

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Progress
REPORT



U.S. Department of Health and Human Services Progress Report

The Department of Health and Human Services (HHS) strives for a simple goal: protecting our nation's health and providing essential human services.

Among its many initiatives, the Department supports genomics research to find cures for debilitating diseases that afflict millions of Americans and challenge their families; provides children the health care, early education, and child care they need to enter school ready to learn; and protects the health and well-being of seniors through Medicare. The Department is also charged with sustaining our public health system and promoting safe food, clean water and sanitation, and healthy lifestyles.

Senior staff at the Department have worked with the President, Congress, and White House Office of Health Reform Director Nancy-Ann DeParle during the first 100 days of the new Administration to begin laying the groundwork for enacting comprehensive health reform this year, and to implement the American Recovery and Reinvestment Act of 2009, which includes essential policies to prevent a surge in the number of uninsured Americans and makes positive investments now that will yield health and economic dividends later.

Secretary Sebelius is committed to advancing the health of the nation. She shares the President's belief that health reform cannot wait another year, and she will work to continue effective and timely implementation of the health-related provisions of the Recovery Act. In addition, she will embrace the tremendous responsibilities of running the Department of Health and Human Services by working to ensure its divisions, agencies, and programs – ranging from the Centers for Medicare and Medicaid Services, the Food and Drug Administration, and the National Institutes of Health to the Administration on Children and Families, the Low Income Home Energy Assistance Program, and Head Start – can meet the challenges they face. She will work to rededicate the Department and its agencies to their core mission of promoting health and providing essential services, and by ensuring that science drives important policy decisions.

RECOVERY ACT

The American Recovery and Reinvestment Act (ARRA or "Recovery Act") provided an estimated \$137 billion in funding for programs within HHS. As of April 17, the Department has obligated \$28.9 billion, and continues to develop and execute spend plans for the remaining funds.

The Recovery Act funding distributed by HHS to date is already making a difference. The two rounds of Community Health Center grants alone will create or retain over 10,000 jobs. The increased funding for the Child Care Development Block Grants and the Community Services Block Grant will help Americans stay in their current jobs or receive training for new ones.

➤ **Projects/Initiatives Funded**

The projects funded by HHS under the Recovery Act during the first 100 days will help protect health coverage for millions of Americans, improve public health, and target needed assistance to families who are struggling through the economic downturn. Enhanced Federal Medical Assistance Percentage (FMAP) funding helps ensure Americans do not lose their health care coverage during difficult economic times. Community Health Centers are able to serve more Americans in need with the funding they have received. ARRA will also help prevent disease by investing in vaccines and help care for the neediest by ensuring hospitals that serve a disproportionate share of uninsured and low-income Americans can keep their doors open. With funding allocated under the Recovery Act, HHS will also help care for families by supporting high-quality child care programs, Head Start and Early Head Start, and other programs that provide relief to struggling families.

The following is a list of programs and initiatives within HHS that have received funding under the Recovery Act in the first 100 days:

Medicaid/FMAP. Medicaid helps pay for health care for some of our nation's most vulnerable citizens, as well as families struggling during the economic crisis, and ARRA increased the federal match for Medicaid, or FMAP. As a result of the Department's quick work to implement the Recovery Act, States can now access Medicaid funds at this higher matching rate for the first, second, and third quarters of FY2009, and will be able to do so through the end of the first quarter of FY2011. More than \$25 billion has been obligated to date, and, as of April 22, more than \$13 billion has been drawn down by states.

Foster care/adoption assistance also uses the same Federal Medical Assistance Percentage as Medicaid, and it also increased under ARRA. On March 16, HHS announced the release of \$187 million for the first and second quarters of FY2009; funding for the third quarter is now available.

Community Health Centers. Community health centers help people with limited or no health insurance obtain access to comprehensive primary and preventive health care services. HHS has released \$155 million authorized by the Recovery Act to support 126 new community health center access point grants. These grants will provide health care to an estimated 750,000 Americans who otherwise would have no access to care; the grants are expected to create over 5,000 jobs.

