A Summary of Prevention-related Provisions in the Patient Protection and Affordable Care Act and their Implementation Status in New York State

A supplement to the report *Federal Health Care Reform in New York Sate: A Population Health Perspective*

This summary table includes provisions from the Patient Protection and Affordable Care Act (ACA) that The New York Academy of Medicine (NYAM) explored in the development of the report ***Federal Health Care Reform in New York Sate: A Population Health Perspective.*** These provisions were reviewed for their potential to address some aspect of population health improvement, disease prevention, or enhancement of the public health infrastructure in New York State. Additional provisions were also explored. The table omits cases where no actual relationship to prevention was found, or if the provision funded a federal activity that had no New York State-level implications, such as the creation of a new federal-level office, center, or institute that is not assisting states.

For more information, or for a copy of the report, please contact Andrew Martin, NYAM Director of Communications, via amartin@nyam.org.

Notes:

- Provisions were classified to indicate that they relate to primary, secondary, or tertiary prevention. We also explored a number of insurance coverage and access to care provisions for their potential link to population health improvement. Many provisions support multiple types of prevention.
    - Primary prevention refers to the prevention of diseases before their biological onset and includes interventions like immunizations, smoking cessation counseling, and preventive dental care. Environmental interventions such as removal of lead paint to stop lead poisoning; increasing access to healthy foods and opportunities for daily exercise are also examples.
    - Secondary prevention refers to the prevention of clinical illness through the early detection and treatment of certain previously undetected diseases and conditions that. This is often referred to as "screening." There are many examples of secondary disease prevention, including routine testing for sexually transmitted infections in asymptomatic persons; screening for high blood pressure; or cancer screening.

- Tertiary prevention refers to the prevention of disease progression and additional disease complications after overt clinical diseases are manifest. Interventions include removal of pharmacological therapies; removal of asthma triggers in a household; chronic disease management; and rehabilitation therapies and pain management.

- New York recipients may have been awarded more funds as a result of the ACA than are indicated in the Implementation column. It is not always possible to directly trace federal awards to the relevant authorizing provision. It is also important to note that not all grants being funded through the Prevention and Public Health Fund are new funding sources authorized by the ACA. Some funding streams that existed before the ACA are now being awarded through the Fund. We attempted to only mention new awards and grant opportunities made possible through the ACA. Listings of ACA-related funds awarded to NYS are available through the NYS Office of the Governor http://www.healthcarereform.ny.gov/grants/, the White House http://www.healthcare.gov/law/resources/ny.html, and the Kaiser ACA Federal Funds Tracker http://healthreform.kff.org/federal-funds-tracker.aspx?source=QL.

PATIENT PROTECTION AND AFFORDABLE CARE ACT SECTION	IMPLEMENTATION	TYPE OF PREVENTION SUPPORTED			
		Primary Prevention	Secondary Prevention	Tertiary Prevention	Insurance Coverage / Access to Care
§ 1101. Immediate Access to Insurance for People with a Preexisting Condition Establishes a temporary high-risk pool insurance program which will terminate when the exchanges become operational in 2014. $5 billion is authorized for appropriation to states.	New York received $297 million, and has been offering coverage since October 2010. 2,441 individuals have enrolled in the program as of December 2011.				X
§ 1201. Amendment to the Public Health Services Act A health plan may no longer exclude an individual from coverage for preexisting conditions nor vary rates for such conditions.	Implemented for children for plans beginning Sept 23, 2010, via Office of Consumer Information and Insurance Oversight regulations. For adults this becomes effective 1/1/14.				X

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§ 1302. Essential Health Benefits Requirements Defines an essential health benefits package and limits cost-sharing for all plans to be offered in the exchanges, as well as all Medicaid state plans by 2014. It directs the DHHS Secretary to: 1) define essential health benefits and include emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, prescription drugs, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care; 2) ensure that the scope of the essential health benefits is equal to the scope of benefits provided under a typical employer plan; and 3) provide notice and an opportunity for public commend in defining the essential health benefits. Package to be updated annually.	HHS issued a bulletin outlining proposed policies for the benefits package in November of 2011. The policies give states substantial flexibility in rulemaking to define essential benefits. HHS proposes that states identify by the third quarter of 2012 a benchmark package that reflects a "typical employer plan." NYS has an independent consultant developing recommendations.	X	X	X	X

