



AMCHP Preliminary Summary of Key MCH Provisions Included in the “Affordable Health Choices Act” Introduced in the U.S. Senate

On June 9, 2008, Sen. Ted Kennedy (D-MA) introduced the “Affordable Health Choices Act.” This bill will be initially considered by the Senate Health, Education, Labor, and Pensions (HELP) Committee. It articulates five main principles: consumers should be able to keep the coverage they have now; health reform should reduce health care costs; it should invest in disease prevention; modernize the health system; and improve long-term care and services.

The bill includes extensive provisions to:

- restructure the U.S. insurance market,
- place mandates on individuals to obtain insurance and employers to provide it,
- establish "gateways" in the states that would serve as marketplaces for consumers to obtain insurance,
- strengthen the public health system, and
- extend subsidies to families to assist in the purchase of insurance.

Following are highlights of some specific provisions that would particularly impact women, infants, children, adolescents, children with special health care needs, and state MCH programs. Please note this is based on preliminary analysis of the bill as introduced. Significant changes to this bill are expected, and additional proposals will be considered by other Congressional Committees.

Title I—Quality, Affordable Health Care for All Americans

Subtitle A- Effective Coverage for All Americans

Sec. 2705 - Prohibits Preexisting Condition Exclusions or Other Discrimination Based on Health Status

- The current practice of treating pregnancy as a pre-existing condition prevents many pregnant women from obtaining affordable health coverage for maternity care. Removing this barrier to coverage is an important component of health reform. Prohibiting pre-existing condition exclusions is also extremely important for children with special health care needs. This proposal would make it easier for such children to obtain coverage for the health care they need.





Sec. 2702 - Guarantees Availability of Coverage

- This proposal would make coverage more attainable for pregnant women and children and youth with special health care needs.

Sec. 2703 - Guarantees Renewability of Coverage

- This proposal would require health insurers to renew coverage at the option of the individual and would promote continuity of care, which helps support the concept of medical homes.

Sec. 2706 - Prohibits Discrimination Against Individual Participants and Beneficiaries Based on Health Status

- This proposal would prohibit health insurers from establishing rules for eligibility based on health status factors and should help make coverage more attainable for pregnant women and children and youth with special health care needs.

Sec. 2707 - Ensures the Quality of Care

- Requires participating health plans to “develop and implement a reimbursement structure for making payments to health care providers that” incentivizes case management, care coordination, use of medical home, child health measures, and culturally and linguistically appropriate care, among other provisions.

Sec. 2708 - Coverage of Preventive Health Services

- Insurers are required to cover items or services that have a rating of ‘A’ or ‘B’ in the current recommendations of the United States Preventive Services Task Force; they must provide immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; and with respect to infants, children and adolescents, provide preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (i.e. Bright Futures).

Sec. 2709- Extension of Dependent Coverage

- Insurers providing dependent coverage must make coverage available for individuals up to age 26. This proposal will help promote insurance coverage among young women of childbearing age and support transitions to adult care for children with special health care needs.





Sec. 2710 - No Lifetime or Annual Limits

- Insurers may not establish lifetime or annual limits for beneficiaries. This is of critical importance for all families, especially those with children with special health care needs.

Subtitle B - Available Coverage for All Americans

Sec. 141 - Assumptions Regarding Medicaid

- The bill specifies several assumptions regarding Medicaid [under jurisdiction of the Senate Finance Committee], including all individuals currently eligible for Medicaid will remain eligible, and all individuals up to 150% of poverty will be eligible for Medicaid.

Sec. 143 - Affordable Health Choices for all Americans

- Authorizes grants to states to set up an “American Health Benefits Gateway” (i.e. exchange) that would certify participating health plans and assist individuals and employers select affordable health plans, with a proposed system of subsidies for low and middle income families with incomes possibly up to \$110,000 for a family of four.
 - Health plans must report to the Gateway on efforts to improve quality, including improving health outcomes through reporting, effective case management, care coordination, chronic disease management, including through the use of the medical home model, and the implementation of wellness and health promotion activities.
- States must facilitate enrollment for those who lack coverage by enrolling individuals in an affordable health plan, Medicaid, CHIP, or other federal programs.
 - It provides a choice for individuals eligible for CHIP specifying qualified individuals eligible for CHIP may elect to enroll in CHIP or in a qualified health plan.
 - Materials to facilitate enrollment must take into account potential language barriers and disabilities
 - States should consult with consumers, Medicaid offices, and advocates of hard to reach populations
 - Use Health IT to facilitate enrollment (match against existing federal/state data to serve as evidence of eligibility; the Secretary may award grants to enhance community based enrollment (public education campaigns)
- Establishes a new “Medical Advisory Council” that would recommend “essential health care benefits” for participating plans. Their recommendations would become law for most participating health plans unless explicitly over-ruled by Congress
 - The Council will report to Congress making recommendations on essential health care benefits including maternity and newborn care, mental health and substance





abuse, preventive and wellness services, pediatric services including oral and vision care.

