

1 **SEC. 3602. NO CUTS IN GUARANTEED BENEFITS.**

2 *Nothing in this Act shall result in the reduction or*
3 *elimination of any benefits guaranteed by law to partici-*
4 *pants in Medicare Advantage plans.*

5 **TITLE IV—PREVENTION OF**
6 **CHRONIC DISEASE AND IM-**
7 **PROVING PUBLIC HEALTH**

8 **Subtitle A—Modernizing Disease**
9 **Prevention and Public Health**
10 **Systems**

11 **SEC. 4001. NATIONAL PREVENTION, HEALTH PROMOTION**
12 **AND PUBLIC HEALTH COUNCIL.**

13 (a) *ESTABLISHMENT.*—*The President shall establish,*
14 *within the Department of Health and Human Services, a*
15 *council to be known as the “National Prevention, Health*
16 *Promotion and Public Health Council” (referred to in this*
17 *section as the “Council”).*

18 (b) *CHAIRPERSON.*—*The President shall appoint the*
19 *Surgeon General to serve as the chairperson of the Council.*

20 (c) *COMPOSITION.*—*The Council shall be composed*
21 *of—*

22 (1) *the Secretary of Health and Human Serv-*
23 *ices;*

24 (2) *the Secretary of Agriculture;*

25 (3) *the Secretary of Education;*

1 (4) *the Chairman of the Federal Trade Commis-*
2 *sion;*

3 (5) *the Secretary of Transportation;*

4 (6) *the Secretary of Labor;*

5 (7) *the Secretary of Homeland Security;*

6 (8) *the Administrator of the Environmental Pro-*
7 *tection Agency;*

8 (9) *the Director of the Office of National Drug*
9 *Control Policy;*

10 (10) *the Director of the Domestic Policy Council;*

11 (11) *the Assistant Secretary for Indian Affairs;*

12 (12) *the Chairman of the Corporation for Na-*
13 *tional and Community Service; and*

14 (13) *the head of any other Federal agency that*
15 *the chairperson determines is appropriate.*

16 (d) *PURPOSES AND DUTIES.—The Council shall—*

17 (1) *provide coordination and leadership at the*
18 *Federal level, and among all Federal departments and*
19 *agencies, with respect to prevention, wellness and*
20 *health promotion practices, the public health system,*
21 *and integrative health care in the United States;*

22 (2) *after obtaining input from relevant stake-*
23 *holders, develop a national prevention, health pro-*
24 *motion, public health, and integrative health care*
25 *strategy that incorporates the most effective and*

1 *achievable means of improving the health status of*
2 *Americans and reducing the incidence of preventable*
3 *illness and disability in the United States;*

4 *(3) provide recommendations to the President*
5 *and Congress concerning the most pressing health*
6 *issues confronting the United States and changes in*
7 *Federal policy to achieve national wellness, health*
8 *promotion, and public health goals, including the re-*
9 *duction of tobacco use, sedentary behavior, and poor*
10 *nutrition;*

11 *(4) consider and propose evidence-based models,*
12 *policies, and innovative approaches for the promotion*
13 *of transformative models of prevention, integrative*
14 *health, and public health on individual and commu-*
15 *nity levels across the United States;*

16 *(5) establish processes for continual public input,*
17 *including input from State, regional, and local lead-*
18 *ership communities and other relevant stakeholders,*
19 *including Indian tribes and tribal organizations;*

20 *(6) submit the reports required under subsection*
21 *(g); and*

22 *(7) carry out other activities determined appro-*
23 *priate by the President.*

24 *(e) MEETINGS.—The Council shall meet at the call of*
25 *the Chairperson.*

1 (f) *ADVISORY GROUP.*—

2 (1) *IN GENERAL.*—*The President shall establish*
3 *an Advisory Group to the Council to be known as the*
4 *“Advisory Group on Prevention, Health Promotion,*
5 *and Integrative and Public Health” (hereafter re-*
6 *ferred to in this section as the “Advisory Group”).*
7 *The Advisory Group shall be within the Department*
8 *of Health and Human Services and report to the Sur-*
9 *geon General.*

