

Federal Health Reform in Oregon: Implications for Improving Population Health

(Based on Office of Health Policy & Research understanding as of 4-1-2010)

Policy/Program Area	What Federal Reform Does	Interactions with Oregon reforms and programs*	Funding, pilots, and other opportunities
Investments in national public health systems	<ul style="list-style-type: none"> • Establishes with HHS, the National Prevention, Health Promotion and Public Health Council under the Surgeon General – develop national health improvement strategy within 1 year. • Establishes a Prevention and Public Health Fund. • Expands and increases coordination of taskforces for clinical and community preventive services. Preventive Services Taskforce (PSTF) provides recommendations to programs/policymakers. Effective immediately. • Creates national prevention and health promotion media and education campaign. 	<ul style="list-style-type: none"> • Fund has potential to strengthen existing state public health programs. • Taskforce has both Medicaid and Medicare implications. • Campaign supersedes existing CDC funding for similar activities. Could result in reduced funding to states through CDC channels. 	<ul style="list-style-type: none"> • Appropriates \$7 billion for 2010-2015 and after for Prevention and Public Health Fund, which can be used to fund mandatory prevention, wellness and public health activities authorized by the Public Health Service Act as well as new grants and programs created by the law (e.g. Community Transformation grants).
Investments in community-based prevention and wellness	<ul style="list-style-type: none"> • Authorizes various grants and pilot programs (see last column). • Maternal and child health home visiting – needs assessment required within 6 months; optional grant program (see last column). • CMS to assess community prevention and wellness programs and make recommendations to Medicare. 	<ul style="list-style-type: none"> • Coordinate with state Healthy Living programs. 	<ul style="list-style-type: none"> • Community Transformation Grants through CDC to promote healthy living and reduce health disparities. Open to state and local governments, national CBO networks, tribes. • Healthy Aging Living Well 5-year pilot through CDC for community-level prevention to pre-Medicare population (55 – 64). \$50 million available to state and local health depts., tribes. • Grants for maternal & child health home visiting programs FY 2010-14. States, tribes or (if state does not apply) non-profit entities eligible.
Access to clinical and preventive services for vulnerable populations	<ul style="list-style-type: none"> • Increased appropriations for Community Health Centers and establishment of a Community Health Center Fund. • Multiple grants or pilot opportunities for services to uninsured, services at community health centers, school-based health 	<ul style="list-style-type: none"> • Need to determine what form the structure of the “Community Health Center Fund” will take in ongoing appropriations for health centers. • Authorizes School-based Health Center (SBHC) program and provides federal definition. Allocates 	<ul style="list-style-type: none"> • Community Health Center (CHC) Fund allocates \$9.5 billion for CHC expansion and \$1.5 billion to improve existing facilities and constructing new sites between 2011 and 2015. • HRSA 3-year demonstration grants to provide

* Oregon Health Authority will provide support for analysis of these issues in coordination with advisory bodies including but not limited to the Governor’s Wellness Taskforce and the Oregon Health Policy Board’s Statewide Health Improvement Plan Committee and Public Employers’ Health Purchasing Committee.

