

# Health Reform: Funding Provisions

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Paul Mandsager

**T**he Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 include funding provisions to support the development and implementation of many of the provisions in the legislation. This article describes the timing and phasing of the funding. The article does not cover changes in the tax laws (i.e., the small business tax credits) or mandatory expansion of entitlement programs (i.e., the Medicaid expansion of individuals up to 133% of the federal poverty level (FPL) or the phasing out of the Medicare Part D donut hole). Rather, this article is intended to provide information about new funding opportunities that may be made available to North Carolina or to specific organizations within the state.

This article is divided into 10 sections: insurance reform; Medicare, Medicaid, and the Children's Health Insurance Program (CHIP); prevention; health professional workforce training and support; quality; testing new models of care; safety net; long-term care, aging, and disability; malpractice; and Indian Health Services. It is important to distinguish between *appropriations* and *authorizations*. If the provision includes a direct appropriation (or transfers funds from one program to another), it means that Congress included funds to support the specific initiative in the health reform legislation. On the other hand, if Congress only authorized the specific provision, it means that Congress will need to appropriate funds sometime in the future to support the initiative. An authorization gives some indication of the intent of Congress to support a program, but it is not the same as a direct appropriation.

The following sections give a brief description of potential funding opportunities. In most instances, Congress appropriated funding (or authorized new programs) within the US Department of Health and Human Services (DHHS). The actual program rules, as well as application or request for proposals, will be issued by the various DHHS agencies. Groups interested in potential funding to keep track of grant opportunities should check the federal grants website at <http://www.grants.gov>.

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## INSURANCE REFORM

### High Risk Insurance Pool (Section 1101)

**Authority:** DHHS

**Year:** Within 90 days of enactment until January 1, 2014.

**Appropriations:** Appropriates \$5 billion to pay claims.

**Summary:** To provide temporary assistance to those with pre-existing conditions who are uninsured.

**Eligible Entities:** States and nonprofits.

### Reinsurance for Early Retirees (Sections 1102 and 10102)

**Authority:** DHHS

**Year:** Within 90 days of enactment until January 1, 2014.

**Appropriations:** Appropriates \$5 billion to pay claims.

**Summary:** Temporary reinsurance program to provide reimbursement to participating employers to pay a portion of the costs for covering early retirees.

**Eligible Entities:** States, local government agencies, and employers.

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### **Health Insurance Consumer Information (Section 1002)**

*Authority:* DHHS

*Year:* Beginning fiscal year (FY) 2010.

*Appropriations:* Appropriates \$30 million in FY 2010 and authorizes additional funding as may be necessary for each following year.

*Summary:* Grants to help states establish, expand, or provide support for offices of health insurance consumer assistance or health insurance ombudsman programs.

*Eligible Entities:* State offices of consumer assistance or health insurance ombudsman programs.

### **Ensuring that Consumers Get Value for their Dollar (Section 1003)**

*Authority:* DHHS

*Year:* FY 2010-FY 2014.

*Appropriations:* Appropriates \$250 million for the period FY 2010-FY 2014.

*Summary:* Grants to support state review of unreasonable increases in health insurance premiums.

*Eligible Entities:* State Commissioners of Insurance.

### **Affordable Choices of Health Benefits Plans (Sections 1311 and 10104)**

*Authority:* DHHS

*Year:* Within one year of enactment until January 1, 2015.

*Appropriations:* Any money in the Treasury not otherwise appropriated.

*Summary:* Grants to states to help plan and establish health insurance exchanges (HIEs) by January 1, 2014. Exchanges shall award grants to patient navigators to assist individuals with enrollment in qualified health plans (money for patient navigators comes from operational funds, not federal funds).

*Eligible Entities:* States are eligible for grants to establish the HIEs. Entities eligible for patient navigator grants may include trade, industry, and professional associations; commercial fishing industry organizations; ranching and farming organizations; community and consumer-focused nonprofit groups; chambers of commerce; unions; resource partners of the Small Business Administration; other licensed insurance agents and brokers; and other capable entities.

### **Program to Help Establish and Operate Member-Run, Nonprofit Health Insurance Issuers (Co-Ops) (Sections 1322 and 10104)**

*Authority:* DHHS

*Year:* Not later than July 1, 2013.

*Appropriations:* Appropriates \$6 billion.

