

|                                 | Topics                                 | H.R. 3962 - Affordable Health Care for America Act   | H.R. 3590 - Patient Protection and Affordable Care Act  |
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| <b>Restrictions on Benefits</b> |  |  |   |
| 1                               | Benefits Packages                      | <b>Prohibits pre-existing condition exclusions</b> (§211). Requires plans to comply with rules promulgated by the Secretary of HHS regarding the nondiscrimination in benefits (§214). Prohibits the use of lifetime aggregate limits on covered benefits (§109).  | <b>Prohibits pre-existing condition exclusions or other discrimination based on health status.</b> Permits premiums to vary based only on rating area, family composition, the actuarial value of the benefit, age, and tobacco use (§1201).  |
| <b>Prevention and Wellness</b>  |  |  |   |
| 2                               | Preventive Services                    | <b>Eliminates cost-sharing for preventive services</b> or items that are rated 'A' or 'B' by the U.S. Task Force on Clinical Preventive Services (§222).   | Requires group health plans and health insurance issuers offering group or individual health insurance coverage to <b>provide coverage for evidence-based items or preventive services</b> that have a rating of 'A' or 'B' in the current recommendations of the United States Preventive Services Task Force. Prohibits the use of cost-sharing for such services (§1001).  |
| 3                               | National Prevention Strategy           | Requires the creation and submission every two years of a " <b>national prevention and wellness strategy</b> " to include: national goals and priorities for prevention and wellness; identification of health disparities; research gaps; review of the prevention delivery system capacity and workforce; and existing public health measures and standards (§2301).   | Establishes, within the Department of Health and Human Services, the <b>National Prevention, Health Promotion and Public Health Council</b> , which shall provide coordination and leadership at the Federal level, and among all Federal departments and agencies, by developing a <b>national prevention, health promotion, public health, and integrative health care strategy</b> . Council shall also provide recommendations to the President and Congress concerning national wellness, health promotion, and public health goals, including the reduction of tobacco use, sedentary behavior, and poor nutrition (§4001). |
| 4                               | Funds for Public Health and Prevention | Establishes the <b>Public Health Investment Fund</b> and deposits a total of \$33.9 billion for use for fiscal years 2011-2015 (§2002). Allocates \$15.4 billion from the Public Health Investment Fund to be used to fund prevention and wellness activities through a " <b>Prevention and Wellness Trust</b> " over the next five years (§2301). Also authorizes an additional \$12 billion from the Public Health Investment Fund to go to <b>community health centers</b> from the Public Health Investment Fund over the next five years (§2101). | Establishes a <b>Prevention and Public Health Fund</b> to provide for expanded and sustained national investment in prevention, wellness, and public health programs and activities to improve health and help restrain the rate of growth in private and public sector health care costs. Provides a total of \$5 billion in funding for fiscal years 2010-2014, and \$2 billion for each fiscal year after 2014 (§4002).  |

