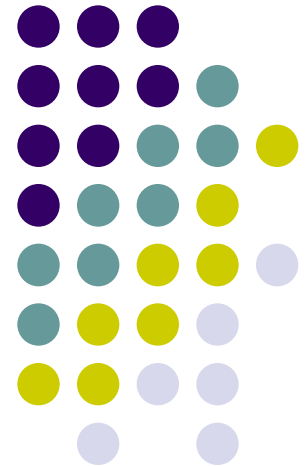


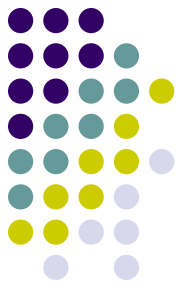
# Focus on Reform: The Public Health Provisions of PPACA

**National Health Policy Forum  
Washington, DC  
June 25, 2010**

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

*“Protect, Prevent, Live Well”*

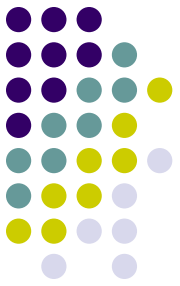




# Public Health Services Are Still Needed

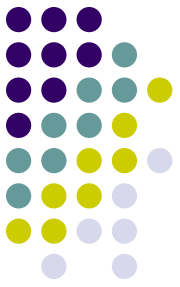
- Some efforts are better coordinated statewide/citywide (*new born screening, childhood immunizations, infectious disease tracking*)
- Population-wide public health campaigns increase the likelihood of success in clinical settings (*tobacco quit lines & anti-tobacco media campaigns, seat belt campaigns*)
- Public health & safety net programs must be available to reach populations that are not included from reform (*23 million not covered by bill*)
- Some services are better provided in specialized settings (*TB, STD*)
- *Many protection services best done on a population basis (Safe water & food, public health emergencies)*

# Implementation Challenges



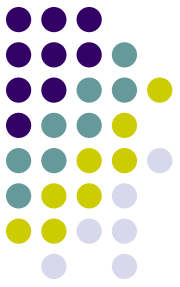
- Expanding insurance coverage
  - Insurance card does not equal access
  - Increased need for safety net
    - Catch patients who fall through the cracks
    - Provide services to expanded population
- Implementing new public health programs
- Reinforcing, adjusting, remodeling core public health programs
- Preventing supplantation (Federal, state, local)

# Expanding Insurance Coverage



- Access to new & cheaper coverage will take time
- More & better paid primary care doctors will take time
- ER overcrowding will take time to dissipate
- Patients and funding mismatch always occurs during transitions
- 23 million remain uninsured

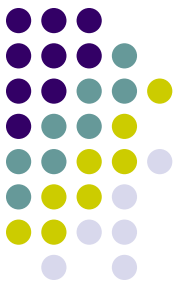
# Implementing New Programs



- State budget freezes
- Hiring freezes
- Training reductions
- Limited infrastructure
- Other urgent priorities
- Legislative requirements



# Population Health In A Near Universal Coverage Environment

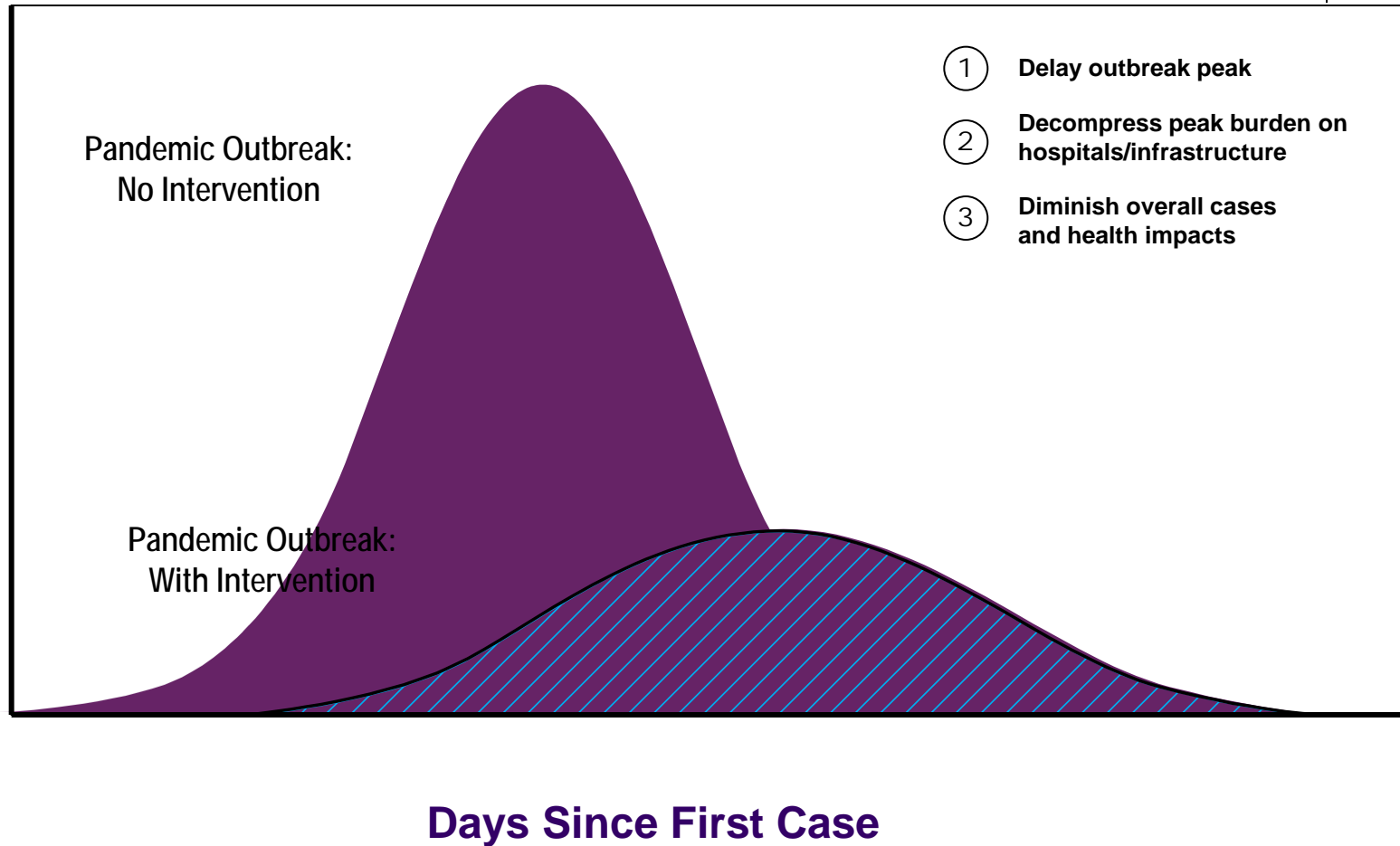
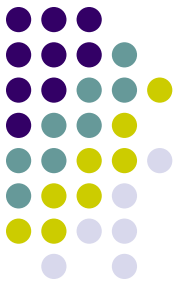