*Summary:* Loans for start-up costs and grants to meet solvency requirements to member-run, nonprofits that will offer qualified health plans. Insurers and government organizations that existed as of July 16, 2009 are prohibited from qualifying.

*Eligible Entities:* An organization that is organized under state law as a nonprofit, member corporation.

### **State Option to Establish Basic Health Programs for Low-Income Individuals Not Eligible for Medicaid (Sections 1331 and 10104)**

*Authority:* DHHS

*Year:* Upon enactment and each year a state has a program.

*Appropriations:* Transfers 95% of tax credits and cost sharing subsidies that would have gone to individuals to the state.

*Summary:* States can contract with health plans that enroll individuals with incomes less than 200% of the federal poverty level (FPL) and are not Medicaid eligible. If states develop a basic health program, they will receive 95% of the tax credits and cost sharing subsidies that the federal government would have provided to individuals with incomes less than 200% FPL. Legal immigrants with incomes less than 133% FPL, who are not eligible for Medicaid because they are in five-year waiting period, are eligible for this program.

*Eligible Entities:* States.

### **Multi-State Plans (Sections 1334 and 10104)**

*Authority:* Director of the Office of Personnel Management

*Year:* Upon enactment.

*Appropriations:* Authorizes such sums as may be necessary.

*Summary:* Contracts with health insurance issuers to offer at least two multi-state qualified health plans through each health insurance exchange.

*Eligible Entities:* Health insurance issuers.

## **MEDICARE/MEDICAID/CHIP**

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### **Health Information Technology (HIT) Enrollment Standards and Protocols (Section 1561)**

*Authority:* Centers for Medicare and Medicaid Services (CMS)

*Year:* Standards developed within 180 days of enactment.

*Appropriations:* Does not specify appropriations or authorizations.

*Summary:* Grants to develop new technology systems and adopt existing technology systems to implement HIT enrollment standards and protocols. Also requires development of standards in federal and state programs.

*Eligible Entities:* State or local government entities.

### **MEDICARE**

#### **Funding, Outreach, and Assistance for Low-Income Programs (Section 3306)**

*Authority:* CMS

*Year:* FY 2010-FY 2012.

*Appropriations:* Appropriates in each of the FY 2010-FY 2012: \$15 million to the CMS Program Management Account; \$15 million to Area Agencies on Aging; \$10 million to Aging and Disability Resource Centers; and \$5 million to National Benefits Outreach and Enrollment.

*Summary:* Provides funding for outreach and education activities to enroll low-income beneficiaries in Medicare Part D.

*Eligible Entities:* Area Agencies on Aging and Aging and Disability Resource Centers.

### **MEDICAID**

#### **Improving Access to Preventive Services for Adults in Medicaid (Section 4106)**

*Authority:* CMS

*Year:* Beginning January 1, 2013.

*Appropriations:* One percentage point increase in the federal medical assistance percentage (FMAP) for preventive services.

*Summary:* States that choose to cover all recommended preventive services and vaccines, and prohibit cost sharing for such services, will receive a higher FMAP.

*Eligible Entities:* States.

#### **Incentives for Prevention of Chronic Disease in Medicaid (Section 4108)**

*Authority:* CMS

*Year:* Beginning January 1, 2011.

*Appropriations:* Appropriates \$100 million for a five-year period beginning January 1, 2011.

*Summary:* Grants to states to provide incentives for Medicaid beneficiaries to participate in prevention programs.

*Eligible Entities:* States.

## **CHIP (NC HEALTH CHOICE)**

### **Additional Federal Financial Participation in CHIP (Sections 2101 and 10203)**

*Authority:* CMS

*Year:* FY 2010-FY 2015.

*Appropriations:* Appropriations increase from \$100 million to \$140 million for the period FY 2010-2015.

*Summary:* \$40 million in additional funding available to support CHIP outreach and enrollment grants.

*Eligible Entities:* States, local government agencies, national, state, local, or community-based public or nonprofit private organizations; American Indian and tribal organizations; federal safety net organizations; faith-based organizations or consortia; and elementary or secondary schools.

## **PREVENTION**

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### **Prevention and Public Health Fund (Section 4002)**

*Authority:* DHHS

*Year:* Beginning in FY 2010.

*Appropriations:* Appropriates \$500 million in FY 2010, \$750 million in FY 2011, \$1 billion in FY 2012, \$1.25 billion in FY 2013, \$1.5 billion in FY 2014, and \$2 billion in FY 2014 and thereafter.