In addition, HHS has released \$338 million to expand services currently offered at the nation's existing community health centers. These Increased Demand for Services (IDS) grants have been distributed to 1,128 federally qualified health center grantees. Health centers will use the funds over the next two years to create or retain 6,000 or more health center jobs and serve an additional 2.1 million patients, including approximately 1 million uninsured people.

National Institutes of Health (NIH). NIH released requests for applications for a total of approximately \$2.8 billion in awards funded by the Recovery Act for construction and improvement of research facilities, and the purchase of scientific equipment. Additionally, NIH has released supplemental program announcements providing \$21 million in Recovery Act Funds to support educational opportunities in NIH-funded laboratories for students and science educators.

Disproportionate Share Hospitals (DSH). States can access an additional \$268 million in increased State DSH payment allotments in FY2009 as authorized by the Recovery Act. Under Medicaid, States receive an annual allotment to supplement payments to hospitals that treat significant numbers of low-income uninsured patients. This annual allotment is calculated by law and includes requirements to ensure that DSH payments to hospitals are not higher than the actual costs incurred by the hospital to provide uncompensated care. The Recovery Act increases DSH allotments available to States from approximately \$11.06 billion to \$11.33 billion for 2009. Before this new funding can be accessed, States must demonstrate they have used all of their existing fiscal year 2009 DSH allotments.

Child Support. HHS has made Recovery Act funds available for State programs that establish, enforce, collect, and distribute child support. The federal government provides incentive payments to states based on the strength of their child support enforcement programs and their success in meeting specific performance goals. In turn, States are required to reinvest these incentive payments in their respective child support enforcement programs. Under a new provision in the Recovery Act, the federal government will temporarily match these reinvestments at a rate of 66 percent for fiscal years 2009 and 2010. The change will make approximately \$1 billion in new resources available to states across the country in fiscal years 2009 and 2010.

Head Start and Early Head Start. Head Start and Early Head Start programs will receive funding and be eligible to apply for grants worth \$2.1 billion under the Recovery Act. Head Start will receive \$1 billion and \$1.1 billion will specifically be used for Early Head Start expansion.

Temporary Assistance for Needy Families (TANF). HHS made available up to an additional \$5 billion in emergency funding for the TANF program. This new Emergency Fund, established by the Recovery Act will help states, tribes, and territories that are experiencing increases in caseloads or certain type of expenditures to serve more families seeking employment opportunities and other forms of assistance during the economic downturn. In addition, the Recovery Act extends the Supplemental Grants for Population Increases to certain states through the end of fiscal year 2010, temporarily modifies the caseload reduction credit, and permanently expands the use of TANF carry-over balances.

Child Care. HHS will make \$2 billion available in Recovery Act funds for the Child Care and Development Block Grant to allow States across the country to support child care services for more families whose children require care while they are working, seeking employment, or receiving job training or education. This represents the largest increase in over a decade. The funds will be used by States to provide vouchers to families for child care, to provide access to care through contracts with child care centers, and to invest in quality improvements. Recovery Act funds will support a wide range of child care providers, including child care centers and home-based programs.

Vaccines. \$300 million in Recovery Act funding and grants will help ensure more underserved Americans receive the vaccines they need. The majority of these new resources will be used to purchase vaccines, which will be distributed through the HHS Centers for Disease Control and Prevention's (CDC) Section 317 immunization program to all 50 States, several large cities, and U.S. territories. Funding will also be used to support national public information campaigns regarding vaccines and support grants to States that demonstrate innovative ways to ensure more Americans receive the vaccines they need.

Senior Nutrition Program. The Recovery Act provided \$100 million for healthy meals to low-income, vulnerable older Americans. Managed by the HHS Administration on Aging (AoA), the program provides meals and related nutrition services to seniors in congregate facilities (such as senior centers) and through Native American nutrition programs, as well as meal delivery for home bound seniors. These funds will provide nearly 14 million meals nationwide to ensure older Americans are not forced to choose between paying their bills and buying groceries.

