



Senate & House Health Reform Legislation:  
 Summary of Selected Prevention & Workforce Provisions  
 Updated 11/20

<p style="text-align: center;"><b>The Affordable Health Care for America Act (HR 3962) - House</b></p>	<p style="text-align: center;"><b>Patient Protection and Affordable Care Act (HR 3590) - Senate</b></p>
<p><b>Coverage of Preventive Health Services (Sec. 222) –</b> Includes in the minimum services to be covered in the essential benefits package: preventive services, including those services recommended with a grade of A or B by the Task Force on Clinical Preventive Services and those vaccines recommended for use by the Director of the Centers for Disease Control and Prevention, along with maternity care, well-baby and well-child care and oral health, vision, and hearing services, equipment, and supplies for children under 21 years of age. Stipulates that there shall be no cost-sharing under the essential benefits package for preventive items and services (as specified under the benefit standards), including well baby and well child care.</p> <p><b>Coverage and waiver of cost-sharing for Preventive Services (Sec. 1305) –</b> Waives all Medicare cost sharing (both co-insurance and deductibles) for preventive services.</p>	<p><b>Essential Health Benefits Requirements (Sec. 1302) –</b> Includes an essential health benefits package that covers essential health benefits, limits cost-sharing and has a specified actuarial value. The Secretary shall define the essential health benefits. Included in the general categories are preventive and wellness services and chronic disease management, maternity and newborn care, mental health and substance use disorder services, and pediatric services, among other things.</p> <p><b>Coverage of Preventive Health Services (Sec. 2708) –</b> Stipulates that a group health plan and a health insurance issuer offering group or individual health insurance coverage shall provide coverage for and shall not impose any cost sharing requirements for:</p> <ul style="list-style-type: none"> <li>(1) evidence based items or services that have in effect a rating of ‘A’ or ‘B’ in the current recommendations of the US Preventive Services Task Force;</li> <li>(2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices</li> </ul>

**Expansion of Medicare-covered Preventive Services at Federally Qualified Health Centers (Sec. 1311) –**

Expands Medicare reimbursements for preventive services furnished by federally qualified health centers.

**Required Coverage of Preventive Services (Sec. 1711)**

Requires State Medicaid programs to cover, without cost-sharing, preventive services that are recommended by the U.S. Preventive Services Task Force and appropriate for Medicaid beneficiaries.

**Tobacco Cessation (Sec. 1712) –**

Prohibits State Medicaid programs from excluding tobacco cessation products from coverage.

of the CDC with respect to the individual involved; and (3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by HRSA.

**Medicare Coverage of Annual Wellness Visit Providing a Personalized Prevention Plan (Sec. 4103) –**

Provides Medicare coverage, with no co-payment or deductible, for personalized prevention plan services and an annual wellness visit. The personalized prevention plan services means the creation of a plan for an individual that includes a health risk assessment and may include other elements, such as updating family history, listing providers that regularly provide medical care to the individuals, BMI measurement, and other screenings and risk factors. The personal prevention plan would take into account the findings of the health risk assessment. The personalized health advice and referral may include community-based lifestyle interventions to reduce health risks and promote self-management and wellness, as well as lists of risk factors and a screening schedule.

This section directs the Secretary to establish publicly available guidelines for health risk assessments, standards for interactive telephonic or web-based programs to furnish health-risk assessments and a health risk assessment model.

**Removal of Barriers to Preventive Services in Medicare (Sec. 4104) –**

Waives coinsurance requirements for most preventive services, requiring Medicare to cover 100 percent of the

costs. Services for which no coinsurance or deductible would be required are the personalized prevention plan services and any covered preventive service if it is recommended with a grade of A or B by the USPSTF.

**Evidence-Based Coverage of Preventive Services in Medicare (Sec. 4105)** – Provides the Secretary with the authority to modify coverage of existing preventive services, consistent with USPSTF recommendations. It would allow the Secretary to withdraw Medicare coverage for services not rated as A, B, C, or I by the USPSTF. The Secretary will also conduct a provider and beneficiary outreach program regarding covered preventive services.