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§ 1311. Affordable Choices of Health Benefit Plans The Secretary must award grants to states for the planning and establishment of American Health Benefits Exchanges. Plans participating in the exchanges must implement activities to prevent hospital readmissions, to improve patient safety and reduce medical errors, and must incorporate wellness and health promotion initiatives. All plans must include within their networks those essential community providers, where available, that serve predominantly low-income and medically-underserved individuals. *§1303 of Manager's Amendment requires plans to implement activities to reduce health disparities, including the provision of language services, community outreach, and cultural competency trainings.*	In February of 2011 NYS DOH was awarded a grant of $27.4 million as an "Early Innovator" exchange IT model, in order to design and implement IT infrastructure in anticipation of the exchange. New York also received a $1 million planning grant and a $10.7 million establishment grant. The state is currently reviewing competitive bids for a "systems integrator" to build the IT system. DOH received an additional establishment grant of $48.5 million in February of 2012. In April 2012, Governor Cuomo established a Health Exchange via Executive Order.	X		X	X
§ 1322. Federal Program to Assist Establishment and Operation of Nonprofit, Member-Run Health Insurance Issuers All profits are to be used to lower premiums or improve benefits and the quality of care. Loans will be provided for start-up costs. The Secretary will ensure that there is at least one nonprofit plan per state, and can award grants to encourage the establishment of a plan should no health plan apply for qualification.	A total of $639 million in low-interest loans to organizations in seven states was awarded February 2012. Freelancers Health Service Corporation of New York will receive $174 million. The Corporation, sponsored by Freelancers Union, will emphasize the use of the patient-centered medical home.				X

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§ 1331. State Flexibility to Establish Basic Health Programs for Low-Income Individuals not Eligible for Medicaid Gives states the option to establish a Basic Health Plan for individuals with incomes between 134% to 200% of the Federal Poverty Level (FPL). The federal government will grant states 95% of the subsidy that would have been provided for individuals under the exchange. In establishing a competitive process for State Basic Health Programs to enter into contract with standard health plans, a state must give preference to those plans which offer incentives for the use of preventive services.	New York responded to a request for information from CMS in November 2011 indicating the State's greatest concern is how the addition of the Basic Health Plan would affect the viability of the exchange. Current Medicaid eligibility levels in NY State as % of FPL: Infants: 200%, Child 1-5: 133%, Child 6-18: 100%, Parent: 150%, Pregnant Woman: 200%, Medically Needy Individual: 87%, Working Childless Adults: 100%, Medically Needy Couple: 93%. Effective 2014, the new national Medicaid eligibility threshold will be raised to 133% of FPL for most individuals under 65.				X
§ 1501. Requirement to Maintain Minimum Essential Coverage By 2013 applicable individuals will be charged a penalty for not having health insurance, presumably resulting in a significant increase in insured Americans.	Effective 1/1/14 with a penalty for noncompliance being the greater of $95 per individual OR 1% of household income over the filing threshold. This increases to up to $695 or 2.5% in 2016.				X
§1513. Shared Responsibility for Employers An employer with over 50 employees, where at least one employee is receiving the premium assistance tax credit, will be fined for not offering insurance to all full-time employees.	Effective 1/1/14. Important to note is that for within exchanges, the ACA allows states to choose definition of small business as either smaller than 50 or 100 employees. NYS has identified this as a problem for study.				X

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§ 2001. Medicaid Coverage for the Lowest Income Populations The mandatory eligibility group for Medicaid will be expanded to 133%of FPL starting 2014, while states will have the option to provide Medicaid to non-elderly individuals above 133% of FPL. From 2014 through 2016, the Federal government will pay all costs of insuring newly-eligible individuals.	The only group affected in New York will be childless adults, who currently are covered up to 100% FPL.				X
§ 2101. Additional Federal Financial Participation for CHIP From FY2014 to FY2019, states will receive a 23% increase in the CHIP match rate.	Effective FY2014-2019.				X
§ 2301. Coverage for Freestanding Birth Centers Requires plans to cover freestanding birth centers and other ambulatory services offered by freestanding birth centers.	Took effect upon enactment of the ACA on March 23, 2010, for services furnished on or after that date.				X
§ 2402. Removal of Barriers to Providing Home and Community-Based Services Reforms the Medicaid HCBS State Plan by loosening the income eligibility criteria and limitations on the scope of service. In allowing states to wave Medicaid's comparability requirements, states will be able to target specific conditions and populations in need.	Effective March 23, 2010. Modified state options, which go into effect April 1, 2010, include a new option to include individuals with incomes below 300% of the SSI eligibility level who qualify under a home- and community-based waiver.				X

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§ 2405. Funding to Expand State Aging and Disability Resource Centers appropriates $50 million for each of fiscal years 2010 through 2014 ($10 million per fiscal year) to carry out Aging and Disability Resource Center initiatives.	An Aging and Disability Resource Center (ADRC) coordinates a single point of entry for comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community; personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and consumer access to the range of publicly-supported long-term care programs for which consumers may be eligible. Funding was awarded to the NYS Office for the Aging. The project period is September 30, 2009 to September 30, 2012. Goal is to streamline access to long term care services, empower consumers to consider more informed choices, develop, and implement a Consumer Navigator Program, and collaborate with key medical providers. This project builds upon the work of the Albany, Broome, and Tompkins Area Agencies on Aging and will share best practices and lessons learned with 25% of NY Connects programs.				X

