



THE PATIENT PROTECTION AND AFFORDABLE CARE ACT – SUMMARY AND PROGRESS OF KEY PREVENTION AND PUBLIC HEALTH PROVISIONS AS OF JUNE 2012

Section Provisions	Updates
§ 2713 – Coverage of Preventive Health Services	
<p>Requires all health plans to cover USPSTF (see section 4003) recommended and other preventive health services.</p>	<ul style="list-style-type: none"> • On July 14, 2010, HHS/Labor/Treasury released an interim final rule with comment period implementing this coverage requirement for group health plans (including self-insured plans) and health insurance products. • Required USPSTF-Recommended Preventative Services • These regulations became effective on September 17, 2010 for plan years beginning on or after September 23, 2010. • On November 20, 2012 HHS released a proposed rule outlining health insurance standards for the coverage of essential health benefits (EHB) and the determination of actuarial value (AV).
§ 4001 – National Prevention, Health Promotion, and Public Health Council	
<p><i>Effective Date: June 10, 2010</i></p> <ul style="list-style-type: none"> • Establishes “the Council” within HHS, chaired by the Surgeon General and consisting of Secretaries and Directors (or their designees) from twelve statutory agencies and additional agencies at the Surgeon General’s discretion. • The Council will coordinate leadership on prevention, wellness, and health promotion policies and activities across the federal level. • The Council will develop the National Prevention and Health Promotion Strategy (NPS) with consultation from relevant stakeholders and an Advisory Group of 25 non-Federal public health and health care stakeholders. <ul style="list-style-type: none"> ○ NPS was due within 1 year of enactment (March 23, 2011). ○ Strategy must set specific goals and objectives for improving health, establish specific actions and timelines, and 	<ul style="list-style-type: none"> • On June 10, 2010 President Obama signed an Executive Order 13544 establishing the Council. <ul style="list-style-type: none"> ○ Executive Order 13591 was signed on November 23, 2011 to reestablish the Advisory Council until September 30, 2012 ○ Executive Order 13631 was signed on December 7, 2012 to reestablish the Advisory Council until September 30, 2013 • The Council released a 2010 Annual Status Report on June 30, 2010, which included a description of preliminary work completed, proposed guiding principles to steer the NPS development process, and a work plan and timeline. • On October 1 and December 22, 2010 the Council released a Draft Framework to guide NPS development, including Vision, Goals, and Strategic Directions. The Council accepted two rounds of public comment on this Draft Framework.

<p>determine accountability within and across Federal agencies.</p> <ul style="list-style-type: none"> • The Council will submit an annual report to Congress every year through 2015. 	<ul style="list-style-type: none"> • President Obama announced the appointment of 22 people to serve as members of the Advisory Group. <ul style="list-style-type: none"> ○ April 2011 Meeting Summary ○ May 2011 Meeting Summary ○ October 2011 Meeting Summary ○ November 2011 Meeting Summary ○ November 2011 first report of recommendations ○ April 2012 Meeting Agenda ○ June 2012 Meeting Agenda • The Council released the National Prevention Strategy on June 16, 2011. • The Council released a second annual report on June 30, 2011. • The Council released a 2012 Annual Status Report on June 13, 2012 which includes the National Prevention Council Action Plan and an update on the National Prevention Strategy indicators.
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§ 4002 – Prevention and Public Health Fund

<p><i>Effective Date: Fiscal Year 2010</i></p> <ul style="list-style-type: none"> • Establishes “the Fund” administered by the HHS Office of the Secretary to provide for “expanded and sustained national investment in prevention and public health programs.” • Dedicated (authorized and appropriated funding as follows): <ul style="list-style-type: none"> ○ FY2010 - \$500 million ○ FY2011 - \$750 million ○ FY 2012 - \$1 billion ○ FY 2013 - \$1.25 billion ○ FY 2014 - \$1.5 billion ○ FY 2015 and after - \$2.0 billion each year • The Fund can be used to fund any program authorized by the Public Health Service Act over fiscal year 2008 levels for “prevention, wellness, and public health activities.” House and Senate Appropriations Committees may also allocate funds through Appropriations legislation. 	<ul style="list-style-type: none"> • In February 2011, HHS announced it intended to distribute the Prevention Fund as follows: <ul style="list-style-type: none"> ○ Community Prevention - \$298 million. ○ Clinical Prevention - \$182 million. ○ Public Health Infrastructure - \$137 million. ○ Research and Tracking - \$133 million. • Grants Awarded in 2010 <ul style="list-style-type: none"> ○ List of grants awarded broken down by state • Fiscal Year 2011 Funding Allocation • Prevention and Public Health Fund breakdown by state (updated February 2012) • September 2012 the Government Accountability Office released Prevention and Public Health Fund: Activities Funded in FY2010 and FY2011 • Fiscal Year 2012 Funding Allocation
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§ 4003 – Clinical and Community Preventive Services

Effective Date: September 23, 2010

Expands and clarifies the role of the U.S. Preventive Services Task Force (USPSTF) and Community Preventive Services Task Force, encouraging coordination between the two.