10 (2) *COMPOSITION.*—

11 (A) *IN GENERAL.*—*The Advisory Group*
12 *shall be composed of not more than 25 non-Fed-*
13 *eral members to be appointed by the President.*

14 (B) *REPRESENTATION.*—*In appointing*
15 *members under subparagraph (A), the President*
16 *shall ensure that the Advisory Group includes a*
17 *diverse group of licensed health professionals, in-*
18 *cluding integrative health practitioners who have*
19 *expertise in—*

20 (i) *worksite health promotion;*

21 (ii) *community services, including*
22 *community health centers;*

23 (iii) *preventive medicine;*

24 (iv) *health coaching;*

25 (v) *public health education;*

1 (vi) *geriatrics; and*

2 (vii) *rehabilitation medicine.*

3 (3) *PURPOSES AND DUTIES.—The Advisory*
4 *Group shall develop policy and program recommenda-*
5 *tions and advise the Council on lifestyle-based chronic*
6 *disease prevention and management, integrative*
7 *health care practices, and health promotion.*

8 (g) *NATIONAL PREVENTION AND HEALTH PROMOTION*
9 *STRATEGY.—Not later than 1 year after the date of enact-*
10 *ment of this Act, the Chairperson, in consultation with the*
11 *Council, shall develop and make public a national preven-*
12 *tion, health promotion and public health strategy, and shall*
13 *review and revise such strategy periodically. Such strategy*
14 *shall—*

15 (1) *set specific goals and objectives for improving*
16 *the health of the United States through federally-sup-*
17 *ported prevention, health promotion, and public*
18 *health programs, consistent with ongoing goal setting*
19 *efforts conducted by specific agencies;*

20 (2) *establish specific and measurable actions and*
21 *timelines to carry out the strategy, and determine ac-*
22 *countability for meeting those timelines, within and*
23 *across Federal departments and agencies; and*

24 (3) *make recommendations to improve Federal*
25 *efforts relating to prevention, health promotion, pub-*

1 *lic health, and integrative health care practices to en-*
2 *sure Federal efforts are consistent with available*
3 *standards and evidence.*

4 *(h) REPORT.—Not later than July 1, 2010, and annu-*
5 *ally thereafter through January 1, 2015, the Council shall*
6 *submit to the President and the relevant committees of Con-*
7 *gress, a report that—*

8 *(1) describes the activities and efforts on preven-*
9 *tion, health promotion, and public health and activi-*
10 *ties to develop a national strategy conducted by the*
11 *Council during the period for which the report is pre-*
12 *pared;*

13 *(2) describes the national progress in meeting*
14 *specific prevention, health promotion, and public*
15 *health goals defined in the strategy and further de-*
16 *scribes corrective actions recommended by the Council*
17 *and taken by relevant agencies and organizations to*
18 *meet these goals;*

19 *(3) contains a list of national priorities on*
20 *health promotion and disease prevention to address*
21 *lifestyle behavior modification (smoking cessation,*
22 *proper nutrition, appropriate exercise, mental health,*
23 *behavioral health, substance use disorder, and domes-*
24 *tic violence screenings) and the prevention measures*
25 *for the 5 leading disease killers in the United States;*

1 (4) contains specific science-based initiatives to
2 achieve the measurable goals of Healthy People 2010
3 regarding nutrition, exercise, and smoking cessation,
4 and targeting the 5 leading disease killers in the
5 United States;

6 (5) contains specific plans for consolidating Fed-
7 eral health programs and Centers that exist to pro-
8 mote healthy behavior and reduce disease risk (includ-
9 ing eliminating programs and offices determined to
10 be ineffective in meeting the priority goals of Healthy
11 People 2010);

12 (6) contains specific plans to ensure that all
13 Federal health care programs are fully coordinated
14 with science-based prevention recommendations by the
15 Director of the Centers for Disease Control and Pre-
16 vention; and

17 (7) contains specific plans to ensure that all
18 non-Department of Health and Human Services pre-
19 vention programs are based on the science-based
20 guidelines developed by the Centers for Disease Con-
21 trol and Prevention under paragraph (4).