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	<p>centers (SBHCs), oral health, etc. (see last column).</p> <ul style="list-style-type: none"> • Oral healthcare: national prevention campaign, grants, infrastructure cooperative agreements and research in national surveys. • Preventive services and adult vaccines covered under Medicare and at state option under Medicaid can be modified to align with recommendations of national expert panels (USPSTF and ACIP). • Medicare coverage for initial assessment & prevention plan then annual wellness visits, with no cost-sharing • Medicare will cover 100% of costs (no coinsurance) for evidence-based preventive services. • Establish standards for making diagnostic equipment accessible to individuals with disabilities. Effective within 2 years of enactment. 	<p>emergency funding for construction and the purchase of equipment, does not include operational funds.</p> <ul style="list-style-type: none"> • Potential coordination with community health collaborations/coalitions. • Potential support for Oregon Oral Health program. • OHP prioritized list currently follows national expert panel (USPSTF and ACIP) recommendations, as does the Health Services Commission’s recent work on value-based benefit design. 2.2% additional federal financing available under Medicaid if recommended preventive services are covered without cost sharing. • May need rule change to implement federal standards related to diagnostic equipment. 	<p>access to comprehensive health care services to the uninsured at reduced fees. Up to 10 states, total funds up to \$20 million. Requires state-based public private partnership.</p> <ul style="list-style-type: none"> • Appropriates \$50M/year for 2010-2013 for grants to open and operate school-based health centers; may not supplant existing state dollars. • Oral health: caries prevention demonstration grants to community-based providers of dental services including but not limited to state and local public health depts.; school-based sealant Programs. • Establishes a 5-year pilot program for provision of evidence-based prevention and management programs with Medicaid patients. Unspecified funding. • HHS to establish pilots in 10 CHCs to develop individualized wellness plans with patients.
<p>Population health provisions</p>	<ul style="list-style-type: none"> • Authorization for states to purchase adult vaccines through CDC contract (317 program); Government Accountability Office study of access to vaccines under Medicare; demonstration grant (see last column). • Requires nutrition labeling of standard menu items at chain restaurants (20+ locations) and vending machines. Proposed federal rules within 120 days of enactment. • Appropriates funds for childhood obesity prevention demonstration project originally described in SCHIP reauthorization in 2009. 	<ul style="list-style-type: none"> • The state currently does not have funds to purchase adult vaccines. • Oregon passed a similar menu labeling law in 2009. The burden of enforcement would shift from the state to the federal government. • Potential to build state programs and infrastructure around childhood obesity. The state currently has no funding dedicated to obesity prevention. • Current Oregon law is more protective for nursing 	<ul style="list-style-type: none"> • Demonstration grants to improve vaccine coverage • Appropriates \$25 million for fiscal years 2010-2014 to carry out childhood obesity programs • Formula funds to all states for adolescent education on pregnancy prevention (min. \$250K per state) and for abstinence-only funds (\$50M available nationally) for FY 2010-14. Application required; no match requirement evident.

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	<ul style="list-style-type: none"> • Reasonable break time for nursing mothers. • Formula grants to states for programs to educate adolescents on pregnancy prevention and the prevention of sexually transmitted infections; also restoration of abstinence-only education funding. • Several new or re-authorized programs with related funding opportunities at state or local level (see also last column): <ul style="list-style-type: none"> ○ Centers of Excellence for Depression (aka ENHANCED Act). ○ Congenital Heart Disease Surveillance System & Research Program ○ National Diabetes Prevention Program ○ Public access defibrillator grant program ○ Young Women's Breast Health (EARLY Act) - education, prevention research, & patient support • Pain management conference, NIH research, & grants for pain care education/training. • Secretary to evaluate and report on federal health and wellness initiatives 	<p>mothers. The bill would not preempt.</p> <ul style="list-style-type: none"> • Federal abstinence-only education funding is not in alignment with HB 2509 (passed 2009 session) that outlines sexuality education requirements or with the Oregon Youth Sexual Health Plan. 	<ul style="list-style-type: none"> • Other program funding opportunities: <ul style="list-style-type: none"> ○ 20 Centers of Excellence for Depression to be established within 1 year of enactment; 30 by Sept. 2016. Institute of higher education or public or private nonprofit research institution may apply; requires 20% local match. ○ Cardiovascular disease surveillance and community-level diabetes prevention funding available FY 2010-14 ○ States, state subdivisions or tribes may apply for defibrillator funding through FY 2014. ○ EARLY Act grants available FY 2010-12, eligibility requirements not stated.
<p>Support for public health infrastructure and research</p>	<ul style="list-style-type: none"> • Infrastructure funding for epidemiology and Laboratory capacity (see last column). • Health disparities data collection & analysis in federally conducted or supported programs. Within 2 years of enactment. • CDC technical assistance to worksite wellness programs and periodic evaluation survey. Survey within 2 years of enactment. 	<ul style="list-style-type: none"> • Possible need for rule changes to require new health disparities data collection or reporting under Medicaid, CHIP, etc. • Results of worksite wellness evaluation may not be used to mandate requirements for worksite wellness programs. 	<ul style="list-style-type: none"> • Epi and Lab grants allocated to state and local health departments and tribal jurisdictions. Allocates \$190 million per FY 2010-2013. • Potential grant funding for public health systems and services research through HHS, details not provided.