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## INTRODUCTORY REMARKS

### November 10 HCR Webinar

Thank you for joining us for the fifth in our series of health reform webinars. My name is Dr. Jerry Joseph, Immediate Past President of ACOG, and joining me again today is Lucia DiVenere, ACOG's Senior Director of Government Affairs.

Our intent in offering this series is to give you detailed practical information about the new health reform law, including changes that will affect your practices and your patients. Before we start, let me review a few "housekeeping" points:

- If you're listening in by phone, please be sure to **mute** your line for everyone's benefit.
- You can submit **questions** throughout the webcast, using the form shown on your screen. We'll answer your questions at the end, and please include your **email address** so we can get back to you if we run out of time.
- If you experience any **technical issues** during the webcast, please use the help button shown on your screen.
- Please note that these slides are available for download at ACOG's health reform center at [www.acog.org](http://www.acog.org).

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### **Upcoming Webinars**

Before we get started on today's subject, you'll see on this slide that we have only one more webinar scheduled.

Our sixth and last webinar in this series will be on Wednesday December 8 at Noon ET, on the topic of Non-Physician Providers in the health care bill.

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The Affordable Care Act details billions of dollars in new funding. Many of the programs funded by the health reform law that we'll talk about today are targeted to women's health, and many are targeted to areas of greatest need.

Now I know that many of you, like Americans everywhere, have varied opinions about the health reform bill. Some of you supported its passage, some of you didn't.

Our purpose in today's webinar is to make sure that you know about these new programs and the sometimes significant funding that come with them: That you can apply for grants if you're interested, that you can reach out to projects in your local area that have received grants, and that you can know about these local efforts which may be helpful to your patients.

The key is IF you're interested, and to make sure these opportunities don't just pass you by.

We'll talk about 8 programs today. 5 programs are funded in the health reform law. Congress still has to fund 3 in an appropriations bill before funds can be released to grantees. We'll tell you which these three programs are as we discuss them.

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Unless you've been away, you know that the 112<sup>th</sup> Congress will be very different than the one that passed the health reform law. The Republican House Majority is deeply opposed to the Affordable Care Act and has pledged to starve the bill, if not repeal it altogether.

This means funding for many of these programs may well evaporate, ending the availability of those programs.

But as long as these programs exist and are funded, we want to be sure you know about them, and how to participate, if you're interested.

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You can see on this slide the 8 major programs included in the health reform law that are related to women's health.

- community health centers
- maternal visiting health programs
- assistance for pregnant students
- R&D of new therapies
- teen pregnancy prevention
- liability reform alternatives
- services to individuals with or at risk for PPD and their families and
- community teams supporting medical homes.

We'll discuss each of these programs. And you'll see as we go farther that the last 3 are in that special category we talked about, authorized by law, but funds not yet appropriated.

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Let's begin with Community Health Centers, an open funding opportunity. HHS is accepting applications for these funds until January 2011.

These centers are very important in many of our Nation's most medically underserved areas. And especially important to the women who live in those areas.

Health center patients are more likely to live in rural areas than patients who get their care in other settings, and nearly three in five community health center patients are female.

Congress recognized the important role that CHCs serve in their communities, many of which have no other sources of health care, and wanted to expand the capacity of these clinics to serve patients in need.

CHCs have to meet four criteria in order to be federally recognized. They must serve medically underserved populations; provide a comprehensive range of primary health care services; adjust charges for care based on patient income; and be governed by a community board, the majority of whose members are health center patients.

In 2008, 1,080 health centers operating in more 7,500 sites provided primary and comprehensive health care to more than 17 million people, including 50 million medical visits.

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The Affordable Care Act dedicates \$11 billion over the next 5 years for the operation, expansion, and construction of community health centers.

\$9.5 billion of this amount is targeted to creating new health centers in medically underserved areas and expanding preventive and primary health care services at existing health center sites.

An additional \$1.5 billion is available for major construction and renovation projects.

These funds should help community health centers nearly double the number of patients they see today.

Applicants must demonstrate how these funds will be used to expand services to underserved populations.

For grant application information, visit the website on this slide. Applications are due January 6, 2011 at 8 P.M. E.T.

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The Affordable Care Act provides \$1 billion, up to \$5 million per grantee, to help nearly 3,000 small biotechnology companies in nearly every state in the country produce new and cost-saving therapies, support good jobs and increase U.S. competitiveness. In all, 4,606 applications were awarded funding.

You can see the grantees at the website [here](#).

