



PUBLIC HEALTH AND THE AFFORDABLE CARE ACT: OPPORTUNITIES FOR LOCAL HEALTH DEPARTMENTS

Issue Brief

Opportunities for Local Health Departments in the Affordable Care Act

The Patient Protection and Affordable Care Act (ACA) is the most comprehensive national-level health reform legislation enacted in decades. While the ACA's signature initiatives are aimed at increasing access to, and quality of health care, the law also contains a number of provisions targeted at improving health at the population level. Among these initiatives are a number of preventive and community health provisions that create new opportunities for local health departments.

Grant Opportunities

Prevention and Public Health Fund (42 USCA § 300u-11)

The Prevention and Public Health Fund was created by the ACA to provide expanded and sustained national investments in prevention and public health, improve health outcomes, and enhance health care quality. The Fund (as modified) provides nearly one billion dollars per year for a broad range of public health activities. The funds are distributed through various federal agencies, and health departments are eligible for many opportunities it creates. For more information, see [Prevention and Public Health Fund Fact Sheet](#) and [Funding Announcements](#).

Community Transformation Grants (42 USCA § 300u-13)

The ACA also directs the CDC to award Community Transformation Grants to state, local and tribal agencies, community-based and non-profit organizations for evidence-based community preventive health activities. Grantees must measure and report results. The section authorizes federal funding for FY 2010 - 2014. Examples of funded programs include:

- The City of Austin Health & Human Services Department received \$1,026,158 to serve the county of Travis. The Department's work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments. Travis County is actively engaged with area school districts to increase healthy food and beverage consumption by working to limit access to low-nutrition foods and beverages that can be obtained in close proximity to K-12 schools.
- The Los Angeles County Department of Public Health received \$9,848,011 to focus on improving the social and emotional wellness of L.A. county residents. The county is currently working to increase the number of clinic sites within its ambulatory care network. The clinic sites implement standard protocols for screening individuals for depression and problem drinking. The county is also working to provide brief interventions for many of those suffering from depression and/or problem drinking.



For more information visit the CDC's Community Transformation Grant [website](#).

Healthy Aging, Living Well (42 USCA § 300u-14)

This section authorizes a funding stream to improve the health of people not yet eligible for Medicare to help reduce chronic disease burden and Medicare costs. The ACA requires the HHS Secretary through the CDC Director to award grants to health departments or Indian tribes to provide 5-year pilot community based intervention programs. The programs target individuals between 55 and 64 to improve nutrition, increase physical activity, reduce tobacco use and generally promote healthy lifestyles. The Secretary is required to evaluate these programs and report to Congress. This section authorizes (but doesn't appropriate) funding in FY 2010 - 2014.

Opportunities to Increase Integration with Organizations Providing Clinical Services

Reconsider Clinical Care Provision

In states that implement the ACA's Medicaid Expansion, many people who currently receive clinical care may become eligible for insurance coverage. This means that those people may go elsewhere for care, but also that local health departments (LHDs) may be able to bill Medicaid for services that were previously paid for with state or local funds. As explained by the National Association of County and City Health Officials (NACCHO), "LHDs need to determine whether a clinical care role continues to makes sense for them in their communities and among the services provided by partners and others supported by the ACA. Such determinations should be made in coordination with local or regional stakeholders. LHDs that provide clinical care may need to develop new business models to bill or contract for services." For more information see the NACCHO factsheet [Implementation of the Affordable Care Act](#).

Coordinate with Hospitals on Community Health Needs Assessments

The ACA requires non-profit hospitals to conduct community health needs assessments every three years as a condition of maintaining their tax exempt status, and requires them to consult with public health officials in doing so. There may be great opportunities for LHDs to leverage resources by collaborating with hospitals in conducting these assessments and implementing the resulting strategies to improve community health. For more information see the Network for Public Health Law's [Issue Brief on Health Department Collaboration](#) and the Georgia Health Policy Center's [Public Health Opportunity Planning Tool](#).

Collaborate with Federally Qualified Health Centers (FQHCs)

The ACA provides \$11 billion in new funding for FQHCs, a significant influx of funds. LHDs may consider applying to become a "public entity" FQHC or pursue partnership opportunities with FQHCs such as co-location of services, referrals, or purchase of services. For more information see NACCHO's [Partnerships between FQHCs and LHDs](#) fact sheet.

Partner with Medicare Accountable Care Organizations (ACOs)

The ACA provides new funding for ACOs that serve Medicare patients. LHDs have opportunities to pursue relationships with these new ACOs in clinical and other capacities. In addition to providing clinical care, LHDs can provide assistance in community health assessments, identifying available community resources, providing data and guidance to develop community health initiatives, and providing training to ACO leaders and participants. Additionally, the ACA provides an option for states to create Pediatric ACOs, and in many states LHDs may be able to participate in Medicaid and private coordinated care programs. For more information on Medicare ACOs generally, see [ACO Coalitions Key to Population Wellness](#) and [FAQs on ACOs](#). For information regarding Medicaid ACOs, see this newsletter from the [National Health Law Program](#).



Other Opportunities

Data Collection to Reduce Health Disparities (42 USCA § 300kk; 42 USCA §1396w–5)

LHDs are critical partners in collecting public health data to reduce health disparities. Although LHDs often already collect a great deal of such data, the ACA requires HHS to ensure that all federally conducted or supported health care and public health programs and activities collect and report data on race, ethnicity, sex, primary language and disability and other characteristics, and that the data be analyzed and reported. On October 31, 2011 HHS published the [final standards](#) for this data collection.

Mandated Coverage of Preventive Services (ACA §§ 4103 – 4108)

The ACA requires coverage of preventive services in private insurance, Medicare, and Medicaid. Covered services in Medicare include annual well care visits, personalized prevention plans and other evidence-based preventive services. The ACA also requires Medicaid coverage of preventive services including chronic disease prevention, adult immunizations, tobacco cessation for pregnant women and other evidence-based preventive services. LHDs have long been providers of these types of services, and this provision may enable them to collect payment from Medicaid for services previously paid for by LHD funds. For more detail on what each program covers, please see the Network for Public Health Law's [Public Health Provisions of the ACA](#) document.

Increased Funding and Training of the Public Health Workforce

The ACA established a national commission to address shortages in the workforce, created public health loan repayment programs and provided grants to strengthen the professional development and continued education of the current public health workforce. For more information, see [Public Health Workforce Provisions in the ACA](#).

More Information

- For a comprehensive overview of both challenges and opportunities for LHDs during the implementation of health reform see the report [Health Reform and Local Health Departments: Opportunities for the Centers for Disease Control and Prevention](#)
- The Webinar [The ACA: What It Means For Local Health Departments](#), discusses funding opportunities, organizational challenges that emerge in the post-ACA world, and the shifting role of Local Health Departments in the new public health landscape.
- The Webinar [Health Reform and Local Health Departments](#), outlines major changes that will impact local health departments, funding opportunities and questions for LHDs to consider as health reform is implemented.
- The Issue Brief [Public Health Provisions of the Patient Protection and Affordable Care Act](#) provides an overview of sections of Title IV and Title X that are targeted directly at improving health at the population level.



SUPPORTERS



Robert Wood Johnson Foundation

The Network for Public Health Law is a national initiative of the Robert Wood Johnson Foundation with direction and technical assistance by the Public Health Law Center at William Mitchell College of Law.

This document was developed by Sarah Grusin, Yale Law 3L, with assistance from Corey Davis, Staff Attorney, Network for Public Health Law – Southeastern Region at the National Health Law Program. The Network for Public Health Law provides information and technical assistance on issues related to public health. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.