

HOUSE - H.R. 3962 "THE AFFORDABLE HEALTH CARE FOR AMERICA ACT"	SENATE - H.R. 3590 "THE PATIENT PROTECTION & AFFORDABLE CARE ACT"
<b>APHA Agenda for Health Reform: Provide Access to Comprehensive Coverage for All</b>	
<ul style="list-style-type: none"> <li>- Requires "Shared responsibility payments" for employers not providing coverage and individuals without coverage:                             <ul style="list-style-type: none"> <li>o Sec. 501 Provides for a tax 2.5% on adjusted income up to cost of average national premium for basic plan for individuals without coverage; hardship waivers for religious and financial reasons.</li> <li>o Sec. 411. Requires employers offering health insurance to offer the option of coverage to all employees.</li> <li>o Sec. 412. Provides that an employer offering insurance must cover at least 72.5% of premium for an individual and 75% for family coverage.</li> <li>o Sec. 413. Requires Establishes a payroll tax of 8% of the wages for employers who do not offer coverage or whose employees decline employer's coverage and enters the Exchange via the affordability test. Exempts employers with payrolls under \$500,000 and establishes a graduated rate of contribution requirements (0%-8%) for those with payrolls between \$500,000 and \$750,000. Employers can make separate elections (to offer coverage or pay tax) for full-time and non-full-time employees.</li> <li>o Sec. 415-416. Require studies on impact of employer responsibility requirements and need for employer hardship exemption.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Requires "Shared responsibility payments" for certain employers not providing coverage and individuals without coverage:                             <ul style="list-style-type: none"> <li>o Sec. 1501. Requires individuals to maintain minimum essential coverage beginning 2015 or pay a penalty of \$95 (2014), \$350 (2015), \$750 (2016) and indexed thereafter.</li> <li>o Sec. 1511. Requires employers with more than 200 employees to automatically enroll new full-time employees in coverage; gives employees opt-out option.</li> <li>o Sec. 1512. Requires employers to notify employees of the Exchange and potential eligibility for premium assistance and cost-sharing reduction.</li> <li>o Sec. 1513. Share responsibility payments for employers with 50 ore more full-time employees: \$750 for each FT employee receiving the premium assistance tax credit; \$400 for each employee in a 30-60 day waiting period and \$600 for each FT employee in a 60-90 day waiting period; the lesser of \$3,000 for each FT employee receiving a credit or \$750 for each FT employee total.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 241-244. Creates Health Choices Administration headed by Presidential appointment responsible for: establishing plan standards; establishing and operating Health Insurance Exchange; administering affordability credits; data collection for purposes of addressing disparities and improving quality; appointment of Qualified Health Benefits Plan Ombudsman (includes comprehensive coverage of preventive services, hospitalization, outpatient services, prescription drugs, rehabilitative services.)</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 1002. Directs HHS Sec. to award grants to establish, expand, or provide support offices of health insurance consumer assistance or ombudsman programs. Authorizes \$30 million for first fiscal year (effective upon enactment).</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 115. Provides State Health Access grants to reduce the uninsured prior to 2013. States must match 20% of funds (unless financial hardship is demonstrated).</li> </ul>	<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>
<b>APHA Agenda for Health Reform: Prohibit Restrictions Due to Pre-existing Condition or Health Status</b>	
<ul style="list-style-type: none"> <li>- Sec. 211. Prohibits preexisting condition exclusions or other discrimination based on health status for plans or coverage. Allows insurance rating variation only by family structure, geography, and age (effective Jan 1, 2013).</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 1201. Prohibits preexisting condition exclusions or other discrimination based on health status for plans or coverage. Allows for insurance rating variation (in the individual and small group markets) only by family structure, geography, age, tobacco use, and actuarial value of benefit (effective Jan. 1, 2014).</li> </ul>
<ul style="list-style-type: none"> <li>- Sec.101. Creates a National High-Risk Pool program to temporarily insure those uninsured because of pre-existing conditions. Terminates when funding (capped at \$5 million) is exhausted or when Exchange is functioning.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 1101. Creates a temporary insurance program with financial assistance for those uninsured because of pre-existing conditions. Authorizes up to \$5 billion; program terminates when Exchanges are operation in 2014 (effective upon enactment).</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 214. Grants Health Choices Commissioner authority to set non-discrimination rules and ensure parity for mental health and substance use disorder benefits.</li> </ul>	<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>

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<b>APHA Agenda for Health Reform: Prohibit Restrictions Due to Pre-existing Condition or Health Status (cont.)</b>	
<ul style="list-style-type: none"> <li>- Sec. 106. Shortens look-back time for pre-existing conditions from 6 months to 30 days; shortens time for exclusion of benefits from 12 months to 3 months starting Jan 1, 2010.</li> </ul>	<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>
<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 1201. Permits employers to vary insurance premiums by up to 30% for employee participation in certain health promotion and disease prevention programs.</li> </ul>
<b>APHA Agenda for Health Reform: Ensure Affordable Coverage</b>	
<ul style="list-style-type: none"> <li>- Sec. 233. Requires qualified plans to meet standards related to transparency and timely disclosure of plan documents and information, including provider payments.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 1001. Effective for plan years beginning on or after 6 months after enactment, requires health insurers to publicly report the percentage of total revenue spent on clinical services. Requires health insurers to refund each enrollee by the amount for which premium revenue for non-claims costs exceeds 20% in the group market and 25% in the individuals market (this provision expires on Dec. 31, 2013).</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 301-310. Creates Health Insurance Exchange (HIE) for individuals and employers to purchase health insurance. Allows individuals to enroll and small employers (25 or fewer employees in year one; 50 employees in year two, and 100 employees in year three). Three main plans (basic, enhanced, premium) and premium plus which can offer extra benefits such as dental or vision coverage for adults, or other non-covered benefits. Employers must provide coverage or pay into HIE Trust Fund, which pays for subsidies with the exception of some small employers which will receive a credit to offset the cost of providing coverage. Establishes a "Consumer Operated and Oriented Plan Program (CO-OP)" non-profit health insurance cooperatives, and start-up loans.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 1311-1313. Requires HHS Sec. to provide grants for State to establish American Health Benefit Exchanges by 2014; exchanges must be self-sustaining beginning 2015 and can charge assessments or user fees; includes a SHOP Exchange for small businesses; Allows individuals to enroll and small employers to offer a choice of qualified plans at one level of coverage (States may allow large employers to qualify beginning 2017).</li> <li>- Sec. 1301-1302. Requires qualified health plans to be certified by Exchanges and provide essential benefits packages; Defines essential benefits package;</li> <li>- Sec. 1322. Creates the "Consumer Operated and Oriented Plan (CO-OP)"; requires HHS Sec. to award loans for start-up costs through July 1, 2013 to member-run nonprofits that will offer qualified health plans. Appropriates \$6 billion for the CO-OP Program.</li> <li>- Sec. 1103. Establishes an Internet portal for beneficiaries to access affordable coverage options (effective upon enactment).</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 341-347. Creates affordability credits to purchase basic plan for those with incomes less than 400% of FPL through year 2; after that may be used for enhanced plan.                             <ul style="list-style-type: none"> <li>o Affordability premium calculated on a sliding scale starting at 1.5% of income for those at or below 133% FPL and phasing out at 12% for those at 400% FPL. Annual limits on out-of-pocket from \$500 for an individual and \$1000 for a family at the lowest income tier to \$5,000 per individual and 10,000 per family at the highest income tier.</li> <li>o Affordability cost-sharing credits for those at or below 133% to 400% FPL.</li> <li>o Provides up to \$4 billion for territories that choose to participate in the Exchange.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 1401-1402. For individuals enrolled in qualified health plans:                             <ul style="list-style-type: none"> <li>o Provides sliding scale tax credits for premiums starting at 2% of income for those at or above 100% FPL and phases out at 9.8% for those at 400% FPL.</li> <li>o Limits out-of-pocket costs on a sliding scale for individuals and families between 100-400% FPL.</li> </ul> </li> </ul>