*Summary:* To provide an expanded and sustained investment in prevention and public health programs. DHHS to increase funding for programs authorized by the Public Health Service Act (PHSA) for prevention, wellness, and public health activities including prevention research and health screenings (e.g., the Community Transformation grant program, the Education and Outreach Campaign Regarding Prevention Benefits, and immunization programs).

*Eligible Entities:* Entities receiving money through PHSA prevention, wellness, and public health activities.

### **Education and Outreach Campaign Regarding Prevention Benefits (Section 4004)**

*Authority:* Centers for Disease Control and Prevention (CDC)

*Year:* Not later than one year after enactment.

*Appropriations:* Authorizes such sums as may be necessary.

*Summary:* Provides for the planning and implementation of a national public-private partnership for a prevention and health promotion outreach and education campaign.

*Eligible Entities:* CDC will run a national campaign and award grants to states to design public awareness campaigns to educate Medicaid enrollees about availability and coverage of preventive and obesity-related services.

### **Community Transformation Grants (Sections 4002, 4201 and 10403)**

*Authority:* CDC

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes such sums as may be necessary, although the Prevention and Public Health Fund can be used to fund the Community Transformation grant program.

*Summary:* Competitive grants to promote the implementation, evaluation, and dissemination of evidence-based community preventive health activities. Grants aimed at reducing chronic disease rates, preventing the development of secondary conditions, addressing health disparities, and developing a stronger evidence base of effective prevention programming.

*Eligible Entities:* State and local governmental agencies; national networks of community-based organizations; state or local nonprofit organizations; and American Indian tribes.

### **Healthy Aging, Living Well (Section 4202)**

*Authority:* CDC

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes such sums as may be necessary.

*Summary:* Grants to state or local health departments and American Indian tribes to carry out five-year pilot programs to provide public health community interventions, screenings and, where necessary, clinical referrals for individuals who are between the ages of 55 and 64.

*Eligible Entities:* State or local health departments and American Indian tribes.

### **Evaluation and Plan for Community-Based Prevention and Wellness Programs for Medicare Beneficiaries (Section 4202)**

*Authority:* DHHS

*Year:* Beginning FY 2010.

*Appropriations:* Transfer of \$50 million from the Medicare Hospital Insurance Trust Fund and the Medicare Supplemental Medical Insurance Trust Fund to CMS; amounts transferred available until expended.

*Summary:* Funds shall be used to develop a plan for promoting healthy lifestyles, chronic disease self-management, and evaluation of community-based prevention and wellness programs for Medicare beneficiaries.

*Eligible Entities:* Evidence-based programs that are sponsored by the Administration on Aging and have demonstrated potential to help Medicare beneficiaries reduce their risk of disease, disability, and injury.

### **Demonstration Project to Improve Immunization Coverage (Section 4204)**

*Authority:* CDC

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes such sums as may be necessary.

*Summary:* Grants to states to improve the provision of recommended immunizations for children, adolescents, and adults.

*Eligible Entities:* States.

### **Epidemiology Laboratory Capacity Grants (Section 4304)**

*Authority:* CDC

*Year:* FY 2010-FY 2013.

*Appropriations:* Authorizes \$190 million annually for each FY 2010-FY 2013.

*Summary:* Grants to strengthen epidemiologic capacity, enhance laboratory practices, improve information systems, and develop outbreak control strategies.

*Eligible Entities:* State and local health departments, tribal jurisdictions, and academic centers that assist state and eligible local and tribal health departments.

### **Research for Optimizing Delivery of Public Health Services (Section 4301)**

*Authority:* CDC

*Year:* No date specified.

*Appropriations:* Does not specify appropriations or authorizations.

*Summary:* Funding for research in public health services and systems. Research supported under this section shall be coordinated with the Community Preventive Services Task Force and build on existing partnerships within the federal government while also considering initiatives at the state and local levels and in the private sector.

*Eligible Entities:* Not listed.

### **Childhood Obesity Demonstration Project (Section 4306)**

*Authority:* DHHS (in consultation with CMS)

*Year:* FY 2010-FY 2014.

*Appropriations:* Appropriates \$25 million for the period FY 2010-FY 2014 (originally appropriated \$25 million for the period FY 2010-FY 2013).

*Summary:* Extends the availability of appropriations for the Children's Health Insurance Reauthorization Act of 2009 Childhood Obesity Demonstration Project through FY 2014.

