



Health Care Reform Proposals 2009: Prevention Initiatives

A Side By Side Comparison



By: Susan J. Blumenthal, MD, MPA, Chrystan Skefos, Josh Oppenheimer, Alissa Clarke, et al.*

<p><u>Obama Administration: Principles for Health Reform</u></p>	<p><u>Senate HELP Committee: Affordable Health Choices Act</u></p>	<p><u>Senate Finance Committee: Policy Options for Health Care Reform</u></p>	<p><u>House Tri-Committee H.R. 3200: America's Affordable Health Choices Act</u></p>	<p><u>Bicameral Patients' Choice Act S.1099/H.R. 2520</u></p>	<p><u>Bipartisan Policy Center Proposal</u></p>
<p>Developing a National Strategy</p>					
<ul style="list-style-type: none"> ➤ Commits to a National Strategy of health reform that underscores the importance of emphasizing prevention, health promotion, and disease prevention. Invests in public health measures proven to reduce cost drivers in our system, such as obesity, sedentary lifestyles, and smoking, as well as guarantees access to proven preventive interventions. ➤ Cites improved management of chronic conditions and prevention as important elements of a cost containment strategy. 	<ul style="list-style-type: none"> ➤ Proposes a National Prevention and Health Promotion Strategy that would set specific goals for improving health in the U.S. through federally supported prevention, health promotion, and public health programs. Defines health promotion roles and responsibilities of Federal, State, and local governments, the private sector, communities, schools, worksites, families and individuals. ➤ Establishes specific and measurable actions and timelines to carry out the strategy. Makes recommendations to improve Federal efforts relating to prevention, health promotion, public health, and integrative health care practices. ➤ Creates a Prevention and Public Health Investment Fund in the U.S. Treasury to provide expanded, and 	<ul style="list-style-type: none"> ➤ Establishes a National Strategy for coordinating efforts to prevent chronic disease and reduce obesity ➤ Proposes that Congress authorize a study to identify the various federal programs that can help prevent the development of chronic disease. 	<ul style="list-style-type: none"> ➤ Proposes creation of a National Prevention and Wellness Strategy to improve the Nation's health through evidence-based clinical and community based prevention and wellness activities. ➤ Improves core public health infrastructure. ➤ Establishes a National Prevention and Wellness Trust for carrying out the work of Prevention Task Forces, prevention and wellness research, and the delivery of community-based prevention and wellness services. 	<ul style="list-style-type: none"> ➤ Establishes a Federal Interagency Committee to develop and coordinate a National Strategic Prevention Plan. Would include representatives from every federal agency involved in health promotion and prevention. The strategic plan will set national priorities for health promotion and disease prevention including nutrition, exercise, and smoking cessation. ➤ Provides annual reports on progress toward meeting the objectives outlined in the strategic plan. 	<ul style="list-style-type: none"> ➤ Proposes a National Public Health and Wellness Fund with \$50 billion in funding over 10 years. This Fund would provide \$500 million annually for innovative school and community-based programs designed to provide direct preventive and primary health care services, as well as exercise, nutrition, and wellness education initiatives. ➤ Supports the work of Community Health Teams that coordinate with schools through approximately \$2.5 billion of funding for community based resources, employers, and others to provide preventive, wellness, and coordinated care.

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	<p>sustained national investments in prevention and public health programs to improve health and help decrease health care costs. Would appropriate to the Fund \$10 billion for each of fiscal years 2010 through 2019; and for fiscal years 2020 and each fiscal year thereafter, an amount that is not less than the amount appropriated for fiscal year 2019.</p> <p>➤ Contains provisions for nutrition labeling of menu items at chain restaurants and food sold from vending machines.</p>				
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Federal Councils and Task Forces on Prevention