Community Services Block Grant (CSBG). On April 10, HHS announced that \$1 billion in Recovery funds would be available for States to distribute to designated Community Action Agencies and other groups that help Americans through tough economic times by supporting activities such as job training and placement assistance, financial literacy efforts, housing assistance, nutrition programs, and other activities designed to assist individuals in achieving self-sufficiency.

REFORM

HHS has taken a number of important steps during the first 100 days to improve efficiency, innovation, accountability, and transparency in its programs.

➤ **Efficiency, Innovation, and Accountability**

President's Budget. The President's budget blueprint contains several health-related proposals designed to promote efficiency and accountability in HHS programs. The savings from these proposals will help finance the President's effort to reform the nation's health care system.

- **Improving care after hospitalizations and reduce hospital readmission rates.** Nearly 20 percent of Medicare hospital payments are for readmissions of patients who had been discharged within the last 30 days. Sometimes these readmissions result from poor coordination of care and inadequate follow up. Under this plan, hospitals will receive bundled payments for the hospitalization plus care from certain post-acute providers 30 days after the hospitalization; hospitals with high rates of readmission will be paid less if certain patients are re-admitted to the hospital within the same 30-day period. (*Estimated savings: \$26 billion over 10 years*)
- **Expanding the Hospital Quality Improvement Program.** The health care system tends to pay for quantity of services, not quality. For several years, Medicare has conducted an experimental program called the Hospital Quality Incentive Demonstration (HQID). The President's Budget will

link a portion of Medicare payments for acute inpatient hospital services to hospitals' performance on specific quality measures. *(Estimated savings: \$12 billion over 10 years)*

- **Reducing Medicare overpayments to private insurers through competitive payments.** Currently, Medicare Advantage plans are paid 14 percent more on average than what Medicare spends for beneficiaries enrolled in the traditional fee-for-service program, according to the Medicare Payment Advisory Commission (MedPAC). The budget proposes to set payments based upon an average of plans' bids submitted to Medicare. *(Estimated savings: \$177 billion over 10 years)*
- **Reducing drug prices.** The budget will bring down the drug costs of Medicaid by increasing the Medicaid drug rebate for brand-name drugs from 15.1 percent to 22.1 percent of the Average Manufacturer Price, allowing states to collect rebates on drugs provided through Medicaid managed care organizations, and applying an additional rebate to new drug formulations. *(Estimated savings: \$20 billion over 10 years)*

Recovery Act Fraud Reporting. A special link was created on the Department's Recovery Act Web site, www.HHS.gov/Recovery, where Americans may report suspected fraud.

➤ **Transparency**

Forums on Health Reform. A series of forums and the health reform Web site have allowed more Americans to share their thoughts about how we can fix our health care system and bring down costs. The first White House Forum on Health Reform was held on March 5 with coordination by White House and HHS personnel. The breakout sessions and larger meetings were Webcast live on HealthReform.gov a new Web site that includes opportunities for the public to learn and comment about the Administration's health reform efforts. This forum was followed by five Regional forums, all of which were Webcast live. HHS has helped advance and coordinate logistics for these forums, and HHS officials have live-blogged these forums to provide more information about the events. Additional stakeholder meetings at the White House have also been Webcast. In the coming weeks, HealthReform.gov will feature a daily quiz component, offering users the chance to test their knowledge of health reform topics.

Health Reform Web Videos. HHS has begun a series of Web videos on HealthReform.gov. The first video featured Travis Ulrick, an Indiana resident who hosted a Health Care Community Discussion. On April 14, HHS released Nancy-Ann DeParle's first weekly update on health reform, which gave her opportunity to speak directly to the American people regarding the Administration's work to reform our health care system.

Recovery Act Webcasts. HHS has hosted two Webcasts for State and local personnel responsible for implementing provisions in the Recovery Act and new legislation that will provide affordable health insurance to 11 million children.

Recovery Act Funding Information. HHS.gov/Recovery includes detailed information regarding the Department's use of Recovery Act funds. This includes a map of the States allowing users to see the amount of Recovery Act funds that have been obligated to their State.