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| 5 | Task Forces on Preventive Services       | Converts the existing U.S. Preventive Services Task Force into the <b>Task Force on Clinical Preventive Services</b> , which will conduct evidence-based systemic reviews of data and literature to determine which clinical preventive services are scientifically proven to be effective (§2301). Also codifies the existing <b>Task Force on Community Preventive Services and authorizes it</b> to perform the same duties regarding community preventive services (§2301). Authorizes \$30 million for each of fiscal years 2011 through 2015 for carrying out the activities of the prevention task forces (§2301). | Requires the Director of CDC to convene an independent <b>Preventive Services Task Force</b> and a <b>Community Preventive Services Task Force</b> , which shall review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of clinical and community preventive services and interventions for the purpose of developing recommendations to be published in the Guide to Clinical Preventive Services or the Guide to Community Preventive Services (§4003).  |
| 6 | Diabetes Screening Efforts               | Requires the Secretary of HHS, in collaboration with the Director of CDC, to (1) <b>review uptake and utilization of diabetes screening benefits</b> , consistent with the recommendations of the Task Force on Clinical Preventive Services; and (2) to establish an outreach program to identify existing efforts by agencies of HHS and by the private and non-profit sectors to <b>increase awareness of diabetes screening benefits</b> (§2594).   | Requires the Secretary of HHS, in collaboration with the Director of CDC, to prepare on a biennial basis a <b>national diabetes report card</b> for each state, which will include aggregate health outcomes related to individuals diagnosed with diabetes and prediabetes including preventative care practices and quality of care; risk factors; and outcomes. Also, the Secretary shall, in collaboration with the Institute of Medicine and appropriate associations and councils, conduct a <b>study of the impact of diabetes on the practice of medicine in the United States</b> and the appropriateness of the level of diabetes medical education that should be required prior to licensure, board certification, and board recertification (§10407). |
| 7 | National Education and Outreach Campaign |   | Requires the Secretary of HHS to provide for the planning and implementation of a national public-private partnership for a <b>prevention and health promotion outreach and education campaign</b> to raise public awareness of preventive benefits and health improvement across the life span (§4004). Campaign will be financed through the Prevention and Public Health Fund (§4002).  |

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| 8 | Health Promotion and Disease Prevention Campaign |  | <p>Directs the Secretary of HHS to establish and implement a <b>national science-based media campaign on health promotion and disease prevention</b> to address proper nutrition, regular exercise, smoking cessation, obesity reduction, the five leading disease killers in the United States, and secondary prevention through disease screening promotion. Requires the Secretary to maintain an Internet website for health care providers and consumers to provide <b>science-based information on guidelines for nutrition, regular exercise, obesity reduction, smoking cessation, and specific chronic disease prevention</b>. Also calls for the Secretary, acting through the CDC, to develop and operate a <b>Federal Internet website personalized prevention plan tool</b>, which should use the most up-to-date scientific evidence on disease prevention; enable individuals to determine their disease risk (based on personal health and family history, BMI, and other information); and provide personalized suggestions for preventing disease. Authorizes up to \$500,000,000 for the campaigns and activities under this section (§4004).</p> |

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| <b>Wellness Incentives and Plans</b> |   |  |   |
| 9                                    | Employer Wellness                                 | Establishes a <b>grant program</b> for small employers to assist with the creation of <b>employee wellness programs that promote healthy behaviors</b> in a non-discriminatory manner. Programs may include health education, screenings, behavioral change programs (including addressing obesity, nutrition, physical fitness), and creating supportive environments (such as encouraging physical activity and improving the nutritional value of food available at the workplace) (§112).  | Requires the Director of CDC to conduct a <b>national worksite health policies and programs survey</b> to assess, analyze, and monitor employer-based health policies and comprehensive workplace chronic disease prevention and health promotion programs, policies and practices. Also requires the Director of CDC to <b>provide employers with technical assistance, consultation, tools, and other resources in evaluating employer-based wellness programs</b> . Nothing in the bill mandates requirements for workplace wellness programs (§4303).   |
| 10                                   | Wellness Program for Satisfying a Health Standard |  | <b>Allows employers to provide rewards to employees</b> (in the form of a discount or rebate of a premium or contribution, a waiver of all or part of a cost-sharing mechanism, or the absence of a subcharge) for participating in a <b>wellness program</b> that is reasonably designed to promote health or prevent disease. Permits employers to offer rewards for satisfying a standard related to a health status factor as long as rewards do not exceed 30% of the cost of employee-only coverage under the plan. The Secretaries of Labor, HHS, and the Treasury may increase the reward to up to 50% of the cost of coverage (§1201).   |
| 11                                   | Demonstration Projects                            | Requires the Secretary of HHS to award grants to conduct <b>research and demonstration projects on the use of financial incentives to encourage individuals and communities to: promote wellness; adopt healthy behaviors; and use evidence-based preventive health services</b> . Requires that focus areas include: obesity (among other priorities); the initiation and sustainability of wellness promotion; adoption of healthy behaviors and use of evidence based preventive services; and populations at high risk of preventable diseases and conditions (§2301). | Requires the Secretary of HHS to establish, not later than July 1,2014, a <b>ten-state demonstration project</b> to allow insurance issuers to offer rewards to individuals who participate in health promotion or wellness programs in the individual insurance market in participating states. Requires participating states to ensure that consumer protections are met, that premium discounts do not create undue burdens or lead to cost shifting, that consumer data is protected under existing HIPAA privacy laws, and that the discounts or other rewards provided under the project reflect the expected level of participation in the wellness program involved and the anticipated effect the program will have on utilization or medical claim costs (§1201). |

