

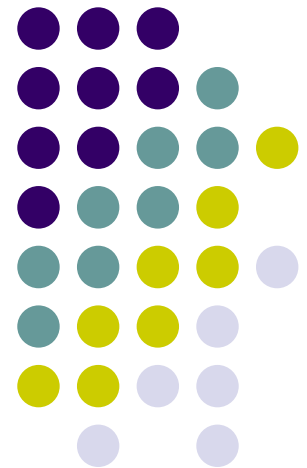
Patient Protection and Affordable Care Act

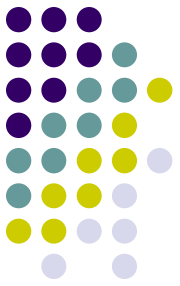
Health System Transformation: Moving From Sickness To Wellness

APHA Governing Council Briefing
Washington, DC
June 21, 2010

Georges C. Benjamin, MD, FACP, FACEP(E), FNAPA, Hon FRSPH
Executive Director
American Public Health Association

“Protect, Prevent, Live Well”





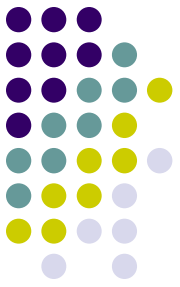
Today's Agenda

1. Review major public health provisions:
Patient Protection & Affordable Care Act
(PPACA)
2. APHA's next efforts

Reference Documents

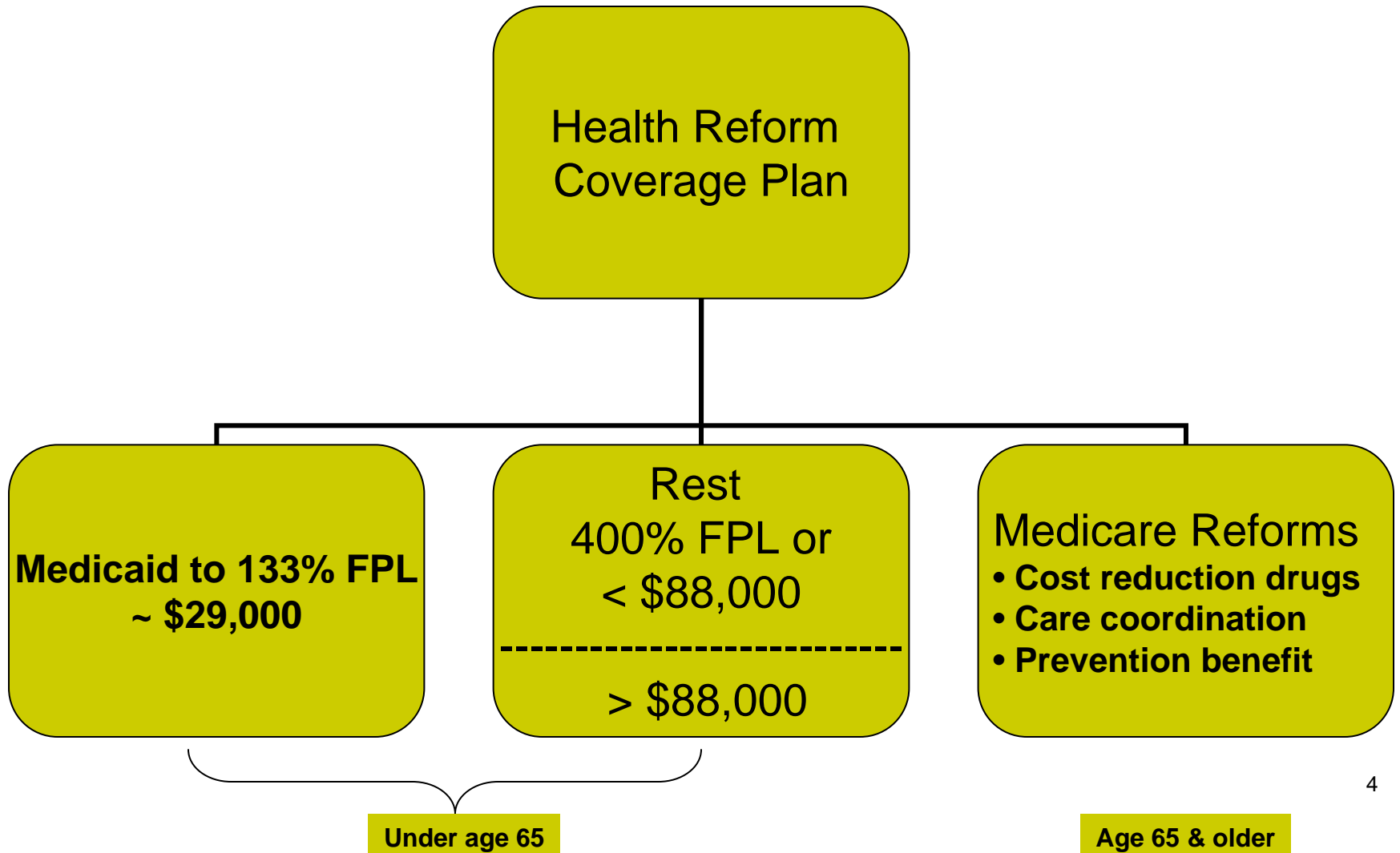
- APHA's Agenda for Health Reform
- PPACA Implementation timeline from Commonwealth Fund

