

Prevention in Health Care Reform: The Time Has Come

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The Patient Protection and Affordable Care Act (PPACA), passed by Congress and signed into law by the President, has in its provisions that “ensure that all Americans have access to free preventive services under their health insurance plans and invests in prevention and public health to encourage innovations in health care that prevent illness and disease before they require more costly treatment.”¹ What I intend to discuss and list in this commentary are the specifics of prevention and the investments in the public health infrastructure in the PPACA and crosswalk how certain provisions will help in the implementation of many of the recommendations of the North Carolina Institute of Medicine’s *Prevention for the Health of North Carolina: Prevention Action Plan*.²

Prevention Services in Private Health Insurance Plans

The majority of the PPACA concerns the health insurance industry and mandates on the coverage of preventive health services. These mandates intend to promote preventive health care and improve public health by helping people live healthier lives, which will restrain the growth of health care costs over time. In the private sector, the law provides so-called first dollar (meaning only premium costs) coverage by eliminating cost sharing requirements (co-pays or deductibles) for recommended preventive care and screenings including:

- Current recommendations with a rating of “A” or “B” by the United States Preventive Services Task Force (USPSTF).³
- Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) to the federal Centers for Disease Control and Prevention (CDC).⁴
- Preventive care and screenings, including oral and vision care, for children and adolescents, supported by the Health Resources and Services Administration (HRSA).⁵
- Additional preventive care and screenings recommended for women and supported by HRSA.⁵

For the patient and the family, first dollar coverage removes the financial barrier of having to pay upfront in order to receive evidence-based preventive services and screenings (e.g., vaccines or mammography). For children, expanding access to these services will help implement two priority recommendations of the *Prevention Action Plan*:

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- Recommendation 9.1: Increase immunization rates. Co-pays and deductibles often discourage families from immunizing children with the non-required vaccines.
- Recommendation 11.4: Increase the high school graduation rate. Requiring coverage of not only basic pediatric services under all health plans, but also oral and vision care, will improve a child’s ability to learn and perform at school.

In addition to removing financial barriers, the PPACA allows employers to offer premium discounts and other awards for up to 30% of the total premium to individuals

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who satisfy a health standard (such as quitting smoking, maintaining a body mass index below the level of obesity, and/or having a regular medical home where blood pressure, cholesterol, and diabetes can be managed) and includes provisions to ensure that discriminatory practices do not occur. There is also a requirement for the CDC to study, evaluate, and educate employers on the benefits of worksite health promotion. These measures will facilitate Recommendation 12.3 of the *Prevention Action Plan*: create the North Carolina worksite wellness collaborative and tax incentives for small businesses.

The timeline for implementation of these changes will be January 1, 2014 for grandfathered plans and September 23, 2010 (six months after passage of the PPACA) for new plans. Any existing health plan coverage at the time PPACA was signed into law on March 23, 2010 is considered a grandfathered plan. New coverage plans issued after the enactment date would have to provide such benefits by the September date.

Prevention Services in Government Health Insurance Plans: Medicaid and Medicare

The PPACA expands preventive health service coverage in the government-entitled health insurance plans in Medicaid (mainly for low-income women and children) and Medicare (for the elderly and disabled). Because these are federal programs run by the US Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS), the expansions will not occur through mandates as in the private sector, but rather through policy and rule changes in CMS. Thus they can be implemented more rapidly. The preventive health services added to the CMS programs by the PPACA include:

- Under Medicare, the Act provides seniors with free annual wellness visits and personalized prevention plan services.
- Under Medicaid, the Act:
 - Provides coverage for comprehensive tobacco cessation services for pregnant women.
 - Offers incentives to beneficiaries who successfully complete certain healthy lifestyle programs targeting chronic disease risk factors such as high blood pressure, high cholesterol, and diabetes.

Since Medicaid programs require implementation at the state level (through the Division of Medical Assistance in the North Carolina Department of Health and Human Services) with state matching dollars, the PPACA also provides incentives to states to implement the Medicaid expansions of preventive health services coverage. These incentives include:

- The provision of a one percentage point increase in the federal medical assistance percentage (FMAP, or the

federal portion of the match) to states that offer Medicaid coverage for all USPSTF recommended services and immunizations recommended by the ACIP.

- Requires the Secretary of the US Department of Health and Human Services to issue guidance to states and health care providers about Medicaid's coverage of obesity-related services and preventive services and requires each state to design a public awareness campaign on such services.

These changes in the CMS programs will help implement the following recommendations in the *Prevention Action Plan*:

- Recommendation 3.4: Expand access to cessation services, counseling, and medications for smokers who want to quit. Implicit in the expanded Medicaid service for pregnant women who smoke will be a reduction in premature birth and infant mortality, two outcomes linked to maternal smoking.
- Recommendations 4.1 through 4.12: All the recommendations for the reduction of childhood obesity will be facilitated by the Medicaid changes.
- Recommendation 9.1: Increase immunization rates. As with the mandates to the private health plans, the Medicaid provisions should remove barriers to getting children immunized.