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<b>APHA Agenda for Health Reform: Ensure Affordable Coverage (cont.)</b>	
<ul style="list-style-type: none"> <li>- Sec. 521. Provides tax credit equal to 50% of the amount paid by a small employer, with phase out for those with 10-25 employees or an employer with average wages of \$20,000-\$40,000 per year. Employer may use credit for no more than two years.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 1421. Provides a sliding scale tax credit to small employers to fewer than 25 employees and average annual wages of less than \$40,000 that contribute at least 50% of total premium cost for employees. In 2011 through 2013, credit up to 35% (up to 25% for tax-exempt businesses. In 2014 and after, employers who purchase coverage through the Exchange can receive credit for two years of up to 50% (up to 35% tax-exempt businesses).</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 104. Establishes an annual review process by HHS Sec. for health insurance premium increases beginning Jan. 1, 2010.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 1003. Directs HHS Sec and States to establish a process for annual review of premium increases. Authorizes \$250 million in grants to states for FY2010-2014; each state would receive \$1-\$5 million per grant year (effective upon enactment).</li> </ul>
<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 1312. Beginning 2017 allows States to apply for a waiver for up to 5 years of requirements related to qualified health plans, Exchanges, cost-sharing reductions, and responsibility requirements.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 1159. Directs HHS Sec. to contract with IOM to conduct a study on geographic variation in health care spending.</li> </ul>	<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>
<b>APHA Agenda for Health Reform: Provide First Dollar Support for Evidence-Based Clinical Preventive Services</b>	
<p><u>Exchange Plans</u></p> <ul style="list-style-type: none"> <li>- Sec. 222. Requires health plans to cover and not impose any cost sharing requirements on certain clinical preventive services and items including well baby and well child care.</li> <li>- Sec. 223. Establishes a Health Benefits Advisory Committee to provide recommendations on essential health benefits, minimum qualifying benefit package, recommendations regarding cost sharing to the Secretary of HHS; headed by Surgeon General.</li> </ul>	<p><u>Exchange Plans</u></p> <ul style="list-style-type: none"> <li>- Sec. 1001. Requires all health plans to cover and not impose any cost sharing requirements on certain clinical preventive services and items including well baby and well child care.</li> </ul>
<p><u>Medicare</u></p> <ul style="list-style-type: none"> <li>- Sec. 1305. Eliminates cost sharing for Medicare covered preventive services.</li> <li>- Sec. 1306. Waives deductible for colorectal cancer screening test and related/subsequent procedures.</li> </ul>	<p><u>Medicare</u></p> <ul style="list-style-type: none"> <li>- Sec. 4104. Eliminates cost sharing and coinsurance for Medicare covered preventive services.</li> <li>- Sec. 4103. Provides coverage under Medicare, with no co-payment or deductible, for an annual wellness visit and personalized prevention plan services, including a comprehensive health risk assessment.</li> <li>- Sec. 4105. Allows HHS Secretary to modify coverage of existing preventive services to the extent that the modification is consistent with USPSTF recommendations. The Secretary can withdraw Medicare coverage for services rated —D or harmful by USPSTF.</li> </ul>

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<b>APHA Agenda for Health Reform: Provide First Dollar Support for Evidence-Based Clinical Preventive Services (cont.)</b>	
<p><u>Medicaid</u></p> <ul style="list-style-type: none"> <li>- Sec. 1711. Eliminates cost sharing for certain clinical preventive services.</li> <li>- Sec. 1712. Prohibits Medicaid from excluding coverage tobacco cessation drugs.</li> </ul>	<p><u>Medicaid</u></p> <ul style="list-style-type: none"> <li>- Sec. 4106. Gives States the option to provide other diagnostic, screening, preventive and rehabilitation service; prohibit cost-sharing for such services and vaccines; provides these states with an increased FMAP of 1% for these services.</li> <li>- Sec. 4107. Requires States to provide Medicaid coverage for tobacco cessation services for pregnant women; eliminates cost sharing for these services.</li> </ul>
<b>Additional Coverage Provisions</b>	
<ul style="list-style-type: none"> <li>- Sec.109 Prohibits insurers from using lifetime limits on coverage beginning Jan. 1, 2010.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 1001. Prohibits insurers from establishing lifetime or unreasonable annual limits on coverage (effective for plan years beginning on or after 6 months after enactment).</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 112. Requires guaranteed availability and renewability of coverage and prohibits the use of rescissions expect in cases of fraud.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 1201 Requires guaranteed availability and renewability of coverage</li> <li>- Sec. 1001. Prohibits insurers from rescinding coverage except in cases of fraud or misrepresentation (effective for plan years beginning on or after 6 months after enactment).</li> <li>- Sec. 1001. Prohibits employers from limiting eligibility for coverage based on wages or salary of full-time employees (effective for plan years beginning on or after 6 months after enactment).</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 105. Require health insurers to allow individuals up through age 26 to remain on their parent's plan beginning Jan. 1, 2010. Sec. 216 makes this option permanent.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 1001. Requires health insurers to allow individuals up through age 26 to remain on their parent's plan (effective for plan years beginning on or after 6 months after enactment).</li> </ul>
<ul style="list-style-type: none"> <li>- Sec.110. Prohibits employers from reducing post-retirement benefits to a level below that offered before retirement.</li> </ul>	<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 111. Creates a temporary reinsurance program to provide eligible employers reimbursement for covering adults ages 55 to 64 (Establishes \$10 billion fund).</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 1102. Establishes a temporary reinsurance to provide employer-based plans reimbursement for 80% of the cost of covering adults ages 55 to 64 (effective upon enactment).</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 113. Extends COBRA eligibility until Exchange is functioning.</li> </ul>	<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 265. Prohibits abortion from being a mandated benefit; Prohibits use of federal funds for abortion coverage in Public Insurance Option (except those covered by Hyde Amendment); Prohibits tax-credits or cost-sharing credits from being used for abortions beyond those permitted by Hyde; Does not preempt State laws regarding coverage or funding of abortion services.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 1303. Prohibits abortion from being a mandated benefit; Prohibits use of federal funds for abortion coverage in Community Health Insurance Option (except those covered by Hyde Amendment); Prohibits tax-credits or cost-sharing credits from being used for abortions beyond those permitted by Hyde; Requires HHS Sec. to ensure that in each State Exchange, at least one plan provides coverage of abortions beyond those permitted by Hyde and one plan does not provide such coverage; Does not preempt State laws regarding coverage or funding of abortion services.</li> </ul>

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<b>APHA Agenda for Health Reform: Strengthen Public Programs - MEDICARE</b>	
<ul style="list-style-type: none"> <li>- Sec. 1181. Phases in eliminating "doughnut hole" for Medicare Part D recipients beginning with a \$500 reduction in 2010 and completing phase-out by 2019. Pays for elimination of gap with funds raised from requiring drug manufactures to provide Medicaid rebates for drugs used by full dual-eligibles and low-income recipients</li> <li>- Sec. 1202. Eliminates Medicare Part D cost sharing for some non-institutionalized low-income beneficiaries.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 3301. Requires drug manufacturers to provide a 50% discount to Part D beneficiaries for brand-name drugs and biologics purchased during the coverage gap beginning July 1, 2010.</li> <li>- Sec. 3308. Reduces the Part D premium subsidy for beneficiaries with incomes above the Part B income thresholds.</li> <li>- Sec. 3313. Requires the OIG to conduct a study comparing prescription drug prices paid under the Medicare Part D program to those paid under State Medicaid programs.</li> <li>- Sec. 3315. Increases the initial coverage limit in the standard Part D benefit by \$500 for 2010.</li> </ul>
<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 3309. Eliminates cost sharing for beneficiaries receiving care under a home and community-based waiver program who would otherwise require institutional care.</li> </ul>
<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 3314. Allows drugs provided to beneficiaries by AIDS Drug Assistance Programs or the Indian Health Service to count toward the annual out-of-pocket threshold.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 1310. Transfers coverage of vaccines from Medicare Part D to Medicare Part B.</li> </ul>	<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>
<b>APHA Agenda for Health Reform: Strengthen Public Programs – MEDICAID</b>	
<ul style="list-style-type: none"> <li>- Sec. 1701:                             <ul style="list-style-type: none"> <li>o Expands Medicaid coverage to all individuals with incomes up to 150% FPL including childless adults. Provides states with 100% matching funds to cover the expansions in 2013-2014; then 91% thereafter.</li> <li>o Provides automatic Medicaid coverage to uninsured newborns for up to 60 days while eligibility is determined; 100% federal funding for this coverage.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 2001:                             <ul style="list-style-type: none"> <li>o Beginning Jan. 1, 2011, gives states the option to provide Medicaid coverage (through a state plan amendment) to non-elderly, non-pregnant individuals with incomes up to 133% FPL. Creates a new mandatory eligibility category for "newly eligible" individuals at or below 133% FPL beginning Jan. 1, 2014.</li> <li>o Changes mandatory Medicaid eligibility for children ages 6-19 from 100% to 133% FPL beginning Jan. 1, 2014. From 2014-2016 100% federal funding provided to cover expansion; in 2017-2018. Increases in FMAP to cover newly-eligible between of 30.3%-34.3% (FY2017) and 31.3%-33.3% (FY2018). Beginning in 2019 and thereafter, all states would receive an FMAP increase of 32.3% to cover these groups.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 1714. Grants state Medicaid programs the option of creating a coverage option for family planning services for categorically needy groups.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 2303. Adds a new optional categorically-needy eligibility group to Medicaid comprised of (1) non-pregnant individuals with income up to the highest level applicable to pregnant women covered under Medicaid or CHIP, and (2) individuals eligible under the standards and processes of existing section 1115 waivers that provide family planning services and supplies. Benefits would be limited to family planning services and supplies, including related medical diagnostic and treatment services.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 1703. Prohibits states from adopting eligibility standards, methodologies, or procedures in their Medicaid program that are more restrictive than those in effect as of June 16, 2009</li> </ul>	<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>

