

## **Review of H.R. 3200, *America's Affordable Health Choices Act***

Below is a review of those measures contained in the *America's Affordable Health Choices Act of 2009* that correspond to issues contained in the NLN's Public Policy Agenda. The legislation was introduced by the three House committees with jurisdiction over health care reform: Energy & Commerce, Education & Labor, and Ways and Means.

### **Current Status of Health Care Reform**

Since mid-June, the Senate Health, Education, Labor, and Pensions (HELP) Committee has been marking up the *Affordable Health Choices Act* (Kennedy Bill). The HELP Committee recently completed its mark-up and a new draft of the bill is expected to be released this week.

Senate Finance Committee members reached tentative agreement on several important health care policy questions on July 20. But Chairman Max Baucus did not say which issues were resolved and he declined to offer a timeline for a committee markup or an agreement.

The three House committees with jurisdiction over this issue – Energy & Commerce, Education & Labor, and the Ways & Means – all held hearings on the bill in late June. The bill has been marked up and reported out by the Education & Labor and the Ways & Means Committees. Energy & Commerce are still working on their mark up. Currently, House Democrats are aiming for a July 29 floor vote.

President Obama wants to sign a health care reform bill into law by November. In order to meet the president's deadline, health care reform legislation must move through the committee and floor processes in the House and Senate by the end of July with the conference process completed during September/October.

### **Health Care Workforce Issues**

*In health care reform, the NLN supports education for health care professionals who commit to practice in underserved areas and investing in evidence-based health care worker education and services that meet the challenges of a diverse, ever-changing health care environment. The House Tri-Committee bill is not as extensive in its reauthorization language for Title VII and VIII as the Kennedy bill in the Senate,. That means that Title VII and VIII reauthorization language will have to be hammered out, if and when a conference is held.*

#### **Amendments to Public Health Service Act for Title VIII Nursing Workforce Programs**

Makes a number of changes in nursing programs including increasing loan repayment benefits for nursing students and faculty; removing the cap on awards for nursing students pursuing a doctoral degree; and clarifying that nurse-managed health centers are eligible for grant awards. Authorizes an additional \$220 million in FY 2010 through 2014 for various nursing programs to be appropriated from the Public Health Investment Fund (under Sec. 2002). Such funds would be over and above the level of appropriations provided for FY 2008.

#### **Nursing Workforce Diversity Grants**

Clarifies requirements for the HHS secretary to consult with various nursing associations

### **Centers of Excellence**

Provides funding to health professions schools with a demonstrated commitment to educating underrepresented minorities to recruit and train these individuals

### **Scholarships for Disadvantaged Students, Loan Repayments and Fellowships Regarding Faculty Positions, and Educational Assistance in the Health Professions Regarding Individuals from Disadvantaged Backgrounds**

Provides scholarship and loan repayment support for individuals from disadvantaged backgrounds serving in the health professions. Provides funding for the Health Careers Opportunities Program that supports health professions schools that recruit and train individuals from disadvantaged backgrounds

### **Coordination of Diversity and Cultural Competency Programs**

Requires the secretary to coordinate workforce diversity and cultural and linguistic competency activities to enhance effectiveness and avoid duplication of effort

### **Cultural and Linguistic Competence Training for Health Care Professionals**

Establishes a grant program at HRSA to promote cultural and linguistic competence of health care professionals

### **Innovations in Interdisciplinary Care Training**

Establishes a grant program at HRSA to support the development and operation of interdisciplinary care training programs to improve coordination within and across health care settings, including training in medical home models and models that coordinate both physical and mental health services

### **Health Workforce Evaluation and Assessment**

Creates an Advisory Committee on Health Workforce. Requires evaluation and assessment of the adequacy and appropriateness of the health workforce and recommendations to the HHS secretary on federal workforce policies to ensure the health workforce is meeting the nation's needs

### **Health Care Workforce Program Assessment**

Establishes a National Center for Health Workforce Analysis to gather data to evaluate the effectiveness of federal workforce programs

### **Study and report on training required for certified nurse aides and supervisory staff**

Requires the HHS secretary to study the content of training requirements for certified nurse aides and supervisory staff of skilled nursing facilities and to submit a report with recommendations on content and length of training to Congress within two years of date of enactment

## **Insurance Coverage/Reform**

*The Tri-Committee bill includes insurance coverage reform. The NLN believes that all individuals must have equitable access to comprehensive health care services addressing all medical conditions, including mental disorders, alcohol and substance abuse, and addictions. The NLN supports public initiatives providing affordable health insurance for the uninsured and underinsured as well as SCHIP for children.*

### **Credit for Small Business Employee Health Coverage Expenses**

Provides for a tax credit equal to 50 percent of the amount paid by a small employer for employee health coverage. The tax credit is phased out in the case of an employer with 10 to 25 employees, and is also phased out in the case of an employer with average wages of \$20,000 to \$40,000 per year.

### **Automatic Enrollment into Employer-Sponsored Health Insurance**

Requires employers offering health insurance to provide for a process to automatically enroll employees into the health plan with the lowest premium. Requires that employees be able to opt out of the plan

### **CHIP Maintenance of Effort**

Prohibits states from adopting eligibility standards, methodologies, or procedures in their CHIP programs that are more restrictive than those in effect as of June 16, 2009. Maintenance of effort ends with expiration of CHIP in 2013. Also prohibits states from adopting eligibility standards, methodologies, or procedures in their Medicaid programs more restrictive than those in effect as of June 16, 2009.