- USPSTF has [posted](#) a list of “A” and “B” recommended services for the purposes of implementing the ACA.
- There are new coverage provisions and/or requirements for “A” and “B” services for private health plans (§2713), Medicare (§4104, 4105), and Medicaid (§4106).
- Community Preventive Services Task Force [First Annual Report](#) to Congress - 2011
- Community Preventive Services Task Force [2012 Annual Report to Congress](#)
- Community Preventative Services [Task Force Findings Topics](#) – published October 3, 2011
- Community Preventive Services 2012 Annual Report to Congress
- USPSTF [First Annual Report](#) to Congress on High-Priority Evidence Gaps for Clinical Preventive Services – December 2011
- USPSTF [Second Annual Report](#) to Congress on High-Priority Evidence Gaps for Clinical Preventive Services – November 2012

§ 4004 – Education and Outreach Campaign

Effective Date: Reporting required from January 1, 2011 – January 1, 2017.

- Directs HHS to implement a public-private partnership to conduct prevention and health promotion outreach and an educational campaign.
- 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 healthcare 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

- \$2 million was allocated in FY 2011
- The money helped to fund the CDC’s [Million Hearts Initiative](#), which aims to prevent 1 million heart attacks and strokes by 2017.
- 2010 HHS submitted [Report to Congress on Preventative and Obesity-Related Services Available to Medicaid Enrollees](#)

<p>Medicaid enrollees regarding availability and coverage of such services. The Secretary shall report on the status and effectiveness of these efforts.</p>	
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§ 4101 – School-Based Health Centers

<p><i>Authorizes funding for fiscal years 2010 – 2014.</i></p> <ul style="list-style-type: none"> • Directs HHS to award grants to support school-based health centers in communities that face difficulties accessing pediatric health services. • Appropriates \$200 million for 2010 through 2013 to support capital grants to improve and expand services at school-based health centers. 	<ul style="list-style-type: none"> • On October 4, 2010, HHS announced the release of \$100 million for construction and renovation of school-based health centers. • On July 14, 2011, HHS announced awards of \$95 million to 278 school-based health center programs across the country. <ul style="list-style-type: none"> ○ July 2011 Grantees • Capital Grants for construction, renovation, and equipment awarded (broken down by state) as of December 2011. • On May 9, 2012, HHS announced the release of \$75 million for construction and renovation of school-based health centers. • On December 19, 2012 HHS announced the release of \$85 million to 197 school-based health centers to improve primary, mental health, and oral care for school age children.
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§ 4102 – Oral Health

<p><i>Authorizes funding for fiscal years 2010 – 2014.</i></p> <ul style="list-style-type: none"> • Authorizes a five-year public health education campaign focused on oral healthcare prevention and education. • Not later than 2 years after the date of enactment of this section, the Secretary shall begin implementing the 5-year campaign. • 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. • The Secretary shall develop oral healthcare components that include tooth-level surveillance for inclusion in the National Health and Nutrition Examination Survey which survey shall be updated by the at least every six years. 	<p>Funds have not been appropriated through FY 12.</p>
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<ul style="list-style-type: none"> Increases the participation of States in the National Oral Health Surveillance System from 16 States to all 50 States, territories, and District of Columbia. The Secretary shall ensure that the National Oral Health Surveillance System include the measurement of early childhood caries 	
§ 4103 – Medicare Coverage of Annual Wellness Visit	
<p><i>Effective Date: January 1, 2011</i> Makes an annual wellness visit, including a personalized prevention plan, available to Medicare beneficiaries.</p>	<ul style="list-style-type: none"> In March, 2011, HHS released a report finding that Medicare Part B beneficiaries had received over 150,000 annual wellness visits in two months since the provision went into effect. According to a CMS Report, 2,278,216 Medicare recipients went to their annual wellness visits in 2011 (includes state-by-state breakdown)
§ 4104 – Removal of Barriers to Preventive Services in Medicare	
<p><i>Effective Date: January 1, 2011</i> Makes covered Medicare services with a USPSTF rating of “A” or “B” available to beneficiaries at no out-of-pocket cost.</p>	<ul style="list-style-type: none"> CMS’s 2011 Medicare Report published details the number of individuals who received free preventative services in 2011. HHS ACA Supports Community Living post details the number of individuals who received free preventative services in the first seven months of 2012
§ 4105 – Evidence-based Coverage of Preventive Services	
<p><i>Effective Date: January 1, 2010</i> Authorizes CMS to modify coverage of any currently-covered Medicare service consistent with a USPSTF recommendation if the service is not used for diagnosis or treatment.</p>	<ul style="list-style-type: none"> On June 25, 2010, CMS released a proposed rule to implement the annual wellness visit and newly covered preventive services. On November 29, 2010, CMS published a CY2011 physician fee schedule final rule that includes implementation of the requirements of sections 4104 and 4105 for physician payments (separate rules addressed or will address other Medicare preventive care settings).
§ 4106 – Improving Access to Preventive Services for Eligible Adults in Medicaid	
<p><i>Effective Date: January 1, 2013</i></p> <ul style="list-style-type: none"> Expands current option for States to provide DSPR services to include any USPSTF “A” or “B” service or ACIP recommended immunization. 	<ul style="list-style-type: none"> In December 2012, CMS held a call with state Medicaid officials to further explain the incentives requirements and state Medicaid plan amendment process for applying to receive FMAP increases.