Food Safety Information. In the wake of the peanut and pistachio recalls, FDA took decisive action to alert consumers by producing a widget that was placed on hundreds of Web sites alerting consumers to the recall. HHS also coordinated a satellite media tour in the wake of the peanut recall to notify consumers.

Live-Blogs of Events. HHS staff coordinated the *Act Against AIDS* campaign announcement A new initiative to help reduce HIV incidence in the United States. Additional details regarding the campaign are provided in the "Miscellaneous" section below.

POLICY/REGULATORY INITIATIVES

During the first 100 days, HHS has worked to chart a new course in health and human services policy by reviewing existing regulations; spearheading new policy initiatives, rules, and regulations; working with Congress and the President to enact and implement important legislation; and promoting essential funding increases through the President's budget.

➤ **Review of Existing Regulations**

Repeal of August 17 Children's Health Insurance Program (CHIP) Directive. On February 4, President Obama issued a memorandum directing CMS to withdraw an August 17, 2007 directive from CMS to all State health officials that, in effect, precluded states from covering via CHIP children in families with gross income levels above 250 percent of the federal poverty level. In accordance with the President's memorandum, CMS issued a letter to State Health Officials indicating that the standards in the August 17 directive will no longer apply when CMS reviews CHIP state plan amendments or 1115 demonstration waivers.

Review of the Provider Refusal Rule. HHS has issued a notice of proposed rulemaking to rescind the provider refusal rule – a recent regulation that expands the interpretation of existing "conscience clause" statutes that protect the rights of health care professionals to refuse to provide abortion services. The comment period ended on April 9. After a thoughtful and serious review of all the comments, HHS will determine whether to rescind the regulations, modify the proposed rule, or propose an entirely new rule. No matter which option is selected, providers will continue to be protected – as they have been for years – by the existing conscience clause statutes that will remain in place.

➤ **New Policy Initiatives**

Health Reform. As part of the President's commitment to work with Congress to pass comprehensive health reform this year, HHS, in concert with the White House Office of Health Reform, helped coordinate a major White House Forum on Health Reform on March 5 as well as five Regional Health Forums across the country in March and April. These forums marked the beginning of what the President has vowed will be an open, inclusive, and transparent process where all ideas are encouraged and all parties will work together to find a solution to the health care crisis. Secretary-designate Sebelius and the Department of Health and Human Services are committed to doing whatever is necessary to advance that objective.

Health Information Technology. The Recovery Act included a major legislative initiative to advance the development of a nationwide interoperable health information technology infrastructure and accelerate the adoption and implementation of HIT, an effort that will serve as a fundamental building block of health reform. A critical component of this effort is to ensure the privacy and security of patient information. On April 17, HHS published guidance and solicited public input to inform regulations concerning steps providers must take when patient data is accessed by unauthorized individuals.

To ensure that health IT systems can share information in a nationwide health IT infrastructure, the Recovery Act calls for the creation of two Federal Advisory Committee Act (FACA) committees, one to make recommendations on interoperability standards, and one to make policy recommendations to inform the standards development process. HHS has established both of these committees, and is currently in the process of selecting members based on nominations that were solicited through a public process.

Comparative Effectiveness Research (CER). One barrier to providing high-quality health care is the limited amount of research that compares the effectiveness of different treatment options. CER provides information on the relative strengths and weaknesses of different medical interventions. Such research will improve the performance of the U.S. health care system.

The Recovery Act allocates \$300 million to the HHS Agency for Healthcare Research and Quality (AHRQ) for comparative effectiveness research. Another \$400 million will be allocated to the Office of the Secretary and \$400 million to the National Institutes of Health, for a total of \$1.1 billion, all of which must be obligated by the end of the fiscal year. A Federal Coordinating Council for Comparative Effectiveness Research has been established to coordinate research efforts among different government agencies, and to advise the President and Congress on organizational expenditures and infrastructure needs. On April 14, the Council held its first listening session.