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| 12  | Evaluation of Wellness Incentives |  | Requires the Secretary of HHS to conduct an evaluation of and submit a report to Congress on the <b>effectiveness of federal health and wellness initiatives</b> in changing the health status of the American public, and specifically, the Federal workforce, as related to employee absenteeism, employee productivity, the rate of workplace injury, medical costs incurred by employees, and health conditions (including workplace fitness, healthy food and beverages, and incentives in the Federal Employee Health Benefits Program) (§4402).  |
| 13  | Individualized Wellness Plans     |  | Requires the Secretary of HHS to establish a pilot program with up to ten community health centers to test the impact of providing <b>individualized wellness plans to at-risk populations who utilize community health centers</b> . Such wellness plans will be designed to reduce risk factors (such as weight, tobacco and alcohol use, exercise rates, nutritional status, and blood pressure) for preventable conditions, as identified by a comprehensive risk-factor assessment. Plans may include one or more of the following as appropriate to the individual's identified risk factors: nutritional counseling, a physical activity plan, alcohol and smoking cessation counseling and services, stress management, dietary supplements, or compliance assistance provided by a community health center employee (§4206).   |
| <b>Additional Grants and Grant Programs</b> |                                   |  |   |
| 14  | Community Grants                  | Establishes a <b>community prevention and wellness services grant program</b> to support the delivery of evidence-based, community-based prevention and wellness services in priority areas, as identified in the national strategy. Not less than 50% of the funds shall be awarded for the primary purpose of achieving a measurable reduction in one or more health disparities (§2301). Also authorizes \$30 million for each of the next five years to provide <b>grants and training to community health workers</b> to promote positive health behaviors and outcomes in medically underserved areas regarding the following targeted areas: <b>nutrition; physical activity; and overweight and obesity</b> (§2530). | Authorizes the Secretary of HHS to award <b>community transformation grants</b> to eligible entities for the implementation, evaluation, and dissemination of evidence-based community preventive health activities to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence-base of prevention programming. Activities may include increasing healthy food options, physical activity opportunities, and healthy lifestyle and prevention curricula in schools; creating the infrastructure to support active living and access to nutritious foods; developing programs to increase access to nutrition and physical activity; assessing and implementing worksite wellness programs and incentives; highlighting healthy food options at restaurants; and prioritizing strategies to reduce disparities. <b>Measures for evaluation include, among other things, changes in weight, changes in proper nutrition, and changes in physical activity</b> . Funds shall not be used to carry out any activities that may lead to higher rates of obesity or inactivity (§4201). |

