

Provision	Patient Protection and Affordable Care Act with amendments from House Reconciliation Act of 2010
Healthy Aging: Preventive Services for Adults 55-64	Establishes a grant program for state and local health departments and Indian tribes for public health interventions, community preventive screenings and referral and treatment for chronic diseases for individuals between 55 and 64. Intervention activities include improving nutrition and increasing physical activity.
Workforce	Analyzes current health-care workforce to determine gaps in delivery of care in underserved communities. Includes registered dietitians. <i>Effective dates vary based on program.</i>
Wellness/Prevention for Employees	Allows Department of Health and Human Services and Department of Labor to set discounts up to 50 percent of insurance premiums if the wellness program is determined beneficial for employee. <i>Effective January 1, 2011.</i>
School-Based Health Clinics	Establishes grants to launch school-based clinics. Optional services include nutrition counseling; providers are not listed. <i>Authorized to be appropriated \$50,000,000 for Fiscal Year 2010.</i>
Prevention Task Forces, etc.	Establishes Preventive Services Task Force and Community Preventive Services Task Force. <i>Effective upon passage into law.</i> Establishes Prevention and Public Health Investment Fund; funding is set at \$2.4 billion for 2010 and increases up to \$4.6 billion by 2019.
Medicare Preventive Services	Adjusts current law to allow Centers for Medicare and Medicaid Services to expand current and new preventive services. MNT is included in the list of possible services to be expanded. CMS is allowed to make these determinations. Eliminates cost sharing for preventive services (co-payments and deductibles). <i>Effective January 1, 2011.</i> Provides for annual wellness visit. RDs are listed as providers for screening and counseling. <i>Effective 18 months after passage into law.</i>
Medicaid	Establishes a five-year grant program to incentivize healthy lifestyles including weight reduction; cholesterol reduction; prevention of onset of diabetes; and diabetes self-management. Covers preventive services recommended by the USPSTF. <i>Effective January 1, 2011.</i> Eliminates cost sharing for preventive services (co-payments and deductibles). <i>Effective January 1, 2011.</i>
Home Health	Establishes a demonstration program that would provide direct, home-based care. RDs are listed as possible providers under this program. <i>Effective January 1, 2012.</i>
Medical Homes	Medicaid: Allows for medical home waivers for state-coordinated programs that focus on diabetes treatment and prevention, treat cardiovascular disease and treat those considered overweight. Nutritionists are listed among providers under this program, allowing for inclusion of RDs. <i>Effective January 1, 2011.</i> Community: Establishes the medical home in public health programs and includes the registered dietitian as part of the medical home team.
Nutrition Labeling of Menu Items at Chain Restaurants	Requires chains with 20 or more outlets to post calories on menus, menu boards (including drive-through) and food display tags, with additional information (fat, saturated fat, carbohydrates, sodium, protein and fiber) available in writing upon request. Requires national uniformity, so there is consistency in information. States and localities would not be able to require additional nutrient information on menus. <i>Proposed rules are to be issued 1 year after passage into law.</i>
Child Obesity Demonstration Project	Fully funds \$25 million for a demonstration project aimed at reducing childhood obesity in community-based settings, schools and through educational, counseling and training activities. <i>Effective as of passage into law. Funds are appropriated until 2014.</i>

Next steps

Once bills are signed into law, the regulatory process begins. The corresponding agencies with jurisdiction over programs will begin reviewing the law and will establish a rulemaking