Patient Protection and Affordable Care Act



- Major health policy achievement
- Achieves 94% health coverage
- Major insurance reforms
- Promotes prevention & wellness
- Promotes primary care
- Increase value & quality for health dollar
- Reduces deficit by \$143 billion
- Increases affordability for many
- Supports modern HIT system

Covers 32 Million More Nonelderly People



Prevention & Wellness Services



- **Essential Health Benefits Requirements includes preventive & wellness services and chronic disease management**
- **Coverage of Preventive Health Services – All group health plan and health insurance issuers offering group or individual health insurance coverage must now provide coverage for and shall not impose any cost sharing requirements for:**
 - **Evidence based items or services that have a rating of ‘A’ or ‘B’ in the current recommendations of the US Preventive Services Task Force (USPSTF);**
 - **Immunizations recommended by the Advisory Committee on Immunization Practices of the CDC;**
 - **Evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by HRSA for infants, children, and adolescents;**
 - **For women, any additional preventive care and screenings provided for in comprehensive guidelines supported by HRSA; Uses original breast cancer screening, mammography, and prevention guidelines (not those issues around November 2009)**
 - **Prevention and coverage required in the bill are a floor; not a ceiling & health plans may offer additional non-recommended coverage**
- **Strengthens USPSTF & Community Preventive Health Task Force**