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| 15                 | Grants: "Healthy Living, Aging Well"                      |   | Requires the Secretary of HHS to <b>award Healthy Aging, Living Well grants</b> to states or local health departments and Indian tribes to conduct a 5 year pilot program for individuals aged 55-64 to provide public health interventions (e.g., efforts to improve nutrition, increase physical activity, and promote healthy lifestyles), community preventive screenings (e.g., screening for physical activity and nutrition), and clinical referral/treatment for chronic disease (e.g., referral to community resources for clinical follow-up and assistance in determining eligibility for other public programs). Requires the Secretary to conduct an annual evaluation of the effectiveness of the pilot program by considering changes in the prevalence of uncontrolled chronic disease risk factors among new Medicare enrollees (or individuals nearing enrollment, including those who are 63 and 64 years of age) who reside in states or localities receiving grants under this section, as compared with national and historical data for those states and localities for the same population (§4202). |
| 16                 | Community-Based Overweight and Obesity Prevention Program | Establishes a <b>community-based overweight and obesity prevention program</b> to prevent overweight and obesity among children through improved nutrition and increased physical activity. Secretary of HHS will award grants and contracts to entities that will: (1) serve communities with high levels of overweight/obesity; or (2) plan and implement overweight/obesity prevention programs in schools or workplaces. Authorizes \$10 million for FY 2011 and such sums as may be necessary for each of FY 2012 through FY 2015 to carry out this program (§2535). |   |
| <b>Food Issues</b> |   |   |   |
| 17                 | Menu Labeling   | Requires chain restaurants (i.e., restaurants with 20 or more locations) to put the <b>calorie content of their menu items directly on the menus</b> , to provide a written statement concerning suggested daily caloric intake, and to <b>make other nutritional information available</b> , so that consumers can make informed choices about what they eat (§2572).  | Requires chain restaurants (i.e., restaurants with 20 or more locations) to <b>disclose the calorie content of standard menu items on the menu board</b> and to provide a succinct statement concerning suggested daily caloric intake. Restaurants must also make available to customers upon request a written form with <b>additional nutrition information of menu items</b> pertaining to total calories and calories from fat, as well as amounts of fat, saturated fat, cholesterol, sodium, total carbohydrates, complex carbohydrates, sugars, dietary fiber, and protein. Also requires vending machine owners or operators (of 20 or more vending machines) to place a sign in close proximity to each article of food or the selection button that discloses the number of calories contained in the article (§4205).   |

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| <b>Healthcare Workforce</b> |                            |  |   |
| 18                          | Community Health Workforce | Establishes a program to provide support for the development and operation of primary care training programs for <b>medical residents in community-based settings</b> , such as community health centers (§2214).  | Requires the Director of CDC, in collaboration with the Secretary of HHS, to award grants to eligible entities to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of <b>community health workers</b> . Such grants shall be used, among other things, to educate, guide, and provide outreach in a community setting regarding health problems; to educate and provide guidance regarding effective strategies to promote positive health behaviors and discourage risky health behaviors; to identify, educate, refer, and enroll underserved populations to appropriate healthcare agencies and community-based programs and organizations. Priority will be given to certain geographic areas with a high percentage of residents who are uninsured or underinsured or who suffer from chronic diseases (§5313). |
| 19                          | Primary Care Workforce     | Establishes grant and loan repayment programs for <b>primary care workforce</b> . Creates several public health training programs for primary care (§2211; §2212; §2213; §2215; §2216).  | Creates a <b>Primary Care Extension Program</b> to educate providers about preventive medicine, health promotion, chronic disease management, mental and behavioral health services, and evidence-based therapies and techniques. The purpose is to enable providers to incorporate such matters into their practice and to improve community health by working with community-based health connectors (§5405).   |
| 20                          | Federal Health Centers     | Requires the Administrator to certify, and recertify at least every five years, <b>federally qualified behavioral health centers</b> as meeting specific criteria, including the provision of outpatient clinical primary care services. Such primary care services must include <b>screening for diabetes, hypertension, and cardiovascular disease, as well as monitoring weight, height, BMI, blood pressure, blood glucose, and lipid profile</b> (§2513). |   |
| 21                          | Medical-Legal Partnerships | Requires the Secretary of HHS to establish a nationwide demonstration project to award grants for the formation of <b>medical-legal partnerships</b> between a health care provider (e.g., a community health center) and an attorney to assist patients and their families navigate health-related programs and activities and to achieve specific goals, such as <b>enhancing wellness and prevention of chronic diseases</b> (§2537).                       |   |