	<p>➤ Establishes a National Prevention, Health Promotion, and Public Health Council comprised of the Secretaries of HHS, Agriculture, Education, Transportation, Defense, Veterans Affairs, the Interior, Labor, Homeland Security, Housing and Urban Development, as well as the Chairmen of the Federal Trade Commission and Federal Communications Commission; and the Administrator of the EPA, among others. The Council</p>		<p>➤ Converts the existing U.S. Preventive Services Task Force into the Task Force on Clinical Preventive Services. Staffed by AHRQ, this task force of non-governmental experts would review the scientific evidence related to the benefits, effectiveness, appropriateness, and costs of clinical preventive services for the purpose of developing, updating, publishing, and disseminating evidence-based recommendations.</p>	<p>➤ Establishes an Inter-Agency Committee to coordinate a "National Strategic Prevention Plan." The Committee would include members from every government agency involved in U.S. health care and prevention.</p>	
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	<p>would provide coordination and leadership at the Federal level, across agencies, with respect to prevention, wellness, and health promotion practices, the public health system, and integrative health care in the United States.</p> <ul style="list-style-type: none"> ➤ Establishes a Preventive Services Task Force, an independent entity convened by the Director of the CDC, comprised of experts who would review scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of clinical preventive services to develop recommendations for the health care community, and update previous clinical preventive recommendations. ➤ Proposes a Community Preventive Services Task Force, an independent entity, convened by the Director of the CDC, which would review scientific evidence related to the effectiveness, appropriateness, and cost effectiveness of community preventive interventions to develop recommendations for individuals and 		<ul style="list-style-type: none"> ➤ Establishes a Task Force on Community Preventive Services. Staffed by the CDC, this task force would review the scientific evidence related to the benefits, effectiveness, appropriateness, and costs of community preventive services for the purpose of developing, updating, publishing, and disseminating evidence-based recommendations. The Task Force would also identify gaps in community preventive services, taking into account health disparities across populations. 		
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	<p>organizations delivering population-based services.</p> <p>➤ Establishes a Federal Interagency Working Group on Health Care Quality, which would foster collaboration, cooperation, and consultation between Federal departments and agencies to develop and disseminate strategies, goals, models, and timetables consistent with the national priorities stated in the Public Health Service Act.</p>				
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Prevention Grant Programs					
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<p>➤ Provides \$2 billion, through The American Recovery and Reinvestment Act (ARRA), to be invested over the next two years in Community Health Centers to support health care services, renovations and repairs and investments in health information technology.</p>	<p>➤ Creates a Prevention and Public Health Investment Fund in the U.S. Treasury to provide expanded and sustained national investments in prevention and public health programs to improve health and help decrease health care costs. Would appropriate to the Fund \$10 billion for each of fiscal years 2010 through 2019; and for fiscal years 2020 and each fiscal year thereafter, an amount that is not less than the amount appropriated for fiscal year 2019.</p>	<p>➤ Establishes a grant program to encourage local governments, employers, schools, other community organizations, and individuals to work together to support healthy lifestyles. This effort would explore interventions to improve and maintain the health of pre-Medicare eligible individuals, aged 55-64.</p> <p>➤ Awards grants to states and communities to implement innovative, evidence-based prevention and wellness programs at the local level. The programs would</p>	<p>➤ Establishes a grant program at the CDC to fund Community-Based Preventive Services Grants to provide evidence-based, community-based prevention and wellness services in priority areas as determined by the Secretary of HHS for the National Strategy.</p> <p>➤ Proposes a grant program at the CDC for Core Public Health Infrastructure at the state and local level</p>	<p>➤ Proposes that "Wellness Bonus Grants" be awarded to states demonstrating greatest progress in prevention and wellness, reducing chronic disease, increasing healthy behavior, and reducing risk factors for disease.</p>	<p>➤ Proposes a National Public Health and Wellness Fund with \$50 billion in funding over 10 years. This Fund would provide \$500 million annually for innovative school and community-based programs designed to provide direct preventive and primary health care services, as well as exercise, nutrition, and wellness education initiatives.</p>
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	<ul style="list-style-type: none"> ➤ Awards grants for the operation of School-Based Health Clinics that would provide comprehensive health assessments, mental health care, diagnosis and treatment of medical conditions and referrals to specialty care. Programs also may include oral health, social and health education services, nutrition counseling, physical education and prevention of chronic disease counseling. ➤ Establishes a Healthy Aging Living Well Program that will award grants for 5-year pilot programs for health and wellness interventions, screenings, and referrals for the population between 55 and 64 years old. ➤ Proposes Community Transformation Grants, awarded to State and local governmental agencies and community-based organizations for evidence-based community preventive health activities to reduce chronic disease, address health disparities, and develop a stronger evidence-base of effective prevention programs. This 	<p>employ best practices identified by the U.S. Department of Health and Human Services, the Institute of Medicine, and the Task Force on Community Preventive Services.</p>			<ul style="list-style-type: none"> ➤ Provides grants for prevention, health, and wellness programs in schools and communities. ➤ Includes a \$3 billion per year investment in wellness and prevention programs, to promote individual and community health, and to help reorient health care services to focus on prevention and wellness. ➤ Supports the work of Community Health Teams that coordinate with schools through approximately \$2.5 billion of funding for community based resources, employers, and others to provide preventive, wellness, and coordinated care.
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	<p>includes programs focusing on infrastructure to support active living and access to nutritious foods in a safe environment.</p> <p>➤ Establishes, through the Secretary of HHS acting through the CDC, a grant program a demonstration program to award grants to States to improve the provision of recommended immunizations for children, adolescents, and adults, through the use of evidence-based, population-based interventions for high-risk populations.</p>				
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Workplace Prevention Programs