<ul style="list-style-type: none"> States that cover these services with prohibited cost-sharing for beneficiaries would receive a one point FMAP increase for these services. 	
§ 4107 – Coverage of Comprehensive Tobacco Cessation Services for Pregnant Women in Medicaid	
<p><i>Effective Date: October 1, 2010</i> Requires States to provide Medicaid coverage for counseling and pharmaceutical therapy for tobacco cessation for pregnant women and prohibits associated cost-sharing.</p>	<ul style="list-style-type: none"> On June 24, 2011, CMS released guidelines for the program June 24, 2011 Letter from HHS to State Medicaid Directors
§ 4108 – Incentives for Prevention of Chronic Diseases in Medicaid	
Creates HHS grants to States to administer programs to provide incentives to Medicaid beneficiaries who participate in healthy lifestyles programs and demonstrate changes in health risks and outcomes.	<ul style="list-style-type: none"> On February 23, 2011, CMS announced it will begin accepting proposals from States to compete for grant awards for the Medicaid Incentives program. Grant applications were due May 2, 2011. In September 2011, 10 States were awarded grants to work towards at least one of the following prevention goals: tobacco cessation, controlling or reducing weight, lowering cholesterol, lowering blood pressure, and avoiding the onset of diabetes or in the case of a diabetic, improving the management of the condition.
§ 4201 – Community Transformation Grants	
<p><i>Effective Date: Application deadline July 15, 2011; National Network application deadline July 22, 2011.</i> Authorizes CDC grants to State and local governments and community-based organizations to implement, evaluate, and disseminate evidence-based community preventive health activities to reduce chronic disease rates.</p>	<ul style="list-style-type: none"> In July and August 2010, TFAH held two consultation meetings on the implementation of the CTG program. Summary On November 4, 2010, Dialogue4Health, along with PolicyLink, TFAH, Prevention Institute, and the Public Health Institute, hosted a webinar with CDC and other federal representatives to discuss implementation of Section 4201. On May 13, 2011, HHS announced the availability of over \$100 million in funding for up to 75 Community Transformation Grants. On June 16, 2011, HHS announced the availability of another \$4 million in cooperative agreements. On November 29, 2011, CMS announced that intensive behavioral therapy for obesity would be included as a prevention service. 2011 CTG Program Highlights As of June 1, 2012, approximately \$103 million in prevention funding has been awarded to 61 states and communities serving approximately 120 million Americans. In 2012 \$70 million was awarded to 40 communities under CTG Small Communities (less than 500,000)

