Sustainable Funding for Community Prevention: Opportunities for Breastfeeding Support Under the Affordable Care Act

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Overview

- Prevention opportunities in ACA
- Sustainability and community-based prevention
- Specific opportunities to support lactation:
  - Medicaid rule change opportunity
  - Waivers
About TFAH

- Trust for America’s Health (TFAH) is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.

A New Road is being Paved

- The Nation has seen a significant new investment in prevention and public health.
- A multi-billion Prevention and Public Health Fund is helping to implement creative new programs, helping to make up for decades of chronic underfunding of public health.
- A National Prevention Strategy is in place, weaving prevention into all aspects of life.
- Unfortunately, today's children are in danger of becoming the first generation to live shorter, less healthy lives than their parents. Prevention is the key to reducing health care costs and creating a long-term path to a healthier and economically sound America. We must continue our investment in public health programs.
What Changed for Prevention in Health Reform and Why?

- Pillars for public health in health reform:
  - National Prevention Strategy
  - Universal coverage, including first $ coverage of clinical preventive services
  - Reliable funding stream through creation of a Trust Fund (mandatory appropriation) to support:
    - Core public health functions
    - Community prevention
    - Public health workforce
    - Public health and prevention research

- How did we accomplish these gains? Public health spoke with a unified voice and engaged non-traditional partners

Key Prevention Levers in ACA Implementation

1. National Prevention Council/National Prevention Strategy
   a. Broad definition of what “creates” health
   b. Promotes cross-cutting initiatives between agencies
2. Prevention and Public Health Fund
3. Community-based prevention programs
4. Community benefit requirements
5. Medicaid opportunities, i.e., the preventive services rule change
National Prevention Strategy

Four strategic directions:

1. Healthy and Safe Community Environment
2. Clinical and Community Preventive Services
3. Empowered People
4. Elimination of Health Disparities

National Prevention Strategy (cont.)

- “Support policies and programs that promote breastfeeding”
- Calls for specific actions on breastfeeding by all levels of government, businesses and employers, & community organizations
- Includes specific target of increasing % of infants BF exclusively until 6 months
National Prevention Strategy

- Recommendations that support breastfeeding and lactation
  - Individuals and families breastfeed babies exclusively for the first six months after birth when able.
  - Community, non-profit and faith based organizations implement culturally and linguistically appropriate social supports for breastfeeding, such marketing campaigns and breastfeeding peer-support groups.

National Prevention Strategy Recommendations, cont.

- Business and employers should adapt lactation policies that provide space and break time for breastfeeding employees and offer lactation management services and support (e.g., breastfeeding peer-support groups).
- State, tribal, local and territorial governments should work with hospitals, early learning centers, health care providers and community-based organizations to implement breastfeeding policies and programs.
Breastfeeding Allocations in the PPHF

<table>
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<th>CDC (dollars in millions)</th>
<th>FY2011 Final Allocation</th>
<th>FY2012 Final Allocation</th>
<th>FY2013 Final Allocation</th>
<th>FY2014 Omnibus</th>
<th>FY2015 Omnibus</th>
<th>FY2016 President’s Budget Request</th>
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<td>Baby Friendly Hospitals/Breastfeeding</td>
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<td>7.050</td>
<td>2.500</td>
<td>8.000</td>
<td>8.000</td>
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Community Prevention Investments Include Breastfeeding

- Communities Putting Prevention to Work (CPPW)
  - AZ
  - FL
  - MS
- Community Transformation Grants (CTG)
  - AK
  - DC
  - DE
  - IL
- Partnerships to Improve Community Health (PICH)
Additional Investments

- National Implementation and Dissemination for Chronic Disease Prevention (to support Partnership to Improve Community Health (PICH) grantees)
- Funds are to build community capacity by sub-granting dollars locally to build on CDC grantee community health improvement coalitions
- National WIC Association Award for $2,391,722

National WIC Association CDC Award, cont.

- Will support 36 local WIC agencies to:
  - Create/enhance a coalition by including the WIC agency, an OB/GYN and a WIC mother or patient supporter in the coalition leadership team
  - Perform a community needs assessment
  - Develop and implement evidence- and practice-based strategies addressing lack of access to chronic disease prevention, risk reduction, management opportunities and poor nutrition
Are you connected to local CDC-funded community health improvement coalitions?

Future of this work to be determined by:
- Success of current efforts
  - Letting the world know of those successes
  - Documenting the return-on-investment
- Creating partnerships within and outside of the clinical system
- Creating sustainable resources by leveraging new funding streams and insurance reimbursement
Making the Case: Return-on-Investment (ROI)

- An investment of $10 per person in proven prevention programs could yield net savings of more than $16 billion annually within five years, an ROI of $5.6 for every $1 invested.
- A 5% reduction in the obesity rate could yield more than $600 billion in savings in health care over the next 20 years.
- Great data exists on breastfeeding! Build on the evidence by collecting local data.

