

Patient Protection and Affordable Care Act (HR 3590, P.L. 111-148)

Health Reform Overview As It Relates to the Interests Of The National Association of Chronic Disease Directors (NACDD)

Prevention and Wellness		
	SENATE Patient Protection and Affordable Care Act	NACDD Membership Potential Response
Policy Issue	Description	Description
National Prevention, Health Promotion, and Public Health Council	<p>Establishes a “National Prevention, Health Promotion, and Public Health Council” (<i>Sec. 4001</i>)</p> <ul style="list-style-type: none"> ○ President appoints chairman <ul style="list-style-type: none"> ▪ Composed of Sec. of HHS, Sec. of Agriculture, Sec. of Education, FTC Chair, FCC Chair, Sec. of Transportation, Sec. of Labor, Sec. of DHS, EPA Administrator, Dir. of Domestic Policy Council, Dir. Of the Office of National Drug Control Policy, Assistant Sec. of Indian Affairs, Chair of the Corporation for National Community Service, anyone else deemed necessary ○ Council provides coordination on federal level with respect to prevention and wellness promotion practices, public health system, integrative health care ○ Council creates national prevention, health promotion, public health and integrative health care strategy, and provides recommendations to the President and Congress regarding such issues ○ Establishes an Advisory Group for the council tasked with developing policy and program recommendations advise on life-style based chronic disease prevention and management, integrative health care practices, and health promotion 	<p>NACDD Opportunities: Ensure that our members are nominated to provide staff and support to the National Prevention, Health Promotion and Public health Council.; continue to make sure that the association’s policy of “public health and every public policy” is coordinated to ensure membership in involved; continue to work with employer groups on “wellness” activities that provide best in class information on chronic disease prevention and control, increasing physical activity and decreasing tobacco us; <u>continue to promote NACDD as a leader in chronic disease program integration and how state benefit programs, as the largest employers in every state, can “avoid costs” with good prevention policies;</u> continue to work with key members on the hill to educate and promote State Success Stories – evidence based programs that work at the community, regional and national level; work with the advisory group for the council and ensure that behavior-change activities and supports understand the underlying Social Determinants of Health (SDOH) are a key factor in health promotion for the individual in the home, workplace and community.</p>

National Prevention and Health Promotion Strategy	<p>Council (see above) will provide coordination and leadership among all relevant agencies with respect to prevention, wellness, and health promotion practices. Council will compile input from relevant actors to recommend a prevention, health promotion, and public health strategy to Congress and the President so as to shape Federal policy in this area (<i>Sec. 4001</i>)</p> <ul style="list-style-type: none"> ○ Strategy must be in place one year after enactment ○ Strategy will set specific goals and objectives for improving health ○ Define health promotion roles Fed government, states, communities, schools, etc. ○ Establish timelines and actionable steps to carry out strategy ○ Will be required to submit report annually to Congress and the President beginning in July 2010 through January 2015 on activities, progress 	<p>NACDD Opportunities (continued); Continue to work with key congressional staff and contact within HHS to help define health promotion roles and educate them on the role of the State Chronic Disease Programs; ensure that the Association’s annual report is open to the public and on-line for review.</p>
Public Health Investment Fund and Prevention and Wellness Trust	<p>Establishes a “Prevention and Public Health Fund”</p> <ul style="list-style-type: none"> ○ Will provide for sustained national investment in prevention and public health (<i>Sec. 4002</i>) <ul style="list-style-type: none"> ▪ \$500 million for FY 10 ▪ \$750 million for FY 11 ▪ \$1 billion for FY 12 ▪ \$1.25 billion for FY 13 ▪ \$1.5 billion for FY 14 ▪ \$2 billion for FY 15 and every year thereafter ○ Investment Fund used to increase funding for programs authorized by PHSA over FY 2008 levels for prevention, wellness, and public health activities including prevention research and health screenings, such as Community Transformation grant program, the Education and Outreach Campaign for Preventive Benefits, and immunization programs. <p>-</p>	<p>NACDD Opportunities: Continue to advocate for “bulk” of resources to go to the CDC Chronic Center for core capacity at health departments (See update <i>Time is Now document</i>); continue to integrate health equity and the work of the Health Equity Council across all councils and work products; highlight chronic disease prevention/environmental policy in PLACES such as the workplace, in schools, communities; educate employers on “evidenced-based” prevention programs; ensure that state health departments are linked to private employer groups; re-affirm the “urgent reality” of chronic disease with lab and epidemiology groups – continuing our efforts to provide senior level chronic disease epidemiologists; ensure that all councils including healthy aging are involved with an informing the childhood obesity programs; inform wand work with CMS on the cost-calculator and other models and toolkits related to prevention.</p>
Community Health Centers	<p>Uses Community Health Centers as sites for implementing community-based wellness programs for Medicare beneficiaries (<i>Sec. 4202</i>)</p>	<p>NACDD Opportunities: Continue the Associations long relationship with Community Health Centers to ensure that the State chronic Disease Programs and working in concert with these programs; ensure that the self-assessment tools; chronic disease self-management and other tools</p>

	<p>Establishes a Community Health Center Fund to be administered by the Secretary of HHS (<i>Sec. 10503, page 329 of RA</i>)</p> <ul style="list-style-type: none"> o \$700 million for FY 11 o \$800 million for FY 12 o \$1 billion for FY 13 o \$1.6 billion for FY 14 o \$2.9 billion for FY 15 	<p>and resources developed through councils are available to community health centers.</p>
Clinical and Community Preventive Services Task Forces	<p>CDC shall convene an independent “Preventive Services Task Force” composed of people with relevant expertise (<i>Sec. 4003</i>)</p> <ul style="list-style-type: none"> o Will review scientific evidence related to effectiveness of clinical preventive services to make recommendations to health care community o Recommendations are to be published in “Guide to Clinical Preventive Services” o Periodic reviews of recommendations (every 5 years) o Improved integration with the Federal Government o Enhanced dissemination o Recommendations for subpopulations o Coordination with the Community Preventive Services Task Force and Advisory Committee on Immunization Practices o Authorized such sums as may be necessary <p>Authorizes and expands the scope of the Community Preventive Services Task Force similar to the U.S. Preventive Services Task Force (<i>Sec 4003</i>)</p> <ul style="list-style-type: none"> o Will have similar tasks as listed above on a community level o Must coordinate Preventive Services Task Force 	<p>NACDD Opportunities: Provide leadership and expertise to the “Preventive Services Task Force Committee.”; ensure that NACDD membership are providing information as requested from CDC; continue to work with membership from NACDD’s unique national Council structure to disseminate information from this committee/task force; ensure that health equity and SDOH are part of the recommendations; working through ACHIEVE Communities and other community venues ensure that the preventive guide is up-to-date on all chronic disease prevention interventions; work with state level immunization directors (AIM) and discuss areas of collaboration; Work with NANNA on menu labeling and the associations’ policy expertise; develop a clinical guide directly related to the prevention of chronic disease and disability; support the School Health Council in their development of school-based health centers; work with oral health programs; on the relationship between oral health and chronic disease (diabetes, cardiovascular disease, etc);</p>
Core Public Health Infrastructure	<p>Establishes a “Prevention and Public Health Fund” that will provide for sustained national investment in prevention and public health (see above)</p>	<p>NACDD Opportunities: The association members will continue to educate national and state policy makers on the importance and ROI of such a fund; NACDD will continue its strong support of building capacity and the state level.</p>
Public Outreach Strategy	<p>Secretary of HHS shall coordinate and plan a national public outreach strategy to raise awareness of health improvement and promotion and that draws attention to preventive services (<i>Sec. 4004</i>)</p> <p>Public Outreach will:</p> <ul style="list-style-type: none"> o Describe importance of utilizing preventive services to 	<p>NACDD Opportunities: highlight chronic disease prevention/environmental policy in PLACES such as the workplace, in schools, communities; educate employers on “evidenced-based” prevention programs; ensure that state health departments are linked to private employer groups; re-affirm the “urgent reality” of chronic disease with lab and epidemiology groups – continuing our efforts to</p>

