

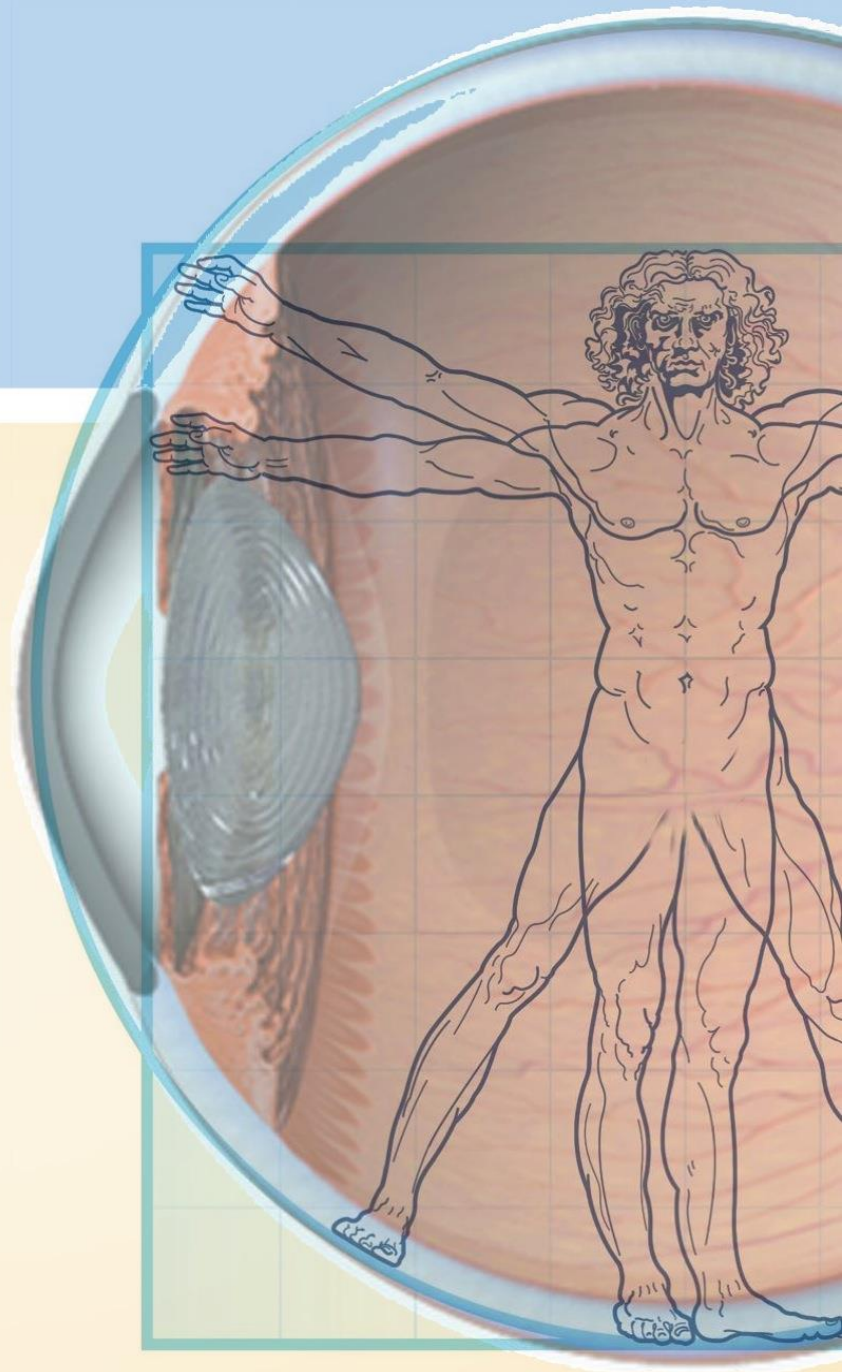


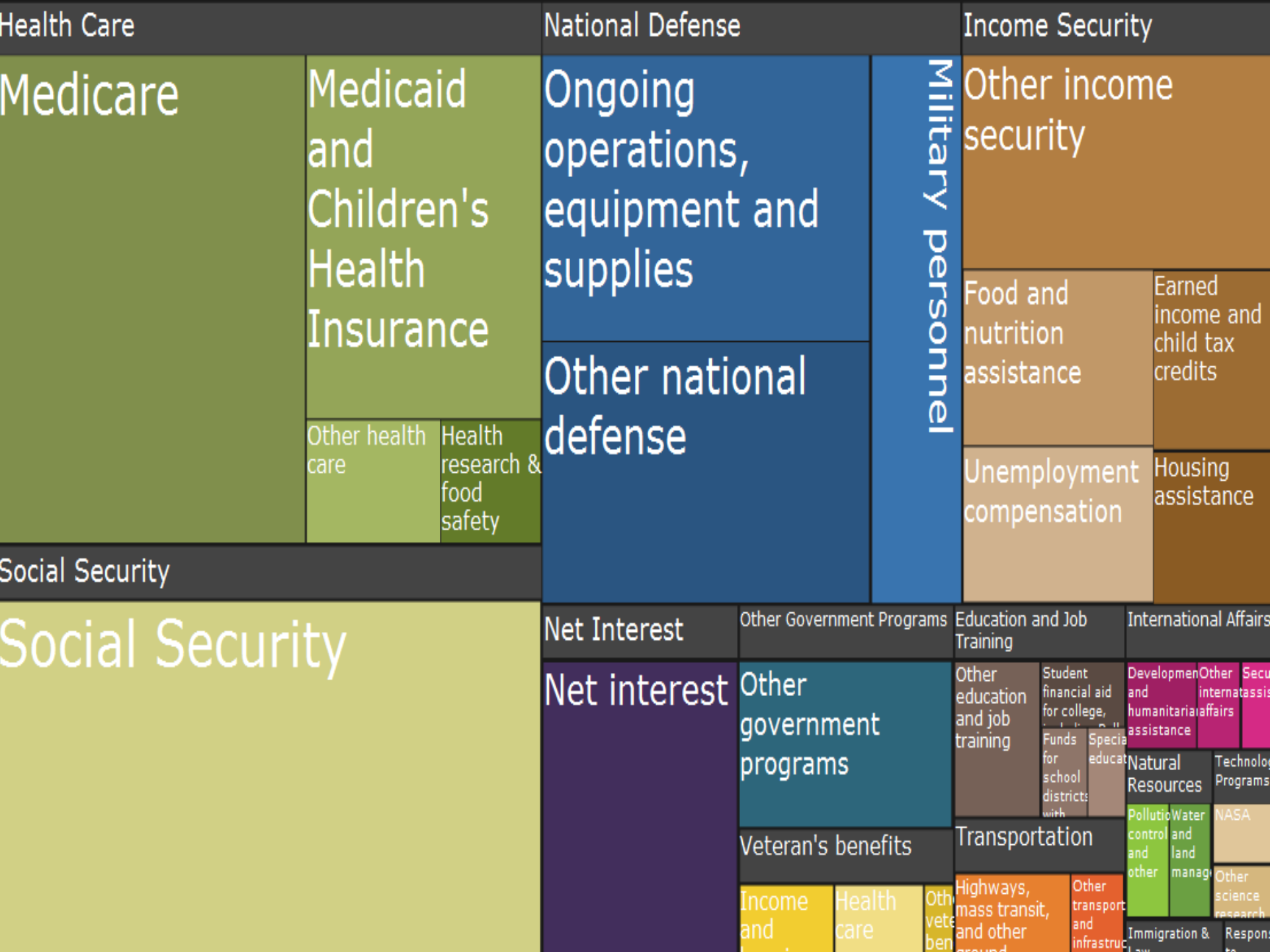
Our Vision Is Vision®

Third Annual
