

The Affordable Care Act: An update for Eat Smart Move More

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Prevention Council

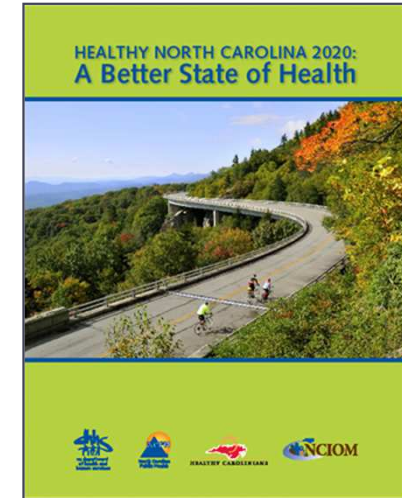
- Creates National Prevention, Health Promotion and Public Health Council (Sec. 4001)
 - Chaired by the Surgeon General and composed of Secretaries or heads of the federal agencies with jurisdiction over issues that affect health.
 - Charged with “developing a national prevention, health promotion, public health, and integrative health care strategy that incorporates the most effective and achievable means of improving the health status of Americans and reducing the incidence of preventable illness and disability in the United States.”
 - Will be advised by an Advisory Group on Prevention, Health Promotion, and Integrative and Public Health and will produce an annual report (through Jan. 1, 2015) to the President and to Congress.

National Prevention Strategy

- National Prevention, Health Promotion, and Public Health Council created a national public health strategy which focuses on seven priority areas:
 - Tobacco free living
 - Preventing drug abuse and excessive alcohol use
 - Healthy eating
 - Active living
 - Injury and violence free living
 - Reproductive and sexual health
 - Mental and emotional wellbeing
- Cross sector: surgeon general, HHS, agriculture, education, FTC, Transportation, Labor, Homeland Security, EPA, Housing, Justice, DoD, OMB, VA, Interior, Drug Control, Domestic Policy, National and Community Service

National Prevention Strategy Similar to NC Priorities

- Healthy NC 2020 includes 40 objectives in 13 focus areas:
 - *Same as National Prevention Priorities:* tobacco, physical activity and nutrition, sexually transmitted diseases and unintended pregnancies, mental health, substance abuse, injury and violence, maternal and infant health
 - *Additional focus areas:* oral health, environmental health, infectious disease and foodborne illness, social determinants of health, chronic disease, and cross cutting



NPS: Healthy Eating

- **Recommendations:**
 - **1) Increase access to healthy and affordable foods in communities**
 - **2) Implement organizational and programmatic nutrition standards and policies.**
 - **3 Improve nutritional quality of the food supply .**
 - **4 Help people recognize and make healthy food and beverage choices.**
 - **5 Support policies and programs that promote breastfeeding.**

NPS: Healthy Eating

- Federal government will:
 - Work to ensure that foods distributed in Federal programs meet standards consistent with the Dietary Guidelines.
 - Improve agricultural policies to align with nutrition goals of the Dietary Guidelines.
 - Strengthen comprehensive food safety system.
 - Develop voluntary guidelines for food marketed to children.
 - Support initiatives to increase the availability of healthy and affordable foods in underserved communities.
 - Implement the menu labeling provisions of the Affordable Care Act.
 - Provide information, tools, and expertise to help Americans understand and apply the Dietary Guidelines.
 - Support breastfeeding (Affordable Care Act)
 - Increase access to healthy food and eliminate food insecurity .
 - Improve use of existing food and nutrition systems to conduct research.

NPS: Active Living

- **Recommendations:**
 - **1) Encourage community design and development that supports physical activity.**
 - **2) Promote and strengthen school and early learning policies and programs that increase physical activity.**
 - **3) Facilitate access to safe, accessible, and affordable places for physical activity.**
 - **4) Support workplace policies and programs that increase physical activity.**
 - **5) Assess physical activity levels and provide education, counseling, and referrals.**

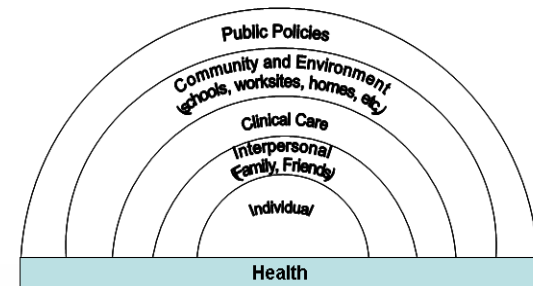
NPS: Active Living

- Federal government will:
 - Promote transportation options and systems that encourage active transportation.
 - Support active living principles in community design.
 - Support coordinated, comprehensive, and multicomponent programs and policies to encourage physical activity and physical education (school and early ed.).
 - Develop and disseminate clinical guidelines, best practices, and tools.