**Improving Access to Preventive Services for Eligible Adults in Medicaid (Sec. 4106)** – The current Medicaid State option to provide other diagnostic, screening, preventive, and rehabilitation services would be expanded to include: (1) any clinical preventive service recommended with a grade of A or B by the USPSTF and (2) with respect to adults, immunizations recommended by the Advisory Committee on Immunization Practices and their administration. States that cover these additional services and vaccines, and also prohibit cost-sharing for such services and vaccines, would receive an increased Federal medical assistance percentage (FMAP) of one percentage point for these services.

**Coverage of Comprehensive Tobacco Cessation Services for Pregnant Women in Medicaid (4107)** - States would be required to provide Medicaid coverage for counseling and pharmacotherapy for tobacco cessation by pregnant women. Prohibits cost-sharing for these services.

	<p><b>Incentives for Prevention of Chronic Diseases in Medicaid (Sec. 4108)</b> – Directs the Secretary to award grants to States to carry out initiatives to provide incentives to Medicaid beneficiaries who successfully participate in a healthy lifestyles program and demonstrate changes in health risk and outcomes. The program shall be comprehensive, evidence-based, widely available, and easily accessible and shall be proposed by the state and approved by the Secretary. It shall be designed to address the needs of Medicaid beneficiaries to achieve: ceasing the use of tobacco; controlling or reducing weight; lowering cholesterol; lowering blood pressure; avoiding the onset of diabetes or improving management of this condition. The programs shall last for five years. The section includes impact assessments, evaluation and reporting requirements. The section authorizes \$100 million out of any funds not otherwise appropriated to carry out the section.</p>
<p><b>National Prevention and Wellness Strategy (Sec. 3121)</b> – In developing the Strategy described below, the Secretary shall consult with the appropriate heads of health agencies and offices in the Department and as appropriate, the heads of other Federal departments and agencies whose programs have a significant impact on health, as described by the Secretary.</p>	<p><b>National Prevention, Health Promotion &amp; Public Health Council (Sec. 4001)</b> – Creates an interagency Council to provide coordination and leadership at the Federal level, and among Federal departments and agencies, with respect to prevention, wellness and health promotion practices, the public health system and integrative health care in the U.S. &amp; to develop the National Strategy.</p>
<p><b>National Prevention and Wellness Strategy (Sec. 3121)</b> – Directs the Secretary to submit to Congress a national strategy designed to improve the Nation’s health through evidence-based clinical and community-based prevention and wellness activities. The strategy shall include identification of specific national goals and objectives in prevention and wellness, establishment of national priorities for prevention and wellness,</p>	<p><b>National Prevention and Health Promotion Strategy (Sec. 4001)</b> – 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</p>

<p>identification of health disparities in prevention and wellness, and a plan for addressing and implementing these issues.</p>	<p>practices.</p>
<p><b>Public Health Investment Fund (Sec. 2002)</b> – Establishes a Public Health Investment Fund (derived from general revenues of the Treasury), including \$4.6 billion for FY 2011, \$5.6 billion for FY 2012, \$6.9 billion for FY 2013, \$7.8 billion for FY 2014, and \$9 billion for FY 2015. Included in these amounts are funds for a Prevention and Wellness Trust, community health centers, and health workforce programs.</p> <p><b>Prevention and Wellness Trust (Sec. 3111)</b> – Establishes a Trust that authorizes appropriations from the Investment Fund of \$15.4 billion over FY 2011-FY 2015 to fund Prevention Task Forces, Prevention and Wellness Research, Delivery of Community-Based Prevention and Wellness Services, and Core Public Health Infrastructure and Activities.</p> <p><b>Core Public Health Infrastructure and Activities (Sec. 3161 &amp; 3162)</b> – Directs the Secretary, acting through the CDC Director, to award grants to health departments to address core public health infrastructure needs, including those identified in an accreditation process. Directs the Secretary, acting through the CDC Director, to expand and improve the core public health infrastructure and activities of CDC and to meet unmet and emerging public health needs. Sec. 3111 provides funds for these activities.</p>	<p><b>Prevention and Public Health Fund (Sec. 4002)</b> Establishes a fund, to be administered through the Office of the Secretary at HHS, to provide for an expanded and sustained national investment in prevention and public health programs (over the FY 2008 level). The Fund will support 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. Funding levels: FY 2010 - \$500 million; FY 2011 - \$750 million; FY 2012 - \$1 billion; FY 2013 - \$1.25 billion; FY 2014 - \$1.5 billion; FY 2015 and each fiscal year thereafter- \$2 billion.</p>
<p><b>Task Force on Clinical Preventive Services (Sec. 3131)</b> -Converts the existing U.S. Preventive Services</p>	<p><b>Clinical and Community Preventive Services Task Forces (Sec. 4003)</b> – Expands and improves, and provides</p>