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<b>APHA Agenda for Health Reform: Strengthen Public Programs – MEDICAID (cont.)</b>	
- Sec. 1771. Raises federal matching rate for all territories to the highest rate for any state and increases the ceiling for payments. Overall increase equal to \$10.35 billion over the period of 2011-2019.	- Sec. 2005. Increases the spending caps for territories by 30% and the applicable FMAP to 55 % beginning on Jan. 1, 2011 and for each fiscal year thereafter
- Sec. 1748. Extends ARRA increase in federal matching payments to states with high unemployment rates for an additional six months.	- No similar provision
- Sec. 1713. Grants state Medicaid programs the option of covering nurse home visitation services for first-time mothers and mothers of children under two.	- No similar provision
- Sec. 1724. Gives states the option of covering services provided at freestanding birth centers.	- Sec. 2301. Requires coverage of services provided at freestanding birth centers.
- Sec. 1731. Gives states the option of covering low-income persons with HIV under Medicaid; to be matched at an enhanced rate. (Sunsets on Jan. 1, 2013).	- No similar provision
- Sec. 1732. Extends one-year transitional Medicaid assistance (TMA) from Dec. 31, 2010 through Dec. 31, 2012.	- No similar provision
- Sec. 1726-1726A. Requires Medicaid to cover podiatrist and optometrist services.	- No similar provision
- Sec. 1729. Requires Medicaid to suspend, not terminate, eligibility for beneficiaries under age 19 during a period of incarceration in a public institution.	- No similar provision
- Sec. 1730B. Requires Medicaid to reimburse school-based health clinics on the same basis as FQHCs.	- No similar provision
- Sec. 1737. Requires Medicaid to continue to cover nonemergency transportation to medically necessary services as specified in regulations effect on June 1, 2008.	- No similar provision
- Sec. 1748. Allows Medicaid to cover individuals with family incomes up to \$150,000 who have orphan drug costs exceeding \$200,000 and have exhausted private prescription drug coverage.	- No similar provision
- Sec. 1785. Requires Sec. to issue guidance regarding outreach and enrollment for Medicaid and SCHIP targeted to vulnerable populations.	- No similar provision
- No similar provision	- Sec. 2002. Requires states to use modified gross income to determine Medicaid eligibility.
- No similar provision	- Sec. 2003. Requires States to offer premium assistance and wrap-around benefits to all Medicaid beneficiaries who are offered employer-sponsored insurance (ESI) if it is cost-effective to do so, based on current law requirements
- No similar provision	- Sec. 2004. Allows all individuals below the age of 25 who were formerly in foster care for at least six months to be eligible for Medicaid.
- No similar provision	- Sec. 2201. Allows individuals to apply for and enroll in Medicaid, CHIP or the Exchange through a State-run website.
- No similar provision	- Sec. 2202. Allows any hospital the option, based off preliminary information, to provide Medicaid services during a period of presumptive eligibility to members of all Medicaid eligibility categories

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<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 2401-2406. Gives states options for providing long-term care services, including a Medicaid to offer community-based attendant services and supports to Medicaid beneficiaries with disabilities and other home and community-based services; extends Money Follows the Person through Sept. 30, 2016.</li> </ul>
<p><b>APHA Agenda for Health Reform: Strengthen Public Programs – CHIP</b></p>	
<ul style="list-style-type: none"> <li>- Sec. 1733. Requires stand-alone CHIP programs to implement 12-month continuous eligibility for all enrollees with incomes below 200% FPL beginning Jan 1, 2010.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 2101. Upon enactment, States would be required to maintain income eligibility levels for CHIP through September 30, 2019. From FY2014 to 2019, States would receive a 23 % increase in the CHIP match rate, subject to a cap of 100%. CHIP-eligible children who cannot enroll in CHIP due to Federal allotment caps would be eligible for tax credits in the State Exchange</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 1703. Prohibits states from adopting eligibility standards, methodologies, or procedures in their CHIP program that are more restrictive than those in effect as of June 16, 2009. Maintenance of eligibility ends upon expiration of CHIP on December 31, 2013.</li> </ul>	<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>
<p><b>APHA Agenda for Health Reform: Strengthen Funding for Safety Net</b></p>	
<ul style="list-style-type: none"> <li>- Sec. 2101. Provides additional funding for community health centers:                             <ul style="list-style-type: none"> <li>o \$1 billion FY2011</li> <li>o \$1.5 billion FY2012</li> <li>o \$2.5 billion FY2013</li> <li>o \$3 billion FY2014</li> <li>o \$4 billion FY2015</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5601. Authorizes the following appropriations for FQHCs:                             <ul style="list-style-type: none"> <li>o \$2.98 billion FY2010</li> <li>o \$3.86 billion FY2011</li> <li>o \$4.99 billion FY2012</li> <li>o \$6.44 billion FY2013</li> <li>o \$7.33 billion FY2014</li> <li>o \$8.33 billion FY2015</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 2512. Establishes a program to support nurse-managed health centers. Authorizes such sums as necessary for FY2011-2015 to carry out this section.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5208. Creates a grant program administered by HRSA to support nurse-managed health clinics; authorizes \$50 million for FY2010.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 2252. Reauthorizes programs to support telehealth network, resource centers, and provide incentives to coordinate telemedicine licensure activities among states. Authorizes \$10 million for FY2011 and such sums as necessary for FY2012-2015.</li> </ul>	<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>
<p><b>APHA Agenda for Health Reform: Create a Public Insurance Plan</b></p>	
<ul style="list-style-type: none"> <li>- Sec. 321-331. Requires HHS Sec to develop a public health insurance option Beg. 2013 as a choice available through the HIE; may offer basic, enhanced, premium and premium plans benefits; complies with same requirements as private plans in HIE. Allows members of Congress to join. Cost sharing, benefits package, provider networks, and consumer protections; premiums are geographically-adjusted and shall reflect full costs of operating and administering public option. Appropriates \$2 billion to be amortized into premiums for the public option and recouped over the first 10 years of operation. Plans must be self-sustaining after the initial funding. HHS Sec. negotiates payment for providers, items and services; Medicare providers have choice to opt-out. All HIPAA, health information privacy, security, and electronic transaction protections apply.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 1323. Requires HHS Sec. to offer a Community Health Insurance Option as a qualified health plan through Exchanges; allows states to enact a law to opt out of offering the option; requires coverage of essential health benefits; establishes a start-up fund to provide loans for initial operations which must be repaid with interest within 10 years. The community health insurance option would be subject to the same rules and requirements as private health insurers and CO-OPs. Premiums would be based on local rates. Reimbursement rates would be negotiated with health care providers and participation by providers would be voluntary.</li> </ul>

