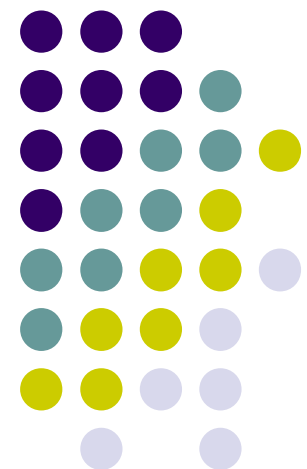


Public Health, Prevention, & Health Care Reform

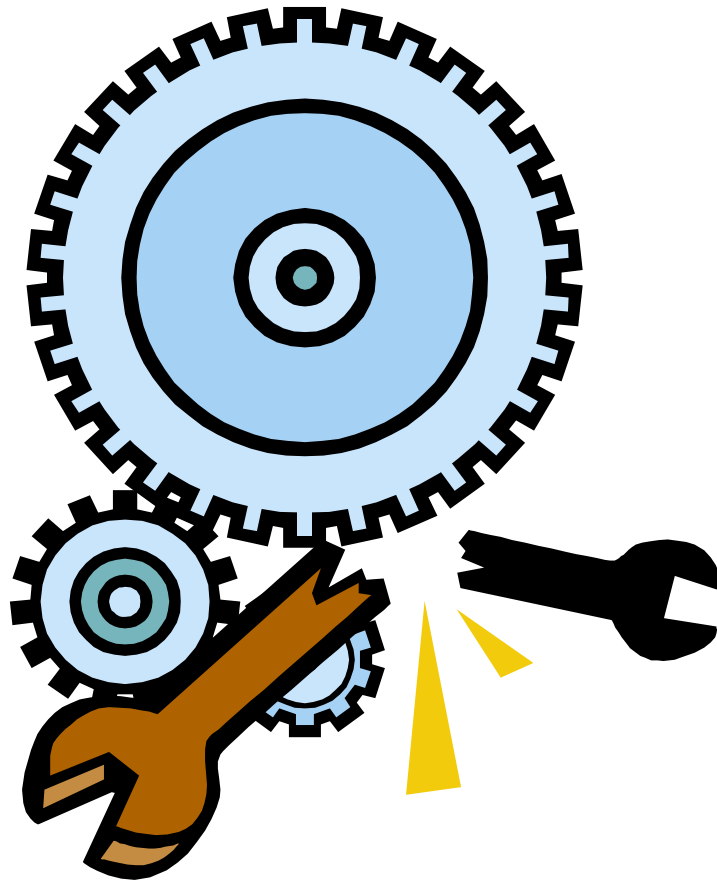
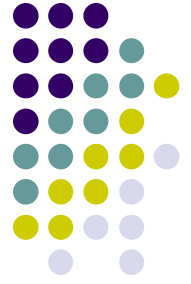
**Institute of Medicine Committee on
Public Health Strategies to Improve Health
Washington, DC
November 3, 2009**

**Georges C. Benjamin, MD, FACP, FACEP(E)
Executive Director
American Public Health Association**

“Protect, Prevent, Live Well”



Our System To Prevent, Mitigate and Treat Disease Is Broken



- | **Costs**
 - § Affordability to individuals
 - § Growth of overall costs
- | **Quality concerns**
 - § Uneven quality
 - § Disparities in outcomes
 - § Medical errors/Patient safety
- | **Access**
 - § Rising un/underinsured
 - § Less provider availability
- | **Inadequate use of Health IT**
 - § Clinical information
 - § Program management
- | **Sickness versus wellness**
 - § Under investment in public health
 - § More focus on disease end of process

HR 3962: Affordable Health Care for America Act House Bill



Health Reform Coverage Plan

46.3 million uninsured often default to public health system for care

Medicaid to 150% FPL
\$33,000

Rest
400% FPL or < \$88,000

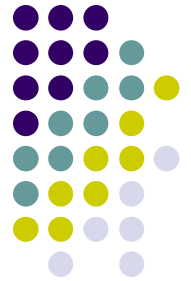
> \$88,000

Medicare Reforms
•Cost reduction
•Care coordination

Under age 65

Age 65 & older

HR 3962: Affordable Health Care for America Act



- | **Public plans**
 - | Public option
 - | 6 million / 46 million uninsured
 - | 2% of 282 million nonelderly
 - | COOPS included as well
- | **Mandates**
 - | Individual
 - | Employer
- | **Numerous insurance access reforms**
 - | Rescission
 - | COBRA
 - | Preexisting condition
 - | Can't drop when sick
- | **Kids can stay with parents to age 26**
- | **Protections age 55 - 65**
 - § Reinsurance fund
 - § Employers can't reduce benefits
- | **Indian health service reauthorization**



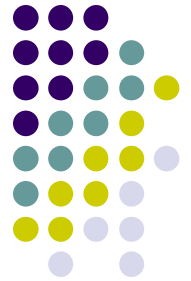


HR 3962: Affordability

- | No annual or lifetime limits
- | 2:1 Rating
- | Caps out of pocket spending:
§ (\$5,000 & \$10,000)
- | Antitrust exemption repealed
- | Health insurance exchange
- | Individual tax credits
- | Employer tax credits
- | Closes the doughnut hole
- | Expands 340 B pharmacy program
- | First dollar coverage for clinical preventive health services in Medicaid & Medicare
- | Price gauging control
- | Some liability reform