Population Health and Public Health Infrastructure Improvements

Independent of reforms centered on prevention in health insurance plans, the PPACA devotes several sections to health promotion with the goal of improving the factors that contribute the most to death and disability in the United States (tobacco use and obesity). In the legislation, population health improvement will be facilitated by new federal authorities to reduce tobacco use and promote weight loss.

First, to organize and allocate new resources, the PPACA establishes the National Prevention, Health Promotion, and Public Health Council. The Council will provide leadership on an expanded and sustained national investment in prevention and public health programs, direct the creation of a national prevention and health promotion strategy, and expand the independent Community Preventive Services Task Force to review scientific evidence on the effectiveness and appropriateness of community preventive interventions.¹

Second, PPACA elevates the National Center on Minority Health and Health Disparities at the National Institutes of Health from a center to a full institute, reflecting an enhanced focus on minority health.¹ It codifies into law the Office of Minority Health within the US Department of Health and Human Services and establishes a network of minority health offices within the Department to monitor health, health care trends, and quality of care among

minority patients and evaluate the success of minority health programs and initiatives.¹

Implementation at the state level will focus on grants that promote individual and community health through prevention efforts. Many of these provisions in PPACA authorize Congress to fund these initiatives but do not appropriate funds, thus timelines are not yet defined. Nevertheless, the following list of individual and community health promotion initiatives in PPACA has the potential to greatly benefit the health of North Carolinians and advance many recommendations of the *Prevention Action Plan*. Specifically, PPACA addresses the following:

- Authorization of states to purchase adult vaccines under CDC contracts (30% less than the private market), as well as a state demonstration program to improve adult immunization coverage.
- Expansion of the CDC Epidemiology and Laboratory Capacity grant to state health departments.
- Appropriation of \$25 million in funding for the Childhood Obesity Demonstration Project, which was established through the Children's Health Insurance Program (CHIP) legislation. Grants will be awarded to develop community models for reducing childhood obesity.
- Appropriations for maternal, infant, and early childhood home visiting programs using evidence-based strategies that lower infant mortality and improve school readiness.
- Authorization of 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.
- Creation of an oral health care prevention education campaign at CDC to target key populations, including children and pregnant women.
- Grants for programs for people ages 55 to 64 to evaluate chronic disease risk factors, conduct evidence-based public health interventions, and help at-risk individuals receive clinical treatment.
- Funding for a pilot program to test the impact of providing individualized wellness plans for at-risk populations who use community health centers.
- Competitive grants to the state and local level for programs that promote individual and community health by reducing chronic disease rates, addressing health disparities, and developing a strong evidence-base of effective prevention programming.
- Creation of a national public-private partnership that addresses prevention and health promotion outreach including:
 - An education campaign that raises public awareness on health improvement across all ages.
 - Outreach that addresses proper nutrition, regular exercise, smoking cessation, and the five leading causes of death in the United States.

- Creation of a national science-based media campaign to advance health promotion and disease prevention.
- Creation of a web-based prevention tool to help individuals make informed health decisions and create a personalized prevention plan.
- Award community transformation grants that focus on healthier school environments, active living communities, and access to nutritious foods.
- Requirements for certain chain restaurants to display calorie counts of their meals on menus and menu boards and to provide specified nutritional information upon request.

This list of initiatives strikes at the core of the *Prevention Action Plan*: implementing and sustaining evidence-based strategies aimed at the major causes of death and disability in North Carolina. In addition to the tobacco use, diet, and physical inactivity recommendations, PPACA will help implement Recommendation 10.1: Fund evidence-based programs to meet the needs of diverse populations. Health disparities, including socioeconomic factors like race and ethnicity, educational achievement, and income and wealth, are the major determinants of poor health outcomes. Creation of infrastructure at the federal Department of Health and Human Services will soon have its impact at the state and local level.

The public health infrastructure will be advanced by workforce development provisions in PPACA. These include loan repayment programs to public health students who agree to work three years in a public health agency or who serve in underserved areas. Authorization for funding of training for mid-career public health professionals, preventive residency programs, and public health fellowships is also included.

Opportunities and Challenges

The North Carolina Institute of Medicine's *Prevention Action Plan*, published in October 2009, contained 45 recommendations for improving the health of North Carolina, 11 of which were deemed priority by the Task Force. The *Plan* focused on reducing the leading determinants of death and disability by implementing evidence-based prevention strategies that have been shown to improve population health. Many recommendations came with a sizable investment of public funds and it seemed that during these tough economic times it would be years before key elements of the *Plan* and a path to a healthier state were realized.

The PPACA is in many ways an embodiment of the *Prevention Action Plan*. Either through changes in health insurance plans or direct funding to prevention and public health infrastructure, in one way or another it will facilitate or help implement all 45 recommendations. The challenge will be to smoothly implement programs across federal, state, and local jurisdictions without creating duplication and redundant bureaucracy. **NCMJ**

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yeah

{ This is the text message nineteen-year-old Ashley Umscheid was reading when she flipped her car and died on impact. }

No text is worth losing a loved one.

TXTING & DRIVING...IT CAN WAIT

a message from  at&t

 CTIA

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