

making THE AFFORDABLE CARE ACT a REALITY



**FOR DECADES,
PUBLIC HEALTH HAS ARGUED
FOR THE NEED TO TRANSFORM
THE HEALTH CARE SYSTEM.
THAT DAY HAS FINALLY COME,
AND SPH FACULTY ARE PLAYING
A KEY ROLE IN SHAPING
THE OUTCOME.**

The report of the Preventive Services for Women Committee of the Institute of Medicine was released July 19 and hailed by U.S. Health and Human Services Secretary Kathleen Sebelius as “historic.” Less than two weeks later, the recommendations in *Clinical Preventive Services for Women: Closing the Gaps* were adopted as proposed: Under the Patient Protection and Affordable Care Act (ACA) of 2010, eight preventive services determined by the committee to be necessary for women’s health and well-being were added to the list of services health plans will be required to cover without copayments or deductibles. Thus, by 2013 an estimated 90 million Americans will be in employer plans with no cost-sharing for annual well-woman visits, screening for gestational diabetes, breastfeeding support, HPV testing, STI counseling and HIV screening, contraception methods and counseling, and screening and counseling for interpersonal and domestic violence (see page 21).

“This report provides a road map for improving the health and well-being of women,” said Dr. Linda Rosenstock, dean of the UCLA School of Public Health and chair of the committee, at a news conference announcing the recommendations. “The eight services we identified are necessary to support women’s optimal health and well-being. Each recommendation stands on a foundation of evidence supporting its effectiveness.”

After decades of false starts and political disappointments, comprehensive health care reform legislation was finally passed by Congress and signed into law by President Obama on March 23, 2010. Now, Rosenstock is among a number of faculty at the school who are helping to inform ACA implementation through their research, analyses and expertise. And if the new law falls short of including everything public health advocates would have wanted, it offers much to be excited about, beyond the estimated 32 million people who stand to gain coverage.

“The Affordable Care Act emphasizes public health and prevention in a way that is unprecedented in any prior major health legislation in the United States, from a mandate to develop a national prevention strategy to public health workforce development and improving public health systems,” says Rosenstock.

An ACA provision ensuring that important preventive health services are covered with no out-of-pocket costs led to a list of such services being developed by three independent bodies. The list includes, among others, blood pressure, breast cancer and colorectal cancer screenings; diabetes and cholesterol tests; and immunizations. The new law also called for including additional preventive services specific to women’s health, which led the U.S. Department of Health and Human Services to charge Rosenstock’s Institute of Medicine committee with identifying gaps in the recommended services pertaining to women’s needs.

The ACA created the National Prevention, Health Promotion, and Public Health Council, consisting of senior officials across the government, to elevate and coordinate prevention activities across departments; and established a Prevention and Public Health Fund – described by Dr. Jonathan Fielding, professor of health services at the school and director of the Los Angeles County Department of Public Health, as “absolutely critical, because there has been

no dedicated source of federal funding for public health departments to perform core functions and effectively fulfill our mission.” Fielding notes that the law also strengthens the national Task Force on Community Preventive Services, which conducts systematic reviews and makes recommendations on the effectiveness of programs and policies designed to improve health at the population level for policymakers, practitioners and other decision-makers.

The prevention council is receiving guidance from a panel appointed by President Obama that includes both Rosenstock and Fielding. The 15-member Advisory Group on Prevention, Health Promotion, and Integrative and Public Health is offering input to the council and the administration on public health and prevention, including development and implementation of the National Prevention Strategy, which was released in June. “The formation of the prevention council recognizes that what we can do through health services has its limits, and that we have to look elsewhere if we want to make large improvements in our nation’s health,” says Fielding. “Obviously we still need to address disparities in access and utilization of services, but we have not focused sufficiently on other determinants of health in populations.”

GAINING ACCESS It is estimated that 32 million uninsured Americans will gain access to insurance through the Patient Protection and Affordable Care Act of 2010.

Among the key issues on the advisory committee’s agenda is how best to ensure that health effects are considered in policies across all sectors, including the role of the health impact assessment, which Fielding and other members of the school’s faculty have been leaders in developing and promoting (see “A Broader View of Health” in the November 2010 issue of *UCLA Public Health*). Health impact assessments evaluate public health consequences of proposed policy decisions in other sectors and suggest actions that could minimize adverse health effects and optimize beneficial ones. In September, a 14-member National Research Council panel chaired by Dr. Richard Jackson, professor and chair of environmental health sciences at the school, and including Fielding, issued a report

requested by the U.S. Department of Health and Human Services on the potential use of health impact assessments to improve the nation's health.