22 (i) *PERIODIC REVIEWS.*—The Secretary and the
23 Comptroller General of the United States shall jointly con-
24 duct periodic reviews, not less than every 5 years, and eval-
25 uations of every Federal disease prevention and health pro-

1 *motion initiative, program, and agency. Such reviews shall*
2 *be evaluated based on effectiveness in meeting metrics-based*
3 *goals with an analysis posted on such agencies' public*
4 *Internet websites.*

5 **SEC. 4002. PREVENTION AND PUBLIC HEALTH FUND.**

6 (a) *PURPOSE.—It is the purpose of this section to es-*
7 *tablish a Prevention and Public Health Fund (referred to*
8 *in this section as the “Fund”), to be administered through*
9 *the Department of Health and Human Services, Office of*
10 *the Secretary, to provide for expanded and sustained na-*
11 *tional investment in prevention and public health programs*
12 *to improve health and help restrain the rate of growth in*
13 *private and public sector health care costs.*

14 (b) *FUNDING.—There are hereby authorized to be ap-*
15 *propriated, and appropriated, to the Fund, out of any mon-*
16 *ies in the Treasury not otherwise appropriated—*

17 (1) *for fiscal year 2010, \$500,000,000;*

18 (2) *for fiscal year 2011, \$750,000,000;*

19 (3) *for fiscal year 2012, \$1,000,000,000;*

20 (4) *for fiscal year 2013, \$1,250,000,000;*

21 (5) *for fiscal year 2014, \$1,500,000,000; and*

22 (6) *for fiscal year 2015, and each fiscal year*
23 *thereafter, \$2,000,000,000.*

24 (c) *USE OF FUND.—The Secretary shall transfer*
25 *amounts in the Fund to accounts within the Department*

1 of Health and Human Services to increase funding, over
2 the fiscal year 2008 level, for programs authorized by the
3 Public Health Service Act, for prevention, wellness, and
4 public health activities including prevention research and
5 health screenings, such as the Community Transformation
6 grant program, the Education and Outreach Campaign for
7 Preventive Benefits, and immunization programs.

8 (d) *TRANSFER AUTHORITY.*—The Committee on Ap-
9 propriations of the Senate and the Committee on Appro-
10 priations of the House of Representatives may provide for
11 the transfer of funds in the Fund to eligible activities under
12 this section, subject to subsection (c).

13 **SEC. 4003. CLINICAL AND COMMUNITY PREVENTIVE SERV-**
14 **ICES.**

15 (a) *PREVENTIVE SERVICES TASK FORCE.*—Section
16 915 of the Public Health Service Act (42 U.S.C. 299b–4)
17 is amended by striking subsection (a) and inserting the fol-
18 lowing:

19 “(a) *PREVENTIVE SERVICES TASK FORCE.*—

20 “(1) *ESTABLISHMENT AND PURPOSE.*—The Di-
21 rector shall convene an independent Preventive Serv-
22 ices Task Force (referred to in this subsection as the
23 ‘Task Force’) to be composed of individuals with ap-
24 propriate expertise. Such Task Force shall review the
25 scientific evidence related to the effectiveness, appro-