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§ 2502. Elimination of Exclusion of Coverage of Certain Drugs Prevents states from excluding coverage for tobacco-cessation drugs from their Medicaid programs.	Effective Mar 23, 2010.		X		X
§ 2703. State Option to Provide Health Homes for Enrollees with Chronic Conditions States may opt to provide health homes for individuals with multiple chronic conditions and/or serious mental health conditions. A temporary Federal Medical Assistance Percentage of 90% is authorized. States must establish a methodology for tracking avoidable hospital readmissions and submit a proposal for the use of health information technology in order to better coordinate across the care continuum.	New York's State Plan Amendment was approved by CMS February 2012. The Plan outlines population criteria, provider eligibility, and practice standards. Health Homes will be conducted in the following counties: Bronx, Brooklyn, Nassau, Warren, Washington, Essex, Hamilton, Clinton, Franklin, and Schenectady.	X	X	X	X
§ 2704. Demonstration Project to Evaluate Integrated Care Around a Hospitalization Up to eight states may receive funding to establish Medicaid demonstration projects to support bundled payments around all services related to a hospitalization.	Funding has yet to be appropriated.			X	
§ 2705. Medicaid Global Payment System Demonstration Project Gives states the opportunity to create Medicaid demonstration projects which would shift the payment models of safety net hospitals from fee-for-service to global capitated payments. The provision allows up to five states to receive funding through this project.	Funding has yet to be appropriated. Time period for the demonstration project ends 9/30/2012.				X

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§ 2706. Pediatric Accountable Care Organization Demonstration Project Allows pediatric providers that meet specified requirements to be recognized as ACOs in order to receive incentive payments under Medicaid. If performance guidelines are met, the Pediatric ACOs will receive a portion of the savings to be determined by the Secretary.	Scheduled to be implemented between 2012 and 2016. HHS has yet to release guidelines.	X	X	X	
§ 2713. Coverage of Preventive Health Services Requires new employer-sponsored group health plans and private health insurance policies to provide coverage, without cost sharing, for preventive services rated A or B by the USPSTF; immunizations recommended by ACIP; preventive care and screening for infants, children, and adolescents and additional preventive services for women that are recommended by HRSA.	Implemented for plan years beginning on or after 6 months post-enactment, March 23, 2010. Not applicable to grandfathered plans.	X	X		X
§ 2714. Extension of Dependant Coverage All plans must give unmarried children the option to remain on their parents' plan until age 26.	Implemented for plan years beginning on or after 6-months post enactment, including grandfathered plans.				X

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§ 2951. Maternal, Infant, and Early Childhood Home Visiting Programs $1.5 billion is allocated for FY 2010 through 2014 to provide grants to states in order to establish coordinated systems of early childhood home visiting. The program focuses on improving health in at risk communities and the prevention of child injuries, child abuse, neglect, or maltreatment.	HHS issued grants to NYS DOH of $4.1 million for FY2010 and $5.6 million for FY2011. DOH will use funding in combination with other women-focused funding to support increased community care by establishing, enhancing, and/or expanding local home visiting programs within target communities. Some of the award was given to OCF and OMH to support its home visiting programs.	X			X
§ 2953. Personal Responsibility Education Grants will be awarded to states to educate adolescents on abstinence and contraception to prevent teen pregnancy and STDs. Special attention should be given to high-risk, vulnerable, and culturally under-represented populations. $75 million is appropriated for each year through FY 2014.	New York received $3.2 million in FY2010 and FY2011. With non-ACA funding, DOH previously issued an RFA to support approximately 50 CBOs as part of its Comprehensive Adolescent Pregnancy Prevention Program (CAPP). Plans are to use this funding to support 8 additional CBOs that were previously approved but not funded due to insufficient resources. Funds will also be used to support an enhancement project targeting youth in foster care to be developed in consultation with the Office of Children and Family Services. NYS has a strong network of evidence-based adolescent services and a commitment to serve high risk youth.	X			

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§ 2954. Restoration of Funding for Abstinence Education Extends funding of abstinence education through 2014.	NYS DOH received $3 million for FY2010 and $2.8 million for FY2011. It created an RFA to support mentoring programs for 9 to 13 year olds. This funding requires a 43% community match, which may have prevented smaller agencies from applying.	X			
§ 3001. Hospital Value-Based Purchasing Program By 2013 the Secretary will have established a value-based purchasing program which will tie a percentage of payments to hospital performance measures related to common high-cost conditions and health care associated infections.	Final rules were published in the Federal Register May of 2011: http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/pdf/2011-10568.pdf.	X		X	
§ 3011. National Strategy to Improve Healthcare Quality Requires the secretary of HHS to establish a national strategy to improve the delivery of health care services, patient health outcomes, and population health.	The National Quality Strategy report was released March 2011: http://www.healthcare.gov/law/resources/reports/nationalqualitystrategy032011.pdf.	X	X	X	
§ 3022. Medicare Shared Savings Program The Secretary will establish a shared savings program to promote accountability for a patient population, and to encourage investment in infrastructure and the redesign of care processes for higher quality and more efficient service delivery. Participating ACO's which reduce costs relative to a benchmark, while meeting quality-of-care targets, will share in the savings. The benchmark and the percentage of savings kept by the ACO will be determined by the Secretary.	CMS released the final rule November of 2011: http://www.gpo.gov/fdsys/pkg/FR-2011-11-02/pdf/2011-27461.pdf.	X	X	X	