- Must take into account the needs of diverse segments of the population including women, children, and people with disabilities.

Subtitle E - Improving Access to Health Care Services

Sec. 171 - Spending for Community Health Centers

- Increased the authorization of funding for community health centers increases from \$2.9 billion in FY 2010 to \$8.3 billion in FY 2015.

Sec. 173 - Authorization of Funding for National Health Service Corps

- Increased the authorization from \$320 million in FY 2010 to \$1.2 billion in FY 2015

Sec. 176 - Reauthorizes the Emergency Medical Services for Children Program

- Increased the authorization from \$25 million in FY 2010 to \$30.3 million in FY 2015

Subtitle C - Other Provisions Related to Health Information Technology

- Creates a commission at the National Academy of Sciences to develop a key national health indicators system, including creation of a public website.

Subtitle H - Community Living Assistance Services and Supports (CLASS Act)

- Establishes a national voluntary insurance program for purchasing community living assistance services and supports for adults over age 18 with severe functional impairments to obtain the services and supports they need to be functional and independent.

Title II - Improving the Quality and Efficiency of Health Care

Sec. 201 - Calls for national strategy for quality improvement in health care.

- Strategy would be updated triennially and contain long and short term goals. Identifies national priorities including reducing health disparities across health disparities populations. Priority will be given to delivery of health care services to children and other vulnerable populations.
-





- Calls for a strategic plan to coordinate among federal agencies to minimize duplication of efforts and for specific strategic plans to achieve national priorities. Strategic plans would be posted on public website.
- Establishes an annual national health care quality report card by Jan 31st, 2011.
- An interagency workgroup will be developed to examine quality to examine strategies identified by Public Services Act and avoid duplication of efforts. The group will include the Departments of HHS. Working group will submit to Congress a report on progress.

Sec. 203 - Quality Measure Development

- Grants will be given to entities to develop, improve, update, or expand quality measures including assessment of health disparities. Secretary will implement a reporting system on quality measures affecting assess continuity and coordination of care and care transitions for patients across the continuum of providers and health care settings.
- Comptroller General will evaluate implementation of data collection for quality measures. Looking to see if data is credible, efficient and cost effective.
- Evaluation would include assessment of family engagement.
- Grants may be awarded to public or private entities, including the State to collect data in quality measures. Grantees would be required to “collaborate with State health information technology entities and exchanges.”
- Establishes Patient Safety Research Center. Center would use research, including epidemiology, to identify best practices for quality improvement in the delivery of health care “including children’s health care.”
- Expands demonstration projects for improving the quality of children’s health care and the use of health information technology, such as through Pediatric Quality Improvement Collaborative and Learning Networks. Health IT will be evaluated on potential impact of such processes or systems on health status and function of patients, including vulnerable populations including children.

Sec 212 – Grants to Establish Community Health Teams to Support a Medical Home Model

- Grants would be given to states and other eligible entities to establish community health teams to support a medical home model and provide support to primary health providers.
- Teams would collaborate with local primary care providers and existing state and community based resources to coordinate disease prevention, chronic disease management, transitioning between health care providers and settings and case management for patients, including children, with priority given to those with chronic diseases.
- Teams would collaborate with local providers, develop and implement multidisciplinary, interprofessional care plans that integrate clinical and community preventive services for patients, including children.





- Teams would help establish a coordinated system of early identification and referral for children at risk for developmental or behavioral problems such as through the use of info-lines or health information technology, and support transitional health care needs from adolescence to adulthood.