HOUSE - H.R. 3962 "THE AFFORDABLE HEALTH CARE FOR AMERICA ACT"	SENATE - H.R. 3590 "THE PATIENT PROTECTION & AFFORDABLE CARE ACT"
<b>APHA Agenda for Health Reform: Shift Reimbursement and Other Policies to Promote Primary Care - MEDICARE</b>	
<ul style="list-style-type: none"> <li>- Sec. 1303. Increases Medicare reimbursement rates by 5% for primary care services.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 3101. Replaces the scheduled 21% payment reduction to the Medicare physician fee schedule for 2010 with a .5% positive update.</li> <li>- Sec. 5501. Beginning in 2011, provides primary care practitioners, as well as general surgeons practicing in health professional shortage areas, with a 10% Medicare payment bonus for five years. Half of the cost of the bonuses would be offset through an across-the-board reduction in all other services.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 1160. Directs HHS Sec. to develop an implementation plan for changing Medicare payment systems; plan to be implemented starting 2013 unless Congress votes to disapprove it.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 3007. Directs the HHS Sec. to develop and implement a budget-neutral payment system that will adjust Medicare physician payments based on the quality and cost of the care they deliver. Quality and cost measures will be risk-adjusted and geographically standardized. The Secretary will phase-in the new payment system over a 2-year period beginning in 2015.</li> <li>- Sec. 3403. Creates an independent, 15-member Medicare Advisory Board tasked with presenting Congress with comprehensive proposals to reduce excess cost growth and improve quality of care for Medicare beneficiaries.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 1304. Increases the payment rate for nurse midwives for covered services from 65% of physician rate to 100%.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 3114. Increases the payment rate for certified nurse midwives for covered services from 65% to 100% of the physician rate.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 1311. Expands Medicare reimbursement for preventive services furnished at FQHCs.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5502. Directs HHS Sec. to develop and implement a prospective payment system (PPS) for Medicare-covered services furnished by FQHCs.</li> </ul>
<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 3002. Extends through 2014 payments under the PQRI program, which provide incentives to physicians who report quality data to Medicare. Beginning in 2014, physicians who do not submit measures to PQRI will have their Medicare payments reduced.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 1301. Creates a 3 to 5-year Medicare "Accountable Care Organization (ACO) Pilot Program" to test different payment incentives models</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 3022. Rewards Accountable Care Organizations (ACOs) that take responsibility for the costs and quality of care received by their patient panel over time.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 1302. Creates a 5-year Medicare "Medical Home Pilot Program" to evaluate the independent patient-centered and community-based medical home models. Provides \$1.8 billion for the program.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 3502. Creates a program to fund "Community Health Teams" to support the development of medical homes by increasing access to comprehensive, community based, coordinated care; entities must match \$1 for every \$5 in federal funds.</li> <li>- Sec. 3023. Direct the Secretary to develop a national, voluntary pilot program encouraging hospitals, doctors, and post-acute care providers to improve patient care and achieve savings for the Medicare program through bundled payment models. Requires the Secretary to establish this program by January 1, 2013 for a period of five years. Before January 1, 2016, the Secretary is also required to submit a plan to Congress to expand the pilot program if doing so will improve patient care and reduce spending.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 1312. Creates a demonstration program for chronically ill Medicare beneficiaries to test a payment incentive and service delivery system using home-based primary care teams.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 3024. Creates a new demonstration program for chronically ill Medicare beneficiaries to test a payment incentive and service delivery system that utilizes physician and nurse practitioner directed home-based primary care teams aimed at reducing expenditures and improving health outcomes.</li> </ul>
<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 3126. Expands a demonstration program created under the Medicare Improvements for Patients and Providers Act (MIPPA, P.L. 110-275) to allow more eligible rural entities to test new models for the delivery of health care services in rural areas.</li> </ul>

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<b>APHA Agenda for Health Reform: Shift Reimbursement and Other Policies to Promote Primary Care - MEDICAID</b>	
– Sec. 1721. Requires Medicaid programs to reimburse for primary care services at no less than 80% of Medicare rates in 2010; 90% in 2011; and 100% in 2012 and thereafter. Federal government would pay 100% of the incremental costs through 2014; then 90% thereafter.	– No similar provision
– Sec. 1722. Creates a 5-year Medicaid "Medical Home Pilot Program"; federal government would match costs of community care workers at 90% for first 2 years of the pilot program 75% for the next 3 years. Federal contribution not to exceed \$1.23 billion over 5 years.	– Sec. 2703. Provide States the option of enrolling Medicaid beneficiaries with chronic conditions into a health home. Health homes would be composed of a team of health professionals and would provide a comprehensive set of medical services, including care coordination.
– Sec. 4108. Creates a new Medicaid state plan option under which Medicaid enrollees with chronic conditions could designate a provider as their health home. Provides an enhanced match of 90% for two years beginning on Jan. 1, 2011.	– No similar provision
– Sec. 1730. Authorizes \$40 million for 2010-2015 for the Sec. to develop quality measures for maternity care and other adult care provided under Medicaid and SCHIP.	– Sec. 2701. Directs the HHS Sec. to develop a set of quality measures for Medicaid eligible adults that is similar to the quality measurement program for children enacted in the CHIP.
– Sec. 1730A. Directs Sec. to allow Medicaid to pilot one or more of the models used in the Medicare ACO pilot program; administrative costs would be matched at 90% in the first two years; 75% in the last three.	– Sec. 2706. Establishes a demonstration project that allows qualified pediatric providers to be recognized and receive payments as ACOs under Medicaid.
– No similar provision	– Sec. 2704. Establishes a demonstration project, in up to eight States, to study the use of bundled payments for hospital and physicians services under Medicaid.
– No similar provision	– Sec. 2705. Establishes a demonstration project, in coordination with the CMS Innovation Center, in up to five States to adjust their current payment structure for safety net hospitals from a fee-for-service model to a global capitated payment structure.
– No similar provision	– Sec. 2707. Requires the HHS Sec. to establish a three-year Medicaid demonstration project in up to eight States to reimburse certain institutions for mental disease for services provided to Medicaid beneficiaries between the ages of 21-65.
– Sec. 1746. Requires Medicaid programs to annually submit to CMS information on the determination of provider payment rates.	– No similar provision
– Sec. 1747. Directs GAO to study and report to Congress by Feb. 15, 2011 on the federal Medicaid matching formula and the use of federal Medicaid funds on administrative expenses.	– No similar provision
– Sec. 1784. Provides start-up funds (\$11.8 billion) for the Medicaid and CHIP Payment and Access Commission and directs the Commission to study State Medicaid payment policies for nursing facilities and pediatric subspecialists.	– No similar provision
<b>APHA Reform Agenda: Ensure Cultural Competency</b>	
– Sec. 1222-1223. Directs HHS Sec. to conduct a study that examines the extent to which Medicare service providers utilize, offer, or make available language services for beneficiaries who are limited English proficient (LEP) and ways that Medicare should develop payment systems for language services. Directs HHS Sec. to contract with the IOM to conduct a study on the impact of language access to services to the health and health care of populations with LEP.	– No similar provision
– Sec. 1723. Provides 75% federal matching rate for the costs of translation or interpretation services for Medicaid eligible adults with LEP.	– No similar provision

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<b>APHA Reform Agenda: Sustain Investment in Health Information Technology (HIT)</b>	
<ul style="list-style-type: none"> <li>- Sec. 263. Requires HHS Sec. to conduct a study of potential methods to increase the use of electronic health records by small providers.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 3021. Directs HHS Sec. in consultation with the HIT Policy Committee and the HIT Standards Committee to develop interoperable and secure standards and protocols that facilitate enrollment of individuals in Federal and State programs.</li> </ul>
<b>Other Quality Provisions</b>	
<ul style="list-style-type: none"> <li>- Sec. 1441-1443. Directs HHS Sec. to establish national priorities for performance improvement. Based on the national priorities, the Sec. shall develop, test and update new patient-centered and population-based quality measures for the assessment of health services; authorizes \$25 million.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 1001. Requires the HHS Sec. to develop guidelines for insurers to report information on programs and initiatives the improve health outcomes through care coordination, chronic disease management, hospital readmission reduction, improve patient safety and promote health and wellness (effective for plan years beginning on or after 6 months after enactment).</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 1444-1445. Ensures that quality measures are endorsed by a consensus-based entity; authorizes \$12 million for 2010-2012.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 3012. Requires the President to convene an Interagency Working Group on Health Care Quality comprised of Federal agencies to collaborate on the development and dissemination of quality initiatives consistent with the national strategy.</li> <li>- Sec. 3013-3014. Authorizes \$75 million over 5 years for the development of quality measures at AHRQ and the CMS. Authorizes \$20 million to support the endorsement and use of endorsed quality measures by the HHS Sec for use in Medicare, reporting performance information to the public, and in health care programs.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 1401. Establishes a "Center on Comparative Effectiveness Research" within AHRQ to identify ways in which diseases and conditions can be best prevented, diagnosed, treated and managed clinically. Creates an independent "Comparative Effectiveness Research Commission" to oversee and evaluate the activities of the Center.</li> <li>- Sec. 1802. Creates a "Comparative Effectiveness Research Trust Fund". Funds would be transferred from the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds, and from the Medicare Prescription Drug Account:                             <ul style="list-style-type: none"> <li>o \$90 million FY2011</li> <li>o \$100 million FY2012</li> <li>o \$110 million FY2013</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 6301. Authorizes the establishment of a "Patient-Centered Outcomes Research Institute" to assist patients, clinicians, purchasers, and policy makers in making informed health decisions by advancing the quality and relevance of clinical evidence through research and evidence synthesis.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 1905. Requires CMS to establishes a dedicated office or program to improve coordination of services for Medicare-Medicaid dual-eligibles</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 2602. Requires the HH Sec. to establish a Federal Coordinated Health Care Office (CHCO) within CMS by March 1, 2010 to improve coordination of Medicare and Medicaid services.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 1907. Establishes a Center for Medicare and Medicaid Innovation within CMS to research, develop, test and expand innovative payment and delivery arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 3021. Establishes within the Centers for Medicare and Medicaid Services (CMS) a Center for Medicare &amp; Medicaid Innovation to research, develop, test, and expand innovative payment and delivery arrangements to improve the quality and reduce the cost of care provided to patients in each program.</li> </ul>
<b>APHA Agenda for Health Reform: Invest in Population and Community-Based Prevention, Education and Outreach Programs – GENERAL PREVENTION AND WELLNESS PROGRAMS</b>	
<ul style="list-style-type: none"> <li>- Sec. 3111. Establishes and "Prevention and Wellness Trust" (PWT) and authorizes (from the public health investment fund):                             <ul style="list-style-type: none"> <li>o \$2.4 billion FY2011</li> <li>o \$2.8 billion FY2012</li> <li>o \$3.1 billion FY2013</li> <li>o \$3.4 billion FY2014</li> <li>o \$3.6 billion FY2015</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 4002. Establishes a "Prevention and Public Health Investment Fund" to provide for expanded and sustained national investment in prevention and public health programs:                             <ul style="list-style-type: none"> <li>o \$500 million FY2010</li> <li>o \$750 million FY2011</li> <li>o \$1 billion FY2012</li> <li>o \$1.25 billion FY2013</li> <li>o \$1.5 billion FY2014</li> <li>o \$2 billion FY2015 and each fiscal year thereafter</li> </ul> </li> </ul>