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§ 3025. Hospital Readmissions Reduction Program In order to account for current excess readmissions, the Secretary will reduce payments for hospital readmissions that do not meet certain criteria, beginning October 1, 2012.	CMS released the final rule for FY2012 in October of 2011, and will release the FY2013 rule in late spring 2012.	X		X	
§ 3026. Community-Based Care Transitions Program Funding will be provided to hospitals and community-based organizations which show improved care transition services to high-risk Medicare beneficiaries.	Seven sites have been awarded grants, none in New York State. CMS is accepting applications throughout FY2012.	X		X	
§ 3502. Establishing Community Health Teams to Support the Patient-Centered Medical Home Establishes a program to provide grants to or to enter into contract with eligible entities to establish interdisciplinary, inter-professional, community-based health teams to support primary care practices. These teams will work with primary care providers and state and community based resources to coordinate disease prevention, and will work to integrate clinical and community preventive and health promotion services.	Currently lacks appropriations.	X	X	X	X
§ 3503. Medication Management Services in Treatment of Chronic Disease Establishes a program to provide grants or contracts to eligible entities to implement medication management services with a collaborative, inter-professional approach. Parties involved must provide health assessments, comprehensive initial medication review, education, and training, and must coordinate and integrate with the broader health services provided to the patient.	Was mandated to be established by May 1, 2010.	X		X	

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§ 3510. Patient Navigator Program Reauthorizes demonstration programs for patient navigator services which help patients overcome barriers in access to care, with particular emphasis on outreach to health disparity populations.	On September 17, 2010, HHS announced $3.8 million in grants for this program. The William F. Ryan Community Health Center Inc. in New York City was awarded $381,735.				X
§ 4001. National Prevention, Health Promotion, and Public Health Council Creates a council to provide coordination and leadership of prevention and wellness and health promotion practices at the federal level, and directs the council to develop a national strategy.	The Advisory Group was formed in January 2011, and released the National Prevention and Health Promotion Strategy in June 2011.	X	X	X	
§ 4002. Prevention and Public Health Fund Expands and sustains national investment in prevention and public health programs. Allocates $15 billion over the first 10 years of the program.	In February of 2012 President Obama signed legislation cutting the fund by $5 billion over 10 years. In 2010 HHS used most of the $500 received by the fund to aid public health programs that had been subject to budget cuts and to bolster the primary care workforce. Of the $750 million received by the fund in 2011, nearly $300 million went to community-based prevention, $182 million to clinical prevention, $137 million to public health infrastructure, and $133 million for data collection and monitoring on the impact of the ACA.	X	X	X	

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§ 4003. Clinical and Community Preventive Services Formally creates the U.S. Preventive Services Taskforce (USPSTF) and the Community Preventive Services Task Force to publish recommendations and guidelines.	USPSTF released the First Annual Report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services in October 2011: *www.uspreventiveservicestaskforce.org/annlrpt/tfannrpt2011.pdf.*	X	X		
§ 4004. Education and Outreach Campaign Regarding Preventive Benefits HHS will guide states in launching outreach and education campaigns to raise public awareness of prevention and health improvement across the lifespan for Medicaid enrollees.	The section states that funding for these activities takes priority over funding provided through CDC grants for similar purposes, and that no more than $500 million could be spent on the activities required under this section.	X			X
§ 4101. School-Based Health Centers Establishes a program to award grants for the acquisition, construction, expansion, or improvement to any facility to be used as a School-Based Health Center (SBHC). The section also authorizes temporary funds for the operation of SBHCs, including personnel salaries. SBHCs are to provide comprehensive health assessments and diagnoses as well as mental health and substance abuse diagnoses. In determining eligibility, preference will be given to underserved communities.	Over $12.2 million has been awarded to 37 grantees in New York State, covering construction, upgrade, and equipment-only projects. However these were not coordinated with the State, and in some cases the SBHCs were not yet licensed or received funding which was out of their scope of allowable services (for example a SBHC received funding for a van but is not licensed for mobile services). NYS working with awardees to obtain necessary state approvals.	X	X		X

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§ 4102. Oral Healthcare Prevention Activities The CDC will award grants to state health departments and state owned hospitals to promote oral education, surveillance, and research demonstration projects.	The public education campaign will be 5 years. There are authorized to be appropriated ""such sums as needed"" for FY2010 through FY2014 for this Activity. The National Oral Health Surveillance System (NOHSS), administered by CDC. For NOHSS, there is authorized to be appropriated ""such sums as needed"" for each of FY2010 through FY2014 to increase participation from the current 16 states to all 50 states, the territories, and the District of Columbia.	X	X		
§ 4103. Medicare Coverage of Annual Wellness Visit Providing a Personalized Prevention Program Eliminates copayments for Medicare enrollees who receive an annual wellness exam that includes a health risk assessment and personalized prevention plan.	Effective January 1, 2011	X	X		X
§ 4104. Removal of Barriers to Preventive Services in Medicare Eliminates copayments for Medicare preventive services that are rated A or B by the USPSTF, which include blood pressure screening, healthy diet counseling, and tobacco and alcohol misuse counseling.	Effective January 1, 2011	X	X		X
§ 4106. Improving Access to Preventive Services for Eligible Adults in Medicaid Federal medical assistance percentage increased by 1% for preventive services in states that eliminate cost sharing for services rated A or B by the USPSTF and immunizations recommended by ACIP.	Effective January 1, 2013	X	X		X