	<p>promote wellness, eliminate disparities, and mitigate chronic disease</p> <ul style="list-style-type: none"> ○ Promotes strategies recommended by Task Forces ○ Encourage health behavior linked to prevention of chronic diseases ○ Describes additional preventive care supported by Federal agencies <p>Secretary of HHS through Director of CDC shall implement a media campaign designed to address inactivity, poor nutrition, smoking cessation, obesity</p> <p>Secretary must establish a website that contains an interactive tool for establishing personalized prevention plans</p> <p>Authorizes no more than \$500 million for such purposes</p>	<p>provide senior level chronic disease epidemiologists; ensure that all councils including healthy aging are involved with an informing the childhood obesity programs; inform wand work with CMS on the cost-calculator and other models and toolkits related to prevention.</p>
School-based Health Centers	<p>Creates a grant program for school-based health centers that offer services needed by children and adolescents in the local area (<i>Sec. 4101</i>)</p> <p>Eligible entities will be school-based health center or sponsoring facility of a school-based health center</p> <p>Authorizes \$50 million for FY 10 – FY 13</p>	<p>NACDD Opportunities: Involve the School Health Council on its targeted work on raising awareness around and strengthening state public health agency work in school health.</p> <p>Continue to support the school health council to:</p> <ul style="list-style-type: none"> • Position school health on chronic disease programs “radar” screens • Increase chronic disease prevention departments involvement in school health • Increase chronic disease prevention programs in schools • Increase partnerships, especially among chronic disease programs and between education and health partners • Enhance relationships between state chronic disease programs and state education agencies.
Oral Health	<p>Establishes an Oral Healthcare Prevention Education Campaign (<i>Sec. 4102</i>)</p> <ul style="list-style-type: none"> ○ CDC Director, under direction by Sec. of HHS, will coordinate a 5-year, national, public education campaign on oral healthcare prevention that will target specific at-risk populations ○ Secretary has 2 years after date of enactment to implement campaign ○ Campaign will be targeted towards at-risk patients such as children, pregnant women, parents, the elderly, ethnic and racial minorities using science-based strategies 	<p>NACDD Opportunities: Continue to evaluate the relationship between oral health and chronic disease such as: cardiovascular disease, diabetes, and nutrition, physical activity, school health issues; continue the promotion of oral health issues in NACDD’s Healthy Aging Grants; work towards the integration of oral health issues with the various national NACDD Councils.; have state cooperative agreement with oral health programs recognize the necessity of working with state-based chronic disease prevention programs and services including, but not limited to school nutrition and tobacco cessation.</p> <p>Working with the Women’s Health council continue involvement in</p>

	<p>Secretary, though CDC Director, will award grants to demonstrate the effectiveness of research-based dental caries disease management activities (<i>Sec. 4102</i>)</p> <ul style="list-style-type: none"> ○ Eligible entities are community-based providers of dental services including FQHCs, clinics or hospitals owned by States, State or local health departments, dental programs within IHS, Indian Tribes, private dental providers, and medical, dental, public health, nursing, and nutrition education institutions ○ Authorizes such sums as may be necessary <p>Sec. of HHS and CDC Director shall enter into cooperative agreements with State, territorial, and local governments to establish oral health leadership and program guidance and for purposes of collecting and disseminating oral health data, as well as developing better delivery system for oral health services (<i>Sec. 4102</i>)</p> <p>Sec. of HHS shall update and improve Pregnancy Risk Assessment Monitoring System (PRAMS) as it relates to oral health (<i>Sec. 4102</i>)</p> <p>Secretary shall develop oral healthcare components that shall include tooth-level surveillance for inclusion in the National Health and Nutrition Examination Survey. Such components shall be updated by the Secretary at least every 6 years (<i>Sec. 4102</i>)</p> <p>Authorizes such sums as may be necessary for FY 10 – FY 14 to increase participation of States in National Oral Health Surveillance System from 16 states to all 50 states and territories (<i>Sec. 4102</i>)</p>	<p>PRAMS data as it related to oral health, depression and diabetes; ensure the coordination of epidemiology of tooth decay and chronic disease.; ensure that technology innovation grants include \$\$ for remote technologies,.</p>
<p>Expanded Prevention and Wellness Activities Within Medicare and Medicaid</p>	<p>Expands Medicare to cover annual wellness visits and personalized prevention plan services (<i>Sec. 4103</i>)</p> <p>Removes barriers to preventive services in Medicare (<i>Sec. 4104</i>)</p> <p>Provides Evidence-based coverage of Preventive Services in Medicare (<i>Sec. 4105</i>)</p> <p>Improves access to preventive services for adults enrolled in Medicaid (<i>Sec. 4106</i>)</p> <p>Provides coverage of comprehensive tobacco cessation services for</p>	<p>NACDD Opportunities: Build closer ties with Medicare and Medicaid at CMS around prevention and “avoiding costs;” reach out to ACO’s to explore the chronic care model, remote technologies, caregivers especially for those individuals with multiple CD conditions; provide insight to “integration” as it related to public health departments; also, integration of self-management models and tools.</p>

	<p>pregnant women enrolled in Medicaid</p> <p>Provides incentives for prevention of chronic diseases in Medicaid (Sec. 4108)</p>	
<p>Community-based Prevention Activities</p>	<p>The Secretary, acting through the CDC, shall award community transformation grants to State and local governmental agencies and community-based organizations for the implementation, evaluation, and dissemination of proven evidence-based community preventive health activities in order to reduce chronic disease rates, address health disparities, and develop a stronger evidence-base of effective prevention programming. (Sec. 4201)</p> <ul style="list-style-type: none"> ○ State and local governments eligible, as are national networks of community-based organizations, state or local non-profits, and Indian tribes. ○ Activities within a proposed plan may focus on (but not be limited to): <ul style="list-style-type: none"> ▪ creating healthier school environments, including increasing healthy food options, physical activity opportunities, promotion of healthy lifestyle and prevention curricula, and activities to prevent chronic diseases ▪ creating the infrastructure to support active living and access to nutritious foods in a safe environment ▪ developing and promoting programs targeting a variety of age levels to increase access to nutrition, physical activity and smoking cessation, enhance safety in a community, or address any other chronic disease priority area identified by the grantee ▪ assessing and implementing worksite wellness programming and incentives; working to highlight healthy options at restaurants and other food venues, etc. ▪ prioritizing strategies for reducing racial and ethnic health disparities, including social, economic, and geographic determinants of health ▪ addressing needs of special populations ○ Authorizes such sums as may be necessary from FY 10 – FY 14 	<p>NACDD Opportunities: Continue to support ACHIEVE environmental and policy changes at the community level; continue to build capacity at the state level; utilizes 20 years of providing programs and services to state health department members and the communities they serve; utilize “fiscal agent” function at NACDD providing programs and services;; work with state level immunization directors (AIM) and discuss areas of collaboration; Work with NANNA on menu labeling and the associations’ policy expertise; develop a clinical guide directly related to the prevention of chronic disease and disability; support the School Health Council in their development of school-based health centers; work with oral health programs; on the relationship between oral health and chronic disease (diabetes, cardiovascular disease, etc); work with CAN and NIH on cures and treatments of disease; work with HHS to develop a state-by-state diabetes related report card to track outcomes; work with IOM to develop recommendations on diabetes medical education; Promote Primary Prevention of Diabetes as a bold new initiative for the wellness fund - a la the Y/ Franken - run it through states.</p>