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And here's why this is important to women's health. These new therapy grants include:

Treatment of preeclampsia in pregnant women

Detect PROM in pregnant women

Reduction of Preterm Births

Uterine Electrical Stimulation to Treat Postpartum Hemorrhage

Maternal Fetal Monitoring

Development of a human-derived antibody to prevent maternal-fetal transmission of CMV

Preeclampsia and Preterm Labor Gene Mapping

Diagnostic Test of Low Protein Levels For Early Detection and Prevention of Preterm Birth

Developments from this research can dramatically improve our understanding and ability to treat a number of important women's health care issues.

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The health reform law includes two programs to help prevent teen pregnancies.

The Teen Pregnancy Prevention program awards \$75 million to 75 grantees for programs that have proven to be effective.

And \$25 million to 27 grantees to test innovative strategies, 8 in partnership with the CDC.

The Personal Responsibility Education Program (PREP) provides \$45 million to programs in 46 states and DC the use evidence-based teen pregnancy prevention strategies and help teens learn to be responsible adults, communicate better with their parents, and improve their financial literacy. These programs will also teach both abstinence and contraception.

The PREP program includes another \$10 million for grantees to test innovative approaches to reducing teen pregnancy and repeat pregnancy.

Grantees are listed at this website; it may be helpful to refer your patients to these programs.

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The Affordable Care Act targets one of the most underserved populations, Native American Indians, to increase maternal safety.

Under the Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program, \$3 million was awarded to 13 rural and urban tribes to support vulnerable teens and women who are pregnant and parenting.

This program will help tribes develop and implement high-quality, culturally-relevant, evidence-based home visiting programs to reduce infant and maternal mortality by improving prenatal, maternal, and newborn care.

American Indian women are more than twice as likely as non-Hispanic white women to begin prenatal care in the third trimester or not at all. This program can make a real difference to these women and their babies.

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This Tribal Program will link families to health, education, child care, and other supports. Home visiting services will help assure effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to these children and families in tribal communities.

If this is an area that you care about or work in, this program may provide you with additional opportunities. You can see the grantees at [this website](#).

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The health reform law also recognizes that pregnant teens who want to keep their babies often need help.

The Assistance for Pregnant Students program helps states and tribes create a network of support services to help pregnant and parenting teens complete high school or postsecondary degrees and get the health care, child care, housing, and other support they need. These programs are required to link girls to ob-gyn care providers, for prenatal, maternity, and postpartum care.

States are encouraged to use funds to also address violence against pregnant and parenting women.

So far, \$24 million was awarded to 17 states and tribes, and you can see the grantee list by going to this website. See if any of these programs are right for you to participate in.

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You may remember from an earlier webinar in this series that Congress included an important section on postpartum depression, a major initiative of my ACOG Presidency.

This program would provide \$3M for programs to establish, operate, and deliver services to individuals with, or at risk for, PPD, and their families, including inpatient and outpatient counseling services.

This is one of those programs that Congress has to act to fund. And I hope they will this year.

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The Democratic Majorities in the 2010 House and Senate could technically say they included something on medical liability reform in the bill. Even though we know it's barely worth mentioning here.

States may be eligible for \$50 million to implement and evaluate alternatives to our current tort system that also address patient safety and reduce medical errors.

Congress must act to fund this program; not likely anytime soon.

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And earlier in this series, we talked about the possibility of ob-gyn practices qualifying as women's medical homes.

Even if your practice doesn't want to go that route, you may still eventually be involved in this practice innovation, and the additional payments that come from it, by participating in a Community Health Team Supporting Medical Homes.

This part of the health reform law provides grants for community-based interdisciplinary teams who work with medical home practices to ensure comprehensive care.

Like the two previous programs, this one too needs to be acted on by Congress before it's funded. And of course, we'll keep you apprised of all these developments.

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Ob-Gyns also have opportunities to provide additional care to our patients, in terms of:

- Direct Access
- Smoking Cessation
- Family Planning
- Insurance Reforms prohibiting preexisting condition exclusions
- Maternity Care Coverage
- Preventive Care

See our Session 1 and Session 2 (July and August) webinars, archived at ACOG's Health Reform Center at [www.acog.org](http://www.acog.org) for more information about each of these.

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That brings us to the end of our 5<sup>th</sup> webinar in this series. I hope it's been helpful and informative.

Please type in any additional questions and submit them now with your e-mail address in case we do not have time to answer them before time expires.

Remember that these slides can be found on ACOG's Health Reform Center at ACOG's home page-----[www.acog.org](http://www.acog.org), where our webinars are archived and can be viewed at any time.

I hope you'll join us for Session 6 on Non-Physician Providers on Wednesday December 8 at Noon ET.

Thank you for being with us today and we hope you and your families will have a restful and enjoyable Thanksgiving!