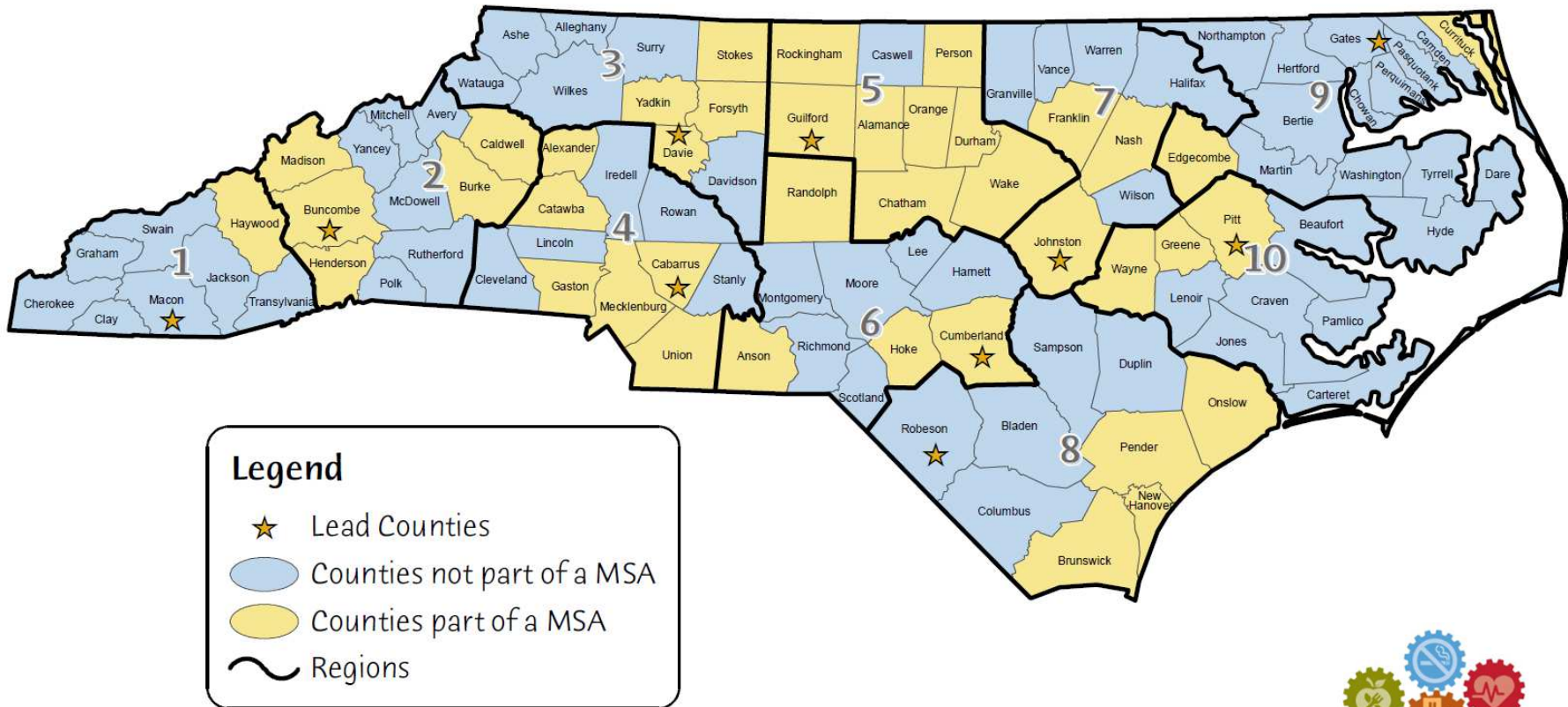
North Carolina Community Transformation Grant (CTG)

- CTG supports on multi-faceted interventions

- *Tobacco free living*: efforts to promote smoke free environments in all public places, affordable housing, community colleges, and other colleges and universities
- *Active living and healthy eating*: increasing the number of convenience stores that offer fresh produce and reduce sugar drinks, increasing the number of communities with comprehensive land use plans, increasing the number of farmers' markets and farm stands, increasing the number of joint use facilities
- *High impact evidence-based clinical and other preventive services*: tobacco screening and referral, community supports for high blood pressure and high cholesterol



Community Transformation Grant



Nutrition Related

- Nutrition labeling (Sec. 4205)
 - A restaurant that is part of a chain with 20 or more locations are required to disclose calories on the menu board and additional nutrition information pertaining to total calories and calories from fat and amounts of fat, saturated fat, cholesterol, sodium, total carbohydrates, complex carbohydrates, sugars, dietary fiber, and protein.
 - Movie theaters, airplanes, bowling alleys, and any place not primarily for the purpose of serving food is exempt.
 - A restaurant is defined as a place that presents itself as a restaurant OR uses 50% of a its floor area for the sale of food.
 - Vending machines owned by operators with 20 or more vending machines are subject to similar requirements.
 - Proposed regulations were issued in April/May 2011. Waiting for final rules. (76 Fed. Register 19192-19236; 76 Fed. Register 30050-30051)

Early Childhood Obesity Prevention Task Force

- Clinical Strategy 3: Ensure adherence of insurers/payers to the Affordable Care Act requirements for coverage of the prevention, diagnosis, and treatment of obesity (and as outlined in the American Academy of Pediatrics' Bright Futures guidelines).