<p>Healthy Aging Grant Program</p>	<p>Provides for grants to State or local health departments to carry out 5-year pilot programs to provide public health community interventions, screenings, and where necessary, clinical referrals for individuals who are between 55 and 64 years of age (<i>Sec. 4202</i>)</p> <p>Eligible entities include</p> <ul style="list-style-type: none"> ○ State and local health departments ○ Indian Tribes <p>Entities must design a strategy and demonstrate the ability to develop necessary relationships with relevant health agencies, providers, community organizations, and insurers to carry out that strategy for improving health of eligible individuals through community-based public health interventions</p> <p>Money received shall be used for:</p> <ul style="list-style-type: none"> ○ Intervention activities such as efforts to improve nutrition, increase physical activity, reduce tobacco use, promote healthy lifestyles ○ Conducting health screenings to identify at risk individuals for cardiovascular disease, stroke, and diabetes. All at risk individuals must be referred to a clinician. <p>Secretary must submit a report on pilot program’s effectiveness</p> <p>Authorizes such sums as may be necessary for FY 10 – FY 14</p>	<p>NACDD Opportunities: continue support for NACDD Opportunity Grants for Healthy Aging, (formally SENIOR Grants), offered by the National Association of Chronic Disease Directors (NACDD) with support from the Centers for Disease Control and Prevention (CDC), Grants are designed to encourage state health departments to develop strategic and collaborative approaches to improve the health of older adults in their states. Our intent is to support state capacity around readiness for action related to healthy aging. Selected projects will address state level public health strategic and collaborative approaches to improving the health of older adults.</p> <ol style="list-style-type: none"> 1. More strategically develop approaches to healthy aging and take advantage of opportunities to improve the health status of older adults. 2. Create effective partnerships between state health departments and the aging services network that contribute to collaborative planning and action at the state and local levels. 3. Develop and promote state policies that recognize the importance of initiating and supporting specific healthy aging efforts and integrate healthy aging efforts into other public health endeavors. <p>Grant proposals were invited in one or more of the following areas: 1) Oral Health 2) Emergency Preparedness, or 3) Policy Interventions. Examples of specific projects in each area are listed below. Selected awardees will participate in one of these three study groups to develop two deliverables. The first will be a product that enhances, facilitates, and/or progresses the healthy aging activities in their respective states. The second will be a resource guide that compiles the learning and experience of the entire study group for use by other states who are interested in that particular action area.</p>

<p>Medical Diagnostic Equipment for Disabled Individuals</p>	<p>Establishes standards for accessible medical diagnostic equipment to ensure that such equipment is accessible to individuals with disabilities <i>(Sec. 4203)</i></p>	<p>NACDD Opportunities: Build closer ties with Medicare and Medicaid at CMS around prevention and “avoiding costs;” reach out to ACO’s to explore the chronic care model, remote technologies, caregivers especially for those individuals with multiple CD conditions; provide insight to “integration” as it related to public health departments; also, integration of self-management models and tools.</p>
<p>Immunizations</p>	<p>States may purchase adult vaccines directly from manufacturers at price negotiated by the Secretary. <i>(Sec. 4204)</i></p> <p>Establishes a demonstration program to award grants to States to improve provision of recommended vaccines for children, adolescents, and adults, through the use of evidence-based, population-based interventions for high-risk populations. <i>(Sec. 4204)</i></p> <ul style="list-style-type: none"> ○ Grant funds used for implementing interventions recommended by Task Force on Community Preventive Services ○ Funds used for immunization reminders, educating target populations, reducing out-of-pocket costs, home visits, assessing and consulting immunization providers, providing reminders or recalls for immunization providers, electronic databases on immunization ○ No more than 3 years after demonstration program, States must report to Secretary on its effectiveness ○ No more than 4 years after demonstration program, Secretary must report to Congress on its effectiveness ○ Authorizes such sums as may be necessary from FY 10 – FY 14 <p>Reauthorizes the section 317 program <i>(Sec. 4204)</i></p> <p>Mandates that GAO conduct a study on the ability of Medicare beneficiaries to access routinely recommended vaccines covered under Medicare Part D</p> <ul style="list-style-type: none"> ○ Authorizes \$1 million in FY 10 for such purposes 	<p>NACDD Opportunities: Continue to advocate for “bulk” of resources to go to the CDC Chronic Center for core capacity at health departments (See update <i>Time is Now document</i>); continue to integrate health equity and the work of the Health Equity Council across all councils and work products; highlight chronic disease prevention/environmental policy in PLACES such as the workplace, in schools, communities; educate employers on “evidenced-based” prevention programs; ensure that state health departments are linked to private employer groups; re-affirm the “urgent reality” of chronic disease with lab and epidemiology groups – continuing our efforts to provide senior level chronic disease epidemiologists; ensure that all councils including healthy aging are involved with an informing the childhood obesity programs; inform wand work with CMS on the cost-calculator and other models and toolkits related to prevention. work with state level immunization directors (AIM) and discuss areas of collaboration; Work with NANNA on menu labeling and the associations’ policy expertise; develop a clinical guide directly related to the prevention of chronic disease and disability; support the School Health Council in their development of school-based health centers; work with oral health programs; on the relationship between oral health and chronic disease (diabetes, cardiovascular disease, etc);</p>

