The Executive Branch Role in Health Policy

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Learning Objectives

At the end of this session, participants will be able to:

1. Better understand the role of key components of the Federal Executive Branch that relate to health policy & health centers
2. Better appreciate the role of key state and local government players who relate to health centers and their relationships with Federal agencies
3. Better understand some of the issues related to Federal-State collaboration on selected health issues

The Department of Health Policy
Session Overview

- Federal level: Executive Branch
- State and local (county/city) level
- Examples of Federal-State collaboration

Executive Branch Components

• The President
• White House Staff
• Administrative Agencies
  – Departments (Cabinet level)
    • Agencies
    • Sub-agencies/divisions/centers
Key Health Care Players

• Administrative Agencies (Direct healthcare roles)
  – DHHS (e.g. HRSA, CMS, CDC, ONCHIT, SAMHSA, AHRQ, NIH, FDA, OGC)

• Administrative Agencies (Indirect healthcare roles)
  – USDA (e.g. WIC, Food Stamps, Coop Extension Service)
  – Education (Health Ed Curriculum, School Health)
  – DVA (Veterans Health Administration)
  – Defense (Tri-Care: Military Health Service)
Key Powers

White House:
- Sets national agenda & highlight priorities
- Issues Executive Orders/Presidential Directives
- Interacts with legislative process: laws & budget
- Veto power if needed

Agencies:
- Issue/promulgate regulations within statutes
  - e.g. Administrative procedures, guidance, reporting, etc.
- Manage program financing: grants, contracts
- Provide oversight and monitoring to assure compliance with statutes and regulations
Bureau of Primary Health Care

Administers Health Center programs

• Policies: Policy Information Notices (PINs) and Program Assistance Letters (PALs)
• Program requirements, grants management
• Technical assistance & training via NCAs
• Reporting requirements: e.g. UDS data, ARRA
• FTCA Deeming
State Government (Executive)

• The Governor

• Key Health Care Players
  – Variable agency structure & authority related to State constitutions
  – Typical players in some variation or combination:
    • State Health Department
    • State Mental Health Department
    • State Medicaid Office
    • State Offices: licensing & regulation of facilities, insurance, etc
    • State Education Department (licensing health professionals)

• Complex relationships with Federal Agencies
  – Wide variation in state-federal relationships
Local Government (County or City)

- Local Public Health Agencies (LPHA):
  - Created by referendum or legislation
  - Part of state network with shared responsibilities
  - Usually formed and managed by local government
  - May share oversight or directly operate health services

- Typical Players/Structures (integration variable)
  - County/city health departments
  - County/city mental health departments
  - County/city substance abuse departments
Federal-State Collaboration

- Childhood & Adolescent life cycles
  - Early childhood development - Asthma
  - Immunization registries - Obesity

- Women’s Health life cycles
  - Family planning & prenatal care (reproductive health)
  - Screening & prevention (breast & cervical CA, HTN)

- Adult life cycles
  - Diabetes - Obesity
  - Heart disease - Cancer
  - Depression - HIV AIDS
Questions?

Open discussion