<p>➤ Advocates workplace wellness programs as strategies for improving the health of workers and reducing the rising cost of health care spending.</p> <p>➤ Has directed the National Economic Council, the Department of Labor, and the Offices of Management and Budget, Personnel Management, and the White House Office of Health Reform to examine successful employer wellness and prevention</p>	<p>➤ Proposes a Workplace Wellness Marketing Campaign to educate employers, employee groups, and other interested parties about employer-based wellness programs. Campaigns would help to create a culture of health and emphasize an integrated and coordinated approach to workplace wellness. Provides technical assistance for employer-based wellness programs.</p>	<p>➤ Supports efforts by small businesses to create healthier work environments with tax credits or other subsidies for proven wellness programs. The support provided by targeted tax credits or other subsidies and community challenge grants would help lead individuals to make positive choices for their own health.</p>			<p>➤ Allows employer-based private plans to offer premium rebates for ongoing participation in evidence-based wellness programs in which beneficiaries demonstrate risk factor reductions and improvements in health outcomes such as smoking cessation and blood pressure control.</p> <p>➤ Includes a 50% federal tax credit incentive for certified employer-based wellness programs that</p>
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practices that lower health care costs and improve employees' health, as well as to explore possibilities of developing a plan for Federal employees and government agencies.	➤ Advocates research in workplace wellness through workplace demonstration studies to determine how best to transform the work environment for health, safety, and wellness.				meet accountability and health reporting requirements (limited to small and mid-sized firms and would require demonstrated impact on risk factors for continued funding)
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Incentivizing Prevention

➤ Advocates incentivizing prevention and wellness as a way to improve quality of care, manage risk, and lower the cost of health care.	➤ Requires that health plans must develop and implement a reimbursement structure that offers incentives for quality through implementation of wellness and health promotion, child health measures, and culturally and linguistically appropriate care. ➤ Requires implementation of case management, care coordination, chronic disease management, and programs to reduce preventable hospital admissions.			➤ Proposes that health care providers and institutions form Accountable Care Organizations (ACOs) to help realign payment incentives to “pay for performance.” Organizations would receive bonuses for demonstrating quality improvements with cost reduction. ➤ Expands access points for federally funded vaccines and encourages states to achieve higher vaccination rates. Gives bonus grants to states with vaccination rates >90%.	➤ Includes a \$3 billion per year investment in wellness and prevention programs, to promote individual and community health, and to help reorient health care services to focus on prevention and wellness. ➤ Includes a 50% federal tax credit incentive for certified employer-based wellness programs that meet accountability and health reporting requirements (limited to small and mid-sized firms and would require demonstrated impact on risk factors for continued funding).
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				<ul style="list-style-type: none"> ➤ Provides lower Medicare premiums to senior citizens who adopt healthier behaviors. ➤ Proposes that nutrition information should be given to each family/ individual enrolled in the USDA's Supplemental Nutrition Assistance Program. Purchasing power—or the amount of food participants receive for the assistance they are allotted--should be related to nutritional quality of selections. ➤ Proposes that "Wellness Bonus Grants" be awarded to states demonstrating the greatest progress in prevention and wellness, reducing chronic disease, increasing healthy behavior, and reducing risk factors for disease. ➤ Recommends that scientifically-based standards should be used to evaluate progress. 	
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Strengthening Health & Wellness Infrastructure

<ul style="list-style-type: none"> ➤ Advocates strengthening public health infrastructure at the state and local levels. ➤ Proposes increasing investments in public health measures to reduce obesity, sedentary lifestyles, and smoking. 			<ul style="list-style-type: none"> ➤ Advocates financially supporting and strengthening public health programs and departments at the state, local, tribal, and territorial levels. ➤ Expands community health centers, authorizing an additional \$12 billion for such centers in fiscal years 2010-2014. Creates community based programs to deliver prevention and wellness services. ➤ Targets community based programs and new data collection efforts to better identify and address racial, ethnic, and other health disparities. 		<ul style="list-style-type: none"> ➤ Proposes funding the Community Health Teams initiative that would coordinate care for Medicare participants. ➤ Provides funding for providers in underserved areas.
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Health Information Technology