Restaurant Nutrition Disclosure	Establishes labeling requirements for restaurants, retail food establishments, and vending machines (<i>Sec. 4205</i>)	<p>NACDD Opportunities: Work with NANA on menu labeling and the associations’ policy expertise; develop a clinical guide directly related to the prevention of chronic disease and disability; Continue to support our strong policy work related to nutrition disclosure. NACDD is working collaboratively with the CDC Division of Laboratory Sciences, National Center for Environmental Health, as they develop the <i>First National Report on Levels of Selected Dietary and Nutritional Indicators in the U.S. Population</i>. This report, and the accompanying White Paper developed by NACDD members and consultants, is aimed at a variety of public health specialties, but emphasizing its usefulness to state health department, chronic disease prevention and control units. The Report provides reference intervals for selected nutritional indicators in the U.S. population, using data from the National Health and Nutrition Examination Survey (NHANES).</p> <p>The Report allows public health officials to determine whether there are differences among age groups, racial or ethnic groups, and between males and females. The accompanying White Paper, authored by an expert advisory group comprised of NACDD members, emphasizes the program and policy implications of Report findings and makes appropriate recommendations for state health agency actions.</p>
Individualized Wellness Plan	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 (<i>Sec. 4206</i>)	NACDD Opportunities: Continue to support ACHIEVE environmental and policy changes at the community level; continue to build capacity at the state level; utilizes 20 years of providing programs and services to state health department members and the communities they serve; utilize “fiscal agent” function at NACDD providing programs and services;
Reasonable Break Time for Nursing Mothers	Mandates that employers provide a reasonable break time for an employee to breast feed a nursing child for 1 year after child’s birth (<i>Sec. 4207</i>)	
Prevention and Wellness Research	Provides funding for research in the area of public health delivery services and systems (<i>Sec. 4301</i>) Research supported include:	

	<ul style="list-style-type: none"> ○ Examinations of evidence-based practices for prevention ○ analyzing translation of interventions from academia to the real world ○ Identifying effective practices for organizing, financing, and delivering public health services ○ Collect and disseminate information on career categories, skill sets, and workforce gaps 	
Health Disparities Data Collection	<p>Secretary must ensure data collection on health disparities related to race and ethnicity, gender, geographic location, socioeconomic status, disability status, etc. <i>(Sec. 4302)</i></p> <ul style="list-style-type: none"> ○ Data must be compiled at the smallest geographic levels (states and localities) ○ Must collect data on race, ethnicity, sex, primary language, and disability status ○ Authorizes such sums as may be necessary from FY 10 – FY 14 <p>Addresses health care disparities in Medicaid and CHIP <i>(Sec. 4302)</i></p>	<p>NACDD Opportunities: Cultural Competency Work Group (CCWG)</p> <p>NACDD and the Health Equity Council (HEC) conducted a cultural competency assessment of the organization and its councils in the fall of 2007. The assessment report was provided in early 2008. The purpose of the cultural competency assessment was to measure the organization’s readiness, capacity and potential to develop culturally competent and effective public health policies and interventions. The HEC CCWG worked with a contractor to complete the assessment.</p> <p>For the purposes of the assessment, cultural competency was defined as that which comprises values, behaviors, attitudes, policies and practices that come together on a continuum that will ensure that a system, agency, program or individual can function effectively and appropriately in diverse cultural interaction and settings. It ensures an understanding, appreciation and respect of cultural differences and similarities within, among and between groups. Cultural competency is a goal that a system, agency, program or individual continually aspires to achieve. (U.S. Department of Health and Human Services workgroups)</p> <p>Cultural Competency Assessment – Recommendations</p> <p>Goal: Create an NACDD Board, Issues Committee, and HEC partnership to develop cultural competency recommendations and a blueprint for NACDD at the organizational level; with the eventual intent of broadening the reach into all councils and the long-term objective to provide useful tools for states to access.</p> <ol style="list-style-type: none"> 1. Create an action plan for addressing NACDD cultural competency needs 2. Develop a cultural competency resource library

			<p>3. Develop an NACDD cultural competency organizational policy document</p> <p>4. Integrate cultural competency and health equity into professional development efforts</p> <p>5. Create communication avenues for cultural competency and health equity information</p> <p>6. Establish cultural competency and health equity as an NACDD organizational norm</p>
National Medical Device Registry			
Employer-based Wellness Programs	<p>The Sec. of HHS and CDC Director, in coordination with State and local governments, will provide technical assistance to businesses to establish employer-based wellness programs (<i>Sec. 4303</i>)</p> <ul style="list-style-type: none"> o Sec. of HHS will study outcomes and effects of employer-based wellness programs o Sec. will issue a report o Sec. will establish workplace demonstration programs to study their effectiveness 		<p>NACDD Opportunities: Continue to support ACHIEVE environmental and policy changes at the community level; continue to build capacity at the state level; utilizes 20 years of providing programs and services to state health department members and the communities they serve; utilize “fiscal agent” function at NACDD providing programs and services;</p>
Epidemiology-Laboratory Capacity Grants	<p>The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall 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 (<i>Sec. 4304</i>)</p> <p>Authorizes \$190 million for FY 10 – FY 13</p>		
Pain Management	<p>Calls for IOM conference on pain (<i>Sec. 4305</i>)</p> <p>Includes various provisions related to pain research and public awareness</p>		
Funding for Childhood Obesity Program	<p>Authorizes \$25 million total for FY 10 – FY 14 for childhood obesity demonstration project (<i>Sec. 4306</i>)</p>		

Community-based Collaborative Care Network Program	Establishes grant program to support community-based collaborative care networks, a consortium of health care providers with a joint governance structure (including providers within a single entity) that provides comprehensive coordinated and integrated health care services (as defined by the Secretary) for low income populations (<i>Sec. 10333, page 237 RA</i>)	NACDD Opportunities: Continue to support ACHIEVE environmental and policy changes at the community level; continue to build capacity at the state level; utilizes 20 years of providing programs and services to state health department members and the communities they serve; utilize "fiscal agent" function at NACDD providing programs and services;
Minority Health	<p>Establishes under the Office of the Secretary an Office of Minority Health for the purpose of improving minority health and the quality of health care minorities receive, removing racial and ethnic disparities</p> <p>The Secretary, acting through the Deputy Assistant Secretary, shall award grants, contracts, enter into memoranda of understanding, cooperative, interagency, intra-agency and other agreements with public and nonprofit private entities, agencies, as well as Departmental and Cabinet agencies and organizations, and with organizations that are indigenous human resource providers in communities of color to assure improved health status of racial and ethnic minorities, and shall develop measures to evaluate the effectiveness of activities aimed at reducing health disparities and supporting the local community. Such measures shall evaluate community outreach activities, language services, workforce cultural competence, and other areas as determined by the Secretary (<i>Sec. 10334, page 240 of MA</i>)</p>	NACDD Opportunities: working with the Health Equity Council (HEC) and the HEC Promising Practices Workgroup has determined that not many actual definitions exist for "Promising Practices" to address health disparities and promote equity. A single set of criteria is not feasible since we work with hundreds of cultures from around the world which are an important part of the American diasporas, along with the diverse settings in which people live throughout the United States. What we have found being used for promising practices are numerous and diverse examples in different communities and for different groups for specific chronic diseases. Most promising practices examples are innovative or exemplary but not yet evidenced based. Most of the examples are community based which is why we will include community-based participatory models as one key approach to address health disparities. The HEC Promising Practices Workgroup group is working on a resource list/guide of such promising practices, which is categorized by chronic diseases (heart disease & stroke, cancer, diabetes, asthma/COPD, arthritis, etc.), ethnic groups, community-based examples, income, education and other criteria as well as links to other organizations.
Better Diabetes Care	<p>Inserts "Catalyst to Better Diabetes Care Act of 2009" (<i>Sec. 10407, page 254 of RA</i>)</p> <p>Prepare a biennial national diabetes report</p> <p>Promote education and training of physicians on the importance of birth and death certificate date for diabetes patients</p> <p>Creates a national diabetes prevention program targeted at adults at high risk for diabetes (<i>Sec. 10501, page. 310 of RA</i>)</p> <ul style="list-style-type: none"> ○ Authorizes such sums as may be necessary 	<p>NACDD Opportunities: Continue to support the work of our National diabetes council who's missions is to "define, prioritize, and address national public health diabetes issues and advocate for diabetes policy to support state and territorial DPCPs and other partners in order to reduce the burden of diabetes." To realize our mission, the Council has established six priority areas as follows:</p> <ul style="list-style-type: none"> ● Increase and Diversify Funding ● Build Strategic Partnerships ● Increase Professional Growth of the Diabetes Workforce ● Increase Council Organizational Effectiveness