## **Prevention and Wellness**

*The NLN's **Public Policy Agenda** emphasizes provisions on prevention and wellness, including increased funding to provide a continuum of preventive health care education, in health care reform legislation. Relevant prevention and wellness provisions in the House Tri-Committee bill are:*

### **Coverage of Preventive Services in Medicaid**

Requires state Medicaid programs to cover preventive services not otherwise covered that the HHS secretary determines are appropriate for Medicaid beneficiaries and recommended by the US Preventive Services Task Force. Prohibits imposition of cost-sharing on such services. Provides an enhanced federal matching rate for the cost of such services

### **Public Health Investment Fund**

Establishes the Public Health Investment Fund and deposits a total of \$33.7 billion into it. These funds would be appropriated by the Committee on Appropriations for activities and would be over and above the level of appropriations provided for these activities for FY 2008.

### **Community Health Centers**

Authorizes an additional \$12 billion in FY 2010 through FY 2014 for community health centers to be appropriated from the Public Health Investment Fund. Such funds would be over and above the level of appropriations provided for FY 2008.

### **Prevention and Wellness Trust**

Establishes a Prevention and Wellness Trust that authorizes appropriations from the Public Health Investment Fund in the amount of \$15.2 billion from FY 2010 through FY 2014 to fund activities under Subtitle C (Prevention Task Forces), Subtitle D (Prevention and Wellness Research), Subtitle E (Delivery of Community-Based Prevention and Wellness Services), and Subtitle F (Core Public Health Infrastructure and Activities).

### **National Prevention and Wellness Strategy**

Requires the HHS secretary to submit a national strategy designed to improve the nation's health through evidence-based clinical and community-based prevention and wellness activities within one year of enactment and at least every two years thereafter. The strategy must identify specific national goals and standards and establish national priorities for prevention and wellness activities.

### **Task Force on Clinical Preventive Services**

Converts the existing US Preventive Services Task Force into the Task Force on Clinical Preventive Services. Staffed by AHRQ, this task force of non-governmental experts will conduct evidence-based systemic reviews of data and literature to determine what clinical preventive services (e.g., preventive services delivered by traditional health care providers in clinical settings) are scientifically proven to be effective.

### **Task Force on Community Preventive Services**

Codifies the existing Task Force on Community Preventive Services. Staffed by the CDC, this task force of non-governmental experts conducts evidence-based systematic reviews of data and literature to determine what community preventive services (e.g., preventive services that are not "clinical preventive services" but are delivered by nontraditional providers in nontraditional settings) are scientifically proven to be effective.

### **Prevention and Wellness Research Activity Coordination**

Directs the CDC and NIH directors to take into consideration the national strategy on prevention, recommendations from the Task Force on Clinical Preventive Services, and recommendations from the Task Force on Community Preventive Services in conducting or supporting research on prevention and wellness

### **Community-Based Prevention and Wellness Research Grants**

Provides funding to the CDC to support research on community preventive services

### **Community-Based Prevention and Wellness Services Grants**

Establishes a grant program at the CDC to fund the delivery of evidence-based, community-based prevention and wellness services across the country. Eligible entities include state and local governments, nonprofits, and community partnerships representing Health Empowerment Zones. At least 50 percent of these funds must be spent on implementing services whose primary purpose is to reduce health disparities.

### **Core Public Health Infrastructure and Activities for State and Local Health Departments**

Establishes a grant program at the CDC to improve core public health infrastructure at the state and local levels. Includes formula grants to state health departments and competitive grants for state, Local, or tribal health departments. Establishes a public health accreditation program for health departments and laboratories.

### **Data Collection and Analysis on Health Disparities**

Directs a new assistant secretary for health information to set standards for the collection of data on a broad set of population and subpopulation categories and to facilitate and coordinate analyses of health disparities within HHS and in collaboration with other departments

## Primary Care

*The NLN is committed to the principle that everyone in the nation must have access to a health home for health promotion, basic care, and non-urgent medical needs and supports national access to primary care through the enhancement of services by local community health centers and neighborhood clinics.*

### **Medical Home Pilot Program in Medicare.**

Establishes a medical home pilot program to assess the feasibility of reimbursing for qualified patient-centered medical homes. There are two models in the program: 1) the independent patient-centered medical home, structured around a provider, targets the top half of high need Medicare beneficiaries with multiple chronic diseases, and 2) the community based medical home, targets a broader population of Medicare beneficiaries with chronic diseases and allows for state-based or non-profit entities to provide care management supervised by a beneficiary designated primary care provider. Provides approximately \$1.6 billion from the Trust Fund for the five-year pilot programs. The HHS secretary is authorized to expand the program only if quality measures have been met and budget neutrality is demonstrated.

### **Coverage of Marriage and Family Therapist Services and Mental Health Counselor Services**

Adds state-licensed or certified marriage and family therapists and mental health counselors as Medicare providers and pays them at the same rate as social workers.

### **Medical Home Pilot Program in Medicaid**

Establishes a five-year pilot program to test the medical home concept with high-need Medicaid beneficiaries. The federal government would match costs of community care workers at 90 percent for the first two years and 75 percent for the next three years, up to a total of \$1.235 billion.

7/22/09