Stem Cell Research. The President signed an Executive Order on March 9 to lift the ban on federal funding for promising human embryonic stem cell research. The Executive Order directed NIH to draft guidelines on human embryonic stem cell line research that is both scientifically worthy and responsibly and ethically conducted. On April 17, NIH released for public comment its draft guidelines that indicate under what circumstances federal funds could be appropriately used for stem cell research, including human embryonic stem cell research. The Executive Order directed new guidelines to be issued by July.

➤ **New Guidance**

Call Letter. On March 30, CMS issued a revised “Call Letter,” which proposes strengthened contracting processes for Medicare Advantage and Medicare prescription drug plans for calendar year 2010. The revised Call Letter announced CMS’s plan to more aggressively monitor health plans and focus on potential discriminatory activities based on health plan benefit design and unscrupulous marketing and sales activities. The Call Letter also announced that CMS will work to winnow down frivolous plan options that provide only marginal value to Medicare beneficiaries. These changes will take important steps to simplify the Medicare Advantage and Medicare prescription drug benefit for Medicare beneficiaries.

Medicare Advantage Payment Rates. Medicare Advantage payment rates have been growing faster than rates associated with Medicare’s traditional fee-for-service (FFS) program. One reason for this difference is that Medicare Advantage plans have reported that the risk scores of their enrollees grew faster than the risk scores of beneficiaries enrolled in the traditional fee-for-service program beyond any real difference in health status. In response, Congress enacted legislation that requires CMS to adjust Medicare Advantage rates if CMS has evidence that there were differences in coding between FFS and Medicare Advantage. On April 6, CMS finalized its payment rates to Medicare Advantage plans for calendar year 2010. In response to very strong evidence of Medicare Advantage plans’ coding differences, CMS reduced Medicare Advantage enrollee risk scores by 3.4 percent, which will prevent unnecessary Medicare spending in 2010.

➤ **Implementation of Recently Passed Legislation**

CHIP Reauthorization. Within days after President Obama signed into law the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA), HHS formed a working group within the Centers for Medicare and Medicaid Services (CMS) to implement the legislation, and also formed an interdepartmental steering committee – comprised of heads of many HHS agencies and offices – to assist CMS with the bill’s implementation. The legislation, which provides \$69 billion in state allotments (\$44 billion above baseline funding) to extend the CHIP program through fiscal year 2013 and improve the quality of children’s health care, bonus payments to offset the costs of new enrollment, outreach grants, funding for child health quality initiatives, a contingency fund to address state funding constraints and also requires CMS to issue new regulations and guidance to states on many issues, including new coverage options. Among its milestones, CMS issued its first letter to state health officials on the implementation of CHIPRA; and in the coming weeks, CMS will distribute the fiscal year 2009 allotments for states, which will include additional resources for states that are expanding coverage, and CMS will provide official guidance on several implementation issues of interest to states, including a new option to cover pregnant women under CHIP.

➤ **Major Legislation Passed by Congress**

CHIP Reauthorization. H.R. 2, the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA), was one of the one of the first pieces of legislation taken up by the 111th Congress; the bill was signed into law by President Obama on February 4, 2009. As noted above, CHIPRA extends the CHIP

program through fiscal year 2013 and provides a total of \$69 billion in funding over the next 4.5 years – \$44 billion more than prior law levels. The legislation provides substantial new resources to states so they can maintain their programs and expand coverage from the approximately 8 million children covered today to over 12 million children by 2013 – while improving the quality of care through a significant, new HHS child health quality initiative. The legislation also gives States the resources and tools they need to enroll more uninsured children who already qualify for Medicaid or CHIP, and it provides the option for states to eliminate the five-year waiting period for enrolling legal immigrant children and pregnant women in Medicaid and CHIP.

Moratoria/Working with Congress on Medicaid Regulations. Beginning in 2007, the Bush Administration issued seven Medicaid regulations designed to place limits on federal Medicaid spending. To address concerns about the impact of these regulations on beneficiaries and providers, Congress passed a series of moratoria on six of the seven Medicaid regulations that precluded their implementation until April 1, 2009. In the Recovery Act, Congress extended through June 30, 2009 the existing moratoria on three of these regulations that have been published as final (School-Based Services, Targeted Case Management, and Provider Taxes) and imposed a new moratorium on HHS’s implementation of a final regulation limiting Outpatient Hospital Services. In addition, the Recovery Act included a sense of the Congress that the Secretary of HHS should not promulgate as final the three proposed regulations regarding Graduate Medical Education, Cost Limits for Public Providers, and Rehabilitative Services.