<ul style="list-style-type: none"> ➤ Proposes computerizing the nation's health records in five years in an effort to minimize medical errors and improve quality of care. ➤ Provides, through the American Recovery and Reinvestment Act, \$19 billion in health information technology, including \$17 billion in incentives to providers to encourage use of electronic medical records. 	<ul style="list-style-type: none"> ➤ Emphasizes using Health Information Technology to improve the quality, safety, and efficiency of health care 	<ul style="list-style-type: none"> ➤ Uses Health Information Technology to put comparative research and other decision support tools at providers' fingertips in real time as well as better coordinate patient care. 	<ul style="list-style-type: none"> ➤ Incorporates Health Information Technology in efforts to improve decision support and quality of care. 		
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<ul style="list-style-type: none"> ➤ Appointed a National Health Information Coordinator in HHS to develop national health IT infrastructure ➤ Establishes a National Health IT Policy and Standards Committees that are comprised of public and private stakeholders (e.g., physicians) to provide recommendations on the Health IT policy framework, standards, implementation specifications, and certification criteria for electronic exchange and use of health information. 					
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Paying for Prevention Services					
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<ul style="list-style-type: none"> ➤ Provides \$1 billion for prevention and wellness programs through the American Recovery and Reinvestment Act 2009. ➤ Cites improved management of chronic conditions and prevention as core principles of health reform efforts and cost containment strategies. 	<ul style="list-style-type: none"> ➤ Provides coverage for recommended preventive services without any cost sharing requirements (other than minimal cost sharing in accordance with guidelines developed by the Secretary of HHS). ➤ Covers infants, children, and adolescents for preventive care and screenings as recommended by the Health Resources and Services Administration (HRSA) U.S. Preventive Services guidelines. 	<ul style="list-style-type: none"> ➤ Reduces or eliminates co-payments for recommended preventive services under Medicare. ➤ Medicaid and SCHIP beneficiaries would receive recommended preventive services without co-payments. 	<ul style="list-style-type: none"> ➤ Eliminates consumer cost-sharing for all preventive services. ➤ Requires Medicaid coverage of preventive services recommended by the U.S. Preventive Services Task Force. ➤ Prohibits State Medicare and Medicaid from excluding tobacco cessation products from coverage and includes tobacco cessation counseling in the definition of pregnancy-related services that States must provide to eligible pregnant women. 		<ul style="list-style-type: none"> ➤ Provides first dollar coverage for specified preventive services. ➤ Eliminates consumer cost-sharing for preventive services recommended by the U.S. Preventive Services Task Force in both Medicare and health insurance exchanges.
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	<ul style="list-style-type: none"> ➤ Covers items or services recommended by the U.S. Preventive Services Task Force. ➤ Covers immunizations recommended by the CDC Advisory Committee on Immunization Practices. 				
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Strengthening the Workforce

