



<p style="text-align: center;">Patient Protection and Affordable Care Act – Selected Prevention Provisions 11/19</p>
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Coverage of Preventive Health Services (Sec. 2708)

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:

- (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;
- (2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices 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.

National Prevention, Health Promotion & Public Health Council (Sec. 4001)

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. Tasks the Council with creating a national strategy to: set goals and objectives for improving health through federally-supported prevention, health promotion and public health programs; establish measurable actions and timelines to carry out the strategy; and make recommendations to improve Federal prevention, health promotion, public health and integrative health care practices.

Prevention and Public Health Fund (Sec. 4002)

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.

Clinical and Community Preventive Services Task Forces (Sec. 4003)

Expands and improves, and provides better coordination between the U.S. Preventative Services Task Force and the Community Preventive Services Task Force and defines clear duties for the Task Forces.

Education & Outreach Campaign Regarding Preventive Benefits (Sec. 4004)

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.

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 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.

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.

School-Based Health Centers (Sec. 4101)

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, equipment, or similar expenditures.

Oral Health (Sec. 4102)

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 oral health improvement provisions relating to school-based sealant programs, oral health infrastructure, and surveillance.

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 entails 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 cessation of tobacco use by pregnant women. This section prohibits cost-sharing for these services.

Incentives for Prevention of Chronic Diseases in Medicaid (Sec. 4108)

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 at least 3 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.

Community Transformation Grants (Sec. 4201)

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.

Healthy Aging, Living Well; Evaluation of Community-Based Prevention; and Wellness Programs for Medicare Beneficiaries (Sec. 4202)

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 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/behavior 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.

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. The Secretary shall submit a report to Congress on recommendations to promote healthy lifestyles and chronic disease self-management for Medicare beneficiaries.

Removing Barriers and Improving Access to Wellness for Individuals with Disabilities (Sec. 4203)

Requires the establishment of standards for accessible medical diagnostic equipment for individuals with disabilities.

Immunizations (Sec. 4204)

Authorizes states to obtain additional quantities of adult vaccines through the purchase 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 studies and report on Medicare beneficiary access to vaccines and coverage of vaccines under Medicare Part D.

Nutrition Labeling of Standard Menu Items at Chain Restaurants (Sec. 4205)

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.

Demonstration Project Concerning Individualized Wellness Plan (Sec. 4206)

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.

Reasonable Break Time for Nursing Mothers (Sec. 4207)

Requires employers to provide reasonable break times for nursing mothers and a place, other than a 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.

Research on Optimizing the Delivery of Public Health Services (Sec. 4301)

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.

Understanding Health Disparities: Data Collection and Analysis (Sec. 4302)

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. The Secretary shall analyze the data to detect and monitor trends in health disparities and disseminate this information to relevant Federal agencies.

Employer-Based Wellness Programs (Sec. 4303)

Directs CDC to provide employers with technical assistance, 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.

Epidemiology-Laboratory Capacity Grants (Sec. 4304)

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.

Pain Management (Sec. 4305)

Calls for an IOM Conference on Pain and includes various provisions relating to pain research and pain care education and training.

Funding for Childhood Obesity Demonstration Project (Sec. 4306)

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

Sense of the Senate Concerning CBO Scoring (Sec. 4401)

Expresses the sense of the Senate that Congress should work with CBO to develop better methodologies for scoring progress to be made in prevention and wellness programs.

Effectiveness of Federal Health and Wellness Initiatives (Sec. 4402)

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.