➤ **Departmental Funding Increases in the President’s Budget**

The President’s budget provides \$76.8 billion in support of the Department’s mission, and includes the following funding highlights:

- Makes a down payment on health reform by establishing a reserve fund of more than \$630 billion over 10 years to finance fundamental reform of our health care system that will bring down costs and expand coverage.
- Accelerates the adoption of health IT and utilization of electronic health records.
- Expands research comparing the effectiveness of medical treatments to give patients and physicians better information on what works best.
- Invests over \$6 billion for cancer research at NIH as part of the Administration’s commitment to double cancer research funding over eight years.
- Strengthens the Indian Health Service with sustained investments in health care services for American Indians and Alaska Natives to address persistent health disparities and foster healthy Indian communities.

- Invests \$330 million to increase the number of doctors, nurses, and dentists practicing in areas of the country experiencing shortages of health professionals.
- Supports families by providing additional funding for affordable, high-quality child care, maintaining historic increases in Early Head Start and Head Start, and creating an evidence-based Nurse Home Visitation program to support low-income families.
- Strengthens the Medicare program by making CMS a purchaser of high-quality and efficient care, and significantly increases program integrity activities.
- Invests over \$1 billion for Food and Drug Administration (FDA) food safety efforts to increase and improve inspections, domestic surveillance, laboratory capacity and domestic response to prevent and control foodborne illness.
- Increases resources to detect, prevent, and treat HIV/AIDS domestically, especially in underserved populations.
- Expands funding for research, treatment, screenings, public awareness, and supportive services for autism spectrum disorders.

INTERAGENCY EFFORTS

HHS has worked to create and execute the following new interdepartmental/interagency efforts during the first 100 days:

Food Safety Working Group (FSWG). The Food Safety Working Group has been officially organized and convened, with broad membership across the federal government. Chaired by HHS and USDA, the FSWG will examine and make recommendations for legislation, regulation, and administrative actions that will strengthen the nation's food safety systems. Key members of the House and the Senate have been briefed about the FSWG, and a stakeholder's consultation meeting will be held during the third week of April.

CHIP Working Group. Working with the Department of Labor, HHS is creating a CHIP Working Group to identify impediments to the effective coordination of group health plans with Medicaid & CHIP coverage and to develop a model coverage coordination disclosure form. The Secretaries of both Departments will be represented in the group. A notice will be placed in the Federal Register the week of April 27, 2009, announcing the creation of this FACA Committee.

CHIP Reauthorization Steering Committee. CMS, the lead agency within HHS on implementation of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), has enlisted the expertise and experience of many different agencies within HHS to implement this legislation. HHS

formed an interdepartmental implementation steering committee, comprising principals from many of the department's agencies and programs, that meets regularly to advise and assist CMS with implementation. CMS is also working very closely with several different agencies on specific provisions of the bill, including AHRQ which is taking the lead, and CMS the co-lead, on the development and dissemination of new child health quality measures called for in the bill. The Health Resources and Services Administration and the Indian Health Service, along with CMS, will be issuing grants to states, community-based organizations, and providers to engage in outreach and enrollment activities. CMS has also begun working with the Social Security Administration (SSA) to ensure the smooth implementation of a new option that will become effective next year that allows states to verify the citizenship of CHIP and Medicaid enrollees by electronically submitting applicant information to SSA.

