

Matrix comparing Nutrition Needs/Services/Interventions with Affordable Care Act Provisions

(Edited/ modified by participants May 9, 2013 meeting, Washington DC)

Nutritional areas/ interventions	Affordable Care Act	Unresolved Issues/ Gaps	Bright Futures	Resources
I. Preventive Services Coverage (Looking across the Life Course spectrum)				
<u>Women's Well Visits/ Preconception:</u> <ul style="list-style-type: none"> • Obesity • Hypertension • Hyperlipidemia • Type 2 diabetes • Type 1 diabetes • Folic Acid • Breastfeeding • Disordered eating • Contraception • Intergenerational Nutrition • Interconception care • Post- menopausal • Menopausal • Vitamin supplementation • Chronic disease • Community and household food insecurity 	<ul style="list-style-type: none"> • Well woman visit • Nutrition counseling for chronic disease in adults 	<ul style="list-style-type: none"> • Poverty/Health Equity • How adequate is the coverage? • Accountable Care Organizations • How is this addressed at the state level • Nutrition not listed as core EHB provider • Chronic disease counseling <ul style="list-style-type: none"> • Secondary prevention • Tertiary care prevention 		
<u>Prenatal</u> Nutrition areas: <ul style="list-style-type: none"> • Breastfeeding • Iron Deficiency • Folic Acid 	<ul style="list-style-type: none"> • Breastfeeding support to include counseling and consultation from trained provider • Gestational Diabetes screening at 24-28 weeks 	<ul style="list-style-type: none"> • Who will provide services? • How will services be reimbursed? • Adequacy of coverage (Adequately comprehensive? Frequency?) 	<ul style="list-style-type: none"> • Breastfeeding support • Bright Futures services covered without cost-sharing 	<ul style="list-style-type: none"> • MCHB • Bureau of Primary Health Care • Title V Agencies • MCH Programs

<ul style="list-style-type: none"> • <i>Healthy weight gain</i> • <i>WIC</i> • <i>Gestational Diabetes and diet</i> • <i>Postnatal</i> • <i>Pregnant adolescent</i> • <i>Vitamin D</i> • <i>Iodine</i> • <i>Choline</i> • <i>Hypertension</i> • <i>Oral health</i> 	<ul style="list-style-type: none"> • Folic Acid supplements for women in reproductive age (does not specifically mention teens) • Anemia screening • Breastfeeding support to include counseling and consultation from trained provider • Equipment rental 	<ul style="list-style-type: none"> • Promotion of nutrition workforce • Provider training integration of all levels of MCH nutrition continuum • Where does mental health fit in • Interdisciplinary roles • Parenting guidance, role modeling • CYSHCN • Worksite Breastfeeding Provisions (space, time, rental equipment) • Postpartum care 		<ul style="list-style-type: none"> • CMS • AMCHIP • NICHM
<p>Infancy <i>Nutrition areas:</i></p> <ul style="list-style-type: none"> • <i>Breastfeeding</i> • <i>Anemia/Iron deficiency</i> • <i>Lead screening/diet</i> • <i>Oral health (bottle weaning etc)</i> • <i>Metabolic diets</i> • <i>Advancing diet/healthy eating</i> • <i>Appropriate weight gain</i> • <i>Pediatric Underweight (FTT)</i> • <i>Infant feeding/ complementary foods</i> • <i>Food allergies</i> • <i>Rapid early weight gain</i> • <i>Responsive feeding</i> • <i>Vitamin D</i> 	<p>Bright Futures services covered without cost-sharing</p> <ul style="list-style-type: none"> • Metabolic screening in newborn (e.g., PKU, Celiac Dz) • Anemia screening (6 mos. +) • Lead screening (6 mos-6 years) • Oral Health risk assessment (6 mos-6 years) refer to dental home • Measure height, weight, weight/length , head circumference 	<ul style="list-style-type: none"> • Home Visiting Program: What is the evidence-based model for nutrition in home visiting? • Research looking at evidence-base of adding nutrition to home visiting? • Follow-up • Specialized nutrition services for CYSHCN • Food allergies and intolerance • How do we promote nutrition services? • Who will do training? • Integrate into all levels • Community services are expected to be there, but many do not exist • Who will train community workers in nutrition? • Need for specialty formulas (increased availability for families) • Recognizing where services can be accessed (Healthy Start, childcare, Headstart, WIC, etc) 	<p><u>Screening/Anticipatory Guidance</u></p> <ul style="list-style-type: none"> • Lead screening, • Iron supplements, • Height and weight Hematocrit or hemoglobin screening • Oral Health screening • Bright Futures services covered without cost-sharing 	