<p>Task Force into the Task Force on Clinical Preventive Services. The charge to the Task Force is to conduct evidence-based systemic reviews of data and literature to determine which clinical preventive services (i.e., preventive services delivered by traditional health care providers in clinical settings) are scientifically proven to be effective. Funds to support the Task Force are provided through the Prevention and Wellness Trust (Sec. 3111).</p> <p><b>Task Force on Community Preventive Services. (Sec. 3132.)</b> - Codifies the existing Task Force on Community Preventive Services. The charge to the Task Force is to conduct evidence-based systematic reviews of data and literature to determine which community preventive services (i.e., preventive services that are delivered outside traditional clinical settings and frequently implemented across targeted groups) are scientifically proven to be effective. Funds to support the Task Force are provided through the Prevention and Wellness Trust (Sec. 3111).</p>	<p>better coordination between the U.S. Preventive Services Task Force and the Community Preventive Services Task Force and defines clear duties for the Task Forces.</p>
	<p><b>Education &amp; Outreach Campaign Regarding Preventive Benefits (Sec. 4004)</b> - Directs the Secretary to provide for the planning and implementation of a national public-private partnership for a prevention and health promotion outreach and education campaign to raise public awareness of health improvement across the lifespan.</p> <p>Requires the Secretary, acting through the CDC Director, to establish and implement a national science-based media campaign on health promotion and disease prevention. Directs the Secretary, acting through the CDC Director, to enter into a contract for the development and operation of a</p>

	<p>Federal Internet website personalized prevention plan tool. Funding for activities authorized under this section shall take priority over funding provided by CDC for grants with similar purposes. Funding for this section shall not exceed \$500 million.</p> <p>Directs the Secretary to provide guidance and relevant information to States and health care providers regarding preventive and obesity-related services that are available to Medicaid enrollees, including obesity screening and counseling for children and adults. States shall design a public awareness campaign to educate Medicaid enrollees regarding availability and coverage of such services. The Secretary shall report on the status and effectiveness of these efforts.</p>
<p><b>School-Based Health Clinics (Sec. 2511)</b> Requires the Secretary to establish a school-based health clinic program consisting of awarding grants to eligible entities to support the operation of school-based health clinics, which must provide comprehensive primary health services during school hours to children and adolescents. Authorizes \$50 million for FY 2011 and such sums for FY 2012-FY 2015. Sec. 1730B requires that State Medicaid programs reimburse school-based health clinics receiving funds under the program established by section 25111 on the same basis as they reimburse federally-qualified health centers.</p>	<p><b>School-Based Health Centers (Sec. 4101)</b> – Directs the Secretary to award grants to support the operation of school-based health centers, with an emphasis on communities with barriers in access to health services. Out of any funds in the Treasury not otherwise appropriated, there is appropriated for each of the fiscal years FY 2010-2013 \$50 million for expenditures for facilities and equipment or similar expenditures.</p>
<p><b>Training for General, Pediatric &amp; Public Health Dentists &amp; Dental Hygienists (Sec. 2215)</b> – Directs the Secretary to establish a training program for oral professionals. Funds from the Public Health Investment Fund are authorized to support this program.</p>	<p><b>Oral Health (Sec. 4102)</b> Directs the Secretary (subject to the availability of appropriations) to establish a 5-year national public health education campaign focused on oral healthcare prevention and education. Establishes demonstration grants to show the effectiveness of research-based dental caries disease management. Includes various</p>

