

HELP Health Reform Legislation – Section by Section Summary of Initial Draft Legislation

Title I. QUALITY, AFFORDABLE HEALTH COVERAGE FOR ALL AMERICANS

Preventive Services: Health insurance policies will not be allowed to impose more than minimal cost sharing for certain preventive services endorsed by the U. S. Preventive Services Task Force as clinically and cost effective, for immunizations recommended by the CDC, and for certain child preventive services recommended by the Health Resources and Services Administration. (§2708)

Title III: IMPROVING THE HEALTH OF THE AMERICAN PEOPLE

Subtitle A: Modernizing Our Disease Prevention and Public Health Systems

National Prevention, Health Promotion and Public Health Council: Creates an interagency council dedicated to promoting healthy policies at the federal level. The Council shall consist of representatives of federal agencies that interact with federal health and safety policy, including the departments of HHS, Agriculture, Education, Labor, Transportation, and others. The Council will establish a national prevention and health promotion strategy and develop interagency working relationships to implement the strategy. The Council will report annually to Congress on the health promotion activities of the Council and progress in meeting goals of the national strategy. [S 301]

Prevention and Public Health Investment Fund: Establishes a Prevention and Public Health Investment Fund. The goal of the Investment Fund is to provide an expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs. This will involve a dedicated, stable funding stream (\$10 billion annually for each of fiscal years 2010 through 2019) for prevention, wellness and public health activities authorized by the Public Health Service Act. [S 302]

Clinical and Community Preventive Services: Expands the efforts of, and improves the coordination between, two task forces which provide recommendations for preventive interventions. The U.S. Preventive Services Task Force is an independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness of clinical preventive services such as colorectal cancer screening or aspirin to prevent heart disease, and develops recommendations for their use. The Community Preventive Services Task Force uses a public health perspective to review the evidence of effectiveness of population-based preventive services such as tobacco cessation, increasing physical activity and preventing skin cancer, and develops recommendations for their use. [§ 303]

Education and Outreach Campaign Regarding Preventive Benefits: Directs the Secretary to convene a national public/private partnership for the purposes of conducting a national prevention and health promotion outreach and education campaign. The goal of the campaign is to raise awareness of activities to promote health and prevent disease across the lifespan. [§ 304]

Subtitle B: Increasing Access to Clinical Preventive Services

Right Choices Program: Establishes a temporary program giving uninsured adults access to preventive services. The Right Choices Program would provide chronic disease health risk assessment, a care plan, and referrals to community-based resources for low-income, uninsured adults until universal insurance coverage is made available through the Gateway. [§ 311]

School-based Health Clinics: Authorizes a grant program for the operation and development of School-based Health Clinics, which provide comprehensive and accessible preventive and primary health care services to medically underserved children and families. The goal of establishing such clinics is to improve the physical health, emotional well-being and academic performance of the populations they serve. The clinics will work in collaboration with schools to integrate health into the overall school environment. [§ 312]

Oral Healthcare Prevention Activities: Establishes an oral healthcare prevention education campaign at CDC focusing on preventive measures and targeted towards key populations including children and pregnant women. Creates demonstration programs on oral health delivery and strengthens surveillance capacity. [§ 313]

Subtitle C: Creating Healthier Communities

Community Transformation Grants. This section authorizes the Secretary to award competitive grants to eligible entities for programs that promote individual and community health and prevent the incidence of chronic disease. Communities can carry out programs to prevent and reduce the incidence of chronic diseases associated with overweight and obesity, tobacco use, or mental illness; or other activities that are consistent with the goals of promoting healthy communities. [§ 321]

Healthy Aging, Living Well: The goal of this program is to improve the health status of the pre-Medicare-eligible population to help control chronic disease and reduce Medicare costs. The CDC would provide grants to states or large local health departments to conduct pilot programs in the 55-to-64 year old population. Pilot programs would evaluate chronic disease risk factors, conduct evidence-based public health interventions, and ensure that individuals identified with chronic disease or at-risk for chronic disease receive clinical treatment to reduce risk. Pilot programs would be evaluated for success in controlling Medicare costs in the community.
[§ 322]

Wellness for Individuals with Disabilities: Amends the Americans with Disabilities Act to establish standards for accessibility of medical diagnostic equipment to individuals with disabilities. [§ 323]

Immunizations: Authorizes states to purchase adult vaccines under CDC contracts. Currently, 23 states purchase vaccines under CDC contracts. These contracts for adult vaccines provide savings that range from 23-69 percent compared to the private sector cost. Authorizes a demonstration program to improve immunization coverage. Under this program, CDC will provide grants to states to improve immunization coverage of children, adolescents, and adults through the use of evidence-based interventions. States may use funds to implement interventions that are recommended by the Community Preventive Services Task Force, such as reminders or recalls for patients or providers, or home visits. Reauthorizes the Immunization Program in Section 317 of the Public Health Service Act. [§ 324]