<p>Early Childhood (1-4) <i>Nutritional areas:</i></p> <ul style="list-style-type: none"> • <i>Metabolic diets</i> • <i>Feeding skills</i> • <i>Meal patterns/snacks</i> • <i>Physical activity</i> • <i>TV/physical inactivity</i> • <i>Weight/length (<2 yrs)</i> • <i>BMI %tile</i> • <i>BMI rebound</i> • <i>Healthy weight/Obesity</i> • <i>Weaning</i> • <i>Appropriate sleep</i> • <i>Feeding problems (not growing, poor appetite etc)</i> • <i>Feeding clinics (for problem feeders)</i> • <i>Family meals</i> • <i>Oral health</i> • <i>Dietary counseling for children with autism spectrum disorder</i> • <i>WIC</i> • <i>Pediatric Undernutrition (e.g., FTT)</i> • <i>Childcare standards/nutrition guidelines</i> • <i>Food security</i> • <i>Food safety</i> • <i>Responsive feeding</i> • <i>Food allergies</i> • <i>GI issues</i> 	<p>Bright Futures services covered without cost-sharing</p> <ul style="list-style-type: none"> • Anemia screening (6 mos. +) • Oral Health risk assessment (6 mos-6 years) refer to dental home • Measure height, weight, weight/length , head circumference 	<ul style="list-style-type: none"> • CYSHCN <ul style="list-style-type: none"> ○ Secondary prevention/ intervention ○ Tertiary prevention/ intervention • Home Visiting Programs – limited nutrition involvement • Integrate nutrition into community care networks (e.g. North Carolina model) • BMI percentiles interpreted by PMD • Nutrition practices and policies in childcare settings limited • Food safety not mentioned in ACA • Parenting education 	<p><u>Screening/Anticipatory Guidance</u></p> <ul style="list-style-type: none"> • BMI universal screening for each well child visit (2-21) • Hematocrit or hemoglobin screening • Oral health screening • TV viewing • Lead screening • Physical activity • School readiness • Identify CYSHCN • Autism Screening • Developmental screening • Bright Futures services covered without cost-sharing 	<ul style="list-style-type: none"> • Home visiting program
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<p><u>Middle Childhood (5-10)</u> Nutritional areas</p> <ul style="list-style-type: none"> • <i>Healthy weight/obesity/BMI %tile</i> • <i>Nutrition counseling</i> • <i>Hyperlipidemia nutrition counseling</i> • <i>Child nutrition/schools/CNP programs</i> • <i>Breakfast and learning</i> • <i>Disordered eating</i> • <i>Calcium intake</i> • <i>Physical activity/60 min a day</i> • <i>Readiness and participation in organized sports</i> • <i>Healthy eating</i> • <i>limit sweetened beverages</i> • <i>Family meals</i> • <i>Involvement with IEP for CYSHCN</i> • <i>Type 1& 2 diabetes</i> • <i>Food security</i> • <i>Food supply</i> • <i>Mindful eating</i> • <i>After-school feeding programs</i> • <i>Food allergies</i> • <i>Media/TV/Computer/Social Media</i> • <i>Nutrient drug interactions</i> • <i>Medications that increase obesity risk</i> 	<p>Bright Futures services covered without cost-sharing</p> <ul style="list-style-type: none"> • Anemia screening (6 mos. +) • Measure height, weight, weight/length • BMI 2 + years • Lipid disorders risk assessment (2 +) • Hypertension risk screening • Obesity <ul style="list-style-type: none"> ○ screening (children 6 +) ○ Counseling and behavioral interventions (obese children and adults) • Integration of primary care and public health (community services, etc.) • 	<p>Type 2 diabetes screening in adults only</p> <ul style="list-style-type: none"> • CYSHCN <ul style="list-style-type: none"> ○ Secondary and Tertiary care when extra services are needed • EHN: how is data entered? • Food allergies • Practices and policies in childcare and schools • 	<p><u>Screening/Anticipatory Guidance</u></p> <p><u>Screening/Anticipatory Guidance</u></p> <ul style="list-style-type: none"> • BMI universal screening for each well child visit (2-21) • Hematocrit or hemoglobin screening • Hyperlipidemia* screening (9-10 years) • hypertension* • Oral health assessment (5 years of age) • Healthy eating • Readiness for school (including school lunch) • Developmental screening • IEP planning • Eating disorders* <p>Bright Futures services covered without cost-sharing</p> <p><i>*in BF Nutrition</i></p>	
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<p>Adolescence (11-21)- Nutritional areas:</p> <ul style="list-style-type: none"> • <i>Healthy Weight/ Obesity</i> • <i>Eating Habits contributing to poor health: skipping breakfast, high sugar sweetened beverages, meal skipping, high fat intake, high sugar intake etc)</i> • <i>Disordered eating</i> • <i>Hyperlipidemia</i> • <i>Type 1 diabetes</i> • <i>Type 2 diabetes</i> • <i>Hypertension</i> • <i>Anemia</i> • <i>Participation in Sports/Sports Nutrition</i> • <i>School Nutrition/CNP Programs</i> • <i>Adequate Calcium (especially for teen on certain contraceptives)</i> • <i>High risk behaviors</i> • <i>Mindful eating</i> • <i>Youth in transition</i> • <i>Media/TV/Computer/ Social Media</i> • <i>Sleep</i> • <i>Food security</i> • <i>Food safety</i> • <i>Food allergies</i> • <i>Folic acid (Dietary adequacy)</i> 	<p>Bright Futures services covered without cost-sharing Children/young adults can stay on parent’s insurance until 26</p> <ul style="list-style-type: none"> • Anemia screening (6 mos. +) • Measure height, weight, weight/length • BMI 2 + years • Lipid disorders risk assessment (2 +) • Hypertension risk screening • Obesity <ul style="list-style-type: none"> ○ screening (children 6 +) ○ Counseling and behavioral interventions (obese children and adults) • Adolescents covered until 26 y.o. 	<ul style="list-style-type: none"> • CYSHCN • Food insecurity 	<p><u>Screening/Anticipatory Guidance</u></p> <ul style="list-style-type: none"> • BMI universal screening for each well child visit (2-21) • Hematocrit or hemoglobin screening • Hyperlipidemia screening (9-10 years) • Blood pressure • Oral health assessment (5 years of age) • Healthy eating • IEP planning • Adolescent with HIV* • Eating Disorder* • <p>* In BF nutrition</p>	
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<ul style="list-style-type: none"> • Pre-conception care • Nutrition included in IEP for CYSHCN • Nutrient drug interactions • Medications that increase obesity risk 				
II. Chronic Disease (looking across Life Course spectrum) Secondary Prevention				
Chronic Diseases in MCH <ul style="list-style-type: none"> • Obesity • Hypertension • Hyperlipidemia • Type 2 diabetes • Type 1 diabetes • Children with Special Health Care needs (e.g., metabolic diseases, CP, Retts syndrome, Down syndrome) • Disordered Eating • Bone Mineralization • Iron Deficiencies • PCOS • Metabolic diets (e.g., PKU) • Chronic Pulmonary conditions (e.g., asthma, BPD CF, technology dependent) • Celiac Disease • Food allergies 	<ul style="list-style-type: none"> • Hypertension screening (children 3+) • Hyperlipidemia screening (2+) • Obesity screening (children 5+) • Type 2 diabetes screening (adults) • The Task Force recommends children over age six and adults be screened for Obesity and be offered or referred to counseling to improve weight status or promote weight loss.” <p>Note: intensive healthy diet counseling recommended for adults with Chronic Disease but cannot find recommendations for pediatrics</p>	<ul style="list-style-type: none"> • No detail on coverage of nutritional counseling services: What is covered? Who will provide services? How will they be paid? • Chronic disease counseling for children • Need to base intervention on evidence-based treatment • RD is not seen as reimbursed professional • Expert Committee for Prevention, Assessment and Treatment of Child and Adolescent Overweight and Obesity <ul style="list-style-type: none"> ○ Refer to dietitian in State 2 if needed; stage 3 and 4 nutrition care critical component of care ○ Motivational interviewing • Screening for obesity in children and adolescent USPTF Recommendations Statement <ul style="list-style-type: none"> ○ Best outcomes for pediatric 		http://www.gpo.gov/fdsys/pkg/FR-2010-07-19/pdf/2010-17242.pdf Community care networks funded to reduce cost in Medicaid patients related to chronic disease in 0-65.