Task Force recommendation 3 (cont.)

- All payers should review their coverage policies
 - **delivered by the most appropriate and qualified professionals**
 - **policies should cover individual and group visits, and adequate time to assess, educate, diagnosis, counsel, and/or treat parents or caregivers about breastfeeding, healthy weight gain, nutrition, exercise, sleep, and reduced screen time**
 - **lactation counseling, nutritional counseling, registered dietitian.**
- Members of the North Carolina Association of Health Plans and public insurers should design payment models that allow providers to treat patients effectively and efficiently when treatment relates to obesity prevention and treatment.
- Insurers should evaluate benefit design and work with employers and others to encourage members to take advantage of healthy lifestyle programs and covered benefits.

Breastfeeding Provisions

- Employers with 50+ employees must provide break time and a place for breastfeeding mothers to express milk. (Sec. 4207)
- Insurers must provide coverage of lactation counseling and rental or purchase of lactation equipment in commercial insurance plans as part of the preventive benefits.

Maternal and Child Health

- Maternal, infant, and early childhood home visiting programs (Sec. 2951)
 - Funding to states, tribes, and territories to develop and implement one or more evidence-based Maternal, Infant, and Early Childhood Visitation model(s), which aim to reduce infant and maternal mortality and its related causes by producing improvements in prenatal, maternal, and newborn health, child health and development, parenting skills, school readiness, juvenile delinquency, and family economic self-sufficiency.

Early Childhood Obesity Prevention Task Force

- Policy strategy 2: Enhance family education about early childhood healthy weight and obesity prevention strategies through existing maternal, infant, and early childhood home visiting and family strengthening programs.
- The Children and Youth Branch should train the NFP and HFA parent educators it funds about early childhood physical activity, nutrition, healthy weight, and obesity prevention. Similar for PAT (NCPC)

Prevention: Worksite Wellness

- Employers can charge differential premiums or cost-sharing based on employees' participation in or achievement of wellness activities* (Sec. 1201 of the ACA, amending Sec. 2703 of the Public Health Service Act)
 - Financial consequences can not exceed 30% of the cost of employee-only coverage (or 30% of family coverage if dependents participate), or 50% if the additional costs is due to tobacco cessation initiatives.
 - CDC to provide technical assistance, consultation, tools, and other resources in evaluating wellness programs offered by employers of all sizes (Sec. 4303)

* HHS Secretary can authorize similar wellness programs in the individual market in up to 10 states; however, states must show the program will not result in a decrease in coverage.

Insurers Wellness Provisions

- Insurers can charge a 50% surcharge on plans offered in the non group market based on whether the person smokes or uses tobacco (Sec. 2701 of PHSA, as amended in 1201 of ACA).

New ACA Prevention Grant Funds in North Carolina

- North Carolina received (2010-2013):
 - \$10.6 million for maternal, infant, and early childhood home visiting programs (MIECHV) (Eastern Band of Cherokee Indians also received \$615,000).
 - \$8.3 million for teen pregnancy prevention.
 - \$5.3 million to assist pregnant and parenting women in high needs communities.
 - \$6.2 million for comprehensive sexuality education.
 - \$4.2 million to enhance public health surveillance.
 - \$4 million for public health quality improvement activities.
 - \$14.9 million community transformation grants

A word about Access

- Much of the controversy and investment of the ACA remains about Access to care.
- It is not clear that improved access leads to healthy eating or more active living.
- However, diagnosis of disease and appropriate counselling may help some individuals/families with conditions related to poor diet or inactivity.
- Payment reform, accountable care, and population health are part of puzzle.

How are we doing

- Health insurance Marketplace: total projected enrollment 660,000---1/2 currently insured---plus some portion of those between 100 and 138% of the FPL.
- Without Medicaid expansion in North Carolina, we expect 70,000 additional people to be insured by Medicaid in 2014---mostly children.



Enrollment update NC (11/30/2013)

- Completed applications: 63,568
- Number of individuals: 124,352
- Number eligible for plan in marketplace: 89,335
- Eligible for Medicaid/CHIP: 9,948
- Pending/Other: 25,069
- Signed up: 8,970
- We should anticipate a significant increase in need for clinical-based preventive services around healthy eating and active living.

For More Information

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