*Eligible Entities:* Communities, counties, American Indian tribes; local or tribal educational agencies; accredited universities, colleges, or community colleges; federally qualified health centers; local health departments; health care providers; community-based organizations; or other entity determined appropriate by the DHHS Secretary.

### **Personal Responsibility Education (Section 2953)**

*Authority:* DHHS

*Year:* FY 2010-2014.

*Appropriations:* Appropriates \$75 million annually for each FY 2010-FY 2014, of which \$10 million shall be reserved for innovative strategies.

*Summary:* Formula grants to states (based in part on the state youth population) for programs to educate adolescents on abstinence, contraception, STDs, and adult preparation (including healthy relationships, adolescent development, financial literacy, parent-child communication, educational and career success, and healthy life skills). Ten million dollars is reserved for innovative youth pregnancy strategies that target high-risk, vulnerable, and under-represented youth; 5% is reserved for American Indian tribes or tribal organizations; and 10% for research, training, technical assistance, and evaluation.

*Eligible Entities:* States, American Indian tribes, or tribal organizations. Local entities and faith-based organizations are eligible if the state does not apply for a grant.

### **Restoration of Funding for Abstinence Education (Section 2954)**

*Authority:* DHHS

*Year:* FY 2010-FY 2014.

*Appropriations:* Appropriates \$50 million annually for each FY 2010-FY 2014.

*Summary:* This section restores funding for abstinence education.

*Eligible Entities:* States.

### **Maternal, Infant, and Early Childhood Home Visiting Programs (Section 2951)**

*Authority:* DHHS

*Year:* FY 2010-FY 2014.

*Appropriations:* Appropriates \$100 million in FY 2010, \$250 million in FY 2011, \$350 million in FY 2012, and \$400 million in FY 2013 and FY 2014.

*Summary:* Grants to develop and implement one or more evidence-based home visitation program.

*Eligible Entities:* States, American Indian tribes, tribal organizations, urban American Indian organizations, and nonprofits (if a state has not been approved for a grant by FY 2012).

### **Pregnancy Assistance Fund (Sections 10212, 10213, and 10214)**

*Authority:* DHHS

*Year:* FY 2010-FY 2019.

*Appropriations:* Authorizes \$25 million annually for each FY 2010-FY 2019.

*Summary:* Established for the purpose of awarding grants to states to assist pregnant and parenting teens and women. States may use grants to make funding available to eligible institutions of higher education to enable the eligible institutions to establish, maintain, or operate pregnant and parenting student services. Academic institutions shall contribute an amount equal to 25% of the funding provided. States may use grant money to assist in providing intervention services and supportive social services for eligible pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking.

*Eligible Entities:* States; institutions of higher education; local governments; law enforcement agencies; professionals in legal, social service, and health care settings; nonprofits; and faith-based organizations.

### **Program for Early Detection of Certain Medical Conditions Related to Environmental Health Hazards (Section 10323)**

*Authority:* DHHS

*Year:* FY 2010-FY 2019.

*Appropriations:* Appropriates \$23 million for the period FY 2010-FY 2014 and \$20 million for the period FY 2015-FY 2019.

*Summary:* Establishes grants to screen at-risk individuals for medical conditions related to environmental health hazards and for disseminating public education and information concerning the availability of screenings; the detection, prevention and treatment of environmental health conditions; and the availability of Medicare benefits for individuals diagnosed with environmental health conditions.

*Eligible Entities:* State or local government agencies, hospitals, community health centers, federally qualified health centers, American Indian Health Service facilities, National Cancer Institute-designated cancer centers, nonprofits, or any other entity that the DHHS Secretary determines appropriate.

## **DISEASE SPECIFIC INITIATIVES**

### **Oral Health Care Prevention Activities (Section 4102)**

*Authority:* CDC

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes such sums as may be necessary.

*Summary:* Demonstration grants to test the effectiveness of research-based dental caries disease management activities.

*Eligible Entities:* Community-based provider of dental services including federally qualified health centers; a clinic that is hospital-owned or operated by a state; state or local health departments; a dental program of the Indian Health Service; an American Indian tribe or tribal organization; a health system provider; a private provider of dental services; medical, dental, public health, nursing, or nutrition educational institutions; and national organizations involved in improving children's dental health.

### **Diabetes Prevention Program (Section 5316)**

*Authority:* CDC

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes such sums as may be necessary for each fiscal year.