<ul style="list-style-type: none"> • HIV • Risk prevention (breastfeeding, physical activity, healthy eating) 		<p>obesity is with intervention that includes counseling in nutrition, PA and behavior for > 25 hours</p> <ul style="list-style-type: none"> • NHLBI- Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents <ul style="list-style-type: none"> ◦ Nutrition counseling- Pediatric DASH 1 and DASH 2 diets- who will train providers? Who will do counseling? • Provider education 		
III. Essential Benefit Package				
<p>Nutrition concerns; Credentialed nutrition providers should be part of the essential benefit package in prevention and wellness</p>	<p>10 Essential health benefits: (bolded items have potential nutrition implication)</p> <ol style="list-style-type: none"> 1) Ambulatory patient services 2) Emergency services 3) Hospitalization 4) Maternity and newborn care 5) Mental health and substance use disorder services, including behavioral health treatment 6) Prescription drugs 7) Rehabilitative and habilitative services and devices 8) Laboratory services 9) Preventive and wellness services and chronic disease management (including wt. mgt.) 10) Pediatric services including oral and vision care 	<p>Flexibility in defining covered wellness services under ACA</p> <p>10 essential health benefits do not cover nutrition services beyond maternity and newborn care, unless under preventive services but not specific/</p> <p>Are nutrition services covered in essential health benefits? Examples:</p> <ul style="list-style-type: none"> • Metabolic diet counseling by RD • Intensive healthy diet counseling for chronic diseases in MCH population • Nutrition services for CYSHCN • Dietary counseling to prevent obesity • Nutritional Counseling for eating disorders • Variability in medical homes and 	<ul style="list-style-type: none"> • Specificity and follow-up-workforce? • Do we need a taskforce? • Wellpointe, Alliance for a Healthier Generation, National Academy of State Policy, General Prevention Coalitions, ASTO; Kaiser; the Academy of Nutrition & Dietetics • What are they covering? What 	<ul style="list-style-type: none"> • AND Comments on ACA Essential Services