FOCUS ON EYE HEALTH
National Summit

Wednesday
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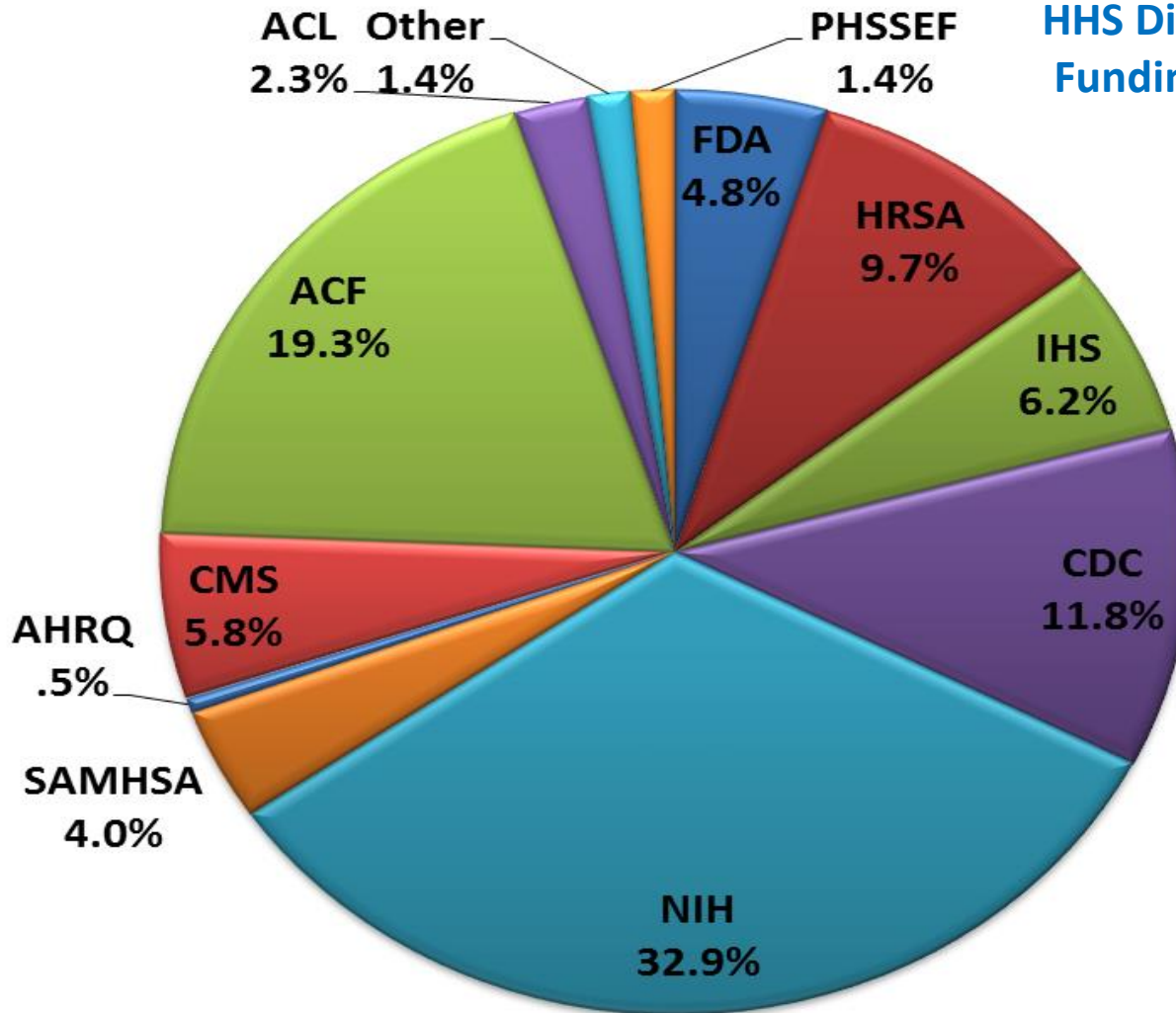
Office of Management and Budget
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HHS Discretionary Funding, FY 2014