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§ 4107. Coverage of Comprehensive Tobacco Cessation Services for Pregnant Women in Medicaid Provides coverage without cost sharing for evidence-based tobacco-dependence treatments for all pregnant women covered by Medicaid.	NYS Medicaid already reimburses office based providers, free standing diagnostic and treatment centers, and hospital outpatient departments for smoking cessation counseling. This counseling complements existing Medicaid covered benefits for smoking cessation coverage, which include prescription and nonprescription smoking cessation products. Medicaid managed care and Family Health Plus plans are also responsible for covering smoking cessation counseling services for pregnant women. In July 2011 NYS Medicaid expanded this benefit to all Medicaid recipients. However, private insurance coverage of tobacco cessation is up to the discretion of the employer based upon the benefits chosen.	X			X

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§ 4108. Incentives for Prevention of Chronic Diseases in Medicaid Provides grants to states to provide incentives to Medicaid enrollees who adopt and maintain healthy behaviors. Appropriates up to $100 million that becomes available in FY 2011.	In September of 2011 New York was selected as one of 10 states to participate in the program. The New York State Medicaid Incentives Plan will pilot programs in NYC and western NY and will focus on smoking cessation, lowering high blood pressure, and managing and preventing diabetes. Grants are expected for four years, and the first year award was $2 million.	X			X
§ 4201. Community Transformation Grants (CTG) Authorizes competitive grants for state and local government agencies and community-based organizations for the implementation, evaluation, and dissemination of evidence-based programs to reduce the rates of chronic conditions, improve prevention, reduce disparities, and decrease rates of disease. These grants provide an important opportunity to strengthen the capacity of local health departments and to create multi-sectoral partnerships and coalitions to address the root causes of chronic conditions.	In September of 2011, NYC DOHMH was awarded $8.4 million, and the University of Rochester Medical Center $730,000, to implement programs targeting disease prevention and health promotion. Grants will focus on tobacco-free living, healthy eating and active living, clinical preventive services, and healthy and safe environments. NYS DOH was also an applicant but did not obtain funding.	X			X

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§ 4202. Healthy Aging, Living Well; Evaluation of Community-Based Prevention and Wellness Programs for Medicare Beneficiaries Authorizes the Secretary, acting through the CDC Director, to award competitive grants to health departments and Indian tribes to carry out five-year pilot programs to provide public health community interventions, screenings, and when necessary, clinical referrals for individuals who are between 55-64 years old. Grantees must design a strategy to improve the health status of this population through community based public health interventions.	New York's Medicaid program is already piloting a program to incentivize smoking cessation, diabetes onset, diabetes management, and hypertension. The program is being evaluated by DOH in collaboration with several academic partners.	X	X		
§ 4203. Removing Barriers and Improving Access to Wellness for Individuals with Disabilities The U.S. Access Board in consultation with FDA will develop minimum technical criteria for medical diagnostic equipment used in (or in conjunction with) physician's offices, clinics, emergency rooms, hospitals, and other medical settings. The standards will ensure equipment is accessible to, and usable by, individuals with accessibility needs, and will allow independent entry to, use of, and exit from the equipment by people with disabilities to the maximum extent possible.	NYS is awaiting final rule, due March 2012.				X

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§ 4205. Nutrition Labeling of Standard Menu Items at Chain Restaurants Requires the disclosure of specified nutritional information for food sold in certain chain restaurants and vending machines.	FDA released draft implementation guidance for industry in April of 2011. The comment period has ended, and the final rules are scheduled to be released November 2012. NYC was the first locale to implement menu labeling (July 2008). Laws or regulations requiring menu labeling have also passed in other counties. In anticipation of passage of federally mandated menu labeling (effective March 2012), with ARRA funding DOH developed its *iChoose600* campaign. Four counties (Ulster, Albany, Schenectady, and Suffolk) were provided funding to assist in implementation. The campaign encourages people to use caloric information posted in fast food and chain restaurants as a guide to eating fewer calories. The iChoose600 campaign also includes billboards, bus advertisements, radio spots, a Facebook page, and displays at mall food courts and are available statewide. The evaluation will test the model of calorie posting statewide vs. calorie posting + education in these four counties to determine if there is a difference in ordering behavior when education is included in the intervention.	X			

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§ 4206. Demonstration Project Concerning Individualized Wellness Plans Creates a pilot program to determine the effectiveness of individualized wellness plans at 10 federally qualified community health centers.	This has not been funded as of FY2012.	X			
§ 4207. Reasonable Break Time for Nursing Mothers amended the Fair Labor Standards Act (FLSA), or federal wage and hour law. The amendment requires employers to provide reasonable break time and a private, non-bathroom place for nursing mothers to express breast milk during the workday, for one year after the child's birth. The new requirements became effective when the Affordable Care Act was signed into law on March 23, 2010.	Nursing Mothers in the Workplace Act – (Section 206-c of the New York State Labor Law signed in 2007) already requires employers to give breastfeeding mothers reasonable, unpaid break times to express milk and make a reasonable attempt to provide a private location for her to do so.				