	oral health improvement provisions relating to school-based sealant programs, oral health infrastructure, and surveillance.
<p><b>Delivery of Community-Based Prevention and Wellness Services (Sec. 3151)</b> – Directs the Secretary, acting through the CDC Director, to establish a program to award grants to provide evidence-based community prevention and wellness services in priority areas identified by the Secretary in the national strategy; or to plan such services. Eligible entities include health departments, public or private entities, a consortium of the entities described above, and community partnerships representing a Health Empowerment Zone. Sec. 3111 provides funding to support these grants.</p>	<p><b>Community Transformation Grants (Sec. 4201)</b> – Authorizes CDC to award competitive 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. Eligible entities shall submit to the Director a detailed plan including the policy, environmental programmatic and as appropriate infrastructure changes needed to promote healthy living and reduce disparities. Activities may focus on creating healthier school environments, creating infrastructure or programs to support active living and access to nutritious foods, smoking cessation and other chronic disease priorities; implementing worksite wellness; working to highlight healthy options in food venues; reducing disparities; and addressing special population needs. The section includes evaluation and reporting requirements.</p>
	<p><b>Healthy Aging, Living Well; Evaluation of Community-Based Prevention; and Wellness Programs for Medicare Beneficiaries (Sec. 4202)</b> - Authorizes the Secretary, acting through the CDC Director, to award competitive grants to health departments and Indian tribes to carry out five-year pilot programs to provide public health community interventions, screenings, and when necessary, clinical referrals for individuals who are between 55-64 years old. Grantees must design a strategy to improve the health status of this population through</p>

	<p>community based public health interventions. Intervention activities may include efforts to improve nutrition, increase physical activity, reduce tobacco use and substance abuse, improve mental health and promote healthy lifestyles among the target population. Screenings may include mental health/behavioral health and substance abuse disorders; physical activity, smoking and nutrition; and any other measures deemed appropriate by the Secretary. The section includes an evaluation component.</p> <p>The Secretary shall conduct an evaluation of community-based prevention and wellness programs and develop a plan for promoting healthy lifestyles and chronic disease self-management for Medicare beneficiaries. The evaluation shall include programs sponsored by the Administration on Aging that are evidence-based and have demonstrated potential to help Medicare beneficiaries reduce their risk of disease, disability and injury by making healthy lifestyle choices. CMS and AOA shall also conduct an evaluation of existing community prevention and wellness programs. The Secretary shall submit a report to Congress on recommendations to promote healthy lifestyles and chronic disease self-management for Medicare beneficiaries; relevant findings; and the results of the evaluation.</p>
<p><b>Access for individuals with disabilities (Sec. 2592)</b> - Requires the development of standards for accessible medical equipment, and requires relevant agencies to ensure that all entities covered by this legislation meet the requirements of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.</p>	<p><b>Removing Barriers and Improving Access to Wellness for Individuals with Disabilities (Sec. 4203)</b> – Requires the establishment of standards for accessible medical diagnostic equipment for individuals with disabilities.</p>
<p><b>Expanding Access to Vaccines (Sec. 1310)</b> – Transfers coverage from Medicare Part D to Medicare Part B for</p>	<p><b>Immunizations (Sec. 4204)</b> – Authorizes states to obtain additional quantities of adult vaccines through the purchase</p>

<p>all Medicare-covered vaccines. Vaccines but for influenza will be paid for according to the average sales price methodology.</p> <p><b>Inclusion of Public Health Clinics Under the Vaccines for Children Program (Sec. 1725)</b> – Allows children who do not have insurance coverage for immunizations to receive vaccines through the VFC program at a public health clinic.</p> <p><b>No Child Left Unimmunized Against Influenza (Sec. 2524)</b> - Creates a demonstration program to test the feasibility of using elementary and secondary schools as influenza vaccination centers.</p>	<p>of vaccines from manufacturers at the applicable price negotiated by the Secretary and authorizes a demonstration program to improve immunization coverage. Reauthorizes the Immunization Program under Section 317 of the PHSA. Requires a GAO study and report on Medicare beneficiary access to vaccines and coverage of vaccines under Medicare Part D.</p>
<p><b>Nutrition Labeling of Standard Menu Items at Chain Restaurants (Sec. 2572)</b> – Requires chain restaurants to put the calorie content of their menu items directly on the menus and to make other nutritional information available so that consumers can make informed choices about what they eat.</p>	<p><b>Nutrition Labeling of Standard Menu Items at Chain Restaurants (Sec. 4205)</b> – Establishes nutrition labeling of standard menu items at chain restaurants (20 or more locations doing business under the same name). 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.</p>
	<p><b>Demonstration Project Concerning Individualized Wellness Plan (Sec. 4206)</b> – Directs the Secretary to establish a pilot program to test the impact of providing at-risk populations who utilize community health centers funded under this section an individualized wellness plan designed to reduce risk factors for preventable conditions identified by a comprehensive risk-factor assessment.</p>
	<p><b>Reasonable Break Time for Nursing Mothers (Sec. 4207)</b> – Requires employers to provide reasonable break times for nursing mothers and a place, other than a</p>