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<b>APHA Agenda for Health Reform: Invest in Population and Community-Based Prevention, Education and Outreach Programs – GENERAL PREVENTION AND WELLNESS PROGRAMS (CONT.)</b>	
<ul style="list-style-type: none"> <li>- Sec. 3121 Directs HHS Sec. to develop a "National Prevention and Wellness Strategy" to improve the Nation's health through evidenced-based clinical and community-based prevention and wellness activities including core public health infrastructure improvement activities.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 4001. Creates an interagency council to establish a national prevention and health promotion strategy. The Council shall consist of representatives of Federal agencies that interact with Federal health and safety policy, including the departments of Health, Agriculture, Education, Labor, Transportation, and others. The Council will report annually to Congress on the health promotion activities of the Council and progress in meeting goals of the national strategy.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 3151 Establishes a grant program to provide evidence-based community based prevention and wellness services in priority areas identified in the National Prevention and Wellness Strategy. Funding builds up from \$1.065 billion in FY2011 to \$1.6 billion in FY2015.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 4201. Creates "Community Transformation" grants to state and local governmental agencies and community based organizations for the implementation, evaluation, and dissemination of proven evidence-based community preventive health activities to reduce chronic disease rates, address health disparities, and develop stronger evidence-base of effective prevention.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 2511. Establishes a grant program to support school-based health clinics. Specifies that funding supplements (rather than supplants) existing federal and non-federal funding to SBHCs. Authorizes \$50 million for FY2011 and such sums as necessary for FY2012-2015.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 4101. Authorizes a grant program for the operation and development of School-Based Health Clinics, which will provide comprehensive and accessible preventive and primary health care services to medically underserved children and families. Appropriates \$50 million each year for fiscal years 2010 through 2013 for expenditures for facilities and equipment.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 2530. Establishes a new training program for community health workers to promote positive health behaviors in medically underserved communities. Authorizes \$30 million for each year FY2011-2015.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5313. Authorizes the Secretary to award grants to States, public health departments, clinics, hospitals, FQHCs and other nonprofits to promote positive health behaviors and outcomes in medically underserved areas through the use of community health workers.</li> <li>- Sec. 4004. Directs the HHS Sec. to convene a national public/private partnership for the purposes of conducting a national prevention and health promotion outreach and education campaign; funding not to exceed \$500 million. In addition HHS Sec. shall provide guidance to states regarding preventive services available to Medicaid enrollees.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 2535. Establishes a new program to prevent overweight and obesity among children. Authorizes \$10 million for FY2011 and such sums as necessary for FY2012-2015.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 4306. Appropriates \$25 million for the childhood obesity demonstration project created under CHIPRA and adjusts the demonstration time period to fiscal years 2010 through 2014.</li> </ul>
<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 4202. Creates the "Healthy Aging, Living Well program to program is to improve the health status of the pre-Medicare-eligible population to help control chronic disease and reduce Medicare costs. The CDC would provide grants to states or large local health departments to conduct pilot programs in the 55-to-64 year old population. Pilot programs would evaluate chronic disease risk factors, conduct evidence-based public health interventions, and ensure that individuals identified with chronic disease or at-risk for chronic disease receive clinical treatment to reduce risk.</li> </ul>
<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 4206. Creates a pilot program to provide at-risk populations who utilize community health centers with a comprehensive risk-factor assessment and an individualized wellness plan designed to reduce risk factors for preventable conditions.</li> </ul>
<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 4402. Directs HHS Sec. to evaluate the effectiveness of existing Federal health and wellness initiatives. The Secretary will consider whether such programs are effective in achieving their stated goals and evaluate their effect on the health and productivity of the Federal workforce.</li> </ul>

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<b>APHA Agenda for Health Reform: Invest in Population and Community-Based Prevention, Education and Outreach Programs – PREVENTION TASKFORCE</b>	
<ul style="list-style-type: none"> <li>- Sec.3131. Converts USPSTF to "Task Force on Clinical Preventive Services" to review the scientific evidence on the benefits, effectiveness, appropriateness, and costs of clinical preventive services; develop evidence-based recommendations; and identify gaps in clinical preventive services research and recommend priority areas for research activities.</li> <li>- Sec. 3132. Develops a "Task Force on Community Preventive Services" to review the scientific evidence related to the benefits, effectiveness, appropriateness, and costs of community preventive services; provide evidence-based recommendations and identify gaps in community preventive services research and recommend priority areas for research activities. Total funding (from PWT) for Taskforces: \$30 million each year for FY2011-2015.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 4003. Directs CDC Director to convene an independent "Community Preventive Services Task Force" to review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of community preventive interventions and recommendations, to be published in the "Guide to Community Preventive Services"; should take appropriate steps to coordinate its work with the USPSTF and the Advisory Committee on Immunization Practices, including the examination of how each task force's recommendations interact at the nexus of clinic and community.</li> </ul>
<b>APHA Agenda for Health Reform: Invest in Population and Community-Based Prevention, Education and Outreach Programs – PREVENTION RESEARCH</b>	
<ul style="list-style-type: none"> <li>- Sec. 3141 Directs CDC and NIH directors to coordinate prevention and wellness research activities taking into consideration priority areas identified in the National Prevention and Wellness Strategy and by the Task Force on Clinical Preventive Services and the Task Force of Community Preventive Services.</li> <li>- Sec. 3142. Provides support for CDC research on community preventive services.</li> <li>- Sec. 3143. Funds research on incentivizing healthy behaviors and inclusion of incentives in essential benefits packages or community prevention and wellness programs.</li> <li>- Total funding (from PWT) builds up from \$155 million in FY2011 to \$355 million in FY2015.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 4301. Directs HHS/CDC to fund research in the area of public health services and systems that examines evidence-based practices relating to prevention, with a particular focus on high priority areas as identified by the Sec. in the National Prevention Strategy or Healthy People 2020 and including comparing community-based public health interventions in terms of effectiveness and cost.</li> </ul>
<b>APHA Agenda for Health Reform: Invest in Population and Community-Based Prevention, Education and Outreach Programs – ORAL HEALTH</b>	
<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 4102. Establishes a 5-year national public education campaign on oral healthcare prevention. Provides demonstration grants to demonstrate the effectiveness of research-based dental caries disease management activities. Directs HHS Sec. to update and improve Pregnancy Risk Assessment Monitoring System (PRAMS) as it relates to oral health.</li> </ul>
<b>APHA Agenda for Health Reform: Invest in Population and Community-Based Prevention, Education and Outreach Programs – IMMUNIZATIONS</b>	
<ul style="list-style-type: none"> <li>- Sec. 1725. Includes public health clinics under the Vaccines for Children Program</li> <li>- Sec. 2524. Establishes a new grant program of demonstration projects to study the feasibility of using elementary and secondary education schools as influenza vaccination centers. Authorizes such sums as necessary for FY2011-2015 to carry out this section.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 4204. Directs the CDC Director to establish a demonstration program to award grants to States to improve the provision of recommended immunizations for all ages using evidence-based, population-based interventions for high-risk populations. Grants HHS Sec. Ability to negotiate and enter into contracts with manufacturers of vaccines for the purchase and delivery of vaccines for adults. Allows states to purchase adult vaccines directly from manufacturers at price negotiated by the HHS Sec. Reauthorizes the section 317 program. Orders a GAO study on Medicare beneficiaries' access to vaccines by Jun. 1, 2010. Authorizes \$1 million for FY2010.</li> </ul>