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§ 4301 Research on Optimizing the Delivery of Public Health Services Requires the Secretary, through the CDC Director, to fund research on public health services and systems, to include (1) examining evidence-based prevention practices relating to prevention, including comparing community-based public health interventions in terms of effectiveness and cost; (2) analyzing the translation of interventions from academic settings to real world settings; and (3) identifying effective strategies for organizing, financing, or delivering public health services in community settings, including comparing state and local health department structures and systems in terms of effectiveness and cost. Such research would have to be coordinated with the Task Force on Community Preventive Services.	This does not appear to have generated new funding.				

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§ 4302. Understanding Health Disparities: Data Collection and Analysis All federal health care or public health programs must collect data on race, ethnicity, sex, primary language, and disability status, as well as any other demographic data that the Secretary deems relevant to health disparities.	HHS released implementation guidance on data collection standards October 2011: http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.shtml. NYS does not currently collect all data elements proposed to be required under ACA. In some cases DOH collects part of the data (for example race but not breakdowns of Asian and Native Hawaiian, Hispanic but not breakdown by country of origin), in some cases it collects information but uses different definitions (for example disability on BRFSS is defined differently than ACA proposed), and in some cases data is not collected (for example languages spoken, primary languages, and LGBT).	X			
§ 4303. CDC and Employer-Based Wellness Plans Requires the CDC to provide technical assistance in evaluating employer-based wellness programs, as well as to conduct a survey of existing programs.	Start date 3/32/2012.	X			

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§ 4304. Epidemiology-Laboratory Capacity Grants. Establishes a new grant program, subject to the availability of appropriations, to strengthen national epidemiology, laboratory, and information management capacity for the response to infectious diseases and other conditions of public health importance. There is authorized to be appropriated $190 million for each of FY2011 through FY2013, of which at least $95 million per fiscal year must be used to award grants for epidemiology and disease control capacity, at least $60 million per fiscal year for grants for information management capacity, and at least $32 million per fiscal year for laboratory capacity.	NYSDOH was awarded $587,463 to enhance public health programs to improve health through building epidemiology, laboratory, and health information systems capacity. Funding will be used to purchase of laboratory equipment to enhance New York's ability to identify multiple infectious organisms. NYS was also awarded $559,756 in Emerging Infection funding to enhance the department's surveillance infrastructure by supporting personnel, education/training related to infectious diseases, information technology and exchange efforts, and enrichment of general capacity related to influenza.				
§ 4306. Funding for Childhood Obesity Demonstration Project CHIPRA established a Childhood Obesity Demonstration Project and authorized $25 million for FY 2009-2013. This section appropriates $25 million for the Secretary to carry out the demonstration project in FY 2010 – FY 2014.	The DOH was not among the applicants for this program but there were other private sector applicants from NYS. Funding was awarded to the University of Texas Health Science Center at Houston, San Diego State University, and the Massachusetts State Department of Health.	X			

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§ 5101. National Health Care Workforce Commission Establishes a commission to report to Congress, the President, states, and localities. The commission will review current and projected health care workforce supply and demand, with special attention given to minority, rural, and medically underserved populations. It will also make recommendations regarding national loan repayment and scholarship programs designed to encourage low-income, minority medical students to serve in their home communities.	Not funded through FY2011				X
§ 5102. State Health Care Workforce Development Grants Grants will be awarded to state partnerships to analyze the labor market and identify high demand sectors as well as to identify existing federal, state, and private resources to recruit, educate, train, and retain the necessary workforce.	The University at Albany – SUNY and Columbia University each received $650,000 as Public Health Training Centers. The NYS Department of Labor received $150,000.	X	X	X	X
§ 5204. Public Health Workforce Recruitment and Retention Programs The Secretary will establish, depending upon appropriations, a loan repayment program for public health workers. Participants must agree to work in a government health agency for no less than three years, during which time up to $35,000 of their loans will be repaid for each year of service. $195 million is authorized for FY 2010.	Not funded through FY2011.	X	X		

