



PROMOTING HEALTHY LIVING THROUGH PREVENTION & WELLNESS

The Affordable Health Care for America Act has a strong focus on prevention, wellness and health behaviors at the individual, organization, and community levels. Prevention and wellness are vital to lowering long term health care costs and increasing quality of care. The bill proposes numerous investments:

COMMUNITY WELLNESS AND PREVENTION

Community Preventive Services Grants. Establishes a new grant program to support the delivery of evidence-based, prevention and wellness services to communities, with a special emphasis on health disparities. Proven, evidence-based rewards that result in healthy behaviors will also be eligible for this grant funding.

Public Health Infrastructure Towards Prevention and Wellness. Provides new investments in state, local, and tribal health departments to build their capacity to address public health epidemics such as tobacco use and obesity, and to be prepared for public health emergencies such as the H1N1 flu epidemic or breakouts of foodborne diseases.

INDIVIDUAL INCENTIVES

Healthy Behaviors Incentivized Through Insurance. Incorporates proven, evidence-based rewards that result in healthy behaviors into the essential benefits package offered in the Exchange and by employers.

Promoting Individual Health Behaviors Through Employers. Establishes a grant program for small employers to develop employee wellness programs aimed at healthy living, including smoking cessation, better eating habits, exercising, and other activities.

Menu Labeling. Requires chain restaurants to put the calorie count of their menu items directly on the menus and to provide other nutritional information available so that consumers can make informed choices about what they eat.

IMPROVING FOCUS ON AND ACCESS TO PREVENTION AND PRIMARY CARE SERVICES

Community health centers. Provides significant increases in funding for community health centers, sites offering comprehensive primary care and preventive services.

Reorientation of Health Care to Patient and Community Centered Care. Establishes an independent, patient-centered medical home, structured around a provider, targeted at high-need Medicaid and Medicare beneficiaries with multiple chronic diseases. In addition, it establishes a community-based medical home targeted at a broader population of Medicare beneficiaries with chronic diseases and allows for state-based or other eligible entities to provide care management supervised by a beneficiary designated primary care provider.

Promoting Primary Care. Addresses the shortage issues with primary care providers through various provisions to ensure access to necessary preventive care. It requires state Medicaid programs to reimburse for primary care services at no less than Medicare rates. It also invests in increasing the primary care workforce through loan repayment, through add-on payments in Medicare, redistribution of unused Medicare-funded graduate medical education slots to support the training of primary care residents, and other incentive programs.

Required Coverage of Preventive Services. Requires coverage of preventive services in the essential benefits program with no cost sharing as recommended by the U.S. Preventive Services Task Force and others. It requires coverage and increases access to preventive care in Medicare and Medicaid.

Required Coverage for Oral, Vision and Hearing Care for Children. Requires coverage of oral, vision and hearing care for children, which will incorporate a focus on dental, eye, and hearing preventive services.

Tobacco Cessation. Prohibits state Medicaid programs from excluding tobacco cessation products from coverage.

Inclusion of Public Health Clinics Under the Vaccines for Children (VFC) Program. Allows children who do not have insurance coverage for immunizations to receive vaccines through the VFC program at a public health clinic.