FY 2015 Budget Highlights

- Implementing the **Affordable Care Act (ACA)** is one of the Administration's highest priorities and is providing coverage for millions of Americans that previously did not have access to affordable health care. The Budget continues to support implementation of the ACA's health insurance coverage to help make coverage affordable, drive down long-term health care costs, and improve care for millions of citizens, including vulnerable populations.
- **Health Centers.** Approximately, 1,200 health centers serve high quality primary care services. The Budget invests \$4.6 billion in the Health Centers program in 2015 to provide primary services for an estimated 31 million patients, including vulnerable populations. HRSA is also making grants this year for "Expanded Services (ES) supplemental funds to support increased access to preventive and primary health care services, including oral health, behavioral health, pharmacy, and/or vision services at existing Health Center Program grantee sites." <http://www.hrsa.gov/grants/apply/assistance/es/>
- **Workforce.** The FY 2015 Budget bolsters the health care workforce with a \$14.6 billion investment that will train over 13,000 new physicians in primary care and other high need specialties, extend increased Medicaid payments to providers for primary care services, and place 15,000 primary care health professionals in areas of the country that need them most.



FY 2015 Budget Highlights

Centers for Disease Control and Prevention (CDC) Glaucoma (\$3.3 Million).

In FY 2015, CDC will identify best practices for improving glaucoma screening, referrals, and treatment for populations at the greatest risk of disease.

Centers for Disease Control and Prevention (CDC) Vision Screening. CDC's [Vision Health Initiative](#) promotes vision health, enhances surveillance and epidemiology, and studies vision-related health economics and health outcomes.. These programs will document methods for improving access to and quality of eye care among people with diabetes, provide data on eye diseases, and determine follow-up adherence to eye screening recommendations.

CDC Surveillance. The Vision Health Initiative added the Vision Impairment and Access to Eye Care module to the Behavioral Risk Factor Surveillance System (BRFSS) beginning in 2005. From 2005 to 2011, 26 states have implemented the BRFSS vision module.



FY 2015 Budget Highlights

HRSA MCHB Vision Screening. The MCHB's Vision Screening program supports the public health role in assuring a continuum of eye care for young children within the healthcare delivery system. MCHB accomplishes this by funding the National Center for Children's Vision and Eye Health to: 1) Provide national leadership in the development of the statewide vision screening and intervention component for all children four years of age, and 2) Implement a plan for assisting states to coordinate existing vision screening activities within the state.

Special Diabetes Program for Indians (SPDI) \$300 Million (\$150M for NIH and \$150M for IHS). SPDI provides funds for diabetes treatment to 404 IHS, Tribal, and Urban Indian health programs across the United States.

National Eye Institute (NEI) \$675 Million. NEI's mission is to "conduct and support research, training, health information dissemination, and other programs with respect to blinding eye diseases, visual disorders, mechanisms of visual function, preservation of sight, and the special health problems and requirements of the blind." NEI research leads to sight-saving treatments, reduces visual impairment and blindness, and improves the quality of life for people of all ages.



Public Health Trends

- Expansion of Preventive Benefits under Health Reform
- Focus on effective, evidence based practices
- Prioritize Winnable Battles
- **Limited discretionary resources**
- More questions than answers on how our public health system will evolve over the next 20 years, especially with expanded health coverage.
- How does Public Health Change with Health Reform?
 - ❖ Can S/L Health Departments become more like providers (e.g., billing, electronic health records)?
 - ❖ How significant is shift away from direct services?
 - ❖ What is public health's continued role in assisting individuals with connective/support services?
 - ❖ How will Accreditation/Foundational Capabilities change the focus of Health Departments?



Top 10 Ways to Influence the Budget/Policy Process

10. **Foundational Capabilities**
9. **General Programs vs. Disease/Specific activities**
8. **Integration across Programs.** Incorporating new policies into existing programs.
7. **Know your Stakeholders.** What's most important, Priorities, Lens in which they view policies?
6. **What is the Federal Role? State? Local? Private?**
5. **Data Driven.** Use data to support your recommendation.
4. **Research.** What does the current research say?



Top 10 Ways to Influence the Budget/Policy Process?

3. **Cost Implications/Savings.**
2. **Evidence.** What are the most effective practices/guidelines?
1. ***TIMING. Knowing the right time to reach OMB and Appropriators and other key stakeholders. [OMB: Best time to affect policy decisions is in August before we go into budget hibernation].***

Questions/Comments?

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