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§ 5206. Grants for State and Local Programs The Secretary may make grants to eligible entities to award scholarships to mid-career professionals to receive additional training in public health and allied health. $60 million was authorized for appropriation for 2010, and such sums as necessary for FY 2011-2015.	Not funded through FY2011.	X	X		
§ 5301. Training in Family Medicine, General Internal Medicine, General Pediatrics, and Physician Assistantship Establishes grants to create training programs and provide financial assistance to faculty, trainees, and academic units in primary care. Preference will be shown to applicants that train students in team-based approaches such as the PCMH.	Universities in New York have received over $2 million in grants for faculty development and student training programs.	X	X	X	X
§ 5303. Training in General, Pediatric, and Public Health Dentistry Allocates $30 million for 2010 and such sums as may be necessary through 2015 for funding of general, pediatric and public health dental education.	Columbia University has received $257,000 for pre-doctoral training.	X	X	X	X
§ 5307. Cultural Competency, Prevention, and Public Health and Individuals with Disabilities Training The provision supports research, demonstrations, and curricula development grants that promote cultural competency and prevention.	There are Divisions within DOH that already conduct diversity training, for example the Division of Chronic Diseases, Bureau of Early Intervention, and the AIDS Institute. DOH also contracts with organizations to conduct cultural competency training. To date, no funds from this provision appear to have come to NYS.	X	X	X	X

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§ 5313. Grants to Promote the Community Health Workforce Grants will be awarded for community health workers to promote healthy behaviors in medically underserved communities. Preference will be given to applicants proposing to intervene in communities with the highest percentage of uninsured residents eligible for health insurance, chronic disease, and infant mortality.	Not funded through FY2011.	X	X	X	
§ 5316. National Diabetes Prevention Program Creates a CDC National Diabetes Prevention Program targeting adults at high risk for diabetes, which entails a grant program for community-based diabetes prevention program model sites.	The National Diabetes Prevention Program has been established, with $10 million appropriated for 2012. The program aims to create a national network of community initiatives to promote evidence-based lifestyle interventions. YMCAs in NYC, Rochester, and Rye participate in this pre-diabetes program funded through the CDC. NYS Health Foundation funded an additional 10 sites in NY. NYSDOH is a collaborator. No additional monies have become available through ACA.	X	X		
§ 5401. Centers of Excellence The Centers of Excellence Program, which provides support for minorities interested in careers in health, is reauthorized and $50 million is appropriated for each fiscal year through 2015.	$940,000 has been awarded to Mount Sinai School of Medicine.				X

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§ 5402. Health Professionals Training for Diversity Increases funding to $51 million through 2013 for scholarships to disadvantaged students who commit to work in medically underserved areas as primary care providers.	The Health Resources and Services Administration (HRSA) announced $9.7 million in awards to 14 new grantees to increase diversity in the health professions workforce through the Health Careers Opportunity Program (HCOP). In New York, grantees were: D'youville College in Buffalo, N.Y. for $741,818.00; Mount Sinai School of Medicine in New York City for $690,369.00; and The Research Foundation of State University of New York in Albany, for $621,557.00				X
§ 5403. Interdisciplinary, Community-Based Linkages Awards will be granted to initiate or continue workforce education programs and health education centers. Goals include the recruitment of underrepresented minorities into health professions, the provision of community-based training and education, and the preparation of individuals to better provide care to underserved areas.	HRSA released an FOA in September of 2011, inviting health education centers to apply for grants of between $100,000 and $1.2 million to recruit underrepresented, disadvantaged, or rural backgrounds into health professions.				X

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§ 5405. Primary Care Extension Program The Agency for Healthcare Research and Quality will award grants to state health departments, health professions schools, and other entities, in order to provide educational support and assistance to primary care providers on preventative medicine, health promotion, chronic disease management, mental health services, and evidence-based therapies. $120 million is authorized for appropriation for fiscal years 2011 and 2012.	$120 million is authorized for appropriation for fiscal years 2011 and 2012. In New York, State, Hubs must consist of at least the State Department of Health and the departments of one or more health profession schools that train providers in primary care. The Agency for Healthcare Research and Quality will administer the program and implement a competitive grant process for states.	X	X		X
§ 5507. Demonstration Project to Address Health Professions Workforce Needs; Extension of family-to-family Health Information Centers A demonstration grant program will provide aid and support to low-income individuals to acquire education and training for occupations in health care which pay well and are expected to be in demand.	Parent to Parent of NYS received $95,700 in FY2010 and FY2011 from DHHS for its Family to Family Health information Centers but it is not clear whether this grants funding results from this provision.				X
§ 5601. Spending for Federally Qualified Health Centers Increases the authorized appropriations for FQHCs by roughly $800 million each year, ending with $8.3 billion for FY 2015.	In October of 2011 CMS announced the 500 health centers—14 of which are in New York State—selected to participate in the Medicare FQHC Advanced Primary Care Practice Demonstration, which will test the patient-centered medical home model. Participating health centers will receive an estimated $42 million over the 3-year grant period.				X

