ACA Impact on Public Health

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Roadmap
1. Public health law
2. ACA impact on public health

What is Public Health Law?
Medicine
  Individual focus

Public health
  Population focus

Medicine explains morbidity and mortality in terms of cancer, heart disease, stroke.
Public health looks at root causes, such as smoking, alcohol, and diet.
Benefits of prevention

Every $1 spent on prevention saves $0.80 in health spending.

Savings:

- $155.00 in future health care costs for every $5 spent on childhood vaccination.

75% of U.S. health spending is on preventable chronic conditions such as obesity, heart disease, and diabetes, but only 3 cents of every $1 spent on health care goes toward public health and prevention.

"An ounce of prevention is worth a pound of cure." - Benjamin Franklin
But we focus on medicine

5%
Society is fully prepared to **rescue** the injured or sick individual

But is far less prepared to **prevent** injuries & illnesses

Healthcare protects **identifiable** lives

PH protects **statistical** lives (benefits long-term & invisible)
"withering"
"anachronistic"
"deficient"
"disarray"

Why?

For most of U.S. history PH laws were aimed at preventing discrete harm to others
Today’s greatest PH threats come from self-regarding behaviors

Smoking
Obesity
Alcohol abuse
Diabetes
STDs
But . . .

“renaissance”
“modernization”
“reemergence”
“revitalization”
“renewal”
How does **law** promote public health?
6 ways

1. Alter built environment
2. Alter socioeconomic environment
3. Alter informational environment

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### Nutrition Facts

Serving Size 1/2 cup (115g)

<table>
<thead>
<tr>
<th>Amount Per Serving</th>
<th>% Daily Value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories 250</td>
<td>22%</td>
</tr>
<tr>
<td>Calories from Fat 130</td>
<td>18%</td>
</tr>
<tr>
<td>Total Fat 14g</td>
<td>22%</td>
</tr>
<tr>
<td>Saturated Fat 9g</td>
<td>18%</td>
</tr>
<tr>
<td>Cholesterol 55mg</td>
<td>18%</td>
</tr>
<tr>
<td>Sodium 75mg</td>
<td>3%</td>
</tr>
<tr>
<td>Total Carbohydrate 26g</td>
<td>9%</td>
</tr>
<tr>
<td>Dietary Fiber 0g</td>
<td>0%</td>
</tr>
<tr>
<td>Sugars 26g</td>
<td>0%</td>
</tr>
<tr>
<td>Protein 4g</td>
<td></td>
</tr>
<tr>
<td>Vitamin A 10%</td>
<td></td>
</tr>
<tr>
<td>Vitamin C 0%</td>
<td></td>
</tr>
<tr>
<td>Calcium 10%</td>
<td></td>
</tr>
<tr>
<td>Iron 0%</td>
<td></td>
</tr>
</tbody>
</table>

* Percent Daily Values are based on a 2,000 calorie diet.
4. Regulation
“Sin taxes” deter harmful conduct by raising its price

6. Tort law damages
Big Tobacco Settles Minnesota Lawsuit for $6.6 Billion

May 9, 1998
Patient Protection & Affordable Care Act

March 23, 2010

Motivated by 3 main problems
Problem 1
Access

Health Insurance Coverage of the Nonelderly Population, 2009

- Uninsured 19%
- Medicaid/Other Public 19%
- Employer-sponsored Insurance 57%
- Private Non-group 5%

264.7 Million

Source: Kaiser Commission on Medicaid and the Uninsured; Urban Institute analysis of 2009 ACS supplement to the CPS.

Number of Nonelderly Uninsured Americans, 2000 – 2009

<table>
<thead>
<tr>
<th>Year</th>
<th>2000-2004 Method</th>
<th>2004 Revised Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>39.6</td>
<td>40.9</td>
</tr>
<tr>
<td>2001</td>
<td>40.9</td>
<td>43.3</td>
</tr>
<tr>
<td>2002</td>
<td>43.3</td>
<td>44.7</td>
</tr>
<tr>
<td>2003</td>
<td>44.7</td>
<td>45.5</td>
</tr>
<tr>
<td>2004</td>
<td>45.5</td>
<td>46.0</td>
</tr>
<tr>
<td>2005</td>
<td>46.0</td>
<td>46.5</td>
</tr>
<tr>
<td>2006</td>
<td>46.5</td>
<td>45.0</td>
</tr>
<tr>
<td>2007</td>
<td>45.0</td>
<td>45.7</td>
</tr>
<tr>
<td>2008</td>
<td></td>
<td>56.0</td>
</tr>
<tr>
<td>2009</td>
<td></td>
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</tbody>
</table>

