

# Health Reform

Christen Linke Young, JD

Centers for Disease Control & Prevention

CDC Washington Office



**Health Reform Overview**



# Outline

- What is health reform?
  - An explanation of the politics and policy of health reform.
- How does it affect public health?
  - An overview of the public health provisions.
- How will cancer screening programs be affected?
  - Understanding the effects on cancer detection programs.



# What is health reform?



**Health Reform Overview**



# The Problems & the Solutions

Health reform is meant to tackle two big problems in the American health care system

Problems	Solution Strategies
<p>Nearly 50 million Americans lack health insurance</p> <p>Millions more are underinsured and exposed to huge medical bills</p>	<ol style="list-style-type: none"><li>1) Reform and restructure the health insurance market through Exchanges and regulation</li><li>2) Require employers to provide, and individuals to have, health insurance</li><li>3) Provide subsidies to help low-income families purchase insurance</li></ol>
<p>Health care costs (even for the insured) are growing rapidly with no real improvements in health status</p> <p>Conditions such as obesity threaten to further increase costs</p>	<ol style="list-style-type: none"><li>1) Make Medicare &amp; Medicaid more efficient</li><li>2) Generate an evidence base to show what works and expose wasteful spending</li><li>3) “Bend the curve” over the long term by creating incentives for efficient, high-quality care</li></ol>



# Hot Topics

- **The Exchange** – a regulated market through which individuals and small businesses can buy coverage from private companies.
  - Allows pooling of many smaller groups and “apples to apples” comparison.
  - Debate over structure (state/regional/national), how much regulatory power, how much insurance companies can vary premiums.
- **Subsidies** – low income individuals who buy insurance on the Exchange get a subsidy. Debate over how generous these should be.
- **Public Option** – a government run plan (like Medicare), which would compete with private insurance companies on the Exchange. People could chose to buy from the public option, or they could chose the private insurance.
  - Many different variations on this proposal exist.
- **Cadillac Plans** – especially expensive insurance plans, that Senate Finance Committee has proposed taxing.



# Health Reform Process

- **Senate**

- HELP Committee reported a bill in late July, Finance Committee reported a very different bill in October, blended bill became available in November
- Senate began floor debate on health reform in early December, opening with a 60-39 vote to allow debate

- **House**

- Ways & Means, Energy & Commerce, Education & Labor worked together on one “Tri-Committee” bill, all three committees reported this bill in July
- House passed a bill in early November, 220-215



# Timing and Expectations

- What comes next?
  - Senate debates and modifies their bill
  - Conference committee negotiates differences—which are likely to be substantial
- Significant political obstacles remain, but most observers still expect some sort of health reform bill to pass by year's end



# How will it affect public health?



**Health Reform Overview**



# New Programs at CDC

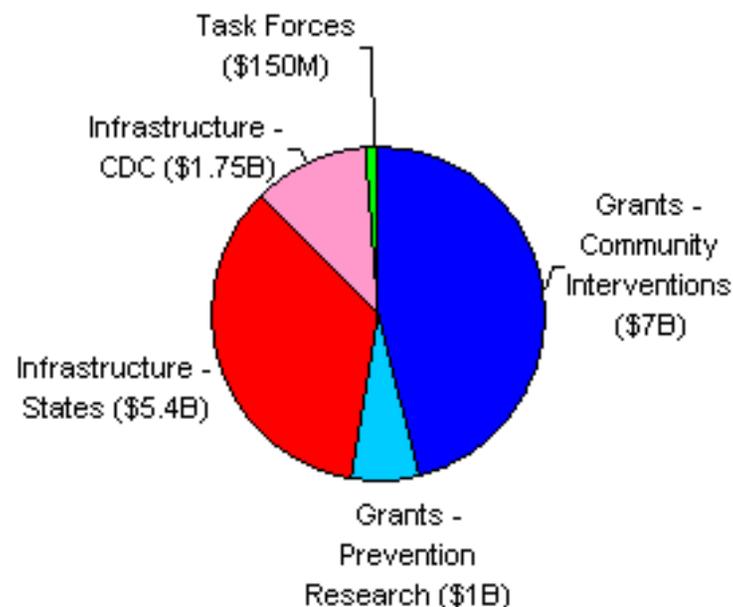
- New grants
  - \$500 million to \$3.5 billion per year
- New, high-priority authority
  - Calorie labels at chain restaurants, better health data collection, mandatory reporting of healthcare associated infections, may others
- Stronger public health institutions within and across the federal government
- Major reforms to give more individuals access to preventive services
  - These reforms include, at a minimum, ACIP-recommended vaccines & USPSTF-recommended services



# Funding for Public Health

- The Senate and the House include major, stable funding sources for prevention
- Senate—\$15 billion over 10 years; no specific allocation
- House—\$15.2B over 5 years, allocated to CDC as shown at right
- The final bill will probably not fund prevention at quite these levels, but significant investment (as much as \$2 billion/year) is still likely.

House Tri-Committee Prevention Funding  
2010-2014



# Funding for Public Health, *cont.*

- The House bill allocates money in new, exciting ways—and it is mandatory, not just authorized
  - Truly transformative grants that move away from disease-specific funding to holistic state and local support.
    - Grants to promote community prevention interventions: \$7B over 5 years
    - Grants to strengthen state and local health department infrastructure: \$5.4B over 5 years
    - CDC infrastructure, prevention research, and monitoring
- Both the Senate and the House invest hundreds of millions of dollars in expanding the public health workforce
  - Expanding EIS, new programs for loan repayment, a new Public Health Service Corps



# Task Forces and National Strategy

- Both Senate and House:
  - Authorize and fund the work of the US Preventive Services Task Force and the Community Preventive Services Task Force
  - Call for the creation of a National Prevention Strategy
- This work can affirm the need for detection and screening programs



# Primary Care and Preventive Services

- Medicare and Medicaid payment reforms
  - Change Medicare and Medicaid payment to increase reimbursement for primary care
- Insurance coverage for preventive care
  - Require private insurers, Medicare, and Medicaid to cover preventive services without cost-sharing
  - These services generally include, at a minimum, ACIP-recommended vaccines & USPSTF-recommended services
    - Secretary often has authority to go beyond task force recommendations.
    - Vaccines and some preventive screenings become available to almost every American for free



# How will cancer screening programs be affected?



Health Reform Overview



# Expanding Insurance Coverage for Cancer Screenings

- The bills contain 7 different provisions affecting insurance coverage for USPSTF-recommended services
- Medicare
  - House & Senate require USPSTF services be provided without co-pay (along with an annual preventive care physical)
- Medicaid
  - House requires & Senate creates incentives for USPSTF services to be provided without co-pay
- Private insurance
  - House & Senate require that new private insurance plans sold on the Exchange provide USPSTF services without co-pay
  - House also requires that, within 5 years, *all* private insurance plans offer USPSTF services without co-pay



# Cancer Programs

- In the House bill, the WISEWOMAN program is reauthorized and expanded
- The Senate creates a new “Healthy Aging Living Well” program, focused on community preventive services for individuals aged 55-64.
- Insurance coverage (and special Medicaid reforms) for comprehensive tobacco cessation services (medication and counseling)



# New Funding Streams

- Potential for non-siloed funding that health departments can use to meet their infrastructure needs
  - No disease-specific limitations
  - Nearly \$1 billion per year
  - Each health department can use these funds differently
- Funding for other broad goals: prevention research, community prevention interventions
- This approach is emphasized in the House version of the bill.



# Questions?



**Health Reform Overview**