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<b>APHA Agenda for Health Reform: Invest in Population and Community-Based Prevention, Education and Outreach Programs – WORKSITE WELLNESS</b>	
– Sec. 112. Establishes a wellness grant program for small employers.	– Sec. 4303. Requires the CDC to study and evaluate best employer-based wellness practices and provide an educational campaign and technical assistance to promote the benefits of worksite health promotion to employers.
<b>APHA Agenda for Health Reform: Develop More Accurate Fiscal Scoring for Prevention and Early Intervention Services</b>	
– No similar provision	– Sec. 4401. Urges Congress should work with the Congressional Budget Office to develop better methodologies for scoring prevention and wellness programs given that results may occur outside the 5 and 10 year budget windows.
<b>APHA Agenda for Health Reform: Require Health Impact Assessment for All New Federal Policies and Programs</b>	
No provision	No provision
<b>APHA Agenda for Health Reform: Establish Health Goals and Outcomes and Require an Annual "State of the Nation's Health" Report Card</b>	
– Sec. 2401-2403. Creates a Center for Quality Improvement to identify, develop, evaluate, and implement best practices. Establishes an Assistant Secretary for Health Information within HHS to develop, collect data, and report on "Key National Indicators" regarding the performance of the nation's health and health care. Authorizes (from PHIF) \$300 million each year for FY2011-2015 to carry out sections 2401-2402.	– Sec. 5605. Directs the National Academy of Sciences to establish a "Commission on Key National Indicators" to develop and conduct comprehensive oversight of a "Key National Indicators System". Authorizes \$10 million FY2010 and \$7.5 million each year for FY2011-2018.  – Sec. 3011. Requires the HHS Sec. to establish and update annually a national strategy to improve the delivery of health care services, patient health outcomes, and population health. Establishes, not later than January 1, 2011, a Federal health care quality internet website.
<b>APHA Agenda for Health Reform: Other Prevention and Population Health</b>	
– Sec. 2572. Requires nutrition labeling standard menu items at chain restaurants and of articles of food sold from vending machines.	– Sec. 4205. Requires nutrition labeling standard menu items at chain restaurant and of articles of food sold from vending machines. Establishes a "National Prevention, Health Promotion and Public Health Council" a multidisciplinary group of professionals (including Secretaries of health, transportation, environment, education, agriculture, housing) to provide coordination and leadership at the Federal level with respect to prevention, wellness and health promotion practices, the public health system, and integrative health care. Council will also develop and make public a national prevention, health promotion and public health strategy and provide annual reports to Congress from July 2010 through July 2015.
– Sec. 2529. Encourages HHS Sec, to expand activities on postpartum conditions. Authorizes such sums as may be necessary for FY2011-2013 to carry out this section.	– Sec. 2952. S Provides support services to women suffering from postpartum depression and psychosis and also helps educate mothers and their families about these conditions. Provides support for research into the causes, diagnoses, and treatments for postpartum depression and psychosis.
– Sec. 2525. Reauthorizes the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program and removes the three-state limitation on participation. Authorizes funding that builds up from \$70 million for FY2011 to \$85 million for FY2015.	– No similar provision

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<b>APHA Agenda for Health Reform: Other Prevention and Population Health</b>	
<ul style="list-style-type: none"> <li>- Sec. 2526. Establishes a new program for states to provide evidence-based education to reduce teen pregnancy and sexually transmitted infections. Authorizes \$50 million for each year for FY2011-2015.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 2953. Provides \$75 million per year through FY2014 for Personal Responsibility Education grants to States for programs to educate adolescents on both abstinence and contraception for prevention of teenage pregnancy and sexually transmitted infections, including HIV/AIDS. Funding is also available for 1) innovative teen pregnancy prevention strategies and services to high-risk, vulnerable, and culturally under-represented populations, 2) allotments to Indian tribes and tribal organizations, and 3) research and evaluation, training, and technical assistance.</li> <li>- Sec. 2954. Appropriates \$50 million per year through FY 2014 for abstinence education.</li> </ul>
<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 4207. Amends the Fair Labor Standard Act to require employers to provide break time and a place for breastfeeding mothers to express milk. This would not apply to an employer with fewer than 50 employees, and there are no monetary damages.</li> </ul>
<b>APHA Agenda for Health Reform: Support Effective Strategies to Reduce Health Disparities</b>	
<ul style="list-style-type: none"> <li>- Sec. 1904. Provides state grants to create home visitation programs for families with young children and families expecting children. Authorizes:                             <ul style="list-style-type: none"> <li>o \$50 million FY2010</li> <li>o \$100 million FY2011</li> <li>o \$150 million FY2012</li> <li>o \$200 million FY2013</li> <li>o \$250 million FY2014</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 2951. Provides funding to States, tribes, and territories to develop and implement one or more evidence-based Maternal, Infant, and Early Childhood Visitation model(s).</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 3151. Requires that 50% of funds for prevention and wellness services be used for programs aimed at addressing a specific health disparity.</li> </ul>	<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 1785. Requires HHS Sec. to issue guidance regarding outreach and enrollment for Medicaid and SCHIP targeted to vulnerable populations.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 3510. Reauthorizes demonstration programs to provide patient navigator services within communities to assist patients overcome barriers to health services.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 2534. Establishes a new program to support community-based collaborative care networks to offer coordinated and integrated health care services for low-income populations and medically underserved communities. Authorizes such sums as necessary for FY2011-2015 to carry out this section.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5604. Authorizes \$50 million in grants for coordinated and integrated services through the co-location of primary and specialty care in community-based mental and behavioral health settings.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 2592. Requires the development of standards for accessible medical equipment and requires relevant agencies to ensure that all entities covered by the Affordable Health Choices Act meet requirements of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.</li> </ul>	<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 2558. Codifies the HHS Office of Women's Health and within the director's office of various Federal agencies to improve prevention, treatment, and research for women in health programs.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 3509. Codifies the HHS Office of Women's Health and within the director's office of various Federal agencies to improve prevention, treatment, and research for women in health programs.</li> </ul>
<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5603 Reauthorizes the Wakefield Children's Emergency Services Program. Authorizes funding that builds up from \$25 million in FY2010 to \$30.4 million in FY2014.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 2532. Establishes a new program to support pilot projects for reducing infant mortality. Authorizes \$10 million each year for FY2011-2015.</li> </ul>	<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>

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<b>APHA Agenda for Health Reform: Fund Research to Better Understand the Underlying Causes of Disparities</b>	
<ul style="list-style-type: none"> <li>- Sec. 241. Requires Health Choices Administration to collect data on health disparities.</li> <li>- Sec. 1709. Directs the new Assistant Secretary for Health Information to set standards for data collection on and to facilitate and coordinate analyses of health disparities within HHS and in collaboration with other departments.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 4302. Establishes uniform categories for collecting data on race and ethnicity, gender and primary language. The OMB Directive 15 standards and the OMB policy for aggregation and allocation of subgroups for race and ethnicity data would apply to Medicaid. Requires CMS to collect primary language data on CHIP enrollees and their parents. Requires CMS to collect data on individuals with disabilities. Requires that Federally-funded population surveys collect sufficient data on racial and ethnic subgroups. Requires HHS to share health disparities data, measures, and analyses with other relevant agencies. Ensures all appropriate privacy and security safeguards are followed for activities relating to health disparities data collection, analysis, and sharing.</li> </ul>
<b>APHA Agenda for Health Reform: Address Chronic Underfunding of the Public Health System</b>	
<ul style="list-style-type: none"> <li>- Sec. 2002. Establishes a "Public Health Investment Fund" (PHIF); specifies that the Fund supplements (rather than supplants) existing public health funding. In order for the PHIF to receive money certain existing programs must be funded at FY08 levels; and the PWT must receive at least \$650 million. Authorizes:               <ul style="list-style-type: none"> <li>o \$4.6 billion FY2011</li> <li>o \$5.6 billion FY2012</li> <li>o \$6.9 billion FY2013</li> <li>o \$7.8 billion FY2014</li> <li>o \$9 billion FY2015</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 4002. Establishes a "Prevention and Public Health Investment Fund" to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs. Authorizes:               <ul style="list-style-type: none"> <li>o \$500 million FY2010</li> <li>o \$750 million FY2011</li> <li>o \$1 billion FY2012</li> <li>o \$1.25 billion FY2013</li> <li>o \$1.5 billion FY2014</li> <li>o \$2 billion FY2015 and each fiscal year thereafter</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 3161. Establishes a grant program to support Core Public Health Infrastructure and Activities for State and Local Health Departments (this includes funding to establish a voluntary public health accreditation program to State and local health departments and public health laboratories). Funding (from PWT) builds up from \$800 million FY2011 to \$1.9 billion FY2015. At least 50% of the funding for will go to State health departments; at least 30% for competitive grants for State, local, and tribal health departments with priority given to those with demonstrated core public health infrastructure needs. Grants awarded by formula to each state. Funds will only supplement, not supplant funds already appropriated</li> <li>- Sec. 3162. Establishes a grant program support Core Public Health Infrastructure and Activities at CDC; Funding (from PWT) is \$350 million per year from FY2011-2015.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 4304. Establishes a program at the CDC that awards grants to assist State, local, and tribal public health agencies in improving surveillance for and responses to infectious diseases and other conditions of public health importance. Amounts received under the grants shall be used to strengthen epidemiologic capacity, enhance laboratory practices, improve information systems, and develop outbreak control strategies. Requires the Director of the CDC to issue national standards on information Exchange systems to public health entities for the reporting of infectious diseases and other conditions of public health importance in consultation with the National Coordinator for Health Information Technology. Authorizes \$190 million each year for FY2010-2013.</li> </ul>
<b>APHA Agenda for Health Reform: Expand the Public Health and Primary Care Workforce NATIONAL HEALTH SERVICES CORPS</b>	
<ul style="list-style-type: none"> <li>- Sec. 2201-2202:               <ul style="list-style-type: none"> <li>o Increases loan repayment amount to \$50,000 plus an amount to be determined by the Secretary in FY2012. Amends National Health Service Corps requirements to allow completion of obligation through part-time service; and allows clinical teaching to count as clinical practice for up to 20% of obligated service. Funding (from PHIF) builds from \$63 million in FY2010 to \$77 million in FY2015.</li> <li>o Authorizes funding (from PHIF) for scholarship and loan repayment programs in the National Health Service Corps that builds up from \$254 million in FY2010 to \$306 million in FY2015.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5207. Increases and extends the authorization of appropriations for the National Health Service Corps scholarship and loan repayment program for FY10-15</li> <li>- Sec. 5209. Eliminates the artificial cap on the number of Commissioned Corps members, allowing the Corps to expand to meet national public health needs.</li> </ul>