Provides Leadership & Direction For Health Promotion & Disease Prevention

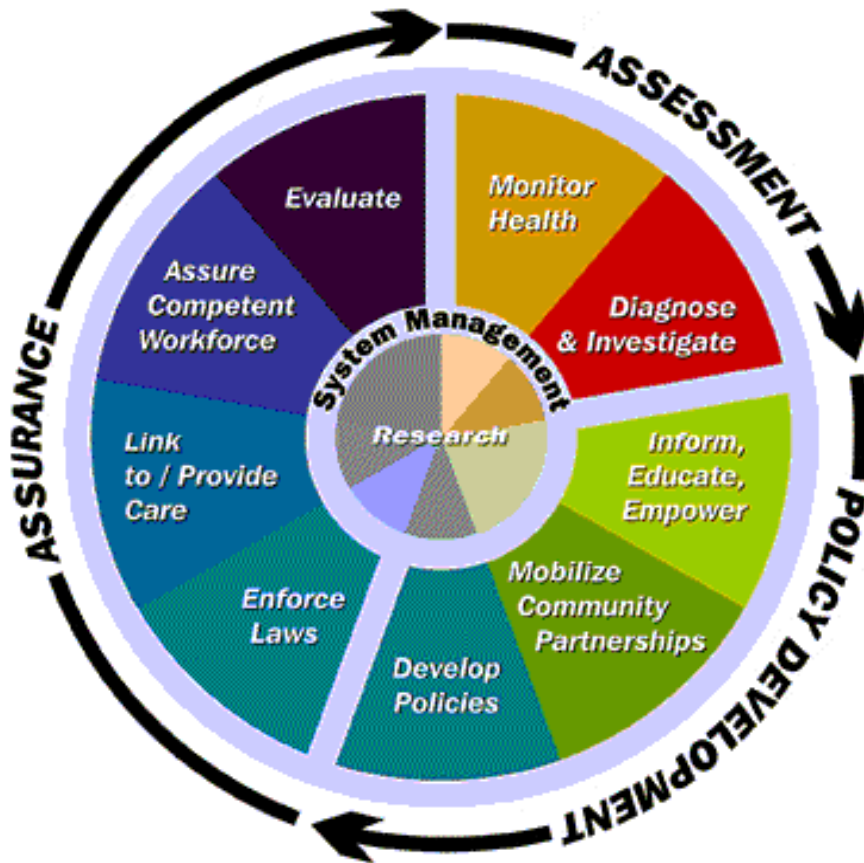


- **Creates a “National Prevention, Health Promotion & Public Health Council” composed of departmental Secretaries from across the federal government. The council will:**
 - **Provide coordination and leadership at the Federal level and among Federal agencies, with respect to prevention, wellness and health promotion practices, the public health system and integrative health care in the U.S.**
 - **Develop a National Prevention Strategy that sets goals and objectives for improving health through federally-supported prevention, health promotion and public health programs**
 - **Establish measurable actions and timelines to carry out the strategy**
 - **Make recommendations to improve Federal prevention, health promotion, public health and integrative health care practices.**



Headed by U.S. Surgeon General

Prevention & Wellness Fund



- Establishes a fund, at HHS Office of the Secretary, to expand and sustain a national investment in prevention and public health programs (over the FY 2008 level).
- Support programs authorized by the Public Health Service Act, for prevention, wellness and public health activities
- Funding levels: FY 2010 - \$500 million; FY 2011 - \$750 million; FY 2012 - \$1 billion; FY 2013 - \$1.25 billion; FY 2014 - \$1.5 billion; FY 2015 and each fiscal year thereafter - \$2 billion.

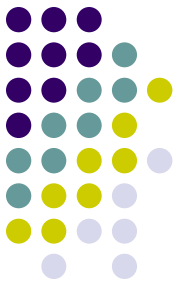
Expands Safety Net Health Care System



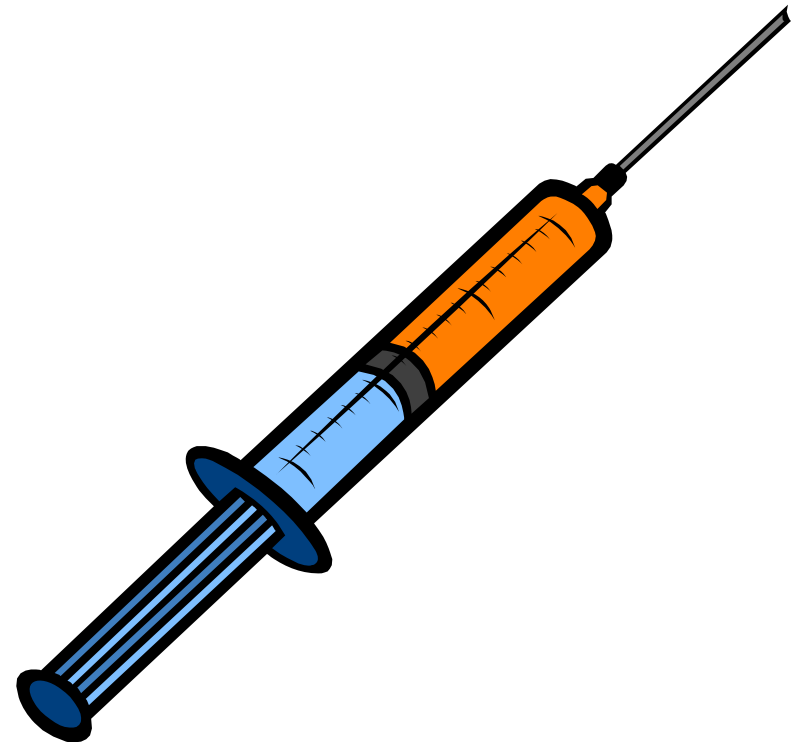
- Creates a Community Health Center Fund - \$10 billion over 5 years
 - Enhances funding for the Community Health Center program
 - Construction and renovation of community health centers
- Provides grants to support the operation of school-based health centers especially in underserved communities
 - \$50 million appropriated for each of the fiscal years FY 2010 - 2013 for expenditures for facilities and equipment or similar expenditures.
 - Also authorizes grants to pay the costs associated with expanding and modernizing existing buildings for use as a School-Based Health Center.