Menu Labeling: This initiative represents a compromise between the Menu Education and Labeling (MEAL) Act, sponsored by Senator Harkin, and the Labeling Education and Nutrition (LEAN) Act, sponsored by Senators Carper and Murkowski. Under the terms of the proposal, a restaurant that is part of a chain with 20 or more locations doing business under the same name (other restaurants are exempt) would be required to disclose calories on the menu board and in a written form, available to customers upon request, additional nutrition information pertaining to total calories and calories from fat, as well as amounts of fat, saturated fat, cholesterol, sodium, total carbohydrates, complex carbohydrates, sugars, dietary fiber, and protein. [§ 325]

Subtitle D: Support for Prevention and Public Health Innovation

Research on Optimizing the Delivery of Public Health Services: The Secretary, acting through the Director of CDC, shall provide funding for research in the area of public health services and systems. This research shall include examining best practices relating to prevention, analyzing the translation of interventions from academic institutions to clinics and communities, and identifying effective strategies for delivering public health services in real world settings. CDC shall annually report research findings to Congress. [§331]

Data Collection, Analysis, and Quality: Ensures that any ongoing or new federal health program achieve the collection and reporting of data by race, ethnicity, geographic location, socioeconomic status, health literacy, primary language and any other indicator of disparity. The Secretary shall analyze data collected to detect and monitor trends in health disparities and disseminate this information to the relevant federal agencies. The Secretary shall also award grants to develop appropriate methods to detect and assess health disparities. [§ 332]

Health Impact Assessments: Establishes a program at the Centers for Disease Control and Prevention to support the development of health impact assessments and dissemination of best practices related to health impact assessments. The Centers for Disease Control shall award grants to State or local governments working in coalitions with community-based organizations, public health agencies, health

care providers or academic institutions to implement, further support or conduct research on health impact assessments. [§333]

CDC and Employer-based Wellness Programs: The Centers for Disease Control and Prevention will study and evaluate best employer-based wellness practices and provide an educational campaign and technical assistance to promote the benefits of worksite health promotion to employers. [§ 334]

Title IV. HEALTH CARE WORKFORCE

Subtitle B. Innovations in the Health Care Workforce

National Health Care Workforce Commission: Establishes national commission tasked with reviewing health care workforce and projected workforce needs. The overall goal of the commission is to provide comprehensive, unbiased information to Congress and the Administration about how to align federal health care workforce resources with national needs. Information could be utilized by the Congress when providing appropriations to discretionary programs or in restructuring other federal funding sources. The Commission would leverage existing federal resources and programs including the expertise and work of: the U.S. Department of Health and Human Service, including the Health Resources and Services Administration, the U.S. Department of Education, and the U.S. Department of Labor, and other appropriate federal agencies. (§ 411)

State health care workforce development grants: Competitive grants are established for the purpose of enabling 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. Grants would be used to support innovative approaches to increase the number of skilled health care workers such as health care career pathways for young people and adults. (§ 412)

Health care workforce program assessment: National and multiple regional centers for health workforce analysis are established to collect, analyze and report data related to Title VII. The centers will coordinate with state and local agencies collecting labor and workforce statistical information and coordinate and provide analyses and reports on Title VII programs to the Commission. (§ 413)

Subtitle C. Increasing the Supply of the Health Care Workforce

Federally supported student loan funds: Current law is amended to ease criteria for schools and students to qualify for loans, lower interest rates, shorten payback periods, and ease the non-compliance provision. (§ 421)

Nursing student loan program: Increases the grant amounts and updates the years for nursing schools to establish and maintain student loan funds. (§ 422)

Health care workforce loan repayment programs: Establishes a loan repayment program for pediatric subspecialists and providers of mental and behavioral health services for children and adolescents. Awards will be prioritized to those individuals who are or will be working with high-priority populations for mental health in a Health Professional Shortage Area, Medically Underserved Area, or Medically Underserved Population. (§ 423)

Public health recruitment and retention program: Offers offer loan repayment for a relevant public health professions degree to full time employees in federal, state, local or tribal public health agencies in exchange for working at least 3 years. (§ 424)

Allied health recruitment and retention program: Offers loan repayment for a relevant allied health professions degree to full time employees in federal, state, local or tribal public health agencies or in settings where patients might require health care services, including acute care facilities, ambulatory care facilities, residences, and other settings. (§ 425)

Grants for states and local programs: Mid-career professional programs: Allows the Secretary to award grants to eligible entities for scholarships 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. (§ 426)

National Health Service Corps: Increases and extends the authorization of appropriations for the National Health Service Corps scholarship and loan repayment program for FY10-15, and provides increased funding. (§ 427)

Nurse-managed health clinics: Strengthens the safety-net and ensure that medically underserved have access to primary care and wellness services by creating a \$50 million grant program to support nurse-managed health clinics to be administered by the Health Resources and Services Administration's Bureau of Primary Health Care. (§ 428)

Elimination of cap on Commissioned Corps: Eliminates the artificial cap on the number of Commissioned Corps members, allowing the Corps to expand to meet national public health needs. (§ 429)

Establishing a ready reserve corps: Establishes a Ready Reserve Corps within the Commissioned Corps for service in time of national emergency. Ready Reserve Corps members may be called to active duty to respond to national emergencies and public health crises and to fill critical public health positions left vacant by members of the Regular Corps who have been called to duty elsewhere. (§ 430)