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| <b>Quality</b> |                                    |  |  |
| 22             | Improving Quality                  | Provides \$25 million for the development of new <b>quality measures</b> . Requires the Secretary of HHS to develop, test, and, update new patient-centered and population-based quality measures for the assessment of health care services in the United States (§1442). | Requires the Secretary of HHS to identify, not less often than triennially, gaps where no <b>quality measures</b> exist, or where existing quality measures need improvement, updating or expansion, consistent with the national strategy and priorities. The Secretary would then be required to develop measures that would fill identified gaps. Measures developed under this section would be applicable to all age groups and focus on the following areas: (1) patient outcomes and functional status; (2) coordination of care across episodes of care and care transitions; (3) meaningful use of health information technology; (4) safety, effectiveness, patient centeredness, appropriateness, and timeliness of care; (5) efficiency of care; (6) equity of health services and health disparities; (7) patient experience and satisfaction; and 8) other areas deemed appropriate by the Secretary. Authorizes \$75 million for fiscal years 2010-2014 for the development of quality measures (§3013).  |
| 23             | Comparative Effectiveness Research | Creates the <b>Center for Comparative Effectiveness Research</b> at the Agency for Healthcare Research and Quality supported by a combination of public and private funding that will conduct, support and synthesize comparative effectiveness research (§1401).          | Establishes a non-profit <b>Patient-Centered Outcomes Research Institute</b> to assist patients, clinicians, purchasers, and policy-makers in making informed health decisions by advancing the quality and relevance of evidence concerning the prevention, diagnosis, treatment, and management of diseases, disorders, and other health conditions. <b>The Institute shall identify national priorities for comparative clinical effectiveness research</b> , taking the following into account: factors of disease incidence, prevalence, and burden in the United States (with emphasis on chronic conditions); gaps in evidence in terms of clinical outcomes, practice variations and health disparities; the potential for new evidence to improve patient health, well-being, and quality of care; the effect on national expenditures associated with a health care treatment, strategy, or health conditions; patient needs, outcomes, and preferences; the relevance to patients and clinicians in making informed health decisions; and priorities in the National Strategy for quality care (§6301). |

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| 24 | National Strategy for Quality Improvement        | Requires the Secretary of HHS to establish <b>national priorities for quality and performance improvement</b> , which should reflect areas that contribute to a large burden of disease, have high potential to decrease morbidity and mortality and improve performance, address health disparities, and have the potential to produce the most rapid change based on current evidence (§1441). | Requires the Secretary of HHS to develop a <b>national strategy to improve health care quality</b> by improving the delivery of health care services, patient health outcomes, and population health. Strategy will identify priorities including improving patient safety, reducing hospital readmissions and infections, and reducing disparities and the health needs of patients with high-cost chronic diseases (§3011).  |
| 25 | Interagency Working Group on Health Care Quality |  | Requires the President to convene an <b>Interagency Working Group on Health Care Quality</b> to achieve the following goals: (1) collaboration, cooperation, and consultation between Federal departments and agencies with respect to developing and disseminating strategies, goals, models, and timetables that are consistent with national priorities; (2) avoidance of inefficient duplication of quality improvement efforts and resources and creation of a streamlined process for quality reporting and compliance requirements; and (3) alignment of quality efforts in the public sector with private sector initiatives (§3012).  |
| 26 | Best Practices                                   | Creates a <b>Center for Quality Improvement</b> to identify, develop, evaluate, and help implement best practices for quality improvement activities in the delivery of health care services. Best practices must be consistent with standards on HIT and data collection in §3004 of this bill (§2401).   | Provides funding for research in the area of public health services and systems that includes the following: (1) <b>examining evidence-based practices relating to prevention</b> , with a particular focus on high priority areas as identified by the Secretary, and 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 real world community settings, including comparing State and local health department structures and systems in terms of effectiveness and cost (§4301). |