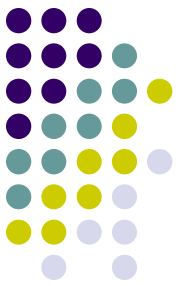


Vaccine Preventable Diseases



- Authorizes states to obtain additional quantities of adult vaccines through the purchase of vaccines from manufacturers at the applicable price negotiated by the Secretary
- Authorizes a demonstration program to improve adult immunization coverage.
- Reauthorizes the Immunization Program under Section 317 of the PHSA.
- Requires a GAO study and report on Medicare beneficiary access to vaccines and coverage of vaccines under Medicare Part D.

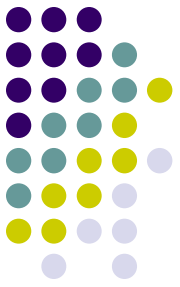




Community Transformation Grants

- **Authorizes CDC to award competitive grants to State and local governmental agencies and community-based organizations for the implementation, evaluation, and dissemination of evidence-based community preventive health activities to:**
 - **Reduce chronic disease rates;**
 - **Prevent the development of secondary conditions;**
 - **Address health disparities and;**
 - **Develop a stronger evidence-base of effective prevention programming.**
- **Eligible entities must submit a plan that includes the policy; environmental programmatic and as appropriate infrastructure changes needed to promote healthy living and reduce disparities.**
- **Activities may focus on creating healthier school environments, creating infrastructure or programs to support active living and access to nutritious foods, smoking cessation and other chronic disease priorities; implementing worksite wellness; working to highlight healthy options in food venues; reducing disparities; and addressing special population needs.**
- **Includes evaluation and reporting requirements.**

Nutrition Labeling of Standard Menu Items



- Establishes nutrition labeling of standard menu items at chain restaurants (20 or more locations doing business under the same name).
 - Disclosing calories on menu boards and in a written form;
 - Additional information pertaining to total calories and calories from fat, amounts of fat and saturated fat, cholesterol, sodium, total and complex carbohydrates, sugars, dietary fiber, and protein must be available on request.

Eliminating Health Disparities



WEB Dubois

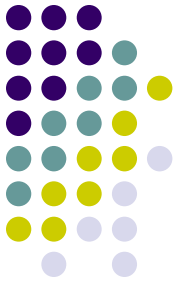
- **Requires HHS to ensure that any ongoing or federally conducted or supported health care or public health program, activity, or survey collects and reports, to the extent practicable, data on race, ethnicity, gender, geographic location, socioeconomic status, language and disability status**
- **In addition to data at the smallest geographic level. The Secretary shall analyze the data to detect and monitor trends in health disparities and disseminate this information to relevant Federal agencies**
- **Codifies Offices of Minority Health in HHS agencies**

Public Health Systems Research



- Authorizes CDC to fund research in the area of public health services and systems. Research shall include:
 - Examining best practices relating to prevention, with a particular focus on high priority areas identified by the Secretary in the National Prevention Strategy or Healthy People 2020;
 - Analyzing the translation of interventions to real-world settings; and
 - Identifying effective strategies for organizing, financing or delivering public health services in real world community settings, including comparing State and local health department structures and systems in terms of effectiveness and cost.

National Workforce Commission

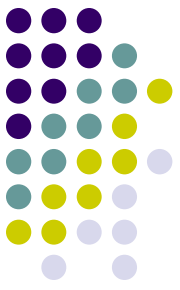


- Establishes a *National Health Care Workforce Commission* to serve as a national resource to:
 - Determine whether the demand for health care workers is being met;
 - Identify barriers to coordination and encourage innovation;
 - Disseminate information on retention practices for health care professionals and;
 - Shall review current and projected health care workforce supply and demand and make recommendations regarding healthcare workforce priorities, goals and policies.
- The Commission shall communicate and coordinate with a variety of federal agencies and departments..... Public health professionals are included in the definition of health care workforce and the definition of health professionals. Public health workforce capacity is also included in the high priority areas list.