1 *priateness, and cost-effectiveness of clinical preventive*
2 *services for the purpose of developing recommenda-*
3 *tions for the health care community, and updating*
4 *previous clinical preventive recommendations, to be*
5 *published in the Guide to Clinical Preventive Services*
6 *(referred to in this section as the ‘Guide’), for individ-*
7 *uals and organizations delivering clinical services, in-*
8 *cluding primary care professionals, health care sys-*
9 *tems, professional societies, employers, community or-*
10 *ganizations, non-profit organizations, Congress and*
11 *other policy-makers, governmental public health agen-*
12 *cies, health care quality organizations, and organiza-*
13 *tions developing national health objectives. Such rec-*
14 *ommendations shall consider clinical preventive best*
15 *practice recommendations from the Agency for*
16 *Healthcare Research and Quality, the National Insti-*
17 *tutes of Health, the Centers for Disease Control and*
18 *Prevention, the Institute of Medicine, specialty med-*
19 *ical associations, patient groups, and scientific soci-*
20 *eties.*

21 “(2) *DUTIES.*—*The duties of the Task Force shall*
22 *include—*

23 “(A) *the development of additional topic*
24 *areas for new recommendations and interven-*
25 *tions related to those topic areas, including those*

1 *related to specific sub-populations and age*
2 *groups;*

3 “(B) *at least once during every 5-year pe-*
4 *riod, review interventions and update rec-*
5 *ommendations related to existing topic areas, in-*
6 *cluding new or improved techniques to assess the*
7 *health effects of interventions;*

8 “(C) *improved integration with Federal*
9 *Government health objectives and related target*
10 *setting for health improvement;*

11 “(D) *the enhanced dissemination of rec-*
12 *ommendations;*

13 “(E) *the provision of technical assistance to*
14 *those health care professionals, agencies and or-*
15 *ganizations that request help in implementing*
16 *the Guide recommendations; and*

17 “(F) *the submission of yearly reports to*
18 *Congress and related agencies identifying gaps*
19 *in research, such as preventive services that re-*
20 *ceive an insufficient evidence statement, and rec-*
21 *ommending priority areas that deserve further*
22 *examination, including areas related to popu-*
23 *lations and age groups not adequately addressed*
24 *by current recommendations.*

1 “(3) *ROLE OF AGENCY.*—*The Agency shall pro-*
2 *vide ongoing administrative, research, and technical*
3 *support for the operations of the Task Force, includ-*
4 *ing coordinating and supporting the dissemination of*
5 *the recommendations of the Task Force, ensuring ade-*
6 *quate staff resources, and assistance to those organiza-*
7 *tions requesting it for implementation of the Guide’s*
8 *recommendations.*

9 “(4) *COORDINATION WITH COMMUNITY PREVEN-*
10 *TIVE SERVICES TASK FORCE.*—*The Task Force shall*
11 *take appropriate steps to coordinate its work with the*
12 *Community Preventive Services Task Force and the*
13 *Advisory Committee on Immunization Practices, in-*
14 *cluding the examination of how each task force’s rec-*
15 *ommendations interact at the nexus of clinic and*
16 *community.*

17 “(5) *OPERATION.*—*Operation. In carrying out*
18 *the duties under paragraph (2), the Task Force is not*
19 *subject to the provisions of Appendix 2 of title 5,*
20 *United States Code.*

21 “(6) *INDEPENDENCE.*—*All members of the Task*
22 *Force convened under this subsection, and any rec-*
23 *ommendations made by such members, shall be inde-*
24 *pendent and, to the extent practicable, not subject to*
25 *political pressure.*

1 “(7) *AUTHORIZATION OF APPROPRIATIONS.—*
2 *There are authorized to be appropriated such sums as*
3 *may be necessary for each fiscal year to carry out the*
4 *activities of the Task Force.”.*

5 (b) *COMMUNITY PREVENTIVE SERVICES TASK*
6 *FORCE.—*

7 (1) *IN GENERAL.—Part P of title III of the Pub-*
8 *lic Health Service Act, as amended by paragraph (2),*
9 *is amended by adding at the end the following:*