	<p>bathroom, which may be used to express breast milk. Employers with less than 50 employees shall not be subject to this requirement if it would impose an undue hardship.</p>
<p><b>Prevention and Wellness Research Activity Coordination (Sec. 3141)</b> – In conducting or supporting research on prevention or wellness, the Director of the CDC, the Director of the NIH, and the heads of other agencies within HHS shall take into consideration the National Strategy and the recommendations of the Prevention Task Forces.</p> <p><b>Community Prevention and Wellness Research Grants (Sec. 3142)</b> – Directs the Secretary, acting through the CDC Director, to conduct or award grants to eligible entities to conduct research in priority areas identified in the National Strategy or by the Community Preventive Services Task Force. Funds to support the research are provided through the Prevention and Wellness Trust (Sec. 3111)</p> <p><b>Research on subsidies and rewards to encourage wellness and healthy behaviors (Sec. 3143)</b> - Provides support for research on incentivizing proven healthy behaviors and for the inclusion of effective incentive programs in the essential benefits package or in community prevention and wellness programs.</p>	<p><b>Research on Optimizing the Delivery of Public Health Services (Sec. 4301)</b> – Directs the Secretary, acting through the CDC Director, to fund research in the area of public health services and systems. Research shall include examining best practices relating to prevention, with a particular focus on high priority areas identified by the Secretary in the National Prevention Strategy or Healthy People 2020; analyzing the translation of interventions to real-world settings; and identifying effective strategies for organizing, financing or delivering public health services in real world community settings, including comparing State and local health department structures and systems in terms of effectiveness and cost.</p>
	<p><b>Understanding Health Disparities: Data Collection and Analysis (Sec. 4302)</b> – Requires the Secretary to ensure that any ongoing or federally conducted or support health care or public health program, activity, or survey collects and report data on race, ethnicity, gender, geographic location, socioeconomic status, language and disability status, in addition to data at the smallest geographic level.</p>

	The Secretary shall analyze the data to detect and monitor trends in health disparities and disseminate this information to relevant Federal agencies.
<b>Wellness Program Grants (Sec. 112)</b> – Establishes a grant program for small employers to assist with the creation of employee wellness programs that promote healthy behaviors in a non-discriminatory manner.	<b>Employer-Based Wellness Programs (Sec. 4303)</b> – Directs CDC to provide employers with TA, consultation and tools in evaluating wellness programs and build evaluation capacity among workplace staff. Directs CDC to study and evaluate employer-based wellness practices. Clarifies that any recommendations, data or assessments carried out under this part shall not be used to mandate requirements for workplace wellness programs.
	<b>Epidemiology-Laboratory Capacity Grants (Sec. 4304)</b> Directs the Secretary (subject to the availability of appropriations) to establish an Epidemiology and Laboratory Capacity Grant Program to award grants to eligible entities to assist public health agencies in improving surveillance for and response to infectious diseases and other conditions of public health importance. . Authorizes \$190 million for each year of FY2010-2013 to carry out this section.
<b>Pain Care and Management (Sec. 2561-2563)</b> - Calls for an IOM Conference on Pain and includes various provisions relating to pain research and a public awareness campaign on pain management.	<b>Pain Management (Sec. 4305)</b> – Calls for an IOM Conference on Pain and includes various provisions relating to pain research and pain care education and training.
<b>Community-based overweight and obesity prevention program (Sec. 2535)</b> - Establishes a new program to prevent overweight and obesity among children through improved nutrition and increased physical activity. Authorizes \$10 million for FY 2011 and such sums as may be necessary for each of FY 2012 through FY 2015 to carry out this program.	<b>Funding for Childhood Obesity Demonstration Project (Sec. 4306)</b> – CHIPRA established a Childhood Obesity Demonstration Project and authorized \$25 million for FY 2009-2013. This section appropriates \$25 million for the Secretary to carry out the demonstration project in FY 2010 – FY 2014
	<b>Sense of the Senate Concerning CBO Scoring (Sec. 4401)</b> – Expresses the sense of the Senate that Congress