OTHER INITIATIVES

➤ **Addressing the H1N1 Flu Virus**

HHS and the federal government have taken aggressive actions to monitor the H1N1 flu virus outbreak and protect public health:

- In order to ensure that we have the resources and assets we need for this developing situation, on April 26, HHS issued a nationwide Public Health Emergency declaration in response to the swine flu outbreak. The formal declaration of a Public Health Emergency (PHE) is a tool that facilitates HHS's preparation and mobilization for disasters and emergencies. The declaration, made under section 319 of the Public Health Service Act, will help HHS prepare for prevention and mitigation activities by enabling Food and Drug Administration (FDA) emergency use authorizations of drugs, devices, or medical tests under certain circumstances.
- The FDA, the National Institutes of Health, and the Centers for Disease Control and Prevention are working together to develop a vaccine precursor that could be used to develop a vaccine for this H1N1 flu virus.
- The federal government has 50 million treatment courses of the antiviral drugs Tamiflu and Relenza in the strategic national stockpile and the federal government has contacted states to let them know that courses are now available for their use, with a priority going to states where cases have been confirmed.
- CDC epidemiologists are deploying to California, Texas, and Mexico to support investigations into H1N1 flu virus in these states.

HHS's many operating divisions, including CDC, NIH, the Administration on Aging, the Health Resources and Services Administration, the Indian Health Service, and HHS Regional Offices have all taken additional

steps to provide the public with information regarding the H1N1 flu virus, make assistance available to vulnerable populations, and ensure our nation's health facilities are prepared.

➤ **Public Service Campaigns**

Act Against AIDS. CDC has launched a new national domestic campaign for HIV/AIDS called Act Against AIDS that aims to help reduce HIV incidence in the United States. Act Against AIDS is a multi-year, multi-faceted communication campaign that is being planned and released in phases. Each phase, with its own unique objectives and target audiences, will utilize mass media and direct-to-consumer communication channels to deliver important HIV prevention messages in a manner designed to be compelling, credible, and relevant. Some campaign phases will influence knowledge and information-seeking behaviors, while other phases will influence complex prevention and testing behaviors.

➤ **Major Outreach Efforts**

H1N1 Flu Virus Information. The principle source for all information regarding the H1N1 flu virus is www.CDC.gov. HHS has also created a widget that can be placed on Web sites to people to sites that include more information on the H1N1 flu virus. The widget can be found at www.hhs.gov/web/library/index.html. Officials have conducted satellite media tours to discuss the outbreak.

Food Safety Information. In the wake of the peanut and pistachio recalls, FDA took decisive action to alert consumers. The Department produced a widget that was placed on hundreds of Web sites alerting consumers to the recall. The widgets were distributed to public health offices around the country and made available to the public. The peanut widget alone generated 40 million hits to the FDA Web site. HHS also coordinated a satellite media tour in the wake of the peanut recall to notify consumers of potentially dangerous products.

HHS E-mail List. 15,000 people have subscribed to the HHS Health Reform email list and have received regular updates regarding health reform.

➤ **New Reports**

Health Care Community Discussions Report. HHS has released a report on the Health Care Community Discussions that took place in December. The report was produced after a detailed analysis of over 3,000 group reports on Community Discussions that were submitted to Change.gov. This extensive and intense engagement of the public in policy development by the federal government is unprecedented and historic, as is this study, which systematically analyzed the information generated by the Health Care Community Discussions. Read the report at www.HealthReform.gov/reports/index.html

"Costs of Inaction" Report. HHS has also issued a report entitled "The Cost of Inaction." The report highlights the flaws in the health care system and demonstrates the cost of maintaining the status quo.

Organized into three sections – Escalating Health Care Costs, Diminishing Access to Care, and Persistent Gaps in Quality – the report shows how the current system has failed millions of Americans and why we must enact comprehensive health reform this year. Read the report at www.HealthReform.gov/reports/inaction/

“Helping the Bottom Line” Report. Across the country, small businesses are struggling as the cost of health care continues to skyrocket. Americans who build and run the millions of small companies around this country have seen insurance costs consume a greater share of their payroll. High costs are making it impossible for many small businesses to provide insurance to their employees. HHS issued the Helping the Bottom Line: Health Reform and Small Business, report which provides important information on how the high cost of health care burdens small businesses, weakens our economy and leaves millions of Americans without the affordable health care they need and deserve. The report is available at www.healthreform.gov/reports/helpbottomline/.

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