Subtitle D. Enhancing Health Care Workforce Education and Training

Training in family medicine, general internal medicine, general pediatrics, and physician assistantship: Provides grants to develop and operate training programs, financial assistance of trainees and faculty, and faculty development in primary care and physician assistant programs. This section provides grants to establish, maintain and improve academic units in primary care. Priority is given to programs that educate students in team-based approaches to care, including the patient-centered medical home. Authorization is \$125 million. (§ 431)

Training opportunities for direct care workers: Authorizes \$10 million over three years to establish new training opportunities for direct care workers (CNAs, home health aides and personal/home care aides) already employed in long-term care facilities. (§ 432)

Training in general, pediatric, and public health dentistry: This provision reinstates dental funding under its own Title. It makes dental programs eligible for grants now only available to medical schools, and

authorizes a dental faculty loan repayment. This section allows dental schools and education programs to use grants for pre-doctoral training, faculty development, and academic administrative units. Educating dental students to provide oral health care to patients whose medical, physical, psychological, cognitive or social situations require modifying normal dental routines to provide treatment is included as a priority. Authorization for \$30 million annually is provided. (§ 433)

Alternative dental health care provider demonstration project: Authorizes the Secretary to award grants to establish training programs for alternative dental health care providers to increase access to dental health care services in rural and underserved communities. (§ 434)

Geriatric education and training: Authorizes \$12 million to geriatric education centers to support training in geriatrics, chronic care management, and long-term care for faculty in health professions schools and family caregivers; develops curricula and best practices in geriatrics; expands the geriatric career awards to advanced practice nurses, clinical social workers, pharmacists, and psychologists; and establish traineeships for individuals who are preparing for advanced education nursing degrees in geriatric nursing. (§ 435)

Mental and behavioral health education and training grants: Grants are awarded to schools for development, expansion, or enhancement of training programs in social work, graduate psychology, professional training in child and adolescent mental health, and pre-service or in-service training to paraprofessionals in child and adolescent mental health. (§ 436)

Cultural competency, prevention and public health and individuals with disabilities training: Creates a program to support the development, evaluation, and dissemination of model curricula for cultural competency, prevention, and public health proficiency and aptitude for working with individuals with disabilities training for use in health professions schools and continuing education programs. (§ 437)

Advanced nursing education grants: Strengthens language for accredited Nurse Midwifery programs to receive advanced nurse education grants in Title VIII. (§ 438)

Nurse education, practice, and retention grants: Awards grants to nursing schools to strengthen nurse education and training programs and to improve nurse retention. (§ 439)

Loan repayment and scholarship program: Adds faculty at nursing schools as eligible individuals for loan repayment and scholarship programs. (§ 440)

Nurse faculty loan program: Establishes a federally-funded student loan repayment program for nurses with outstanding debt who pursue careers in nurse education. Nurses agree to teach at an accredited school of nursing for at least 4 years within a 6-year period. (§ 441)

Grants to promote the community health workforce: Authorizes the Secretary to award grants to states, public health departments, federally qualified health centers, and other nonprofits to promote positive health behaviors for populations in medically underserved areas through the use of community health workers. (§ 443)

Youth public health program: Establishes a youth public health program to expose and recruit high school students into public health careers. (§ 444)

Fellowship training in epidemiology, public health lab science, public health informatics, and epidemic intelligence service: Authorizes the Secretary to address workforce shortages in state and local health departments in applied public health epidemiology and public health laboratory science and informatics. (§ 445)

Subtitle E. Supporting the Existing Health Care Workforce

Centers of excellence: The Centers of Excellence program, focusing on development of a minority applicant pool to enhance recruitment, training, academic performance and other supports for minorities, is reauthorized at 150% of 2005 appropriations, \$50 million. (§ 451)

Health professions training for diversity: Provides scholarships for disadvantaged students who commit to work in medically underserved areas as primary care providers. Funding is increased from \$37 to \$51 million for 2009 through 2013. This section increases loan repayments for individuals who will serve as members of faculties of eligible institutions from \$20,000 to \$30,000. (§ 452)

Interdisciplinary, community-based linkages: This section establishes community-based training and education grants for Area Health Education Centers (AHECs) and Programs. Two programs are supported—Infrastructure Development Awards and Points of Service Enhancement and Maintenance Awards targeting individuals seeking careers in the health professions from urban and rural medically underserved communities. Authorization is for \$125 million annually 2009 through 2013. (§ 453)

Workforce diversity grants. Expands the allowable uses of diversity grants to include completion of associate degrees, bridge or degree completion program, or advanced degrees in nursing, as well as pre-entry preparation, advanced education preparation, and retention activities. (§ 454)

Primary Care Extension Program: Creates a Primary Care Extension Program to educate and provide to technical assistance to primary care providers about evidence-based therapies, preventive medicine, health promotion, chronic disease management, and mental health. The Center for Primary Care, Prevention, and Clinical Partnerships at the Agency for Healthcare Research and Quality (AHRQ) will award planning and program grants to state entities including state health department, state-level entities administering Medicare and Medicaid, and at least one health professions school. (§ 455)