Insurance Coverage for Prevention in ACA

- Increased coverage for clinical preventive services
  - A and B grade recommendations from the US Preventive Services Task Force
  - Vaccines recommended by the Advisory Committee on Immunization Practices
  - Children and adolescent services recommended by HRSA
  - Women’s preventive services recommended by HRSA
This list includes breastfeeding support TWICE!

- USPSTF recommends “interventions during pregnancy and after birth to promote and support breastfeeding.”
- Under women’s services, HRSA recommends “Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.”

So this means:

- New private plans must cover these services/costs with no cost-sharing for the patient
- Medicaid “expansion” plans must cover them with no cost-sharing for the patient
- Medicaid “traditional” plans don’t have to cover them, but if they do, they get a 1% boost in their federal payment.
The Trick is Implementation

- Federal guidance (CMS 2012 Issue Brief says “CMS encourages states to …include lactation services as separately reimbursed pregnancy-related services”)
- How do you translate federal guidelines into insurance coverage for Medicaid beneficiaries?
  - Work with state Medicaid agencies to either implement new benefits in fee-for-service (FFS)
  - Work with state Medicaid agencies to encourage or require coverage of new benefits in managed care
  - Leverage NEW federal opportunities and carrots

Medicaid Support for Prevention

- Waivers and other CMS authorities to pay for additional covered services, or to pay different providers, or for services in non-traditional settings
  - MA Pediatric Asthma 1115 Waiver – in home environmental assessments by community health workers
  - Diabetes Prevention Program – provided to pre-diabetic patients, services based at organizations such as the Y and provided by a non-licensed lifestyle coach
  - Payment for non-licensed providers under the preventive services rule change
Breastfeeding State Examples

- Approximately 17 states cover lactation counseling in Medicaid, yet differ in the “amount, scope and duration” of coverage:
  - New Hampshire covers Maternal Postpartum Assessment, including evaluation of breastfeeding and postpartum education to ensure continuation
  - Florida’s Medicaid waiver coordinates prenatal care through monthly outreach and case management for high-risk or referred by provider

Medicaid Payment for Non-licensed Providers

- Recent Medicaid preventive services rule change to allow reimbursement for providers outside the licensure system (“otherwise-qualified providers”)
- Until recently, states could only reimburse for preventive services when provided by a “physician or other licensed practitioner”
- A recent Medicaid rule change means that now, states can choose to reimburse for preventive services provided by practitioners who may fall outside a state’s licensure system, as long as the service is recommended by a “physician or other licensed practitioner.”
What is the Opportunity for Prevention?

A broader array of health practitioners could be reimbursed for providing preventive services to Medicaid beneficiaries

- Health Educators
- Community health workers
- Care Coordinators
- Home Visiting Staff
- Lactation Consultation
- Developmental screening
- YMCA Diabetes Prevention Program
- Parenting Education

Important Things to Remember about this New Opportunity

- It applies to preventive services
- A licensed provider must make the referral
- It applies to fee-for-service Medicaid
- A state must submit a State Plan Amendment
- Medicaid managed care organizations (MCOs) can already do it!
What are the Steps to Persuading a State to Pursue this Opportunity?

- Identify current Medicaid coverage for breastfeeding support in your state.
- Define what you want to change.
- Gather supporting information.
- Meet with your state Medicaid agency to request that they submit a State Plan Amendment (SPA).
- Meet with local Medicaid Managed Care Organizations (MCOs) to explore workforce innovation partnerships.

Describe the Issue and Solution

- Explain the health issue you are addressing.
- Describe the intervention.
- Provide the evidence of effectiveness and, if available, return on investment
- Leverage the USPSTF and HRSA recommendations!
Define the Change

- What provider(s) do you propose?
- What services will they provide?
- Which Medicaid beneficiaries would be eligible for the services?

Specify Provider Qualifications

- Educational background
- Training
- Experience
- Credentialing or registering
- Employment model

Explain Service Delivery

- What preventive services
- Evidence of effectiveness
- Referral process (from licensed provider)
- Unit of service
- Service limitations if any
- Location limits or requirements if any
- Reimbursement level

Partner and Persevere

- Collaborate with partners (both within the breastfeeding community and beyond) on *unified approach*.
- Collaborate with state Medicaid agency to submit state plan amendment, implement, monitor, improve.
- Negotiate with Managed Care Organizations to implement, monitor, improve.
Partner and Persevere

- Partner with health care delivery system to implement and measure outcomes/savings.
- Work with public health agency to implement and measure outcomes.

For More Information

www.healthyamericans.org

Questions? adebiasi@tfah.org

Thank you!