	<p>should work with CBO to develop better methodologies for scoring progress to be made in prevention and wellness programs.</p>
	<p><b>Effectiveness of Federal Health and Wellness Initiatives (Sec. 4402)</b> - Requires the Secretary of HHS to evaluate all existing Federal health and wellness initiatives and report to Congress concerning the evaluation, including conclusions concerning the reasons that such existing programs have proven successful or not successful and what factors contributed to such conclusions.</p>
<p><b>Advisory Committee on Health Workforce Evaluation and Assessment (Sec. 2261)</b> – Directs the Secretary to establish the Advisory Committee on Health Workforce Evaluation and Assessment to make recommendations on the classification of the health workforce (which is defined as including public health) and procedures to enumerate the health workforce, the supply, diversity and geographic distribution of the workforce, the retention of the health workforce, and policies to carry out the recommendations made. The Secretary shall submit to Congress an annual report on the activities of the Advisory Committee. Sec. 2281 authorizes appropriations from the Public Health Investment Fund to support the assessment.</p>	<p><b>National Health Care Workforce Commission (Sec. 5101)</b> – Establishes a commission to serve as a national resource for Congress, the President, States and Localities, determine whether the demand for health care workers is being met, identify barriers to coordination and encourage innovation. It shall disseminate information on retention practices for health care professionals and shall review current and projected health care workforce supply and demand and make recommendations regarding healthcare workforce priorities, goals and policies. The Commission shall communicate and coordinate with a variety of federal agencies and departments. Specific topics to be reviewed include health care workforce supply and distribution, health care workforce education and training capacity; existing education loan and grant programs, the implications of federal policies; the healthcare workforce needs of specific populations, and recommendations creating or revising loan repayment and scholarship programs. Public health professionals are included in the definition of health care workforce and the definition of health professionals. Public health workforce capacity is also included in the high priority areas list.</p>

	<p><b>State Health Care Workforce Development Grants (Sec. 5102)</b> – Establishes a competitive healthcare workforce development grant program to enable State partnerships to complete comprehensive planning and to carry out activities leading to coherent and comprehensive health care workforce development strategies at the State and local levels. Authorizes \$8 million for planning grants and \$150 million for implementation grants for FY 2010 and such sums for each subsequent year.</p>
<p><b>Health Workforce Assessment (Sec. 2271)</b> – Directs the Secretary to collect, data on the health workforce with respect to the supply of health professionals and their diversity and geographic distribution, based upon the classifications and standardized methodologies and procedures developed by the Advisory Committee. The Secretary may award grants to carry out these activities and shall collaborate with Federal departments and agencies, health professions organizations and professional medical societies. The Secretary shall report to Congress on the data collected. Sec. 2281 authorizes appropriations from the Public Health Investment Fund to support the assessment.</p>	<p><b>Health Care Workforce Program Assessment (Sec. 5013)</b> – Codifies the existing National Center for Health Care Workforce Analysis to provide for the development of information describing the health care workforce and the analysis of related issues and collect, analyze and report data related to programs under this title. The National Center and relevant regional and State centers and agencies shall collect labor and workforce information and provide analyses and reports to the Commission.</p>
<p><b>Public Health Workforce Corps. (Sec. 2231)</b> – Establishes a Public Health Workforce Corps to ensure an adequate supply of public health professionals to eliminate critical public health workforce shortages. The Secretary shall develop a methodology for placing and assigning Corps participants, and the methodology may allow for placing and assigning participants in State, local and tribal health departments and Federally qualified health centers. Establishes the Public Health Workforce Scholarship Program &amp; Public Health Workforce Loan Repayment Program. Sec. 2235</p>	<p><b>Public Health Workforce Recruitment and Retention Programs (Sec. 5204)</b> – Establishes a public health workforce loan repayment program to eliminate critical public health workforce shortages in Federal, State, local and tribal public health agencies. Individuals receiving assistance must work at least three years in these agencies. In FY 2010, \$195 million is authorized to be appropriated for this program, and such sums as necessary for FY 2011-2015. Sec. 5205 creates allied health workforce recruitment and retention programs.</p>