Public Health Worker Recruitment & Retention



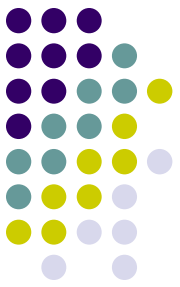
- Establishes a public health workforce loan repayment program to eliminate critical public health workforce shortages in Federal, State, local and tribal public health agencies.
- Individuals receiving assistance must work at least three years in these agencies. In FY 2010, \$195 million is authorized to be appropriated for this program, and such sums as necessary for FY 2011 - 2015.
- Also creates allied health workforce recruitment and retention programs.
- Authorizes the Secretary to make grants or enter into contracts to award scholarships to mid-career public health and allied health professionals to enroll in degree or professional training programs. Authorizes \$60 million for these programs in FY 2010 and such sums as necessary for FY 2011 - 2015.



2010 Expenditures

Prevention & Public Health Fund

- The \$250 million for prevention and public health to:
- Community and Clinical Prevention: \$126 million will support federal, state and community prevention initiatives; the integration of primary care services into publicly funded community-based behavioral health settings; obesity prevention and fitness; and tobacco cessation.
- Public Health Infrastructure: \$70 million will support state, local, and tribal public health infrastructure and build state and local capacity to prevent, detect, and respond to infectious disease outbreaks.
- Research and Tracking: \$31 million for data collection and analysis; to strengthen CDC's Community Guide by supporting the Task Force on Community Preventive Services; and to improve transparency and public involvement in the Clinical Preventive Services Task Force.
- Public Health Training: \$23 million to expand CDC's public health workforce programs and public health training centers.

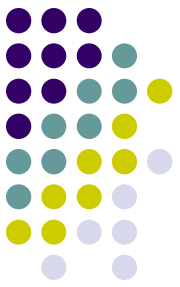


2010 Expenditures

Prevention & Public Health Fund

- **\$250 million – To boost the supply of primary care providers:**
- **Creating additional primary care residency slots:** \$168 million for training more than 500 new primary care physicians by 2015;
- **Supporting physician assistant training in primary care:** \$32 million for supporting the development of more than 600 new physician assistants, who practice medicine as members of a team with their supervising physician, and can be trained in a shorter period of time compared to physicians;
- **Encouraging students to pursue full-time nursing careers:** \$30 million for encouraging over 600 nursing students to attend school full-time so that they have better odds of completing their education;
- **Establishing new nurse practitioner-led clinics:** \$15 million for the operation of 10 nurse-managed health clinics which assist in the training of nurse practitioners. These clinics are staffed by nurse practitioners, which provide comprehensive primary health care services to populations living in medically underserved communities.
- **Encouraging states to plan for and address health professional workforce needs:** \$5 million for states to plan and implement innovative strategies to expand their primary care workforce by 10 to 25 percent over ten years to meet increased demand for primary care services.

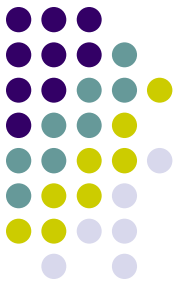
Population Health In A Near Universal Coverage Environment



- Policy development, assessment and indirect assurance roles will increase
- Direct assurance role will decrease
- Will need to do public health system reform next & programs must change
 - Ryan White
 - Breast & cervical cancer
 - Pharmacy assistance
 - Disease control
 - Others
- Must capture & reapply savings



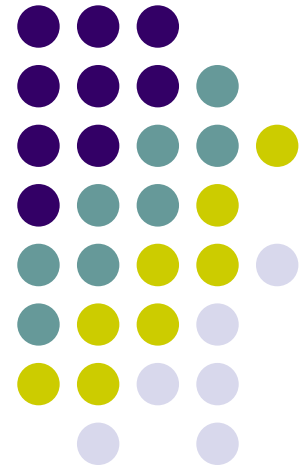
APHA's Next Efforts



- ***“Health Summit”*** Pre-APHA Annual Meeting
- Spring meeting – ***“National Health Reform”***
- Continued advocacy for:
 - Sound implementation of bill
 - Increase coverage & access
 - Ensure affordability
 - Promote prevention & wellness
 - Eliminating disparities
 - Building sound public health infrastructure
 - Fixing flaws in bill