10 **“SEC. 399U. COMMUNITY PREVENTIVE SERVICES TASK**
11 **FORCE.**

12 “(a) *ESTABLISHMENT AND PURPOSE.—The Director of*
13 *the Centers for Disease Control and Prevention shall con-*
14 *vene an independent Community Preventive Services Task*
15 *Force (referred to in this subsection as the ‘Task Force’)*
16 *to be composed of individuals with appropriate expertise.*
17 *Such Task Force shall review the scientific evidence related*
18 *to the effectiveness, appropriateness, and cost-effectiveness*
19 *of community preventive interventions for the purpose of*
20 *developing recommendations, to be published in the Guide*
21 *to Community Preventive Services (referred to in this sec-*
22 *tion as the ‘Guide’), for individuals and organizations de-*
23 *livering population-based services, including primary care*
24 *professionals, health care systems, professional societies, em-*
25 *ployers, community organizations, non-profit organiza-*

1 tions, schools, governmental public health agencies, Indian
2 tribes, tribal organizations and urban Indian organiza-
3 tions, medical groups, Congress and other policy-makers.
4 Community preventive services include any policies, pro-
5 grams, processes or activities designed to affect or otherwise
6 affecting health at the population level.

7 “(b) DUTIES.—The duties of the Task Force shall in-
8 clude—

9 “(1) the development of additional topic areas
10 for new recommendations and interventions related to
11 those topic areas, including those related to specific
12 populations and age groups, as well as the social, eco-
13 nomic and physical environments that can have
14 broad effects on the health and disease of populations
15 and health disparities among sub-populations and
16 age groups;

17 “(2) at least once during every 5-year period, re-
18 view interventions and update recommendations re-
19 lated to existing topic areas, including new or im-
20 proved techniques to assess the health effects of inter-
21 ventions, including health impact assessment and
22 population health modeling;

23 “(3) improved integration with Federal Govern-
24 ment health objectives and related target setting for
25 health improvement;

1 “(4) the enhanced dissemination of recommenda-
2 tions;

3 “(5) the provision of technical assistance to those
4 health care professionals, agencies, and organizations
5 that request help in implementing the Guide rec-
6 ommendations; and

7 “(6) providing yearly reports to Congress and
8 related agencies identifying gaps in research and rec-
9 ommending priority areas that deserve further exam-
10 ination, including areas related to populations and
11 age groups not adequately addressed by current rec-
12 ommendations.

13 “(c) *ROLE OF AGENCY.*—The Director shall provide
14 ongoing administrative, research, and technical support for
15 the operations of the Task Force, including coordinating
16 and supporting the dissemination of the recommendations
17 of the Task Force, ensuring adequate staff resources, and
18 assistance to those organizations requesting it for imple-
19 mentation of Guide recommendations.

20 “(d) *COORDINATION WITH PREVENTIVE SERVICES*
21 *TASK FORCE.*—The Task Force shall take appropriate steps
22 to coordinate its work with the U.S. Preventive Services
23 Task Force and the Advisory Committee on Immunization
24 Practices, including the examination of how each task

1 *force's recommendations interact at the nexus of clinic and*
2 *community.*

3 “(e) *OPERATION.*—*In carrying out the duties under*
4 *subsection (b), the Task Force shall not be subject to the*
5 *provisions of Appendix 2 of title 5, United States Code.*

6 “(f) *AUTHORIZATION OF APPROPRIATIONS.*—*There are*
7 *authorized to be appropriated such sums as may be nec-*
8 *essary for each fiscal year to carry out the activities of the*
9 *Task Force.”.*

10 (2) *TECHNICAL AMENDMENTS.*—

11 (A) *Section 399R of the Public Health Serv-*
12 *ice Act (as added by section 2 of the ALS Reg-*
13 *istry Act (Public Law 110–373; 122 Stat. 4047))*
14 *is redesignated as section 399S.*

15 (B) *Section 399R of such Act (as added by*
16 *section 3 of the Prenatally and Postnatally Di-*
17 *agnosed Conditions Awareness Act (Public Law*
18 *110–374; 122 Stat. 4051)) is redesignated as sec-*
19 *tion 399T.*