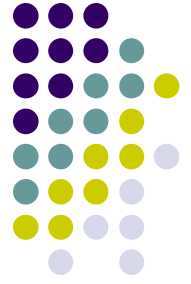
HR 3962: Cost/Quality Measures



- | **Several provisions on lowering long term costs**
 - § **Payment and delivery**
 - § **Accountable Care Organizations**
 - § **Medical Homes**
 - § **Payment Bundling**
- | **Comparative effectiveness research**
- | **Health information technology**
- | **Institute of Medicine will make recommendations on:**
 - § **How to fix the Medicare payment system regarding geographic variations**
 - § **Changing the system to reward value and quality**
 - § **CMS will implement unless Congress disapproves**



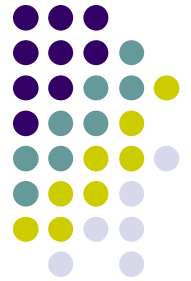
HR 3962: Funding



- | Increases taxes on those with incomes
 - § \$500,000 individual
 - § \$1 million family
- | Reduces Medicare Advantage overpayments
- | Employer mandate



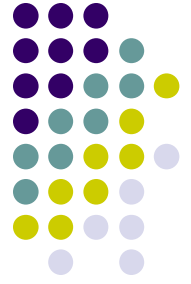
HR 3962: Federal Affordability



- | Reduces the deficit by \$30 billion over first 10 years without CLASS (LTC) Act and \$103 billion with it
- | Deficit reduction continues over second 10 years
- | Medicare prescription drug negotiation
- | Reduces Medicare Advantage overpayments

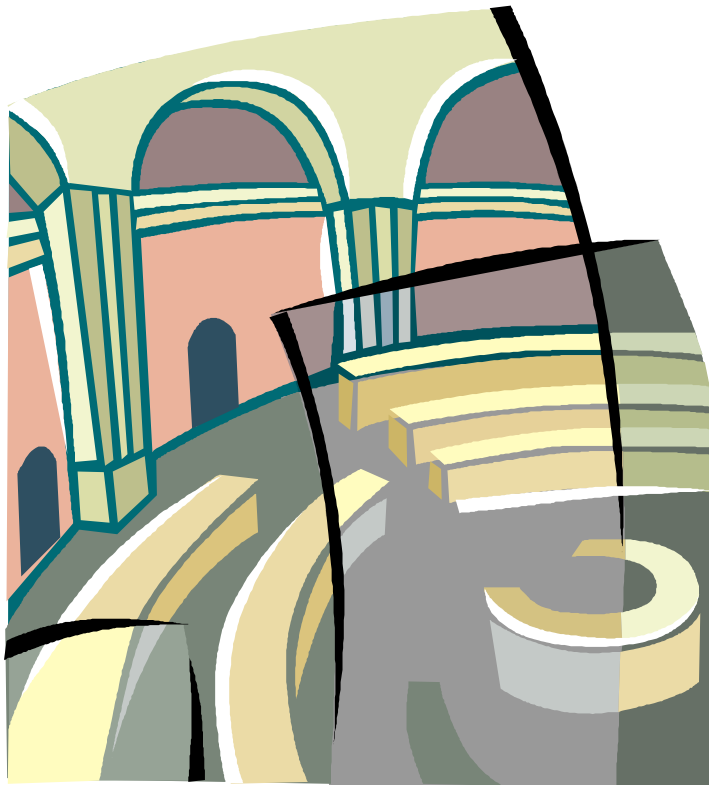
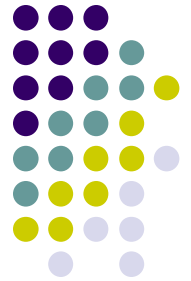
Costs under \$900 billion

HR 3962: Prevention & Wellness



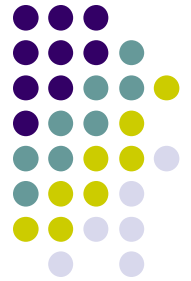
- | Workforce
- | Community health centers
- | Primary care' health disparities data
- | School based health
- | Evidence/research to drive prevention programs
- | Trust Fund - \$35 billion
 - | Community grants
 - | Public health infrastructure grants
 - | Workplace wellness programs

Senate Bills (HELP & Finance)



- | Combined details pending
- | Many similar provisions to House bill expected:
 - | Insurance market reforms
 - | A public option included
- | Public health provisions
 - | Workforce
 - | Public health trust fund - \$80 billion now – But rumored to fall to \$20 billion
 - | Clinical & community prevention expected

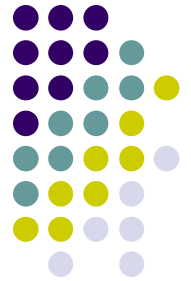
Population Health In A Near Universal Coverage Environment



- | Policy development, assessment and indirect assurance roles will increase
- | Direct assurance role will decrease
- | Will need to do public health system reform next & programs must change
 - | Ryan White
 - | Breast & cervical cancer
 - | Pharmacy assistance
 - | Disease control
 - | Others
- | Must capture & reapply savings



Getting To Yes: A Plan



- | House debates this week & possible vote
- | Senate releases bill, debates & votes over next three weeks: Possibly by Thanksgiving
- | Over holiday: Political debate
- | Conference committee after Thanksgiving break
- | Final vote before Christmas

Then the fun begins!

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WWW.APHA.ORG

Thank You

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