Nonprofit organizations
Timeline	States must conduct a statewide needs assessment within 6 months of enactment (September 2010) in order to apply for grants in FY 2011.
Funding	Competitive grants funded (appropriated) at \$100 million in 2010, \$250 million in 2011, \$350 million in 2012, \$400 million in 2013 & 2014 Note: A maintenance of effort applies (grants may supplement but not supplant existing funding for this purpose).

Prevention and Public Health Fund

Purpose	Provide for expanded and sustained national investment in prevention and public health programs. Specifically, the HHS Secretary is directed to transfer funds to programs authorized by the Public Health Service Act, including new programs such as the Community Transformation grants and the Education and Outreach Transformation grants.
Eligible Entities	Varies
Timeline	Ongoing beginning in FY 2010.
Funding	\$500 million in 2010, \$750 million in 2011, \$1 billion in 2012, \$1.25 billion in 2013, \$1.5 billion in 2014, and \$2 billion in 2015 and beyond. These are actual appropriations, not just authorizations.

Education and Outreach Campaign Regarding Preventive Benefits

Purpose	The creation of a national public-private prevention and health promotion outreach and education campaign.
Eligible Entities	Contractors (though states may qualify for funds to design a public awareness campaign for their Medicaid enrollees)
Timeline	Must begin no later than one year after enactment (March 2011).
Funding	Funding is authorized, from the Prevention and Public Health Fund, as necessary to carry out the section.

Community Transformation Grants

Purpose	Competitive grants with the intent of implementing, evaluating, and disseminating “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”.
Eligible Entities	State and local health departments and Indian tribes
Timeline	Begins in FY 2010 and runs through 2014
Funding	Funding is authorized, but not specified, from the Prevention and Public Health Fund as necessary to carry out the section.

Healthy Aging, Living Well; Evaluation of Community-Based Prevention

Purpose	Grant program to “provide public health community interventions, screenings, and where necessary, clinical referrals for individuals who are between 55 and 64 years of age.”
Eligible Entities	State and local health departments and Indian tribes
Timeline	Begins in FY 2010 and runs through 2014
Funding	Funding is authorized, but not appropriated, for this purpose. The clinical referrals section of the new law will require local health departments to use their grant awards to “enter into contracts with community health centers or rural health clinics and mental health and substance use disorder service providers to assist in the referral/treatment of at risk patients to community resources for clinical follow-up and help determine eligibility for other public programs”.

Epidemiology-Laboratory Capacity Grants

Purpose	CDC-run grant program to improve surveillance for, and response to, infectious diseases and other “conditions of public health importance”.
Eligible Entities	State, local and tribal health departments
Timeline	Begins in 2010 and runs through 2013.
Funding	\$190 million each year (authorized but not appropriated). Of this amount each year, at least \$95 million must be used to 1) strengthen epidemiologic capacity, 2) enhance lab practice as well as systems to report test orders and

	results electronically, 3) improve information systems including the development and maintenance of an information exchange (as determined by a CDC advisory council) and, 4) develop and implement prevention and control strategies. Furthermore the law stipulates that \$60 million each year must be made available for activity #3 and \$32 million each year must be made available for activity #2.
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Public Health Workforce Loan Repayment Program

Purpose	A loan repayment program to assure “an adequate supply of public health professionals to eliminate critical public health workforce shortages in Federal, State, local, and tribal public health agencies”. Individual loans will be repaid, up to \$35,000 per year, through this program for those individuals who agree to serve in a full-time capacity for a 3-year period.
Eligible Entities	Two types of persons qualify for this program: those enrolled in public health or health professions degree or certificate programs and have accepted employment with a Federal, State, local or tribal public health agency or those who have graduated, during the preceding 10-year period, with a public health or health professions degree or certificate and are employed by a Federal, State, local or tribal public health agency.
Timeline	Begins in FY 2010 and runs through 2015.
Funding	\$195 million is authorized (but not yet appropriated) in FY 2010, and sums necessary to carry out the intent of the section thereafter.

Grants to Promote Positive Health Behaviors and Outcomes

Purpose	A CDC-run competitive grant program that intends to use community health workers to promote positive health behaviors and outcomes for populations in medically underserved communities.
Eligible Entities	States, or one of their subdivisions, local public health departments , public or nonprofit private entities, free clinics, hospitals and FQHCs.
Timeline	Begins FY 2010 and runs through 2014.
Funding	Funding is authorized, but not appropriated, to carry out the intent of this section.