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| <b>Coordination of Care</b>       |                             |   |  |
| 27                                | Reimbursement               | Requires the Secretary of HHS to design and implement payment mechanism policies that: seek to improve health outcomes and prevent and <b>manage chronic diseases</b> ; and that promote integrated, patient-centered, quality and efficient care (§324).   | Requires the Secretary, in consultation with experts in health care quality and other stakeholders, to develop reporting requirements for use by a group health plan, and a health insurance issuer offering group or individual health insurance coverage, with respect to plan or coverage benefits and health care provider reimbursement structures that improve health outcomes through the use of care coordination and chronic disease management, prevent hospital readmissions and improve patient safety, and promote wellness and health (§1001).   |
| 28                                | Medical Homes               | Establishes a new program to support the development and operation of interdisciplinary training programs for health professionals to improve coordination within and across health care settings, including training in <b>medical home models</b> and models that integrate physical, mental, or oral health services (§2252).  | Creates a program to establish and fund the development of <b>community-based, interdisciplinary, interprofessional health teams</b> to support the development of medical homes by increasing access to comprehensive, community based, coordinated care. A patient's care is coordinated by multidisciplinary, interprofessional teams consisting of primary care providers, specialists, nurses, dieticians, nutritionists, and other health professionals. Teams will collaborate with community resources to coordinate disease prevention, chronic disease management and manage the transition between health care providers/settings. Priority will be given to patients with chronic diseases or conditions identified by the Secretary. Teams shall assist primary care providers with promoting effective strategies for treatment planning, monitoring health outcomes and resource use, sharing information, treatment decision support, and organizing care (§3502). |
| <b>Alternative Care Providers</b> |                             |   |  |
| 29                                | School-Based Health Clinics | Requires the Secretary of HHS to establish a <b>school-based health clinics (SBHC) program</b> consisting of awarding grants to eligible entities to support SBHCs, which will be organized through school, community, and health provider relationships to <b>provide comprehensive primary care health services during school hours</b> to children and adolescents. Authorizes \$50 million for FY 2011 and such sums as may be necessary for each of FY 2012 through FY 2015 (§2511). | Authorizes a grant program for the operation and development of <b>school-based health clinics</b> , which will provide comprehensive physical and mental preventive and primary health care services to children and adolescents during school hours. The Secretary shall prescribe criteria for determining the specific shortages of personal health services for medically underserved children and adolescents. Appropriates \$50 million each of fiscal years 2010 through 2013 for expenditures for facilities and equipment (§4101).   |

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| <b>Indian Health Services</b> |  |   |  |
| 30                            | Indian Health Services:<br>Community Health Representatives        | Requires the Secretary of HHS, acting through the Indian Health Service, to maintain a <b>Community Health Representative Program</b> under which Indian Health Programs will provide for the training of Indians as community health representatives to be used in the <b>provision of health care, health promotion, and disease prevention services</b> to Indian communities (§3101).   |  |
| 31                            | Indian Health Services:<br>Community Health Aide Program in Alaska | Requires the Secretary of HHS, acting through the Indian Health Service, to develop and operate a <b>Community Health Aide Program in Alaska</b> under which the Service: (1) provides for the training of Alaska Natives as health aides or community health practitioners; (2) uses such aides or practitioners in the <b>provision of health care, health promotion, and disease prevention</b> services to Alaska Natives living in villages in rural Alaska; and (3) provides for the establishment of teleconferencing capacity in health clinics located in or near such villages for use by community health aides or community health practitioners (§3101). |  |
| 32                            | Indian Health Services: School Health Education Programs           | Authorizes the Secretary of HHS, acting through the Indian Health Service, to award grants to Indian Tribes and Tribal Organizations to develop <b>comprehensive school health education programs for children</b> from pre-school through grade 12. Allows awarded grants to be used for purposes which may include, but are not limited to: <b>developing school programs on nutrition education, personal health, oral health, and fitness; developing behavioral health wellness programs; and developing chronic disease prevention programs</b> (§3101).  |  |