20 **SEC. 4004. EDUCATION AND OUTREACH CAMPAIGN RE-**
21 **GARDING PREVENTIVE BENEFITS.**

22 (a) *IN GENERAL.*—*The Secretary of Health and*
23 *Human Services (referred to in this section as the “Sec-*
24 *retary”)* shall provide for the planning and implementation
25 *of a national public–private partnership for a prevention*

1 *and health promotion outreach and education campaign to*
2 *raise public awareness of health improvement across the life*
3 *span. Such campaign shall include the dissemination of in-*
4 *formation that—*

5 (1) *describes the importance of utilizing preven-*
6 *tive services to promote wellness, reduce health dis-*
7 *parities, and mitigate chronic disease;*

8 (2) *promotes the use of preventive services rec-*
9 *ommended by the United States Preventive Services*
10 *Task Force and the Community Preventive Services*
11 *Task Force;*

12 (3) *encourages healthy behaviors linked to the*
13 *prevention of chronic diseases;*

14 (4) *explains the preventive services covered under*
15 *health plans offered through a Gateway;*

16 (5) *describes additional preventive care sup-*
17 *ported by the Centers for Disease Control and Preven-*
18 *tion, the Health Resources and Services Administra-*
19 *tion, the Substance Abuse and Mental Health Services*
20 *Administration, the Advisory Committee on Immuni-*
21 *zation Practices, and other appropriate agencies; and*

22 (6) *includes general health promotion informa-*
23 *tion.*

24 (b) *CONSULTATION.—In coordinating the campaign*
25 *under subsection (a), the Secretary shall consult with the*

1 *Institute of Medicine to provide ongoing advice on evidence-*
2 *based scientific information for policy, program develop-*
3 *ment, and evaluation.*

4 (c) *MEDIA CAMPAIGN.—*

5 (1) *IN GENERAL.—Not later than 1 year after*
6 *the date of enactment of this Act, the Secretary, act-*
7 *ing through the Director of the Centers for Disease*
8 *Control and Prevention, shall establish and imple-*
9 *ment a national science-based media campaign on*
10 *health promotion and disease prevention.*

11 (2) *REQUIREMENT OF CAMPAIGN.—The cam-*
12 *campaign implemented under paragraph (1)—*

13 (A) *shall be designed to address proper nu-*
14 *trition, regular exercise, smoking cessation, obe-*
15 *sity reduction, the 5 leading disease killers in the*
16 *United States, and secondary prevention through*
17 *disease screening promotion;*

18 (B) *shall be carried out through competi-*
19 *tively bid contracts awarded to entities pro-*
20 *viding for the professional production and design*
21 *of such campaign;*

22 (C) *may include the use of television, radio,*
23 *Internet, and other commercial marketing venues*
24 *and may be targeted to specific age groups based*
25 *on peer-reviewed social research;*

1 (D) shall not be duplicative of any other
2 Federal efforts relating to health promotion and
3 disease prevention; and

4 (E) may include the use of humor and na-
5 tionally recognized positive role models.

6 (3) *EVALUATION.*—The Secretary shall ensure
7 that the campaign implemented under paragraph (1)
8 is subject to an independent evaluation every 2 years
9 and shall report every 2 years to Congress on the ef-
10 fectiveness of such campaigns towards meeting
11 science-based metrics.

12 (d) *WEBSITE.*—The Secretary, in consultation with
13 private-sector experts, shall maintain or enter into a con-
14 tract to maintain an Internet website to provide science-
15 based information on guidelines for nutrition, regular exer-
16 cise, obesity reduction, smoking cessation, and specific
17 chronic disease prevention. Such website shall be designed
18 to provide information to health care providers and con-
19 sumers.

20 (e) *DISSEMINATION OF INFORMATION THROUGH PRO-*
21 *VIDERS.*—The Secretary, acting through the Centers for
22 Disease Control and Prevention, shall develop and imple-
23 ment a plan for the dissemination of health promotion and
24 disease prevention information consistent with national
25 priorities, to health care providers who participate in Fed-