<p style="text-align: center;"><b>HOUSE - H.R. 3962</b>  <b>"THE AFFORDABLE HEALTH CARE FOR AMERICA ACT"</b></p>	<p style="text-align: center;"><b>SENATE - H.R. 3590</b>  <b>"THE PATIENT PROTECTION &amp; AFFORDABLE CARE ACT"</b></p>
<p><b>APHA Agenda for Health Reform: Expand the Public Health and Primary Care Workforce</b>  <b>WORKFORCE PLANNING</b></p>	
<p>– Sec. 2261. Creates an "Advisory Committee on Health Care Workforce Evaluation and Assessment" to: Within one year: Make recommendations on data consistency and enumerations; Within two years: Make recommendations on supply and diversity of workforce and policies to carry out those recommendations; and Every two years: update recommendations.</p>	<p>– Sec. 5101. Establishes a "National Health Care Workforce Commission" to disseminate information on current and projected health care workforce supply and demand, education and training capacity, retention programs, recommendations on a fiscally sustainable workforce.</p>
<p>– No similar provision</p>	<p>– Sec. 5102. Establishes a competitive health care workforce development grant program to enable State partnerships for completing comprehensive planning and to carry out activities leading to coherent and comprehensive health care workforce development strategies at the State and local levels (up to \$150,000 per state). Authorizes \$ 8llion in FY2010 for planning grants (entities must match at least 15% of funding) and \$150 million for FY2010 for implementation grants (entities must match at least 25% of funding).</p>
<p>– Sec. 2271. Requires HHS Sec. to collect data on the supply, diversity and geographic distribution of the health care workforce.</p>	<p>– Sec. 5103. Codifies the "National Center for Health Workforce Analysis" and creates regional centers to collect, analyze and report data related to the Title VII primary care workforce programs. Authorizes \$7.5 million each year (FY2010-2014) for National centers and \$4.5 million each year (FY2010-2014) for state and regional centers.</p>
<p><b>APHA Agenda for Health Reform: Expand the Public Health and Primary Care Workforce</b>  <b>PUBLIC HEALTH WORKFORCE</b></p>	
<p>– Sec. 2231-22315. Establishes a "Public Health Workforce Corps" to ensure an adequate supply of public health professionals--To be carried out by HRSA Administrator; CDC would be responsible for developing a methodology for placing and assigning Corps participants. Specifies that methodology must allow for placement and assignment in state, local and tribal health departments. Provides funding to support public health prevent medicine training programs. Authorizes funding for sections 2231-2234 (from PHIF):</p> <ul style="list-style-type: none"> <li>o \$51 million FY2011</li> <li>o \$57 million FY2012</li> <li>o \$59 million FY2013</li> <li>o \$62 million FY2014</li> </ul>	<p>– Sec. 5204. Creates a Public Health Workforce Loan Repayment Program (\$195 million FY2010 and such sums as may be necessary for FY 2011-2015). To be eligible, must be enrolled in accredited academic educational institution, in final year at said institution, and have accepted employment with Federal, state, or local public health agency. Individuals enter into contracts of at least 3 years and must agree, when appropriate, to a relocate to a priority service area in exchange for additional loan repayment incentive. Participants will receive up to \$35,000 for loan repayment for each year of service</p> <p>– Sec. 5206. Creates a training program for mid-career public health professionals. Authorizes \$30 million for FY2010.</p>
<p>– No similar provision</p>	<p>– Sec. 5210. Establishes a Ready Reserve Corps within the Commissioned Corps for service in times of national emergency. Authorizes \$50 million each year for FY2010-2014.</p>
<p>– No similar provision</p>	<p>– Sec. 5314. Authorizes the Secretary to address workforce shortages in State and local health departments in applied public health epidemiology and public health laboratory science and informatics. For FY2010 through 2013 authorizes:</p> <ul style="list-style-type: none"> <li>o \$5 million for epidemiology fellowship</li> <li>o \$5 million for laboratory fellowship training</li> <li>o \$5 million for Public Health Informatics Fellowship Program</li> <li>o \$24.5 million to expand the Epidemic Intelligence Service</li> </ul>
<p>– Sec. 2533. Establishes a new program to support health sciences curricula in public secondary schools to prepare students for careers in health professions. Authorizes such sums as necessary for FY2011-2015 to carry out this section.</p>	<p>– Sec. 5315. Directs the Surgeon General to establish a "U.S. Public Health Sciences Track" to train various health professionals emphasizing team-based service, public health, epidemiology, and emergency preparedness and response in affiliated institutions. Students would receive tuition remission and a stipend and are accepted as Commission Corps officers in the U.S. Public Health Service with a 2 year service commitment for each year of school covered.</p>

HOUSE - H.R. 3962 "THE AFFORDABLE HEALTH CARE FOR AMERICA ACT"	SENATE - H.R. 3590 "THE PATIENT PROTECTION & AFFORDABLE CARE ACT"
<b>APHA Agenda for Health Reform: Expand the Public Health and Primary Care Workforce WORKFORCE DIVERSITY</b>	
<ul style="list-style-type: none"> <li>- Sec. 2241. Provides scholarship and loan payment support for individuals from disadvantaged backgrounds serving in the health professions.</li> <li>- Sec. 2243. Requires HHS Sec to coordinate workforce diversity and cultural and linguistic competency activities.</li> <li>- Sec. 2251. Establishes a new program to promote cultural and linguistic competence among health care professionals.</li> <li>- Sec. 2252. Establishes a new program to develop interdisciplinary training programs</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5402. Authorizes funding for the Health professions training for diversity program:                             <ul style="list-style-type: none"> <li>o \$51 million for FY2010 to increase loan repayment amount (from \$20,000 to \$30,000) for scholarships to disadvantaged students.</li> <li>o \$5 million each year for FY2010-2014 for faculty loan repayment.</li> <li>o \$60 million for FY2010 for educational assistance for students in health professions from disadvantaged backgrounds.</li> </ul> </li> <li>- Sec. 5507. Establishes a demonstration grant program through competitive grants to provide aid and supportive services to low-income individuals with the opportunity to obtain education and training for occupations in the health care field that pay well and are expected to experience labor shortages or be in high demand.</li> </ul>
<b>APHA Agenda for Health Reform: Expand the Public Health and Primary Care Workforce WORKFORCE DIVERSITY</b>	
<ul style="list-style-type: none"> <li>- Sec. 2281. Authorizes funding (from PHIF): That builds up from \$90 million in FY2011 to \$110 million in FY2015 for workforce diversity programs including Centers for Excellence and programs in sections 2241 and 2243. That builds up from \$87 million in FY2011 to \$113 million in FY2015 for program in sections 2251, 2252, 2261 and 2271.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5401. Reauthorizes the Centers of Excellence program for \$50 million for FY2010-2015 (this is 150% of 2005 appropriations).</li> <li>- Sec. 5307. Reauthorizes and expands programs to support the development, evaluation, and dissemination of model curricula for cultural competency, prevention, and public health proficiency and aptitude for working with individuals with disabilities training for use in health professions schools and continuing education programs.</li> </ul>
<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5403. Establish community-based training and education grants for Area Health Education Centers (AHECs) and Programs. Two programs are supported - Infrastructure Development Awards and Points of Service Enhancement and Maintenance Awards - targeting individuals seeking careers in the health professions from urban and rural medically underserved communities. Authorizes \$125 million each year fro FY2010-2014; \$250,000 minimum per grant.</li> </ul>
<b>APHA Agenda for Health Reform: Expand the Public Health and Primary Care Workforce PRIMARY CARE</b>	
<ul style="list-style-type: none"> <li>- Sec. 2211 Establishes a loan repayment program to address health care needs in "health profession needs areas" not currently recognized as shortage areas; 90% of funding must be used to train primary care providers.</li> <li>- Sec. 2213 Creates capacity building grants for primary care training programs.</li> <li>- Sec. 2214 Creates a program to develop training programs for medical residents in community-based settings.</li> <li>- Sec. 2216 Authorizes funding (from PHIF) for programs in sections 2213-2215:                             <ul style="list-style-type: none"> <li>o \$240 million FY2011</li> <li>o \$253 million FY2012</li> <li>o \$265 million FY2013</li> <li>o \$278 million FY2014</li> <li>o \$292 million FY2015</li> </ul> </li> <li>- Sec. 2217 Directs GAO to conduct a study on effectiveness of scholarship and loan repayment programs no later than 12 months after enactments.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5201. Eases current criteria for schools and students to qualify for loans, shorten payback periods, and decreases the non-compliance provision to make the primary care student loan program more attractive to medical students.</li> <li>- Sec. 5203. Establishes a loan repayment program for pediatric subspecialists who are or will be working in a Health Professional Shortage Area, Medically Underserved Area, or with a Medically Underserved Population. Authorizes \$30 million each year for FY2010-2014.</li> <li>- Sec. 5301. Authorizes \$125 million for FY2010 for primary care training grants. Authorizes \$750,000 for each year FY2010-FY2014 for integrating academic units of primary care.</li> <li>- Sec. 5405. Establishes a "Primary Care Extension Program" to provide support and assistance to and educate primary care providers about preventive medicine, health promotion, chronic disease management, mental health services, and evidence-based and evidence-informed therapies and techniques, in order to enable providers to incorporate such matters into their practice and to improve community health by working with community-based health connector. Authorizes \$120 million FY2011-2012.</li> </ul>