		<ul style="list-style-type: none"> • Implement and Coordinate Advocacy Efforts • Identify and Respond to Emerging Issues <p>Promote Primary Prevention of Diabetes as a bold new initiative for the wellness fund - a la the Y/ Franken - run it through states.</p>
Small Business Workplace Wellness Programs	Establishes grant program for eligible employers to provide their employees with access to comprehensive workplace wellness programs <i>(Sec. 10408, page 257 of RA)</i>	NACDD Opportunities: Provide the opportunity for state health benefit, public health, and Medicaid officials to develop integrated chronic disease prevention and management plans that could help stem the rise of health care expenditures by improving the health of the state’s employees and citizens – as well as making them more productive.
Congenital Heart Disease Programs	Inserts “Congenital Heart Futures Act” Creates National Congenital Heart Disease Surveillance System <i>(Sec. 10411, page 289 of RA)</i>	
Breast Health	Inserts “Young Women’s Breast Health Education and Awareness Requires Learning Young Act of 2009” <i>(Sec. 10413, page 294 of RA)</i> Creates programs relating to breast health and cancer	<p>NACDD Opportunities: continue to support the NACDD Breast and Cervical Cancer Council who follows the passage of the Breast and Cervical Cancer Mortality Prevention Act of 1990, the National Breast and Cervical Cancer Early Detection Program was established in 1991.</p> <p>Program directors from the 12 originally funded states soon found a need to interact with and support one another, and with the backing of the Centers for Disease Control (CDC), the Council for Breast and Cervical Cancer Prevention and Control was formed. CDC now provides program funding to all 50 states, 4 U.S. Territories, the District of Columbia, and 13 American Indian/Alaska Native organizations, and each of those programs is represented on the Council.</p> <p>In 1996 the Council was incorporated into the National Association of Chronic Disease Directors along with councils working on other health issues. Today, along with the BCC Council, there are councils on cardiovascular health, diabetes, arthritis, osteoporosis, healthy aging, school health, and women’s health. All of the councils work with the state chronic disease directors to share ideas, strategies, and methods</p>

		for professional and program growth.
Preventive Health and Public Health Training Grant Program	The Secretary, acting through the Administrator of the Health Resources and Services Administration and in consultation with the Director of the Centers for Disease Control and Prevention, shall award grants to, or enter into contracts with, eligible entities to provide training to graduate medical residents in preventive medicine specialties. <i>(Sec. 10501, page 323 of RA)</i>	NACDD Opportunities: Continue to support ACHIEVE environmental and policy changes at the community level; continue to build capacity at the state level; utilizes 20 years of providing programs and services to state health department members and the communities they serve; utilize “fiscal agent” function at NACDD providing programs and services;

Workforce		
	Patient Protection and Affordable Care Act	
Policy	Description	
Health Workforce Analysis	<p>Establishes a National Health Care Workforce Commission <i>(Sec. 5101)</i></p> <ul style="list-style-type: none"> ○ Disseminates information on health care workforce supply and demand, training best practices, training and education capacity, retention best practices, etc. ○ Will be composed of 15 members to be appointed by Comptroller General <ul style="list-style-type: none"> ▪ Members will have expertise in health care labor market analysis, health care finance and economics, health care workforce training and education ▪ Individuals directly involved in health professions education or practice will not constitute majority of commission ▪ Three year terms ○ Will make recommendations to Congress and Administration on national health care workforce priorities, etc. ○ Submit reports ○ Will oversee State Health Care Workforce Development grant program <p>Establishes a “National Center for Health Workforce Analysis”</p>	NACDD Opportunities: Nominate CD members to the workforce commission; develop appropriate dissemination to members regarding health department (CD) workforce issues; elevate the CD academy as a workforce initiative; provide opportunities for integrated interdisciplinary training.

	<p>(Sec. 5103)</p> <ul style="list-style-type: none"> ○ Center will develop information describing health care workforce and analyze health care workforce related issues ○ Will coordinate with state and regional centers for health workforce analysis ○ Will evaluate all programs under Title V, and will develop benchmarks for performance ○ Will establish and maintain an internet database on health workforce data ○ Will collaborate across federal agencies and relevant organizations to collect and distribute data ○ Secretary shall award grants for state and regional health workforce analysis centers. Schools of public health are eligible <ul style="list-style-type: none"> ▪ \$4.5 million available for State and regional centers ○ National Center will receive \$7.5 million for FY 10 – FY14 	
Workforce Development Grants	<p>Establishes competitive health care workforce development grant program under HRSA for the purpose of enabling state partnerships to complete comprehensive planning and to carry out activities that lead to effective health care workforce development strategies at State and local levels (Sec. 5102)</p> <ul style="list-style-type: none"> ○ Overseen by workforce commission established in sec. 5101 ○ Maximum reward is \$150,000 ○ Eligible: State workforce investment board that includes members of a 2 and 4 year institutions of higher education, health care employer, labor organization, the State public secondary education agency, or a philanthropic organization this is actively engaged in mentoring and recruiting individuals in careers in health care ○ Authorizes \$8 million for planning grants and \$150 million for implementation grants for FY 2010 and such sums for each subsequent year. ○ Those receiving a planning grant shall analyze state labor market to create pathways for students and adults to a career in health; identify high priority health care sectors; describe academic standards and training policies for the health care sector for high school, post-secondary and graduate students ○ States receiving grant funding shall match federal allocation at 15% or greater 	<p>NACDD Opportunities: Nominate CD members to the workforce commission; develop appropriate dissemination to members regarding health department (CD) workforce issues; elevate the CD academy as a workforce initiative; provide opportunities for integrated interdisciplinary training; highlight chronic disease prevention/environmental policy in PLACES such as the workplace, in schools, communities; educate employers on “evidenced-based” prevention programs; ensure that state health departments are linked to private employer groups; re-affirm the “urgent reality” of chronic disease</p> <p>Continue to support the development of a vibrant Chronic Disease Academy The course content of all Academy classes are based on the NACDD Competencies for Chronic Disease Practice, and will be delivered in five identified areas/ tracks:</p> <ul style="list-style-type: none"> ● Build Support: establish strong working relationships with stakeholders to increase support for chronic disease prevention and control. ● Design and Evaluate Programs: develop and implement evidence-based interventions and conduct evaluation to ensure program effectiveness.