The Census Bureau periodically revises its CPS methods, which means data before and after the revision are not comparable. The data from 2004 can be linked with the 2004 General Social Survey.
Lack of health coverage

45,000 deaths/year

Expand Medicaid eligibility
Mandate purchase insurance
Establish insurance

Problem 2
Cost
Problem 3

Value

Value = \frac{Quality}{Cost}
TITLE IV—PREVENTION OF CHRONIC DISEASE AND IMPROVING PUBLIC HEALTH

Subtitle A—Modernizing Disease Prevention and Public Health Systems

Pages 401 to 470

Prevention Fund
$15 billion
Support infrastructure
Improve evidence base
Expand & train PH workforce

Federal Funding Allocations of the Prevention and Public Health Fund, Fiscal Year 2011

<table>
<thead>
<tr>
<th>Activity</th>
<th>Amount</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community prevention</td>
<td>$222 million</td>
<td>Implement Community Transformation Grants to support one and community - directed health care reform, early intervention, prevention, and chronic disease management services, and programs.</td>
</tr>
<tr>
<td>Tobacco prevention</td>
<td>$169 million</td>
<td>Implement strategies to reduce tobacco use, improve tobacco control programs, and increase the availability of research.</td>
</tr>
<tr>
<td>Violence prevention and trauma</td>
<td>$230 million</td>
<td>Reduce violence by increasing access to violence intervention and prevention services and programs.</td>
</tr>
<tr>
<td>BCIS</td>
<td>$323 million</td>
<td>Increase awareness of prevention activities under ACA, expand demonstration services, strengthen evidence for violence prevention programs.</td>
</tr>
<tr>
<td>Behavioral health screening and intervention with primary health</td>
<td>$77 million</td>
<td>Help communities understand and intervene with primary care providers to reduce mental health and other chronic illness related to smoking or obesity risks.</td>
</tr>
<tr>
<td>Public health infrastructure</td>
<td>$46 million</td>
<td>Support state, local, and tribal efforts to promote public health education and information technology, and improve infrastructure.</td>
</tr>
<tr>
<td>Public health workforce</td>
<td>$42 million</td>
<td>Support the state, local, and tribal workforce to improve health outcomes and increase capacity for evidence-based practice, collaboration, and strategic planning.</td>
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<tr>
<td>Public health capacity</td>
<td>$172 million</td>
<td>Build state and local capacity to support, detect, and respond to public health threats, and expand capacity.</td>
</tr>
<tr>
<td>Data and research and planning</td>
<td>$184 million</td>
<td>Fund data collection and analysis to support health data maintenance, collection, and prevention research.</td>
</tr>
<tr>
<td>Prevention research</td>
<td>$10 million</td>
<td>Identify and disseminate evidence-based commodities for public health challenges.</td>
</tr>
</tbody>
</table>

TITLE IV—PREVENTION OF CHRONIC DISEASE AND IMPROVING PUBLIC HEALTH
Subtitle A—Modernizing Disease Prevention and Public Health Systems

Pages 401 to 470
ACA developments regarding **public health**

1. Tanning tax
2. Menu labels
3. Wellness plans

**Tanning tax**
Excise tax on indoor tanning services (Section 10907).

IRS regulations
10 % tax
Menu labels

Extra Value Meals

1. Big Value
   1.72 lb
   1287 kcal
   594kcal

2. Two Cheeseburgers
   1.50 lb
   1162-1224 kcal
   560-575 kcal

3. Quarter Pounder
   1.48 lb
   1401 kcal
   693 kcal

4. Grilled Cheese
   1.48 lb
   1401 kcal
   693 kcal

5. Angus Deluxe
   1.50 lb
   1162-1224 kcal
   560-575 kcal

6. Angus Bacon & Cheese
   1.50 lb
   1162-1224 kcal
   560-575 kcal

7. Angus Mushroom & Swiss
   1.50 lb
   1162-1224 kcal
   560-575 kcal

Premium & Double Stacked Subs

590 The Feast
5.29

520 Big Philly Cheesesteak
5.29

580 Pastrami
5.29

460 Turkey Breast
4.99
In 2008, New York City became the first city in the U.S. to require fast-food and other chain restaurants to list calories on their menus. Of those who considered the nutrition information when they ordered, 71% sought out lower calorie options and 51% no longer order certain items.
Almost 5 years in the making

Final Rule
December 1, 2014
Effective Date

Restaurants:
Dec. 1, 2015

Vending machines:
Dec. 1, 2016

Wellness plans
Authorizes employers to reduce, by up to 50%, cost of health insurance premiums for employees practicing healthy behaviors (Section 2705)