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§ 5602. Negotiated Rulemaking for Development of Methodology and Criteria for Designating Medically Underserved Populations and Health Professions Shortage Areas The Secretary will consult with stakeholders to develop a comprehensive methodology and criteria for the designation of medically underserved populations and health professions shortage areas.	The Negotiated Rulemaking Committee released their final report to the Secretary in October of 2011: *www.hrsa.gov/advisorycommittees/**shortage**/nrmcfinalreport.pdf.*				X
§ 5605. Key National Indicators The new Key National Indicators system will be administered by The State of the USA, which will be overseen by The National Academy of Sciences. SUSA will develop an online database with information on a broad range of national indicators, including health, education, the environment, and the economy. SUSA will focus initially on health.	GAO released a report offering guidance on the creation of national indicators in March of 2011: *www.**gao**.gov/new.items/d11396.pdf.*	X	X	X	X
§ 9007. Additional Requirements for Charitable Hospitals Charitable hospitals must conduct annual community health needs assessments, which should take into account input from persons who represent the broad interests of the community, including those with special knowledge of public health. A tax equal to $50,000 will be imposed upon organizations which fail to meet this requirement.	The IRS has yet to release regulations as to how hospitals provide and report benefit to the community. NYAM submitted recommendations in response to an RFI from the IRS.	X			

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§ 10203. (Manager's Amendment) Extension of Funding for CHIP through 2015 and other CHIP-Related Provisions In addition to reauthorization of CHIP through September of 2015, states will receive a 23% increase in federal match rates from FY2016 through FY2019.	First fiscal year beginning in 2015.				X
§ 10212. Establishment of Pregnancy Assistance Fund The Secretary, in collaboration with the Department of Education, will establish a fund to award grants to states in order to assist pregnant and parenting teens and women.	A total of $25 million in grants was awarded to 17 entities. New York applied but was not among the grantees.	X			X
§ 10333. Community-Based Collaborative Care Networks The Secretary may award grants to support integrated networks which will bring together safety net hospitals, community health centers, and other providers in order to provide services to low-income populations. Funding will depend on congressional appropriations.	The Secretary is authorized to limit the percent of grant funding that may be spent on direct care services provided by HRSA grantees or to impose other requirements on such grantees deemed necessary. There is authorized to be appropriated "such sums as needed" for each of FY2011 through FY2015.	X	X	X	X
§ 10402. (Manager's Amendment) Amendments to Subtitle B (b) Clarifies that Medicare recipients are eligible for an initial preventive physical exam during the first year of coverage, and for personalized prevention services every year thereafter.	Effective 2011.	X	X	X	X

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§ 10407. Better Diabetes Care The Secretary and the Director of the CDC will prepare biennial diabetes report cards analyzing national and state trends. Each report card must include information on preventative care practices and quality of care, risk factors, and outcomes. Directs the Secretary and the IOM to study the impact of diabetes on the practice of medicine and the level of diabetes medical education that should be required prior to licensure, board certification, and board recertification.	Release of the first Report Card is required within two years of the enactment of the statute, or March 2012. A report card has not been published as of April, 2012.	X	X		
§ 10408. Grants for Small Businesses to Provide Comprehensive Workplace Wellness Grants Authorizes a grant program for small businesses to establish workplace wellness programs.	In September of 2011 Viridian Health Management was announced as the winner of a $7.7 million grant, to be used to recruit 70 to 100 employers to aid in creating comprehensive health promotion programs. Research Triangle Institute (RTI) was awarded $1 million to evaluate the initiative.	X			
§ 10413. Young Women's Breast Health Awareness and Support of Young Women Diagnosed with Breast Cancer Authorizes a program to support awareness, knowledge, research, and support for breast cancer in young women.	CDC has convened an Advisory Committee on Breast Cancer in young Women which will provide guidance to CDC on prevention strategies. In Summer 2011 DOH applied for a small grant but awards have yet to be announced.	X			

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§ 10501. Amendments to the Public Health Service Act, The Social Security Act, and Title V of this Act *Section 5606. State Grants to Health Care Providers who Provide Services to a High Percentage of Medically Underserved Populations or Other Special Populations*: States may award grants to providers who treat a high percentage of medically underserved populations. *Section 768. Preventive Medicine and Public Health Training Grant Program*: The Secretary will award grants to eligible entities to train medical students in preventive medicine specialties.	Doctors Across New York, a DOH initiative, has been helping to train and place physicians in underserved communities since 2008. The Research Foundation of SUNY received $296,000 to provide preventive medicine residencies.	X	X	X	X
§ 10503. and § 2303. (Reconciliation). Community Health Centers and the National Health Service Corps Fund Establishes a fund to sustain and expand community health centers. $1 billion is appropriated for FY2011, $1.2 billion for FY2012, $1.5 billion for FY2013, $2.2 billion for FY2014, and $3.6 billion for FY2015. Also, roughly $300 million is appropriated for each year through FY2015 for the National Health Service Corps.	67 CHC programs were awarded a total of $28 million in October of 2011 to help establish new service delivery sites to care for an additional 286,000 patients.				X
§ 10504. Demonstration Project to Provide Access to Affordable Care Three year demonstration projects will be established in up to 10 states to provide the uninsured with access to comprehensive health care services at reduced fees.	Each state may receive up to $2 million There are authorized to be appropriated "such sums as needed."				X