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| 33 | Indian Health Services:<br>Diabetes Prevention and Control | Requires the Secretary of HHS to <b>screen each Indian who receives services from the Indian Health Service for diabetes</b> and for conditions which indicate a high risk that the individual will become diabetic and establish a cost-effective approach to ensure ongoing monitoring of disease indicators. Authorizes the Secretary to provide, through the Service, Indian Tribes, and Tribal Organizations, dialysis programs, including the purchase of dialysis equipment and the provision of necessary staffing. Also authorizes the Secretary of HHS to make grants to urban Indian organizations to provide services for the <b>prevention and treatment of, and control of, diabetes among urban Indians</b> (§3101). |  |

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| <b>Medicare</b> |                        |   |  |
| 34              | Preventive Services    | <p><b>Waives all Medicare cost sharing (both co-insurance and deductibles) for preventive services</b>, including: an initial preventive physical examination; diabetes outpatient self-management training; medical nutrition therapy services; cardiovascular and diabetes screening; and additional preventive services (§1305).</p> | <p><b>Waives beneficiary coinsurance requirements for most preventive services</b>, including the personalized prevention plan services and any covered preventive service rated 'A' or 'B' by the U.S. Preventive Services Task Force (§4104). Authorizes the Secretary of HHS to modify the coverage of any currently covered preventive service in the Medicare program to the extent that the modification is consistent with U.S. Preventive Services Task Force recommendations. Authorizes a Government Accountability Office (GAO) study on changes to payment policies, methodologies, and rates and coverage policies and methodologies under the Medicare program, including an analysis of (1) Medicare beneficiary access to providers and items and services; (2) the affordability of Medicare premiums and cost-sharing; (3) the potential impact of changes on other government or private-sector purchasers and payers of care; and (4) quality of patient care, including patient experience, outcomes, and other measures of care (§3403).</p> |
| 35              | Annual Wellness Visits |   | <p>Provides beneficiaries with access to a <b>comprehensive health risk assessment (HRA)</b> that would be completed prior to or as part of an <b>annual wellness visit</b>, in which beneficiaries, through authorized Medicare payment, would visit a primary care provider to create a <b>personalized prevention plan</b>. The plan would address chronic disease conditions and risk factors including weight, BMI, and blood pressure. Beneficiaries would be referred to Medicare-covered health education and preventive counseling or community-based interventions to <b>improve nutrition, physical activity, weight, and other factors</b>. Enables beneficiaries, during the first year of enrollment, to receive either the Initial Preventive Physical Examination (IPPE) or the Annual Wellness Visit, but not both. No co-payment or deductible would apply. Directs the Secretary of HHS to develop publicly available guidelines for the HRA within one year of enactment (§4103).</p>  |

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| 36 | Management of Chronic Care   |  | Creates an " <b>Independence at Home Medical Demonstration Project</b> " to test a payment incentive and service delivery model that utilizes physician and nurse practitioner directed home-based primary care teams designed to reduce expenditures and improve health outcomes in the provision of items and services to applicable beneficiaries. The demonstration program shall test whether a model results in reducing preventable hospitalizations; preventing hospital readmissions; reducing emergency room visits; improving health outcomes; improving the efficiency of care; reducing the cost of health care services covered; and achieving beneficiary and family caregiver satisfaction. To be eligible for the program, a beneficiary must have at least two chronic illnesses (such as congestive heart failure, diabetes, ischemic heart disease, stroke, etc.), have been hospitalized during the last 12 months, and have at least two functional dependencies (§3024). |
| 37 | Certified Diabetes Educators | Recognizes <b>certified diabetes educators</b> as certified providers for purposes of Medicare diabetes outpatient self-management services (§1313).   |   |
| 38 | Reimbursement Rates          | <b>Increases the Medicare payment rate by 5% for primary care services</b> of physicians specializing in primary care. Provides an additional 5% to eligible practitioners practicing in health professional shortage areas (§1303). | From January 2011 to January 2016, provides a <b>10% Medicare payment bonus for primary care practitioners</b> and general surgeons practicing in health professional shortage areas. Half of the cost of the bonuses would be offset through an across-the-board reduction in all other services (§5501).  |