	<ul style="list-style-type: none"> ○ States must report to Administration on Progress after 1 year. Administration must report to Congress 	<ul style="list-style-type: none"> ● Influence Policies and Systems Change: be a catalyst for policy change in health systems to positively impact the health of individuals and specific populations. ● Lead strategically: provide visionary and transformational leadership in chronic disease programs and related issues. ● Manage Programs and Resources: learn innovative management tools to build programs and opportunities.
Federally Supported Student Loan Funds	<p>Establishes loan provisions for health care training</p> <ul style="list-style-type: none"> ○ Primary care physicians receiving loans must pay back in full or work 10 years, whichever comes first (<i>Sec. 5201</i>) ○ None compliers will begin to accrue interest at a rate of 2 percent per year greater than the rate at which the student would pay if he or she complied 	
Pediatric Workforce Loan Repayment	<p>Establishes a pediatric specialty loan repayment program for individuals who commit to providing pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent mental and behavioral health care (<i>Sec. 5203</i>)</p> <ul style="list-style-type: none"> ○ Commitment shall be no less than 2 years ○ Loan repayment will not exceed more than \$35,000 per year for 3 years ○ Eligible individuals include: <ul style="list-style-type: none"> ▪ Pediatric medical specialists ▪ Pediatric surgical specialists ▪ Child and adolescent mental and behavioral specialists ○ Priority given to those who will work in high-priority and underserved communities ○ Authorizes appropriation of \$30 million each year from FY 10- FY 14 for Pediatric medical and surgical specialists ○ Authorizes \$20 million for FY 10 – FY 13 	<p>NACDD Opportunities: Continue the Association’s long history with pediatric primary care providers and schools of medicine to support this initiative.</p>
Public Health Workforce Recruitment and Retention Program	<p>Establishes a “Public Health Workforce Loan Repayment Program” (<i>Sec. 5204</i>)</p> <ul style="list-style-type: none"> ○ To be eligible, must be enrolled in accredited academic educational institution with public health program, graduated from such an institution in past 10 years, final year at said institution, and have accepted employment 	<p>NACDD Opportunities: Continue the Association’s long history with schools of public health and schools of medicine to support this initiative; continue to work specifically on a chronic disease certificate program and other certificate programs that protect the health of citizens by having a strong chronic disease workforce.</p>

	<p>with Federal, state, or local public health agency</p> <ul style="list-style-type: none">○ Individuals enter into contracts of at least 3 years and must agree, when appropriate, to a relocate to a priority service area in exchange for additional loan repayment incentive○ Participants will receive up to \$35,000 for loan repayment for each year of service. Loans less than \$105,000 will receive loan repayments of 1/3 of total school expenditure○ Authorizes an appropriation of \$195 million for FY 2010, and such sums as may be necessary for FY 2011-2015	
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<p>Public Health Service Corps and other Public Health Workforce provisions</p>	<p>Authorizes grants to promote community health workforce (<i>Sec. 5313</i>)</p> <p>Grants will support community health workers who educate underserved and high-risk communities on health risk factors, who promote good health behaviors, and who help people enroll in SCHIP program, Medicare, and Medicaid</p> <p>Authorizes appropriations for parts B, C, and D of Title VIII of PHS (A) (<i>Sec. 5312</i>)</p> <ul style="list-style-type: none"> o \$338 million for FY 2010, such sums as may be necessary from FY 2011-2016 <p>Establishes a youth public health program to expose and recruit high school students into health careers, with a focus on careers in public health (<i>Sec. 5403</i>)</p> <p>Allows the Secretary of HHS to carry out activities to address documented workforce shortages in State and local health departments in applied public health epidemiology, public health laboratory science, and informatics, allows Secretary to expand the Epidemic Intelligence Service (<i>Sec. 5314</i>)</p> <ul style="list-style-type: none"> o Authorizes \$39.5 million for each fiscal year from 2010-2013 <ul style="list-style-type: none"> ▪ \$5 million for epidemiology fellowship training program ▪ \$5 million for laboratory fellowship training programs ▪ \$5 million for the Public Health Informatics Fellowship Program ▪ \$24.5 million for Epidemic Intelligence Service <p>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 (<i>Sec. 5315</i>)</p> <p>Establishes an “Allied Health Workforce Recruitment and Retention Program” (<i>Sec. 5205</i>)</p>	<p>NACDD Opportunities: Continue to support the development of a vibrant Chronic Disease Academy The course content of all Academy classes are based on the NACDD Competencies for Chronic Disease Practice, and will be delivered in five identified areas/ tracks:</p> <ul style="list-style-type: none"> • Build Support: establish strong working relationships with stakeholders to increase support for chronic disease prevention and control. • Design and Evaluate Programs: develop and implement evidence-based interventions and conduct evaluation to ensure program effectiveness. • Influence Policies and Systems Change: be a catalyst for policy change in health systems to positively impact the health of individuals and specific populations. • Lead strategically: provide visionary and transformational leadership in chronic disease programs and related issues. • Manage Programs and Resources: learn innovative management tools to build programs and opportunities.
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<p>Mid-Career Training for Public Health Workers</p>	<p>Establishes grant program for mid-career public health professionals for supplemental training (<i>Sec. 5206</i>)</p> <ul style="list-style-type: none"> ○ Those eligible are accredited schools that offer a course of study, certificate program, or professional training program in public or allied health training, as determined by secretary ○ Individuals eligible are those working on Federal, state, or local who want to upgrade their education ○ Authorizes \$60 million for FY 2010, and such sums as may be necessary for FY 2011-2015 <ul style="list-style-type: none"> ▪ 50% of appropriated funds will go to public health professionals, 50% will go to allied health professionals 	<p>NACDD Opportunities: Continue to support the development of a vibrant Chronic Disease Academy The course content of all Academy classes are based on the NACDD Competencies for Chronic Disease Practice, and will be delivered in five identified areas/ tracks:</p> <ul style="list-style-type: none"> • Build Support: establish strong working relationships with stakeholders to increase support for chronic disease prevention and control. • Design and Evaluate Programs: develop and implement evidence-based interventions and conduct evaluation to ensure program effectiveness. • Influence Policies and Systems Change: be a catalyst for policy change in health systems to positively impact the health of individuals and specific populations. • Lead strategically: provide visionary and transformational leadership in chronic disease programs and related issues. • Manage Programs and Resources: learn innovative management tools to build programs and opportunities.
<p>National Health Service Corps</p>	<p>Funding for National Health Service Corps (<i>Sec. 5207 – amended on page 330 of RA</i>)</p> <ul style="list-style-type: none"> ○ For fiscal year 2011, \$290 million ○ For fiscal year 2012, \$295 million ○ For fiscal year 2013, \$300 million ○ For fiscal year 2014, \$305 million ○ For fiscal year 2015, \$310 million <p>For fiscal year 2016, and each subsequent year, increases based on average cost of health professional education and number of professionals working in shortage areas</p>	