- Policy development, assessment and indirect assurance roles will increase
- Direct assurance role will decrease
- Need to remodel public health programs
  - Ryan White
  - Breast & cervical cancer
  - Pharmacy assistance
  - Disease control
  - Preparedness
  - Vaccine for children
  - Many others
- Must capture & reapply savings



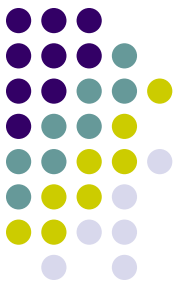
# Case Study #1

## Goals of Disease Control



# Case Study #1

## Reinforcing Disease Control



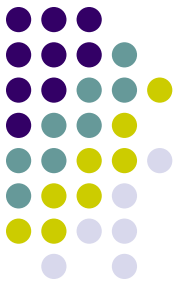
- Adequate numbers of well trained staff
- Adequate tools for disease detection & surveillance
- Laboratory capacity
- Risk communication
- Social distancing





# Case Study #2

## Adjusting Vaccines for Children



- **Eligible children through age 18**
- **Medicaid eligible**
- **Uninsured**
- **Underinsured**
  - A child who has commercial (private) health insurance but the coverage does not include vaccines
  - A child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only)
  - A child whose insurance caps vaccine coverage at a certain amount. Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)
  - Children whose health insurance covers the cost of vaccinations are not eligible for VFC vaccines
- **American Indian or Alaska Native:**  
As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603)



# Case Study #3

## Remodeling Pharmacy Assistance

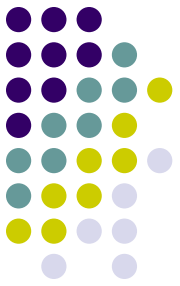


Relenza & Tamiflu

- **Medical Assistance** - Receive complete pharmacy services.
- **HealthChoice** - Receive most mental health drugs and AIDS/HIV drugs - All other drugs are provided by HealthChoice Managed Care Organizations (MCOs).
- **Primary Adult Care (PAC)** - Receive most mental health drugs and AIDS/HIV drugs - All other drugs are provided by PAC Managed Care Organizations (MCOs).
- **Family Planning** - Receive only contraceptives.
- **Medicare Part D** - Fully dual eligible Medicare beneficiaries receive most drugs excluded from Medicare Coverage -- All other drugs are provided by Medicare Prescription Drug Programs (PDPs).

# Case Study #4

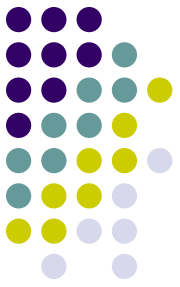
## Breast & Cervical Cancer Program



- Provides cancer screening services for women uninsured or underinsured women at or below 250% of federal poverty level
- Linkage to specialists
- Support services & other health screenings
- Continuity of care & access issues to address during transition



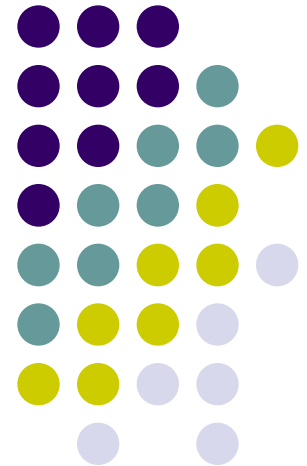
# Prevent Supplantation



- Central challenge because:
  - States under fiscal stress
  - Federal budget challenges
  - More needs than money
- History of underfunding and Yo-Yo funding
- Opportunity to address root causes of poor health
- Best opportunity to improve health of Americans

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**WWW.APHA.ORG**

**Thank You**



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