Other UCLA School of Public Health faculty members have also been playing significant roles in shaping the ACA and its implementation. Dr. A. Eugene Washington, who has a joint appointment on the school's faculty as well as serving as vice chancellor for UCLA Health Sciences and dean of the David Geffen School of Medicine at UCLA, is chair of the Board of Governors for the Patient-Centered Outcomes Research Institute, mandated by the ACA to assist patients, clinicians, purchasers and policymakers in making informed health decisions.

Dr. Neal Halfon, professor of community health sciences at the school and director of the UCLA Center for Healthier Children, Families and Communities at the school, was twice invited to the White House to share ideas with the administration's health care reform team. Since 2003 Halfon has

and colleagues have provided input for the administration's plans to implement accountable care organizations, which are being promoted through the ACA to reduce unnecessary costs and improve quality of care through better coordination of services.

Amid the often-heated debate during the final days leading to passage of the historic health reform legislation, the UCLA Center for Health Policy Research, based in the school, also played an important role.

Five days before the final vote, the center released a study projecting, based on 2007 data, that nearly 2 million Californians lost their health insurance during 2008 and 2009 as the nation's economy sank into a deep recession. The report received widespread media coverage and was pointed to by members of Congress as an indication of the need for reform.

The study drew from the California Health Interview Survey (CHIS), which has become an indispensable source of data on many aspects of health and health insurance in the state. Conducted by the center in collaboration with the California Department of Public Health and the Department

PROMOTING HEALTHY DIET AND EXERCISE

Community Transformation Grants are helping states and communities tackle root causes of chronic disease, such as smoking, poor diet and lack of physical activity, by transforming the environments where residents live, work, play and go to school.



led a group called the Blue Sky Initiative, which also includes School of Public Health faculty members Helen DuPlessis, Robert Kaplan and Samuel Sessions. The initiative is an effort to promote transformational changes in the health care system by fostering broad discussions outside the constraints of politics and economics.

With the Blue Sky group, Halfon met with administration officials as well as members of the Senate Finance Committee, the Senate Committee on Health, Education, Labor and Pensions, and the House Labor and Human Resources Committee to promote the idea of a prevention trust fund as well as other strategies to prioritize prevention. The group also provided ideas on ways to make the primary care delivery system more focused on health promotion, and to use the ACA to enhance the children's health system. Since passage, Halfon

of Health Care Services, CHIS is the largest state health survey and is widely respected and cited across the political spectrum.

During the legislative process, CHIS was used to produce estimates on the impact of various reform options on California's population. And since the ACA's passage, CHIS has been employed widely to guide implementation. Among other things, the survey is providing estimates of the number and characteristics of people who will be newly eligible in 2014 for Medi-Cal (California's Medicaid program) or the California Health Benefit Exchange – created as part of the ACA to help the state's consumers and small businesses shop for and buy competitive health insurance, with or without subsidies.

"It's important for both of these programs to know what their customer base is going to look like in terms of age, health status and other variables, for both budgetary and risk-pooling purposes," says Dr. Shana Alex Lavarreda, director of health insurance studies for the UCLA Center for Health Policy Research.

CHIS is also used to estimate the proportion of various populations with particular health needs, such as those with chronic conditions. Health care reform has introduced new matters of interest to the state, and the center has worked with agencies to include questions that will help guide efforts to effectively implement public programs. “All of these things are critical for understanding the likely impact in California of health care reform as it’s being implemented –



FOCUS ON PREVENTION AND PUBLIC HEALTH

The Affordable Care Act creates a new Prevention and Public Health Fund designed to expand and sustain the necessary infrastructure to prevent disease, detect it early, and manage conditions before they become severe.

including who is going to benefit, who is left out of the benefits and what the costs are for different populations that will be covered,” says Dr. E. Richard Brown, director of the UCLA Center for Health Policy Research and principal investigator of CHIS, who also served as a senior adviser to the 2008 Obama presidential campaign and then to the House Energy and Commerce Committee on issues of health data and statistics.