Nurse-Managed Health Clinic	<p>Establishes nurse-managed health clinic (NMHC) grant program to provide comprehensive primary health care and wellness services to vulnerable populations living in the Nation’s medically underserved communities, and to reduce the level of health disparities experienced by vulnerable populations (<i>Sec. 5208</i>)</p> <ul style="list-style-type: none"> ○ Authorizes \$50 million for FY 2010, and such sums as may be necessary for FY 2011-2014 	<p>NACDD Opportunities: Ensure that the chronic disease self management model is utilized; work to ensure that the <i>Health Impact Pyramid</i> is part of the national conversation for training</p>
Nurse Retention and Student Loan Programs	<p>Grant program to enhance the nursing workforce by initiating and maintaining nurse retention programs, programs that promote career advancement for nurses, and programs that provide counseling and mentoring for nurses (<i>Sec. 5309</i>)</p> <p>Clarifies certain nurse loan repayment and scholarship eligibility provisions in PHSA (<i>Sec. 5310</i>)</p> <p>Clarifies eligibility and reimbursement rates for nurse faculty loan program (<i>Sec. 5311</i>)</p> <ul style="list-style-type: none"> ○ 6 year commitment ○ Increases loan repayment from \$30,000 to \$35,500 <p>Establishes Nursing Student Loan Program (<i>Sec. 5202</i>)</p>	
Cap on Commissioned Corp.	<p>Eliminates cap on commissioned corp. (<i>Sec. 5209</i>)</p>	
Ready Reserve Corps	<p>Establishes Regular Corps and a Ready Reserve Corps for service in time of national emergency (<i>Sec. 5201</i>)</p> <p>Ready Reserve Corps will fulfill the need to have additional Commissioned Corps personnel available on short notice (similar to the uniformed service’s reserve program) to assist regular Commissioned Corps personnel to meet both routine public health and emergency response missions.</p> <p>Authorizes \$5 million for each year from FY 10 – FY 14 for recruitment and training and \$12.5 million for each year from FY 10 – FY 14 for Ready Reserve Corps</p>	

<p>Primary Care Training</p>	<p>Grant program to support primary care training (<i>Sec. 5301</i>)</p> <ul style="list-style-type: none"> ○ Authorizes \$125 million for FY 10 and such sums as may be necessary from FY 11 through FY 14 <p>Establishes grant program to establish State or multistate Primary Care Extension Program State Hubs to provide support and assistance to primary care providers to educate providers about preventive medicine, health promotion, chronic disease management, mental and behavioral health services (including substance abuse prevention and treatment services), and evidence-based and evidence-informed therapies and techniques, in order to enable providers to incorporate such matters into their practice and to improve community health by working with community-based health connectors (<i>Sec. 5405</i>)</p>	
<p>Direct Care and Geriatric Workforce</p>	<p>Grant program to eligible entities to enable new training opportunities for direct care workers who are employed in long-term care settings such as nursing homes, assisted living facilities, home care settings (<i>Sec. 5302</i>)</p> <ul style="list-style-type: none"> ○ Authorizes \$10 million total for FY 2011-2013 <p>Establishes grant program for geriatric workforce development (<i>Sec. 5305</i>)</p> <ul style="list-style-type: none"> ○ Awarded to geriatric education center ○ Funds used to development and implement courses focusing on geriatric care, chronic care management, long-term care ○ Authorizes \$10.8 million for FY 2011-2014 <p>Establishes grant program with intent of fostering interest among health professionals in entering field of geriatric care and chronic care management (<i>Sec. 5305</i>)</p> <p>Expands eligibility for Geriatric Career Awards (<i>Sec. 5305</i>)</p>	
<p>Training of Oral Health Workforce and Medical Residents in Community-based setting</p>	<p>Grant programs for training in general, pediatric, and public health dentistry (<i>Sec. 5303</i>)</p> <ul style="list-style-type: none"> ○ Loan repayment programs for faculty in dental programs ○ Must complete 5 years of service for complete loan repayment ○ Authorizes \$30 million for FY 2010, and such sums as necessary thereafter 	<p>NACDD Opportunities: Continue to build upon NACDD’s experience in the oral health mini-grant and aging populations; continue to further high quality managed care opportunities; work with private employers to cover oral health procedures; work with the Medicare and Medicaid at CMS around prevention and “avoiding costs;” continue to reach out to primary care doctors to explore the chronic care model, remote technologies, caregivers especially for those individuals with multiple</p>

	<p>Authorizes 15 grant awards for establishment of demonstration program to establish training programs to train, or to employ, alternative dental health care providers in order to increase access to dental health care services in rural and other underserved communities <i>(Sec. 5304)</i></p> <ul style="list-style-type: none"> o Eligible entities include: institutions of higher education, a public-private partnership, federally qualified health centers, an Indian Health Service facility, a State or county public health clinic, a public hospital or health systems 	<p>CD conditions; provide insight to “integration” as it related to public health departments; also, integration of self-management models and tools; work with the NACDD HEC on workforce diversity efforts in under-served communities.</p>
Psychiatric Workforce	<p>Provides for mental and behavioral health education and training grants to support students receiving advanced degrees in social work, psychology, and psychiatry <i>(Sec. 5306)</i></p>	
Disability Workforce	<p>Provides support for 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, and for other purposes determined appropriate by the Secretary. <i>(Sec. 5307)</i></p>	<p>NACDD Opportunities: working with the Health Equity Council (HEC) and the HEC Promising Practices Workgroup has determined that not many actual definitions exist for “Promising Practices” to address health disparities and promote equity. A single set of criteria is not feasible since we work with hundreds of cultures from around the world which are an important part of the American diasporas, along with the diverse settings in which people live throughout the United States. What we have found being used for promising practices are numerous and diverse examples in different communities and for different groups for specific chronic diseases. Most promising practices examples are innovative or exemplary but not yet evidenced based. Most of the examples are community based which is why we will include community-based participatory models as one key approach to address health disparities. The HEC Promising Practices Workgroup group is working on a resource list/guide of such promising practices, which is categorized by chronic diseases (heart disease & stroke, cancer, diabetes, asthma/COPD, arthritis, etc.), ethnic groups, community-based examples, income, education and other criteria as well as links to other organizations.</p>
Midwifery	<p>Authorizes advanced nursing education grants for midwifery <i>(Sec. 5308)</i></p>	
Centers of Excellence	<p>Clarifies authorized appropriations for centers of excellence <i>(Sec. 5401)</i></p>	