		<p>how they incorporate essential benefits</p> <ul style="list-style-type: none"> • How will states incorporate? • Variability among states for coverage? • • Disordered Eating (Integrated Care Model) 	<p>aren't they covering?</p> <ul style="list-style-type: none"> • Consistency in care for Rehabilitative and habilitative services? • Viability in medical homes & how they incorporate essential benefits? • How will states incorporate? • Variability among states for coverage? 	
<p>IV. Other Systems Based Policies Include new things in ACA as well as existing services already in place (e.g., WIC, SNAP)</p>				
<p>Includes: Clinical Community based health centers Other funding streams (e.g., WIC)</p>	<p><u>Public Health Workforce Development:</u></p> <ul style="list-style-type: none"> • Variety of Workforce related elements in PPACA • Loan repayment programs for pediatric providers and public health workforce. • National Health Care Workforce Commission to make recommendations on workforce priorities, etc 	<p>Where does nutrition fit into workforce priorities</p> <ul style="list-style-type: none"> • Nutrition discipline not included in BPHC, NSHC, CHCS • Education in Dietetics continuum-Interdisciplinary training • Nutrition not core discipline in Community Health Centers • Interdisciplinary training in nutrition • Education in nutrition care in MCH for nutrition workforce 		<p>https://www.aamc.org/download/124782/data/healthcarereform.pdf</p>