Sec. 214 Design and Implementation of Regionalized Systems for Emergency Care

- Provides grants for pilot projects to design, implement, and evaluate an emergency medical and trauma system that coordinates with public health and safety services, emergency medical services, medical facilities, trauma centers, and other entities in a region to develop an approach to emergency medical and trauma system. Grants would address pediatric concerns related to integration, planning, preparedness, and coordination of emergency medical services for infants, children and adolescents.
- Supports Federal programs administered by the National Institutes of Health, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and other agencies to coordinate and expand research in pediatric emergency medical care systems and pediatric emergency medicine. Would include research in pediatric emergency care, specifically on the efficacy, safety, and health outcomes of medications used for infants, children, and adolescents in emergency care settings in order to improve patient safety.

Sec. 219 Center for Health Outcomes Research and Evaluation

- Creates a Center that would collect, conduct, support, and synthesize research with respect to comparing health outcomes, effectiveness, and appropriateness of health care services
- Coordinate, conduct, support, and synthesize research that identifies scientific advances in personalized medicine and reduces treatment disparities, among ethnic and racial minorities, children and vulnerable populations.

Sec. 221 Office of Women's Health

- Would codify leadership role of Offices of Women's Health in HHS Secretary's Office and each of the HHS operating divisions

Title III – Improving the Health of the American People

Sec. 301 Establishes a National Prevention, Health, Promotion and Public Health Council

- Proposed council would provide coordination and leadership with respect to prevention, wellness and health promotion practices, the public health system, and integrative health care in the United States. Calls for development of a *National Prevention and Health*





Promotion Strategy which, among other things, would set specific goals and objectives for improving the health of the nation through federally-supported prevention, health promotion, and public health programs; and establish measurable actions and timelines for meeting prevention and health promotion goals.

Sec 302 Establishes a Prevention and Public Health Investment Fund

- This fund will expand and sustain a national investment in prevention and public health programs at a level of \$10 billion per year, over and above current FY2008 levels of funding. As proposed, the fund would only support programs authorized under the Public Health Service Act. **This would exclude the MCH Block Grant as it is authorized in Title V of the Social Security Act. We are working with Congress on an amendment to clarify that Title V would be eligible.**

Sec. 303 Formally establishes an independent Preventive Services Task Force and Community Prevention Services Task

- Task Force would review scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of clinical preventive services. This is important as the current task force recommendations include less than 10 services specific to children. Also codifies establishment of an independent *Community Prevention Services Task Force* to review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of community preventive interventions to be published in the *Guide to Community Preventive Services*. Together these provisions should expand the evidence base for public health practice.

Sec 304 - Directs the HHS Secretary to implement a campaign to raise public awareness on the importance of preventive health across the lifespan.

Sec 311 Creates grants to states to create a temporary *Right Choices* program

- Program grants to states to provide a one-time health risk appraisal and a risk-strategy care plan for individuals not yet covered by health insurance. Sunsets as the plan reaches full implementation.

Sec 312 - Creates a grant program to support establishment of school-based health centers

Sec. 313 - Establishes an oral health prevention and education campaign.

Sec 314 Authorizes grants to states for school-based sealant programs; directs CDC to enter into cooperative agreements with each state for oral health improvement activities; improves oral health surveillance.





Sec 321 – Establishes Community Transformation Grants

- Authorizes competitive 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 a stronger evidence-base of effective prevention programs.

Sec 322 - Establishes a *Healthy Aging, Living Well* pilot project through CDC to provide public health community interventions, screenings, and necessary clinical referrals for individuals 55 and 64 years of age.

Sec 323 - Improves wellness for individuals with disabilities by establishing standards for accessible medical diagnostic equipment.

Sec 324 - Amends 317 Immunization program and creates demonstration program to improve immunization coverage.

Sec 325 – Requires nutrition labeling at chain restaurants and on vending machine food.

Sec 331 – Provides funds to CDC for research in the area of public health services and systems, including examining evidence-based practices relating to prevention, focusing in particular on the *National Prevention Strategy* or *Healthy People 2020*.

Sec 332 – Improves understanding of health disparities through improved data collection

Sec 333 – Promotes the use of health impact statements to assess the effect of the built environment on health outcomes.

Sec 334 - Promotes coordination of a workplace wellness marketing campaign to make employers aware of the benefits of employer-based wellness programs.

Title IV – Health Care Workforce

Extensive provisions proposed to increase supply and improve training of health workforce with special attention to those serving underserved populations.

Title V – Preventing Fraud and Abuse

Nothing MCH-specific in this Title, but note potential future confusion between Title V of the Affordable Health Choices Act and Title V of the Social Security Act.





Title VI – Improving Access to Innovate Medical Therapies

- Expands the 340 B program to provide more affordable medicines for children and underserved communities.