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<b>APHA Agenda for Health Reform: Expand the Public Health and Primary Care Workforce</b> <b>PRIMARY CARE</b>	
<ul style="list-style-type: none"> <li>- Sec. 2234. Create the "Preventive Medicine and Public Health Training Grant Program" through HRSA, to provide training to graduate medical residents in preventive medicine specialties.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5508. Establishes a grant program to support new or expanded primary care residency programs at teaching health centers and authorizes \$25 million for FY2010, \$50 million for FY2011 and FY2012 and such sums as may be necessary for each fiscal year thereafter to carry out such program. Also provides \$230 million in funding under the Public Health Service Act to cover the indirect and direct expenses of qualifying teaching health centers related to training primary care residents in certain expanded or new programs.</li> </ul>
<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5305. Authorizes \$10.8 million per year for FY 2011-2014 for geriatric education and training. Also authorizes \$10 million per year from FY2010-2013 for "Geriatric Career Incentive" programs.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 1501. Directs Sec. to redistribute unfilled residency positions and direct those slots to primary care.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5503. Beginning July 1, 2011, directs the HHS Sec. to redistribute residency positions that have been unfilled for the prior three cost reports and directs those slots for training of primary care physicians.</li> </ul>
<b>APHA Agenda for Health Reform: Expand the Public Health and Primary Care Workforce</b> <b>NURSING</b>	
<ul style="list-style-type: none"> <li>- Sec. 2221. Authorizes funding (from PHIF) that builds up from \$115 million in FY2011 to \$140 million in FY2015\$ nursing scholarship, loan repayment and faculty loan programs and public service announcements.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5202. Increases loan amounts and updates the years for nursing schools to establish and maintain student loan funds.</li> <li>- Sec. 5308. Strengthens language for accredited Nurse Midwifery programs to receive advanced nurse education grants in Title VIII of the Public Health Service Act.</li> <li>- Sec. 5309. Awards grants to nursing schools to strengthen nurse education and training programs and to improve nurse retention.</li> <li>- Sec. 5310. Adds faculty at nursing schools as eligible individuals for loan repayment and scholarship programs.</li> <li>- Sec. 5311. Establishes a Federally-funded student loan repayment program for nurses with outstanding debt who pursue careers in nurse education. Nurses agree to teach at an accredited school of nursing for at least 4 years within a 6-year period.</li> <li>- Sec. 5312. Authorization of appropriations for parts B through D of title VIII. Authorizes \$338 million to fund Title VIII of the Public Health Service Act nursing programs.</li> <li>- Sec. 5404. Expands the allowable uses of nursing diversity grants to include completion of associate degrees, bridge or degree completion program, or advanced degrees in nursing, as well as pre-entry preparation, advanced education preparation, and retention activities.</li> <li>- Sec. 5509. Directs HHS Sec. to establish a demonstration program to increase graduate nurse education training under Medicare and authorizes \$50 million to be appropriated from the Medicare Hospital Insurance Trust Fund for each year FY2012-2015.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 2521. Establishes a program at the Department of Labor to address projected nurse shortages, increase the capacity for educating nurses, and support nurse training programs.</li> </ul>	<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 2536. Establishes a demonstration program to reduce the student-to-nurse ration in public elementary and secondary schools. Authorizes such sums as necessary for FY2011-2015 to carry out this section.</li> </ul>	<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>

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<b>APHA Agenda for Health Reform: Expand the Public Health and Primary Care Workforce</b> <b>DENTISTRY</b>	
<ul style="list-style-type: none"> <li>- Sec. 2215 Provides funding to support training programs for primary dentistry.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5303. Authorizes \$30 million in FY2010 to support and develop dental training programs.</li> <li>- Sec. 5304. Establishes demonstrations to create programs to train, or to employ, alternative dental health care providers to increase access to dental health care services in rural and other underserved communities (At least \$4 million per grant).</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 2555-2556. Clarifies that dental health facilities are among the medical providers whose emergency preparedness should be addressed by the National Health Security strategy, and that emergency training programs may be carried out at federal dental facilities. Sec. 2556. Clarifies that "emergency response provider" includes emergency dental personnel, agencies, and authorities.</li> </ul>	<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>
<b>APHA Agenda for Health Reform: Expand the Public Health and Primary Care Workforce</b> <b>OTHER WORKFORCE</b>	
<ul style="list-style-type: none"> <li>- Sec. 2252. Establishes a new training program for mental and behavioral health professionals. Authorizes \$10 million for each year FY2011-2015. Requires that at least 15% of funds are used for training programs in psychology.</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5203. Establishes a loan repayment program for providers of mental and behavioral health services to children and adolescents who are or will be working in a Health Professional Shortage Area, Medically Underserved Area, or with a Medically Underserved Population. Authorizes \$30 million each year for FY2010-2014.</li> <li>- Sec. 5306. Awards grants to schools for the development, expansion, or enhancement of training programs. For FY 2010-2013, authorizes:               <ul style="list-style-type: none"> <li>o \$8 million for training in social work</li> <li>o \$12 million for training in graduate psychology</li> <li>o \$10 million for training in professional child and adolescent mental health</li> <li>o \$5 million for training in paraprofessional child and adolescent work</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 2589. Creates and advisory panel and pilot program to improve working conditions and training for the long-term care workforce. Increases authorization for the Family Caregiver Support Program to \$260 million for each year FY2011-2013.</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5302. Establishes a grant program to create new training opportunities for direct care workers providing long-term care services and supports. Authorizes \$10 million for FY2011-2013.</li> </ul>
<ul style="list-style-type: none"> <li>- Sec. 2590. Establishes a new program for the Sec. of Labor to support online training of health care workers. Authorizes \$50 million for each year FY2011-2020.</li> </ul>	<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>
<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5205. Offers loan repayment to allied health professionals employed at public health agencies or in settings providing health care to patients located in Health Professional Shortage Areas, Medically Underserved Areas, or serving Medically Underserved Populations. Authorizes \$30 million for FY2010.</li> </ul>
<ul style="list-style-type: none"> <li>- No similar provision</li> </ul>	<ul style="list-style-type: none"> <li>- Sec. 5507. Establishes a demonstration program to competitively award grants for up to six States for three years to develop core training competencies and certification programs for personal and home care aides. Authorizes \$85 million per year for each year FY2010-2014. Also, extends funding for family-to-family health information centers at \$5 million for FY2010- 2012.</li> </ul>