	<p>that will expand preventive and other health care services to 9.2 million Americans.</p> <ul style="list-style-type: none"> • Fact Sheet that includes information about the states and communities awarded funding.
<p>§ 4202 – Healthy Aging, Living Well and Other Programs</p>	
<p><i>Effective Date: Authorizes funding for fiscal years 2010 – 2014.</i></p> <ul style="list-style-type: none"> • Authorizes CDC to award grants to health departments to carry out five-year pilot programs with strategies to improve the health risks and outcomes of community individuals age 55-64. • HHS shall conduct an evaluation of community-based prevention and wellness programs and develop a plan to promote healthy living for Medicare beneficiaries. 	<p>No updates yet – Requires a report to Congress by 9/30/2013</p>
<p>§ 4204 – Immunizations – Authorizes States to purchase adult vaccines under CDC contracts</p>	
<p><i>Effective Date: Authorizes funding for fiscal years 2010 – 2014. Report to Congress on demonstration due four years after enactment. GAO report due June 1, 2011.</i></p> <p>Authorizes several immunization improvement programs, including allowing states to purchase adult vaccines at a federally-negotiated price, reauthorizes a demonstration program to improve immunization coverage, and requires a GAO report to Congress on Medicare beneficiaries’ access to recommended vaccines.</p>	<ul style="list-style-type: none"> • GAO released their report on December 15, 2011, which found that many Part D recipients do not receive the routinely recommended vaccinations covered under Part D for many reasons, including administrative challenges. • On April 13, 2012, the CDC announced contracts for four companies for the purchase of adult vaccines under § 4204 • On May 9, 2012, the CDC announced a contract for Merck for the purchase of adult vaccines under § 4204. • On May 24, 2012, the CDC announced grant funding available to reduce the incidence of acute hepatitis B infection among adults.
<p>§ 4205 – Nutrition Labeling of Standard Menu Items at Chain Restaurants</p>	
<p><i>Effective Date: Effective upon enactment; pending finalized regulations.</i></p> <p>Requires nutrition labeling of standard menu items at restaurants operating in 20 locations or more under the same name.</p>	<ul style="list-style-type: none"> • In August 2010, the Food and Drug Administration released Draft Guidance for Industry: Questions and Answers Regarding the Implementation of the Menu Labeling Provisions of Section 4205. • Although this provision was effective upon enactment of ACA, enforcement of Section 4205 remains inactive until implementing regulations are finalized. • FDA released a proposed rule in April of 2011, which outlined the kind of nutritional information that restaurants will have to put on their menus. • The final rule has not yet been released, but it is expected soon.

§ 4206 – Demonstration Project Concerning Individualized Wellness Plan	
Requires HHS to establish a pilot program to test the effect of utilizing individualized wellness plans among at-risk populations in the community health center setting.	No updates yet
§ 4301 – Research on Optimizing the Delivery of Public Health Services	
<i>Effective Date: Requires annual report to Congress.</i> Directs CDC to fund research in the area of public health services and systems, including best practices related to prevention, translating interventions from research to real-world settings, and organizing, financing, and delivering public health services.	<ul style="list-style-type: none"> In FY2011, HHS has proposed \$20 million from the Prevention and Public Health Fund to be allocated for public health research activities at CDC. On May 3, 2011, all applications were due for the following funding announcement: “Limited eligibility competition to the Prevention Epicenters Program for Streamlined surveillance for ventilator-associated pneumonia: Reducing burden and demonstrating preventability.” Five Prevention Epicenters were established from the funding
§ 4302 – Understanding Health Disparities: Data Collection and Analysis	
<i>Effective Date: March 23, 2012</i> Requires that any federally-supported health program, survey, or report to include data on race, ethnicity, gender, geographic location, socioeconomic status, language, and disability status.	<ul style="list-style-type: none"> In October, 2011, HHS released its Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status
§ 4303 – Employer-Based Wellness Programs	
<i>Effective Date: 2014</i> Requires CDC to provide employers with technical assistance and other tools to evaluate workplace wellness programs and directs CDC to study the issue.	<ul style="list-style-type: none"> In FY2011, HHS has proposed \$10 million from the Prevention and Public Health Fund to be allocated for workplace wellness programs. Viridian Health Management was awarded a \$9 million contract to help 70 to 100 small, mid-size, and large employers create and expand workplace programs.
§ 4304 – Epidemiology-Laboratory Capacity Grants	
<i>Effective Date: Authorized to be appropriated for fiscal years 2010 – 2013.</i> <ul style="list-style-type: none"> Directs HHS to establish an Epidemiology and Laboratory Capacity (ELC) 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 fiscal years 2010-2013. 	<ul style="list-style-type: none"> In FY2010 CDC funding contained significant funding for capacity building, including for epidemiology, laboratory, and health information systems capacity. \$20 million from the Prevention and Public Health Fund was allocated for Epidemiology and Laboratory Capacity grants. List of states that received Epidemiology-Laboratory grants in 2011(see CDC Epidemiology & Laboratory Capacity/Emerging Infections Program Grant section)

