2013

The ACA's Preventive Mandate: Funding Precendent Program In Race To Reach Communities Before Illness

Lacey Asia Williams

Follow this and additional works at: http://lawecommons.luc.edu/pilr

Part of the Health Law and Policy Commons

Recommended Citation
Lacey A. Williams, The ACA's Preventive Mandate: Funding Precendent Program In Race To Reach Communities Before Illness, 19 Pub. Interest L. Rptr. 177 (2013).
Available at: http://lawecommons.luc.edu/pilr/vol19/iss3/6

This Article is brought to you for free and open access by LAW eCommons. It has been accepted for inclusion in Public Interest Law Reporter by an authorized administrator of LAW eCommons. For more information, please contact law-library@luc.edu.
No. 3 • Symposium 2013

THE ACA’S PREVENTIVE MANDATE: FUNDING PRECEDENT PROGRAM IN RACE TO REACH COMMUNITIES BEFORE ILLNESS

by LACEY ASIA WILLIAMS*

The Patient Protection and Affordable Care Act (“ACA”) signed into law on March 23, 2010, has been notarized for its goal of providing quality and affordable health insurance for all Americans. While the ACA implements a health system to allow individual Americans better access to healthcare, it also promotes public health through its preventative service mandates that work to promote healthy lifestyles of entire communities and to eliminate
health disparities by providing affordable health resources and education through funding allocations to organizations and agencies. Such federal funding allocations are made possible by the ACA’s creation of the Prevention and Public Health Fund (PPHF). Associate Professor of Law at the University of Connecticut School of Law and former Asst. Regional Counsel for the U.S. Department of Health and Human Services, John Aloysius Cogan Jr., stated that the preventative mandate of the PPHF may be the ACA’s most significant public health feature. While public health spending comprises generally less than 5% of the total U.S. health care spending, public health in general is such an important feature to our health care system considering the top three deaths in the United States stem from curable causes: tobacco, obesity and alcohol abuse. Often, the unhealthy choices that are determinants of disease and death in the United States are not lifestyle choices but rather the consequences of the economic and geographic factors that restrict or prevent access to healthy food and safe environment in which to exercise. The public health reform of the ACA through its preventive service mandate is economically beneficial to the individual, to the community, and to the nation at large.

A great working example of the preventative service mandate’s power to affect the individual and the community as a whole is already underway. The funding allocations from the PPHF assist the Center for Disease Control and other agencies in providing data and workable templates so community organizations can implement services that positively affect its underserved populations that stand to benefit from it.

PUBLIC HEALTH REFORM THROUGH GUIDANCE OF THE CDC’S COMMUNITY GUIDE

In 2013, the Center for Disease Control and Prevention (“CDC”) received $254,783,651 from the PPHF to conduct research and use evidence based solutions to proactively implement community-based interventions across the nation. As of the end of the 2013 FY, the CDC has received $2.06 billion dollars in total from the PPHF. Through the ACA’s preventive mandate, a portion of those proceeds has gone to the CDC’s Community Guide. The Community Guide is a credible and vast resource with many uses and addresses questions like, what public health interventions have and have not worked? In which populations and settings has the intervention worked or not worked? Does the intervention lead to any other benefits or harms?
The Community Guide which was created well before the enactment of the ACA\(^9\), is a precedent mechanism of how federally funded research and evidence based recommendations are directly benefiting the community. The Community Guide was an invaluable resource to Blue Cross Blue Shield (“BCBS”) in implementing its initiative in Minnesota to reduce adult smoking and exposure to indoor secondhand smoke; increase the percentage of adults who are moderately physically active; and double the number of Minnesotans who eat 5 or more servings of fruits and vegetables a day\(^{10}\). According to the Vice President and Chief Prevention Officer of Blue Cross and Blue Shield of Minnesota, the Community Guide helped to guide the planning and to ensure the strategies of the company were science based\(^{11}\). BCBS’s program has helped more than 100 organizations champion increasing access to healthy foods, design more walkable and bike friendly communities and decreasing smoking and exposure to secondhand smoke\(^{12}\).

The federal allocations of the ACA contribute funds to public health programs that work, as evidenced by the Community Guide which benefits from highly specialized companies like Blue Cross Blue Shield, down to small community organizations that lack both funding and resources to conduct evidence based findings and structure a program to increase local health based on those findings. For groups from both ends of the spectrum and the millions in between, the Community Guide acts as a template for structuring successful, individualized public health programming and activities promoting healthier, smarter lifestyles.

CONCLUSION

Through the collaboration with established agencies, the preventive mandates of the ACA extend its national platform to the financially under-recognized and under-utilized public health resources. Public health reform gains national attention with the preventive mandate that offers a direct impact on communities through the United States. Its multifaceted approach to preventing disease and injury through promoting stronger individuals and communities, propels our health system to think outside of the pharmacy and to incorporate public health reform through education, clinical interventions, health coaching, and behavioral implementations that are reaching those before a curable yet fatal disease does.
Loyola Public Interest Law Reporter

Lacey Asia Williams is a law student at Loyola University Chicago School of Law, Class of 2014. She earned her B.A. from Howard University in 2008.

NOTES

2 Vanessa Forsber & Caroline Fichtenberg, The Prevention and Public Health Fund: A Critical Investment in our Nation’s Physical and Fiscal Health, AM. PUB. HEALTH ASS’N (June 2012), http://www.apha.org/advocacy/reports/reports. The Prevention and Public Health Fund is the nation’s first mandatory funding stream for the prevention activities and public health programs. The PPHF is intended to provide a stable and increased investment in activities that will provide communities with the resources to maintain healthy lifestyles.
4 Id. at 359.
6 CTR. FOR DISEASE CONTROL & PREVENTION, FY 2013 Grant Funding Profiles, (May 12, 2014) http://www.cdc.gov/FundingProfiles/FundingProfilesRIA/.
7 U.S. DEP’T OF HUMAN & HEALTH SERVICES, FY 2013 Allocation of PPHF Funds, (May 11, 2014) http://www.hhs.gov/open/recordsandreports/prevention/fy2013-allocation-pphf-funds.html. The CDC is one of six agencies of the United States Department of Health and Human Services (HHS) that has received allocations through the HHS pursuant.
8 THE GUIDE TO COMMUNITY PREVENTIVE SERVICES, What is the Community Guide (October 17, 2013), http://www.thecommunityguide.org/about/index.html. The Community Guide houses the official collection of all Community Preventive Services Task Force’s (“Task Force”) findings and the systematic reviews on which they are based. The Task Force provides evidence-based recommendations on preventive services, programs, and policies for community populations. Their recommendations range from policymakers and practitioners to other decision makers in communities, including organizations, schools, healthcare institutions, and health plans, at the local, state, and federal levels. This task force has evaluated community education programs, behavior change programs, organizational and legislative policies, and health systems interventions.
9 THE GUIDE TO COMMUNITY PREVENTIVE SERVICES, History of the Community Guide (March 29, 2012), http://www.thecommunityguide.org/about/history.html. (“The Community Preventive Services Task Force was established by the U.S. Department of Health and Human Services (DHHS) in 1996 to develop guidance on which community-based health promotion and disease prevention interventions work and which do not work, based on available scientific evidence.”).
11 Id.
12 Id.