Georges C. Benjamin, MD, FACP, FACEP(E), FNAPA, Hon FRSPH
Executive Director
American Public Health Association
WWW.APHA.ORG

Thank You



””Protect, Prevent, Live Well””

APHA Governing Council

Report of the Treasurer
June 21, 2010

Richard Cohen, PhD

Finance Audit Committee Members

- Georges Benjamin
- Richard Cohen
- Diana Conti
- Christopher Day
- Olivia Carter-Pokras
- Terri Sasser

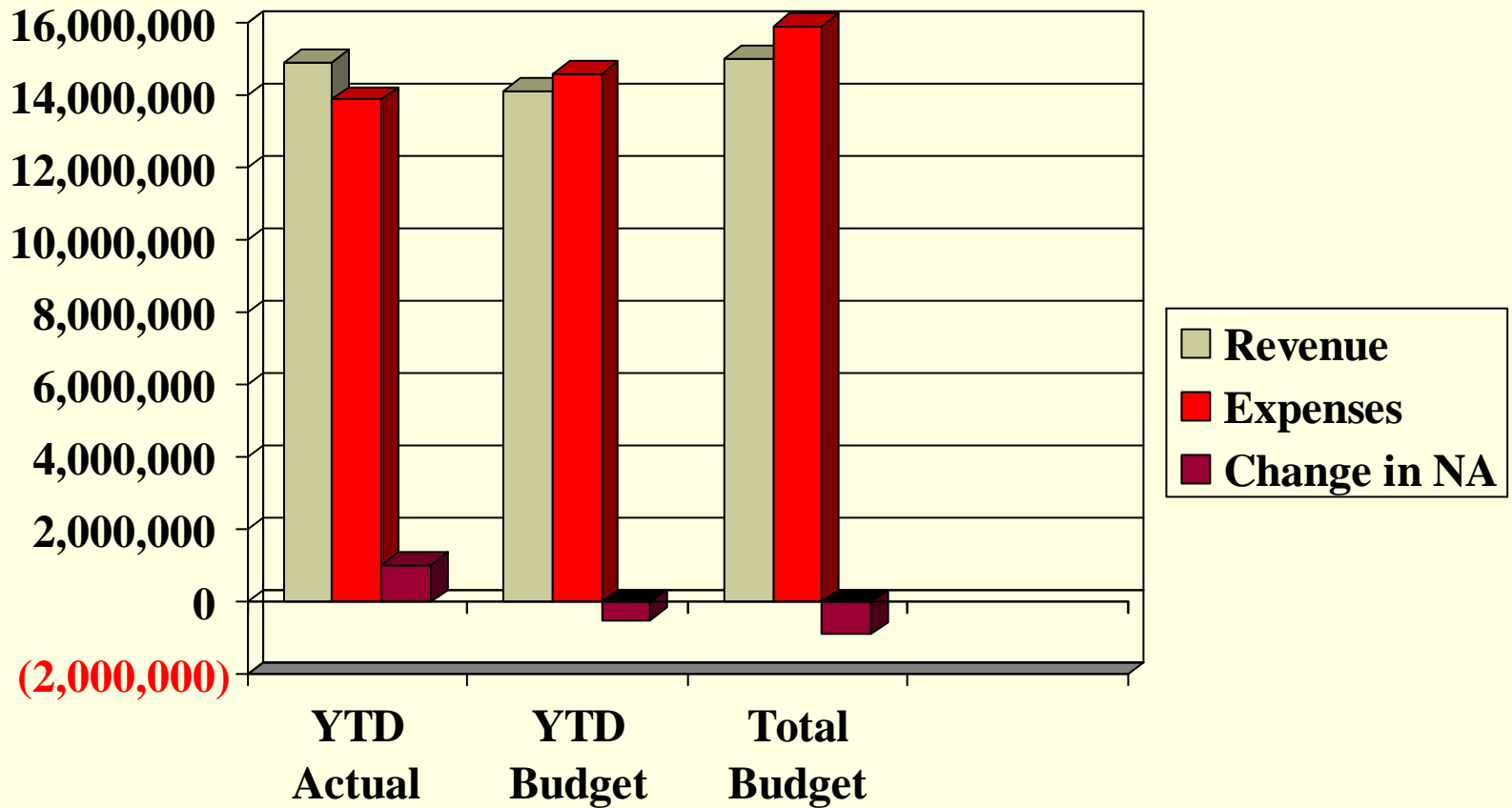
Agenda

- FY 2010 Financial Status
(As of May 2010)
- FY 2011 Approved Budget

FY 2010 Financial Status (May)

- Normally APHA budgets within its annual revenues only
- For FY 2010 the severe national recession potentially could have severely stressed all of APHA's revenue streams
- The Executive Board decided to utilize a budget which authorized up to \$900,000 to be used from current reserves if needed.