	<p><u>Community and School Based Health Centers:</u></p> <ol style="list-style-type: none"> 1. HRSA funded Health Centers 2. School based health centers 3. Community based organizations- other funding <ul style="list-style-type: none"> • Provides comprehensive primary care for children • Targets high needs areas, and gives preference to sites serving high Medicaid/ CHIP population. • Separate grants for establishment and operation of School-Based Health Centers • Appropriates \$50M per year (FYs 2010-2013) for establishment grants and authorizes such funds as necessary (FYs 2010-2014) for operating grants (20 percent non-federal match requirement) • <i>(Section 4101 of the Patient Protection and Affordable Care Act)</i> Establishes CHC Fund for enhanced funding for CHCs and the National Health Service Corps • The Secretary can provide increases of up to \$1B in FY 2011 to \$3.6B in FY 2015 \$1.5B for construction and renovation of CHCs <i>(Section 10503 of PPACA)</i> 	<p>What role will Nutrition Workforce play?</p> <ul style="list-style-type: none"> • Interdisciplinary Training • What help do health centers need to implement this? • Nutrition not part of community and school based care for children • Interdisciplinary training • 	<p>Bright Futures the guide for provides guidelines for Primary Care services and health supervision in primary care as well as school based health centers.</p>	
	<p><u>Accountable Care Organizations:</u></p> <ul style="list-style-type: none"> • Section 2706 of the Patient Protection and Affordable Care Act (ACA) authorizes states to establish a program in which pediatric medical providers that meet specified requirements may be recognized as Accountable Care Organizations (ACO) and receive incentive payments under Medicaid. • Demonstration projects ongoing in 	<p>Can QI projects focus on nutrition services?</p> <ul style="list-style-type: none"> • E.g., Training MS, NP to integrate initial nutrition counseling for overweight children/adolescents to improve preventive care • Establish QI measures (interdisciplinary) • Establish QI projects for nutrition workforce (ideal to have 	<p>“The explicit reference to <i>Bright Futures</i> as the axis for the design of a comprehensive set of infant, children, and adolescent preventive care services also serves as another stimulus for this model.” http://aapnews.aappublic</p>	<p>Medicaid ACO Demo: http://www.healthreformgps.org/resources/medicaid-accountable-care-organization-demonstration-project/</p> <ul style="list-style-type: none"> • EHR • PROS network • EQIPP modules from Bright Futures

		<p>counseling for physical activity. Does not identify who will do counseling.</p> <ul style="list-style-type: none"> • QI • No mention of nutrition workforce to participation in the intervention 		
Workplace wellness	<p>Incentive Programs:</p> <ul style="list-style-type: none"> • Medicaid Demonstrations -- \$100M to 10 states for 5-year programs. (Section 4108 of the ACA) • Hospital Readmission Reduction Program (HRRP) for Medicare. Potential for expansion to Medicaid. • Funding For Childhood Obesity Demonstration Project (\$25M) 2010-14. Supports “innovative models and incentives to reduce behavioral risk factors for childhood obesity” (Section 4306 of ACA) • Workplace Wellness 	<ul style="list-style-type: none"> • Availability of Research in Nutrition Special Needs Funding • Workplace wellness – is company specific • Research nutrition for Special Needs and Autism grant (center (MCHB funded) 		<p>Citations for Medicaid and Obesity Demos:</p> <p>http://www.chcs.org/user/doc/4108_Fact_Sheet_final.pdf</p> <p>http://hcr.amerigroupcorp.com/wp-content/uploads/2011/02/Vol-4-Issue-5.pdf</p> <ul style="list-style-type: none"> • PROS network
	<p>Prevention and Public Health Fund:</p> <ul style="list-style-type: none"> • Establishes Prevention and Public Health Fund “to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public health care costs.” • Funding in four major categories – 1) Community prevention (e.g. Community Transformation Grants) 2) Clinical prevention (e.g. HIV screening), 3) Public Health Workforce and Infrastructure (e.g. 	<ul style="list-style-type: none"> • Uncertainty regarding continued funding of Prevention Fund. • Competing priorities both within the fund and in the federal budget more broadly • Insufficiently trained nutrition workforce • No nutrition experts at the federal level- many programs are run by administrators with no nutrition background • Inconsistent standards/definitions 		<p>Summary of Current Status of the Fund:</p> <p>http://www.washingtonpost.com/blogs/wonkblog/wp/2013/04/19/the-incredible-shrinking-prevention-fund/</p> <ul style="list-style-type: none"> • Interface with hospitals, etc who have to do community assessments

	<p>Training Centers), and 4) Research and Tracking (e.g. CDC surveillance efforts)</p> <ul style="list-style-type: none"> Initially authorized \$500M for FY 2010, increasing to \$2B per year for FY 2015 and beyond (<i>Section 4002 of the PPACA</i>) \$6.5B in cuts under the 2012 Middle Class Tax Relief and Job Creation Act over 2013-2021 period. Two House bills have passed that would eliminate the Fund entirely: 1) April 2012 HR 4628 Interest Rate Reduction Act would repeal Fund in order to preserve lower interest rates on student loans. 2) May 2012 HR 5652 Sequester Replacement Reconciliation Act President Obama 2013 budget diverts \$454 of \$1B in funding from Prevention Fund to CMS to support Implementation of Health Insurance Exchanges. 	<p>for PH nutrition workforce (WIC, SNAP, Child nutrition, MCH)</p> <ul style="list-style-type: none"> 		
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