	<ul style="list-style-type: none"> On August 16, 2012 HHS announced awards of 48.4 million for the CDC Epidemiology & Laboratory Capacity/Emerging Infections Program Grant.
§ 4306 – Funding for Childhood Obesity Demonstration Project	
<p><i>Effective Date: January 31, 2010</i> Appropriates \$25 million for CMS to carry out the CHIPRA Childhood Obesity Demonstration Project during FY2010 – FY2014.</p>	<ul style="list-style-type: none"> On January 19, 2011, HHS announced the FOA for four grants for approximately \$6 million each for the Childhood Obesity Demonstration Project. Applications were due by April 8th, 2011. Information about the four grantees The program ends in September 2015, at which time the findings will be reported.
§ 5204 – Public Health Workforce Recruitment and Retention Program – Public Health Workforce Loan Repayment	
<p><i>Effective Date: Authorizes funding for fiscal years 2011 – 2015.</i></p> <ul style="list-style-type: none"> Creates a Public Health Workforce Loan Repayment Program to offer loan repayment to public health students and workers in exchange for working at least three years at a federal, state, local, or tribal public health agency. In FY 2010, \$195 million was authorized to be appropriated for this program, and such sums as necessary for FY 2011-2015. 	Funds have not been authorized as of FY 12.
§ 5206 – Grants for State and Local Programs – Mid-Career Training Grants	
<p><i>Effective Date: Authorizes funding for fiscal years 2011 – 2015.</i></p> <ul style="list-style-type: none"> Permits HHS to make grants to create scholarship awards to mid-career public and allied health professionals employed in public and allied health positions at the Federal, State, tribal, or local level to receive additional training in public or allied health fields. Scholarships may be for degree or professional training programs. Authorizes \$60 million for these programs in FY 2010 and such sums as necessary for FY 2011-2015. 	No updates yet

§ 5313 – Grants to Promote Community Health Workforce	
<p><i>Effective Date: Authorizes funding for fiscal years 2010 – 2014.</i></p> <p>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>No updates yet</p>
§ 5314 – Fellowship Training in Public Health	
<p><i>Effective Date: Authorizes funding for fiscal years 2010 – 2013.</i></p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • The deadline for applications for the funding through both the Capacity Building Assistance to Improve Public Health Infrastructure Investment as well as through the Competitive Program Expansion Supplement Strengthen and Improve the Nation’s Capacity through National, Non-profit, Professional Public Health Organizations to Increase Health Protection and Health Equity was April 19, 2011. • The notice of intent to award workforce funding through the Association of Public Health Laboratories was announced March 4, 2011 via Federal Register Notice, with 30 days to award. • On April 12, 2011, CDC released a notice of intent to use Affordable Care Act (ACA) appropriations to expand the Emerging Infectious Diseases (EID) Laboratory Fellowship Program. The expected award date was July 1, 2011.
§ 10408 – Grants for Small Businesses to Provide Comprehensive Workplace Wellness Programs	
<p><i>Effective Date: Authorized to be appropriated \$200 million for fiscal years 2011 – 2015.</i></p> <p>Directs HHS to award grants to small businesses to provide employers with access to comprehensive workplace wellness programs.</p>	<p>Seven communities were selected by the CDC for the National Healthy Worksite Program.</p> <ul style="list-style-type: none"> • Information about the Site Selection and Employer Participation Process
§ 10501 – National Diabetes Prevention Program	
<p><i>Effective Date: Authorizes funding for fiscal years 2010 – 2014.</i></p> <p>Creates a CDC National Diabetes Prevention Program targeted at adults at high risk for diabetes, which entails a grant program for community-based diabetes prevention program model sites.</p>	<ul style="list-style-type: none"> • Information about the program • In 2012 CDC awarded \$6.75 million NDPP grants to six organizations to develop partnerships that reach large numbers of people with pre-diabetes. Grantees will offer lifestyle changes consistent with the Diabetes Prevention Recognition Program Standards and Operating Procedures

§ 10503 – Community Health Centers and National Health Service Corps Fund

Effective Date: Authorizes funding for fiscal years 2011 through 2015.

- Creates dedicated fund for Community Health Center program and the National Health Services Corps.
- The fund totals \$10 billion over five years.

- \$1.5 billion allocated to HRSA in FY2010
- In October 2010, HHS [announced](#) that \$727 million in grants was awarded to 143 Community Health Centers for infrastructure improvements and \$335 million for existing CHCs to expand their medical services.
- In November 2010, HHS [announced](#) awarding of nearly \$8 million for existing Community Health Center Cooperative Agreements.
- As of May 2012, HHS [announced](#) that ACA has supported:
 - 190 construction and renovation projects at health centers
 - The creation of 67 new health center sites across the country,
- The Fund will support more than 485 new health center construction and renovation projects and the creation of 245 new community health center sites over the next two years.
- [Information](#) on the recipients of Building Capacity Grant Awards
- [Information](#) on the recipients of Immediate Facility Improvement Grant Awards