- The Executive Director was asked to manage and limit the expenditure of reserve funds.
- Progress has been made based on the current projections and we will utilize very little of the reserve budget authority. We are going to end the year with a surplus of revenue over expenses.

FY 2010 Financial Status (As of May 2010) *Updated*

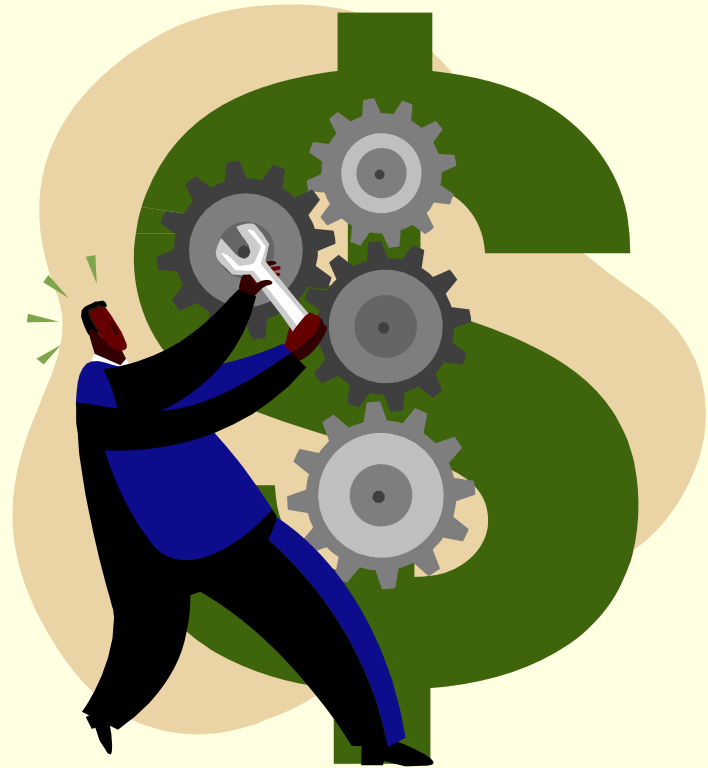


FY 2010 Financial Status (May) *Updated*

- Total Revenues
 - \$14,735,222(98% of budget)
 - Over projection by \$208,410
 - \$14,924,090 with investment appreciation
- Total Expenses
 - \$13,896,103 (87% of budget)
 - Under projections by \$716,289
 - Expenses always lag behind revenue
- Change in Net Assets
 - \$1,027,987 net of investment appreciation/depreciation

