



Health care reform – what the final bill means to you as a provider of nutrition services

On March 23 President Obama signed the Patient Protection and Affordable Care Act (PPACA) into law and on March 30 he signed the Reconciliation Act of 2010 which includes budgetary changes to the PPACA.

Below is a summary of certain provisions in both the health reform and the reconciliation acts that could pertain to you as a registered dietitian or a dietetic technician, registered.

| Provision | Senate H.R. 3590 - Patient Protection & Affordable Care Act <i>with amendments from</i> House H.R. 4872 - Reconciliation Act of 2010 |
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| Health Aging. Preventive Services for adults 55-64 | Establishes a grant program for state and local health departments and Indian tribes for: public health interventions, community preventive screenings, and referral and treatment for chronic diseases for individuals between 55 and 64 years old. Intervention activities include improving nutrition and increasing physical activity. |
| Workforce | Analyzes current health care workforce to determine gaps in delivery of care in underserved communities. Includes registered dietitians. <i>Effective dates vary based on program.</i> |
| Wellness/Prevention for Employees | Allows Department of Health and Human Services and the Department of Labor to set discounts up to 50 percent of insurance premiums if the wellness program is determined beneficial for employee. <i>Effective January 1, 2011.</i> |
| School-Based Health Clinics | Establishes grants to launch school-based clinics. Optional services include nutrition counseling, providers are not listed. <i>Authorized to be appropriated \$50,000,000 for fiscal year 2010.</i> |
| Prevention Task Forces, etc. | Establishes a Preventive Services Task Force and a Community Preventive Services Task Force. <i>Effective upon passage into law.</i> Establishes Prevention and Public Health Investment Fund – funding is set at \$2.4 billion for 2010 and increases up to \$4.6 billion by 2019. |
| Medicare Preventive Services | Adjusts current law to allow the Centers for Medicare and Medicaid to expand current and new preventive services. MNT is included in the list of possible services to be expanded. CMS is allowed to make these determinations. Eliminates cost-sharing for preventive services (co-payments and |

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| | <p>deductibles) if such services are recommended with a grade of A or B by the US Preventive Services Task Force. <i>Effective January 1, 2011.</i></p> <p>Provides for an annual wellness visit. RDs are listed as providers for screening and counseling. <i>Effective 18 months after passage into law.</i></p> |
| Medicaid | <p>Establish a five-year grant program to incentivize healthy lifestyles including: weight reduction, reduce cholesterol, prevent the onset of diabetes and diabetes self managements.</p> <p>Covers preventive services recommended by the USPSTF. <i>Effective January 1, 2011</i></p> <p>Eliminates cost-sharing for preventive services (co-payments and deductibles). <i>Effective January 1, 2011</i></p> |
| Home Health | <p>Establishes a demonstration program that would provide direct, home-based care. RDs are listed as possible providers under this program. <i>Effective January 1, 2012.</i></p> |
| Medical Homes | <p>MEDICAID: Allows for medical home waivers for state-coordinated programs that focus on diabetes treatment and prevention, treat cardiovascular disease and treat those considered overweight. Nutritionists are listed among providers under this program, allowing for inclusion of RDs. <i>Effective January 1, 2011.</i></p> <p>COMMUNITY: Establishes the medical home in public health programs and includes the dietitian as part of the medical home team.</p> |
| Nutrition Labeling of Menu items at Chain Restaurants | <p>Requires chains with 20 or more outlets to post calories on menus, menu boards (including drive-thru's), and food display tags, with additional information (fat, saturated fat, carbohydrates, sodium, protein and fiber) available in writing upon request. Requires national uniformity, so that there is consistency in information provided. States and localities would not be able to require additional nutrient information on menus. <i>Proposed rules are to be issued 1 year after passage into law.</i></p> |
| Child Obesity Demonstration project | <p>Fully funds \$25 million for a demonstration project aimed at reducing childhood obesity in community- based settings, schools and through educational, counseling and training Activities. <i>Effective as of passage into law. Funds are appropriated until 2014.</i></p> |

The reconciliation bill (H.R. 4872), did not remove any of ADA's provisions, but did amend some of the implementation dates and the budget allotments. The correct numbers and dates reflected in the reconciliation bill are included in the chart above.

For a more detailed side-by-side comparison of the House reconciliation bill and the Senate health-care bill, please visit the Kaiser Foundation website at: <http://www.kff.org/healthreform/sidebyside.cfm>

Next steps

Now that the bills are signed into law, the regulatory process begins. The corresponding agencies with jurisdiction over these programs will begin reviewing the law and will establish a rulemaking process for implementation of these programs. This is typically where the details are set, including establishing providers, provider payments and eligibility standards.

Here is a list of implementation dates that are approaching¹:

- 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)
- 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)

¹ *compiled by the Partnership to Fight Chronic Disease*

- 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)

ADA will keep you up-to-date on actions in the administration and in Congress as we move through the process. Stay tuned on our website at www.eatright.org/advocacy or read about upcoming actions in *On the Pulse*.