<ul style="list-style-type: none"> ➤ Promotes increased funding for primary care providers and the public health workforce. This includes loan repayments, training grants, and increased reimbursement to health care providers for providing prevention services. ➤ Provides, through the American Recovery and Reinvestment Act (ARRA), almost \$200 million for the National Health Service Corps (NHSC) loan repayment program. ARRA funds could support up to 4,000 new NHSC clinicians to work with underserved populations. ARRA also allocated \$24 million for new NHSC Scholarships and \$20 million for state loan repayment programs to be allocated by states. 	<ul style="list-style-type: none"> ➤ Increases scholarship opportunities, federally supported student loan funds, and healthcare workforce loan repayment programs. ➤ Proposes training for mid-career public health professionals. ➤ Authorizes appropriations for the National Health Service Corps. ➤ Proposes establishing a National Health Care Workforce Commission to serve as a national resource for the President, Congress, States, and localities by disseminating information on current and projected health care workforce supply and demand. Communicating information about important policies and practices that affect the 	<ul style="list-style-type: none"> ➤ Proposes Medicare Graduate Medical Education program placing greater emphasis on providing training in critical focus areas such as primary care, geriatrics, and preventive services. ➤ Allocates GME funds for health workers who play a role in managing patients' primary needs. ➤ Uses GME funding to train residents outside traditional hospital settings, such as in community-based primary care offices. 	<ul style="list-style-type: none"> ➤ Advocates expanding the National Health Service Corps and authorizes an additional \$375 million in fiscal years 2010-2014 for this program. ➤ Increases loan repayment benefits for each Corps member to a maximum of \$50,000 per year. Permits fulfillment of Corps service obligation through part-time service. ➤ Establishes a Public Health Workforce Corps, modeled on the National Health Service Corps, to ensure an adequate supply of public health professionals to help eliminate critical public health workforce shortages. Also establishes a Public Health Workforce Scholarship Program. 	<ul style="list-style-type: none"> ➤ Supports investing in the health care workforce by providing funding for education of nurses and allied health professionals. ➤ Proposes revising the scope of practice laws that discourage use of advanced practice nurses, pharmacists, and other allied health professionals.
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	<p>recruitment, education, training and retention of the health care workforce, among other duties.</p> <p>➤ Proposes a competitive health care workforce development grant program to foster State partnerships to conduct comprehensive planning and activities that would lead to comprehensive health care workforce development strategies at the State and local levels.</p>		<p>➤ Boosts training of primary care doctors and expands pipeline of individuals going into the health professions.</p> <p>➤ Modifies an existing student loan program to make it more attractive for students to pursue careers in primary care by reducing loan repayment rate to 2% below otherwise available interest rates.</p> <p>➤ Establishes a Public Health Workforce Loan Repayment Program.</p>		
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Personalizing Wellness Plans

	<p>➤ Provides grants to each state for a "Right Choices" program, a care plan administered through the State's Medicaid program or comparable program, providing eligible individuals with a Right Choices Card to access a one-time health risk appraisal; a risk stratified care plan with a Medicare or Medicaid affiliated primary care doctor; and to receive recommendations for referrals, immunizations, screenings, and behavioral changes.</p>	<p>➤ Proposes "Right Choices," a temporary grant program to provide the uninsured with immediate access to a set of proven preventive services such as a health risk assessment, physical exam, immunizations, and age and gender appropriate cancer screenings recommended by the U.S. Preventive Services Task Force. Right Choices would also provide referral to community resources such as smoking cessation and nutrition programs.</p>		<p>➤ Authorizes a national science-based, coordinated media plan as well as web-based prevention tool run by the CDC that will provide personalized prevention plans for individuals based on personal health and family history.</p>	<p>➤ Provides for a new no co-payments/ deductible wellness visit for Medicare beneficiaries to receive a personalized prevention plan and health risk assessment</p>
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Medical Home Model: Integrating Prevention and Coordinating Care

<ul style="list-style-type: none"> ➤ Emphasizes the importance of coordinated, chronic disease management as a component of health care reform. 	<ul style="list-style-type: none"> ➤ Provides grants to community health teams delivering a medical home model for chronic disease management. Through this program, interdisciplinary, inter-professional teams would support primary care practices within the hospital service areas served by eligible entities. To be eligible, a team must, among other requirements, submit a plan for incorporating prevention initiatives and patient education and care management resources into the delivery of health care, integrating with community-based prevention and treatment resources. 	<ul style="list-style-type: none"> ➤ Advocates expanding Medicare's role in testing the medical home model—in which practitioners are paid explicitly for comprehensive care management services. Requires collaboration between Medicare and ongoing demonstration sites that include private payers and Medicaid. ➤ Community Health Teams would link primary care practices with additional resources that would allow small or rural offices to participate in the medical home program. 			
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Data and Research