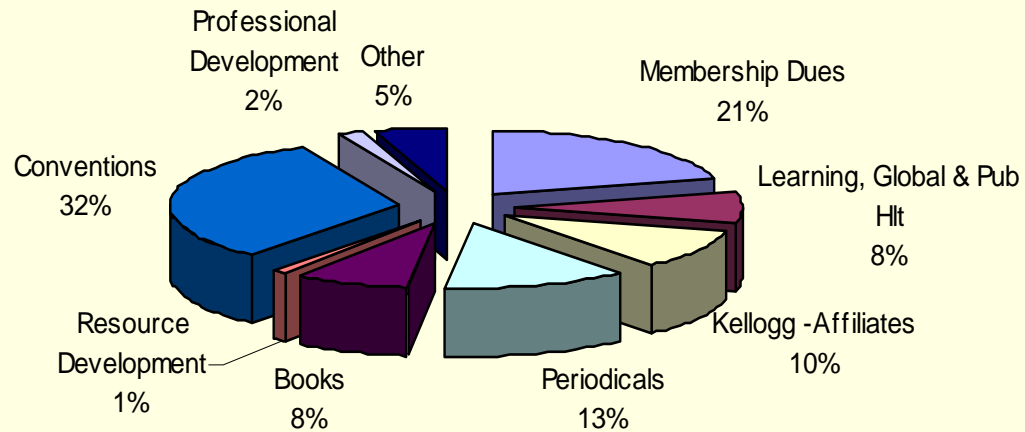
FY 2011 Approved Budget

- APHA Budget year 1 July – 30 June
- Executive Board approved at May meeting
- Balanced with no reserve spending contingency
- No dues increase
- Very lean budget



FY 2011 Approved Budget

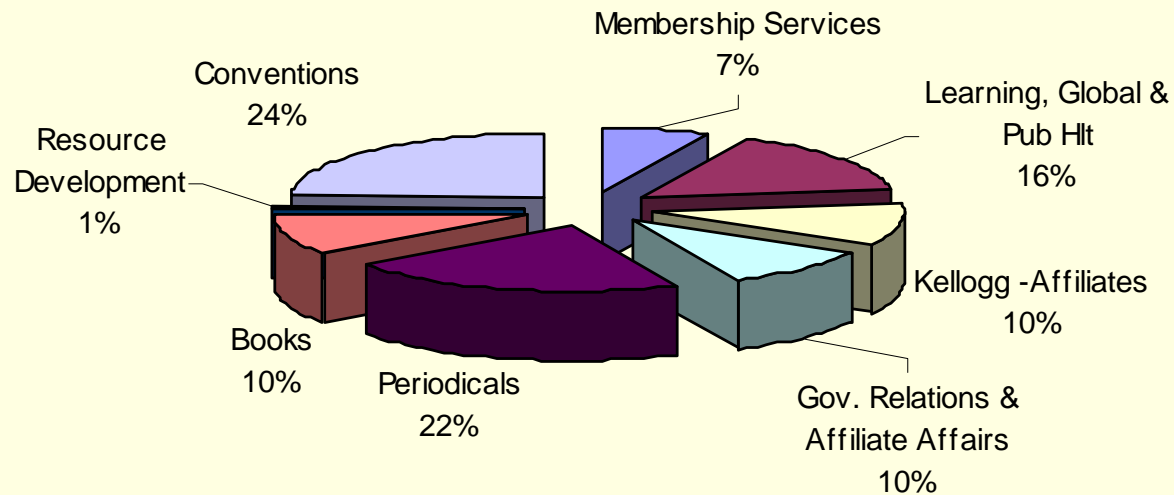
WHERE IT COMES FROM \$16,457,880



FY 2011 Approved Budget

WHERE IT GOES

\$16,457,880 with G&A allocated



FY 2011 Approved Budget

- Revenues of \$16,457,880
 - 10% increase from FY 2010 budget
- Expenses of \$16,457,880
 - 3% increase from FY 2010 budget
- The approved budget meets the bank covenants
 - Debt Service Ratio
 - Unencumbered liquid assets not less than \$2,500,000
- Major New Funded items
 - Development Director (90% grant funded)
 - Senior Program Director (100% grant funded)
 - Program Manager-Transportation (100% grant funded)
 - New Learning Management System
 - New Subscription and book production tracking system

FY 2011 Approved Budget Cont.

- Approved Budget includes \$3.6 million in grants revenues and expenses
 - CDC (possible) - \$1,379,500
 - Kellogg Foundation - \$1,634,600
 - Tide Foundation - \$146,970
 - Pfizer Public Health Group - \$131,300
- Spring Health Reform Meeting
 - Anticipated net income of \$230,000

Membership Dues Issue

- The Association has four major revenue streams (Membership dues, Convention, Publications and Grants).
- Membership dues levels continue to be a challenge. While there is no dues increase in the approved budget, the Executive Board is exploring a new dues proposal to be presented to the GC in November.

Questions