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| <b>Medicaid</b> |   |  |   |
| 39              | Coverage and Preventive Services              | Requires <b>coverage and eliminates cost-sharing of preventive services under Medicaid that are recommended with grade 'A' or 'B'</b> by the Task Force for Clinical Preventive Services, vaccines recommended by CDC, and services appropriate for those covered by Medicaid (§1711).   | Beginning January 1, 2013, improves access to preventive services for eligible adults in Medicaid. Such services include diagnostic, screening, preventive, and rehabilitative services, including any clinical preventive services that are assigned a grade of A or B by the USPSTF, approved vaccines recommended by the Advisory Committee on Immunization Practices, and any medical or remedial services recommended by a physician or other licensed practitioner. States that opt to <b>provide Medicaid coverage for all USPSTF recommended services as well as prohibit cost-sharing for such services</b> will receive an FMAP increase of 1% for those services (§4106).  |
| 40              | Medical Home                                  | Establishes a five-year <b>medical home pilot program</b> to test the medical home concept with Medicaid beneficiaries including medically fragile children and high-risk pregnant women. Requires the federal government to match costs of community care workers at 90% for the first two years and 75% for the next three years, up to a total of \$1.235 billion. Does not specify the obese as a high-risk group (§1722). | Beginning January 1, 2011, provide states the option of enrolling Medicaid beneficiaries with chronic conditions into a <b>health home</b> . Chronic conditions include being overweight (BMI >25), asthma, diabetes, and heart disease, among others. Teams of providers could be free-standing, virtual, or based at a hospital, community health center, community mental health center, clinic, physician's office, or physician group practice. Health homes would be composed of a team of health professionals and would provide a comprehensive set of medical services, including care management; care coordination and health promotion; comprehensive transitional care; use of health information technology; and referral to community and social support services. The total amount of payments to states shall not exceed \$25 million (§2703). |
| 41              | Incentives for Prevention of Chronic Diseases |  | Requires the Secretary to award grants to States to provide incentives for Medicaid beneficiaries to participate in programs providing <b>incentives for behavioral modification to prevent chronic diseases</b> . These programs must be comprehensive and uniquely suited to address the needs of Medicaid eligible beneficiaries and must have demonstrated success in helping individuals lower or control cholesterol and/or blood pressure, lose weight, quit smoking and/or manage or prevent diabetes, or address co-morbidities associated with these conditions. Authorizes \$100 million over five years, beginning on January 1, 2011 (§4108).  |

|    | Topics  | H.R. 3962 - Affordable Health Care for America Act | H.R. 3590 - Patient Protection and Affordable Care Act  |
|----|---|--|---|
| 42 | Childhood Obesity Demonstration Project           |  | Appropriates \$25 million for fiscal years 2010 through 2014 for the childhood obesity demonstration project authorized under CHIPRA 2009 (Section 1139A(e)(8) of the Social Security Act) (§4306).   |
| 43 | Guidance for coverage of obesity-related services |  | Requires the Secretary of HHS to <b>provide guidance and relevant information to states and health care providers regarding preventive and obesity-related services</b> that are available to Medicaid enrollees, including obesity screening and counseling for children and adults. Each state would be required to design a public awareness campaign to educate Medicaid enrollees regarding availability and coverage of such services, with the <b>goal of reducing the incidence of obesity</b> (§4004). |
| 44 | Medicaid Quality Measures                         |  | Requires the Secretary of HHS to identify and publish a recommended <b>core set of adult health quality measures</b> for Medicaid-eligible adults and establish a quality measurement program (§2701).  |