The center is also the chief evaluator of California’s county-based health care coverage expansion programs, which seek new and innovative ways to expand coverage to eligible low-income, uninsured individuals not already covered by Medi-Cal. Described by the state as “a bridge to reform,” these programs are working with the low-income uninsured populations that will become eligible for Medi-Cal or subsidies through the California Health Benefit Exchange starting in 2014. Beginning in 2007, the center worked with the state’s Department of Health Care Services to evaluate the impact of the Health Care Coverage Initiative, a three-year, federally funded demonstration project in 10 counties to enroll uninsured, Medicaid-ineligible adults with incomes up to 200 percent of

PROMOTING WOMEN’S HEALTH

Under the Patient Protection and Affordable Care Act of 2010, the following eight preventive services for women – as recommended by an Institute of Medicine committee chaired by Dean Linda Rosenstock of the UCLA School of Public Health – will be among the services that new health plans must cover at no cost to patients:

1. Screening for gestational diabetes in pregnant women between 24 and 28 weeks of gestation, and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.
2. The addition of high-risk human papillomavirus DNA testing to conventional cytology testing in women with normal cytology results, beginning at 30 and no more frequently than every three years.
3. Annual counseling on sexually transmitted infections for all sexually active women.
4. Annual counseling and screening for HIV infection for sexually active women.
5. Provision of the full range of Food and Drug Administration-approved contraceptive methods and sterilization procedures for all women with reproductive capacity, including education and counseling on contraceptive methods to address the high rate of unintended pregnancies in the United States.
6. Comprehensive lactation support and counseling by a trained provider to ensure successful initiation and duration of breastfeeding for all women wanting to breastfeed, and costs of renting breastfeeding equipment.
7. Screening and counseling for interpersonal and domestic violence, including elicitation of information from women and adolescents about current and past violence and abuse in a culturally sensitive and supportive manner.
8. At least one well-woman preventive care visit annually for adult women to obtain the recommended preventive services, including preconception and prenatal care.

the federal poverty level in a county-based program providing a coordinated set of services. Last year, the program was expanded to include all 58 counties in the state under a new name, the Low Income Health Program.

The programs are considered laboratories for ACA implementation – and, given California’s role as an early adopter of health care reform principles, they are also being watched closely across the country. “Our evaluation can shed light on important concerns,” says Dr. Gerald Kominski, professor of health services and associate director of the UCLA Center for Health Policy Research, who is leading the effort. “Given the estimates that 32 million currently uninsured Americans are going to enroll in either Medicaid or for subsidies through the Health Benefit Exchanges in 2014, we will have an early indication of some of the barriers, to the extent that they exist, in enrolling eligible populations.”

In addition, Kominski notes, there are concerns that in 2014 the newly insured might overwhelm the system with demand for health care, since in many cases they will have coverage for the first time in years. Findings from the Health Care Coverage Initiative suggest that there will be a spike in utiliza-

ees will respond to that behavior.” Kominski and colleagues are continuing to analyze the data, but have provided preliminary results to the California Health Benefit Exchange board.

California was the first state to adopt legislation creating a Health Benefit Exchange, which has the potential to bring much greater stability and affordability to the health insurance marketplace, Kominski notes; his group estimates that as many as 4 million Californians will buy insurance through the exchange. But there are still many unanswered questions, including how active the exchange board will be in pursuing strategies for purchasing health services on behalf of individuals who qualify for subsidies.

Indeed, there is still considerable uncertainty about how many aspects of the ACA will be implemented and how it will evolve, which is why faculty at the UCLA School of Public Health will be in high demand for their expertise for years to come. No one suggests the law is perfect. Fielding notes that it is short on mechanisms to control rising health care costs. Although the ACA has a provision to fund comparative effectiveness studies – weighing the benefits of competing health care interventions – he points out that the focus is on clinical rather than health care system approaches, and prohibits

FAMILY PLANNING Nearly half of pregnancies in the United States are unintended. The full range of FDA-approved contraceptive methods, as well as patient education and counseling for all women with reproductive capacity, will be covered by health plans without cost-sharing requirements.



tion of services by newly enrolled individuals, but that it will be manageable and will taper off after their first year of enrollment.

Kominski, who will become director of the UCLA Center for Health Policy Research January 1 (see page 33), is also heading a team of center researchers working with the UC Berkeley Center for Labor Research and Education to conduct micro-simulations on how changes under the ACA will affect job-based insurance. “Employers are still the primary source of insurance for most Californians, so it’s important to understand what they are going to do in response to changed incentives and the changed market,” Kominski explains. “Our micro-simulation model predicts employer behavior under the new law, as well as how employ-

research on the relative cost-effectiveness of different approaches. Brown notes that even with the estimated 32 million people gaining insurance, certain groups will continue to be uncovered, including undocumented immigrants.

But for Brown, long a leading voice for health care reform whose research in the 1980s provided some of the earliest documentation of the nature and extent of the uninsurance problem, there is nonetheless reason to be hopeful. “The country has taken a very important step in the direction of reforming our health care system – not just moving us closer to the goal of universal coverage, but improving quality and creating more of a system of care as opposed to a fragmented set of delivery and payment mechanisms with no coordination,” Brown says. “This is not nirvana, but it provides a foundation for further changes and reforms that will continue to improve the system.”