<ul style="list-style-type: none"> ➤ Increases funding for comparative effectiveness research by \$1.1 billion through the American Recovery and Reinvestment Act. ➤ Establishes the Federal Coordinating Council for Comparative Effectiveness Research (FCC-CER), an advisory board that will be comprised of up to 15 	<ul style="list-style-type: none"> ➤ Creates a Patient Safety Research Center to identify and disseminate information regarding best practices and reduction of medical errors. ➤ Supports research on optimizing the delivery of public health services, focused on examining evidence based practices related to prevention, with 	<ul style="list-style-type: none"> ➤ Invests in new research and tools, as well as modeling a national approach to comparative effectiveness research. 	<ul style="list-style-type: none"> ➤ Improves data collection to identify and address health disparities, especially those involving racial, ethnic, and regional differences. ➤ Provides Community-Based Prevention and Wellness Research Grants to eligible entities to conduct studies in priority areas identified in the National Strategy or by the 		<ul style="list-style-type: none"> ➤ Expands comparative effectiveness research on medical treatments and practices relevant to patient decisions and health care policy reform.
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<p>representatives of federal agencies—at least half will be physicians or other experts with clinical expertise.</p>	<p>a particular focus on high priority areas identified by the Secretary in the National Prevention Strategy or Healthy People 2020.</p> <ul style="list-style-type: none"> ➤ Includes comparing community-based public health interventions in terms of effectiveness and cost. ➤ Establishes a Center for Health Outcomes Research and Evaluation that would collect, conduct, support and synthesize research that compares health outcomes, effectiveness, and appropriateness of health care services and procedures to identify how best to prevent, diagnose, manage, and treat health conditions. ➤ Conducts a National Worksite Health Policies and Programs Study to analyze, and monitor data about workplace policies and programs and to develop instruments to assess and evaluate comprehensive workplace chronic disease prevention. 		<p>Task Force on Community Preventive Services.</p> <ul style="list-style-type: none"> ➤ Establishes a Center for Comparative Effectiveness Research within the Agency for Healthcare Research and Quality to conduct, support, and synthesize research relevant to the comparative effectiveness of the full spectrum of health care services. ➤ Establishes a Comparative Effectiveness Research Commission to oversee the Center for Comparative Effectiveness Research. 		
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	<ul style="list-style-type: none"> ➤ Proposes Health Impact Assessments to assess the effect of the built environment on health outcomes—including the environments of buildings, homes, schools, workplaces, greenways, business areas, transportation systems, parks and recreation areas. 				
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Prevention Education and Outreach Campaigns
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	<ul style="list-style-type: none"> ➤ Proposes conducting a National Education and Outreach Campaign, coordinating with the Institute of Medicine, which would disseminate information describing the importance of utilizing preventive services to promote wellness, reduce health disparities, and reduce chronic disease. ➤ This Campaign would also encourage healthy behaviors linked to the prevention of chronic disease, explain preventive services under health plans, and describe additional preventive services provided and supported by government agencies. 			<ul style="list-style-type: none"> ➤ Proposes creating National health and wellness media campaigns backed by scientific data and designed by social marketing professionals. ➤ Campaigns would focus on health promotion and disease prevention. Messages will address proper nutrition, exercise, smoking prevention and cessation, and obesity along with secondary prevention through promoting disease screening. 	<ul style="list-style-type: none"> ➤ Supports development of educational materials to improve the public's health/wellness knowledge base.
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* Rear Admiral [Susan Blumenthal, M.D.](#) (ret.) is the Director of the Health and Medicine Program at the [Center for the Study of the Presidency and Congress](#) in Washington, D.C. and a Clinical Professor at Georgetown and Tufts University Schools of Medicine. She served for more than 20 years in health leadership positions in the Federal government, including as Assistant Surgeon General of the United States, the first Deputy Assistant Secretary of Women's Health, as a White House Advisor on Health, and as Chief of the

Behavioral Medicine and Basic Prevention Research Branch at the National Institute of Health. Dr. Blumenthal has received numerous awards, including honorary doctorates and has been decorated with the highest medals of the US Public Health Service for her pioneering leadership and significant contributions to advancing health in the United States and worldwide.

Chrystan Skefos, a medical student at Baylor College of Medicine and recent graduate of Rice University, is a Health Policy Fellow at the Center for the Study of the Presidency and Congress.

Josh Oppenheimer, a junior at Princeton University who will attend Mount Sinai School of Medicine through its Humanities and Medicine Program, is a Health Policy Fellow at the Center for the Study of the Presidency and Congress.

Alissa Clarke, a recent graduate of Harvard University, is the Special Assistant to Dr. Blumenthal and a Research Associate for Health Policy at the Center for the Study of the Presidency and Congress.

Ali Khan, a joint degree student in medicine and public policy at the Medical College of Virginia and the Harvard Kennedy School, is a Health Policy Fellow at the Center for the Study of the of the Presidency and Congress.

Yi-An Ko, a recent graduate of Harvard University, was a Health Policy Fellow at the Center for the Study of the Presidency and Congress.

While efforts have been made to make these charts on the prevention component of 2009 Health Care Reform Proposals as comprehensive as possible, this information is intended to be used as a non-partisan reference only and does not necessarily represent the opinions of the authors or sponsoring organizations. Please note that the chart may not reflect changes made to the proposals as the legislative process evolves.

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