Title IV: Prevention -- Healthy Behaviors and Public Health – Health Care Reform Law (111-148)

Background: The Patient Protection and Affordable Care Act takes an aggressive approach to prevention. Seen as one of the key elements of reform, lawmakers hope that key investments in preventive services and delivery models will help lower overall health care spending and improve health indicators for more Americans.

ACNM Position/Policy: ACNM supports efforts to expand prevention and wellness efforts in our communities, particularly in the areas of improvement of maternal and infant health.

Summary of Provision(s)

Title IV of The Patient Protection and Affordable Care Act calls for many new prevention and wellness initiatives. The following summary offers a review of provisions relating to healthy behaviors and public health initiatives:

- The National Prevention, Health Promotion, and Public Health Council (the Council), an interagency group chaired by the U.S. Surgeon General, was established to coordinate federal prevention, wellness, and other public health activities. The Council was also charged with developing and presenting a comprehensive plan to change the focus of our health care system from treating sickness and disease to one based on wellness and prevention. On June 16, 2011, the Council announced its National Prevention Strategy, which sets specific goals, measurable actions, and timelines to carry out the strategy of reducing the incidence of preventable illness and disability in the U.S. and promoting health and well-being. The plan presents recommendations to improve federal efforts relating to prevention, health promotion, public health, and integrative health-care practices to ensure that federal efforts are consistent with available standards and evidence. (More information on the National Prevention Strategy can be found at: [http://www.healthcare.gov/prevention/nphpphc/index.html](http://www.healthcare.gov/prevention/nphpphc/index.html)).

- The Prevention and Public Health Investment Fund was created to expand and sustain funding for prevention and public health programs for 10 years (initial appropriation in FY 2010). Task forces on Preventive Services and Community Preventive Services will use data-driven prevention research and proven strategies to develop, update, and disseminate evidenced-based recommendations on the use of clinical and community prevention services (Section 4001-effective upon enactment). The Fund authorizes the Education
and Outreach Campaign to support programs for preventive benefits and immunization programs. It also appropriates $7 billion in funding for fiscal years 2010 through 2015 and $2 billion for each fiscal year after 2015 (Section 4002 - effective FY 2010).

- Section 4108 authorizes grant awards to States that provide incentives to Medicaid beneficiaries who successfully participate in programs that help individuals achieve ceasing use of tobacco products, controlling or reducing their weight, lowering their cholesterol, lowering their blood pressure, avoiding the onset of diabetes or, in the case of a person with diabetes, improving the management of that condition. Grants to States will be awarded beginning on January 1, 2011, or beginning on the date on which the Secretary develops program criteria, whichever is earlier (Section 4108 - effective January 1, 2011 or when program criteria is developed, whichever comes first). Section 4107 requires Medicaid to cover counseling and pharmacotherapy to pregnant women for cessation of tobacco use (Section 4107- effective October 1, 2010).

- Chain restaurants and food sold from vending machines are mandated to disclose the nutritional content and calories contained in each item (Section 4205 - proposed regulations issued within 1 year of enactment).

**Timeline for Implementation:** Varies by provision and outlined in the summary of provisions (see above).

**Agency Responsible for Implementation/Enforcement:** The U.S. Department of Health and Human Services, the U.S. Office of Personnel Management, and the U.S. Department of Labor will each play a role in implementing provisions relating to prevention and wellness.

**Impact on Midwives:** The implementation of these programs will increase the need for and utilization of midwives as resources for the promotion of improved maternal care, infant and child health and development, parenting related to child development outcomes, school readiness, and the socioeconomic status of families. Programs aimed specifically at improving prenatal and maternal health, such as tobacco cessation, will decrease the impact of unhealthy behaviors on fetal health and birth outcomes.