<p>Promoting Diversity in the Workforce</p>	<p>Modifies Title VII program in PHSA for loan repayment program for people from disadvantaged backgrounds, increasing loan repayment from not more than \$20K to \$30K beginning in 2012 (<i>Sec. 5401</i>)</p> <ul style="list-style-type: none"> ○ \$5 million for each year from FY10-FY14 <p>Scholarship program for disadvantaged students increased appropriation \$37 million to \$51 million for FY 10, and such sums as may be necessary from FY11-FY14</p> <p>Educational assistance for individuals from disadvantaged background</p> <ul style="list-style-type: none"> ○ \$60 million for FY 10 and such sums as may be necessary from FY 11-FY14 <p>Establishes workforce diversity grants (<i>Sec. 5404</i>)</p>	<p>NACDD Opportunities: working with the Health Equity Council (HEC) and the HEC Promising Practices Workgroup has determined that not many actual definitions exist for “Promising Practices” to address health disparities and promote equity. A single set of criteria is not feasible since we work with hundreds of cultures from around the world which are an important part of the American diasporas, along with the diverse settings in which people live throughout the United States. What we have found being used for promising practices are numerous and diverse examples in different communities and for different groups for specific chronic diseases. Most promising practices examples are innovative or exemplary but not yet evidenced based. Most of the examples are community based which is why we will include community-based participatory models as one key approach to address health disparities. The HEC Promising Practices Workgroup group is working on a resource list/guide of such promising practices, which is categorized by chronic diseases (heart disease & stroke, cancer, diabetes, asthma/COPD, arthritis, etc.), ethnic groups, community-based examples, income, education and other criteria as well as links to other organizations.</p>
<p>Innovations in Interdisciplinary Care Training</p>	<p>Establishes a grant program aimed at promoting innovations in interdisciplinary care training (<i>Sec. 5403</i>)</p> <ul style="list-style-type: none"> ○ Eligible entities will promote the delivery of health services through interdisciplinary, team models such as medical homes <p>Authorizes the following amounts for such purposes out of the Public Health Investment Fund (includes authorized appropriations for Interdisciplinary Training Programs, Advisory Committee on Health Workforce Evaluation and Assessment, and Health Workforce Assessment)</p> <ul style="list-style-type: none"> ○ \$125 million for each year from FY 10 – FY 14 	

Expanding Access to Primary Care Services and General Surgery Services	Establishes incentive payment program for primary care services (<i>Sec. 5501</i>)	NACDD Opportunities: Continue to build upon NACDD’s experience in managed care and self management opportunities with private employers as well as, continuing to build closer ties with Medicare and Medicaid at CMS around prevention and “avoiding costs;” continue to reach out to primary care doctors to explore the chronic care model, remote technologies, caregivers especially for those individuals with multiple CD conditions; provide insight to “integration” as it related to public health departments; also, integration of self-management models and tools.
Continuing Education for Health Workforce	Allows Sec. of HHS to award funds to eligible entities to initiate health care workforce education programs or develop area health education center program (<i>Sec. 5303</i>) Provides grants for the continuing educational support for health professionals serving in underserved communities (<i>Sec. 5303</i>)	
States Failing to Adhere to Certain Employment Obligations	No similar provision	
Duplicative Grant Programs	No similar provision	
Home Visitation	Establishes a new state grant program for early childhood home visitation under HRSA (<i>Sec. 2951</i>) <ul style="list-style-type: none"> ○ Grantees would be required to establish appropriate process and three and five year outcome benchmarks to measure improvements in maternal and child health, childhood injury prevention, school readiness, juvenile delinquency, family economic factors and the coordination of community resources. Grantees who do not demonstrate improvement in at least four specified areas at the end of the third year of funding would receive expert technical assistance ○ The new provision would require states, as a condition of receiving the MCH block grant funds for FY2011, to conduct a needs assessment to identify communities that are at risk for poor maternal and child health and have few 	NACDD Opportunities: Continue to expand managed care opportunities with private employers as well as, continuing to build closer ties with Medicare and Medicaid at CMS around prevention and “avoiding costs;” reach out to primary care doctors to explore the chronic care model, remote technologies, caregivers especially for those individuals with multiple CD conditions; provide insight to “integration” as it related to public health departments; also, integration of self-management models and tools.

	<p>quality home visitation programs.</p> <ul style="list-style-type: none"> ○ The program model(s) chosen to deliver services would conform to a clear consistent home visitation model that has been in existence for at least three years and is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associate with a national organization or institution of higher education that has comprehensive home visitation standard that ensure high quality service delivery and continuous program quality improvement, and sustained positive outcomes. ○ Authorizes \$1.5 billion between FY 10 and FY 14: <ul style="list-style-type: none"> ▪ \$100 million for FY 10 ▪ \$250 million for FY 11 ▪ \$350 million for FY 12 ▪ \$400 million for FY 13 ▪ \$400 million for FY 14 	
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Key Near-Term Implementation Dates

Below is a summary of key near-term implementation dates of health reform legislation in areas of relevance to the Partnership to Fight Chronic Disease (PFCD) and its partners.

2010 (or “within months of enactment”)

- Create non-profit Patient-Centered Outcomes Research Institute (funding available FY2010). Terminate the Federal Coordinating Council for CER (upon enactment).
- Establish patient-centered medical home pilots for independent and community-based medical homes for high-need Medicare beneficiaries (initial funds available FY2010)
- Create Federal Coordinated Health Care Office within CMS to improve care coordination for dual eligibles (March 1, 2010)
- Establish temporary high-risk pool to provide coverage for those with pre-existing medical conditions and have been uninsured for at least six months (within 90 days of enactment)

- Establish Community-based Collaborative Care Network Program (funds available FY2011)
- Establish National Prevention, Health Promotion and Public Health Council to develop National strategy to improve health (strategy due 1 year post-enactment)
- Create Prevention and Public Health Fund (initial appropriation in FY2010)
- Create Task Forces on Clinical Preventive Services and Community Preventive Services (upon enactment)
- Establish grant program to support delivery of evidence-based, community prevention and wellness services (funds appropriated beginning FY2010)
- Provide grants to small employers for wellness programs (initial appropriation in FY2011)
- Establish Workforce Advisory Committee to develop a national workforce strategy (Appointments made by September 30, 2010)
- Implement workforce training incentives and other changes to enhance supply and training in primary care, nursing, preventive medicine, public health, community-based care, diversity, cultural literacy, interdisciplinary mental and behavioral health, medical home and team-based care models, and chronic disease management. (Dates vary; funds available FY2010)
- Increase funding to community health centers (FY2011) and establish new programs to support school-based health centers and nurse-managed health clinics (FY2010)
- Provide incentives to Medicare and Medicaid beneficiaries to complete behavior modification programs. (earlier of January 1, 2011 or when program criteria developed)
- Requires qualified health plans to cover at a minimum preventive services rated A or B by the US Preventive Services Task Force without cost-sharing. (6 months post implementation)

2011

- Create Innovation Center within CMS (January 1, 2011)

- National Quality Improvement Strategy due to Congress (January 1, 2011)
- Create new Medicaid state option plan for a health home for enrollees with at least two chronic conditions, one condition and the risk of developing another, or a serious and persistent mental health condition. Enhanced FMAP for two years. ((January 1, 2011)
- Reports due to Congress on creating value-based purchasing programs for skilled nursing facilities, home health agencies, and ambulatory surgical centers. (January 1, 2011)
- Funding available to states to establish health insurance exchanges available within one year of enactment
- Eliminates cost-sharing and improves coverage for proven preventive services in Medicare and Medicaid. (January 1, 2011) Provides enhanced FMAP; increases Medicare reimbursement to 100% of actual charges or fee schedule rates for some preventive services.

Other Demonstration Programs:

- 2012 – Medicaid demo to pay bundled payments for episodes of care that include hospitalizations
- 2012 – Shared savings program for Accountable Care Organizations for Medicare established
- 2012 – Independence at Home demo for high-need Medicare beneficiaries
- 2012 – Hospital value-based purchasing program in Medicare
- 2013 – National Medicare pilot for bundled payment for acute, inpatient hospital services, physician services, outpatient hospital services, and post-acute care services