<p>authorizes to be appropriated money from the Public Health Investment Fund for the Corps.</p>	<p><b>Training for Mid-Career Public and Allied Health Professionals (Sec. 5206)</b>          Authorizes the Secretary to make grants or enter into contracts to award scholarships to mid-career public health and allied health professionals to enroll in degree or professional training programs. Authorizes \$60 million for these programs in FY 2010 and such sums as necessary for FY 2011-2015.</p>
	<p><b>Elimination of cap on Commissioned Corps (Sec. 5209)</b>          This section strikes the required cap of 2,800 for members of the Regular Corps.</p>
	<p><b>Establishing a Ready Reserve Corps (Sec. 5210) -</b>          Assimilates active duty Ready Reserve Officers into the Regular Corps &amp; establishes a Ready Reserve to participate in training exercises, be available and ready for involuntary calls to active duty during national emergencies and public health crises, be available for deployment and for backfilling positions left vacant during deployment of active duty Corps members, and be available for service in isolated, hardship &amp; medically underserved communities. This section authorizes \$5 million for FY 2010 – FY 2014 for carrying out the duties and responsibilities of the Commissioned Corps under this section and for recruitment and training; and \$12.5 million for the Ready Reserve Corps for FY 2010 – FY 2014.</p>
<p><b>Grants to Promote Positive Health Behaviors and Outcomes (Sec. 2530)</b> – Authorizes the Secretary to award grants to promote positive health behaviors for populations in medically underserved communities through the use of community health workers.</p>	<p><b>Grants to Promote the Community Health Workforce (Sec. 5313)</b> – Directs the Director of CDC to award grants to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers.</p>
<p><b>Enhancing the Public Health Workforce (Sec. 2232)</b>          Establishes a public health workforce training and enhancement program consisting of awarding grants and</p>	<p><b>Fellowship Training in Public Health (Sec. 5314)</b> –          Authorizes funding for fellowship training in applied public health epidemiology, public health laboratory</p>

<p>contracts for public health training programs and fellowships and traineeships for students who participate in these programs and who plan to specialize or work in the field of public health.</p> <p><b>Public Health Training Centers (Sec. 2233)</b> – Revises the goals for the public health training grant programs to comport with the Secretary’s new Prevention and Wellness Strategy.</p> <p><b>Preventive Medicine &amp; Public Health Training Grant Program (Sec. 2234)</b> – Directs the Secretary to award grants to or enter into contracts with eligible entities to provide training to graduate medical residents in preventive medicine specialties. Sec. 2235 authorizes to be appropriated money from the Public Health Investment Fund for the both of these sections.</p> <p><b>Online health workforce training programs (Sec. 2591)</b> - Establishes a new program for the Secretary of Labor to support online training of health care workers.</p>	<p>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 \$5 million to be available in each fiscal year 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.</p>
<p><b>Authorization of Appropriations – Public Health Workforce (Sec. 2235)</b> - Authorizes an additional \$283 million over the next five years for public health workforce programs, to be appropriated from in the Investment Fund.</p>	
	<p><b>United States Public Health Sciences Track (Sec. 5315)</b>          Authorizes the establishment of a United States Public Health Sciences Track with authority to grant appropriate advanced degrees in a manner that uniquely emphasizes team based service, public health, epidemiology, and emergency preparedness and response. Students receive</p>

	<p>tuition remission and a stipend and are accepted as Commission Corps officers with a 2-year service commitment for each year of school covered. Included among the graduates shall be 100 public health students annually. Includes a provision that would develop elite federal disaster teams.</p>
<p><b>Establishment of a public health accreditation program (Sec. 3161)</b> – Directs the Secretary to develop and periodically review and update standards for voluntary accreditation of State, local or tribal health departments and public health laboratories for the purpose of advancing the quality and performance of such health departments and laboratories; and to implement a program to accredit health departments and laboratories.</p>	
<p><b>Extension of Wisewoman Program (Sec. 2525)</b> – Authorizes \$70 million for FY 2011, \$73.5 million for FY 2012, \$77 million for FY 2013, \$81 million for FY 2014 and \$85 million for FY 2015 for the Wisewoman program.</p>	
<p><b>Healthy Teen Initiative to Prevent Pregnancy (Sec. 2526)</b> Directs the Secretary to establish a program consisting of making grants for an evidence-based program to reduce teen pregnancy or sexually transmitted disease.</p>	
<p><b>Grants for National Training Initiatives on Autism (Sec. 2527)</b> – Directs the Secretary to award grants for training, education, TA and dissemination of services to address the unmet needs of children and adults with autism, related developmental disabilities, and their families.</p>	