*Summary:* Establishes a national diabetes prevention program targeted at adults at high risk for diabetes.

*Eligible Entities:* State or local health departments, tribal organizations, a national network of community-based nonprofits focused on health and well-being, academic institutions, or other entities as determined by the DHHS Secretary.

### **Support, Education, and Research for Postpartum Depression (Section 2952)**

*Authority:* DHHS

*Year:* FY 2010-FY 2012.

*Appropriations:* Authorizes \$3 million in FY 2010 and such sums as may be necessary for FY 2011 and FY 2012.

*Summary:* Funding to provide support services for women suffering from postpartum depression, education for women concerning these issues, and support for research.

*Eligible Entities:* Public or nonprofit private entities, which includes state or local governments, public-private partnerships, recipients of Healthy Start Initiative grants, public or nonprofit private hospitals, community-based organizations, hospices, ambulatory care facilities, community health centers, migrant health centers, public housing primary care centers, or homeless health centers.

### **Centers of Excellence for Depression (Section 10410)**

*Authority:* Center for Mental Health Services

*Year:* FY 2011-FY 2020.

*Appropriations:* Authorizes \$100 million annually for each FY 2011-FY 2015 and \$150 million annually for each FY 2016-FY 2020.

*Summary:* Grants to Centers of Excellence in the treatment of depressive disorders. Requires matching funds of \$1 for every \$5 of federal funds.

*Eligible Entities:* Institutions of higher education, public or private nonprofit research institutions.

### **Programs Relating to Congenital Heart Disease (Section 10411)**

*Authority:* CDC

*Year:* FY 2011-FY 2015.

*Appropriations:* Authorizes such sums as may be necessary.

*Summary:* Allows enhancement and expansion of existing infrastructure to track the epidemiology of congenital heart disease.

*Eligible Entities:* Public or private nonprofit entities with specialized experience in congenital heart disease.

### **Automated Defibrillation (Section 10412)**

*Authority:* DHHS

*Year:* Through FY 2014.

*Appropriations:* Authorizes \$25 million annually for each FY 2011-FY 2014.

*Summary:* Reauthorizes public access defibrillation programs in Section 312 of the Public Health Service Act.

*Eligible Entities:* States, political subdivisions of states, American Indian tribes, and tribal organizations.

### **Young Women's Breast Health Awareness and Support of Young Women Diagnosed with Breast Cancer (Section 10413)**

*Authority:* CDC

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes \$9 million annually for each FY 2010-FY 2014.

*Summary:* Develops a national education campaign about breast health and risk factors and supports prevention research activities at CDC on breast cancer in younger women (ages 15-44). Also authorizes the DHHS Secretary to award grants to support young women diagnosed with breast cancer.

*Eligible Entities:* Grants to organizations and institutions to provide information and assistance to young women diagnosed with breast cancer and pre-neoplastic breast diseases.

### **Grants for Small Businesses to Provide Comprehensive Workplace Wellness Programs (Section 10408)**

*Authority:* DHHS

*Year:* FY 2011-FY 2015.

*Appropriations:* Authorizes \$200 million for the period of FY 2011-FY 2015.

*Summary:* Authorizes grants for small businesses to provide their employers with access to comprehensive workplace wellness programs.

*Eligible Entities:* Small businesses (including nonprofits) with 100 or fewer employees who work 25 hours or more per week.

## **HEALTH PROFESSIONAL WORKFORCE TRAINING AND SUPPORT**

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### **STATE WORKFORCE INITIATIVES**

#### **State Health Care Workforce Development (Section 5102)**

*Authority:* Health Resources and Services Administration (HRSA)

*Year:* Beginning FY 2010.

*Appropriations:* Authorizes \$8 million for planning grants and \$150 million for implementation grants in FY 2010 and such sums as may be necessary for each subsequent year.

*Summary:* Planning and implementation grants to enable comprehensive planning and to support approaches to increase the number of health care workers. Requires a 15% match rate from states for planning grants and 25% match rate for implementation grants.

*Eligible Entities:* States and state workforce investment boards.

#### **Health Care Workforce Assessment (Section 5103)**

*Authority:* DHHS

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes \$4.5 million annually for each FY 2010-FY 2014 for state and regional centers and such sums as necessary for longitudinal evaluation.

*Summary:* Creates a national center for health care workforce analysis. Awards grants to state and regional centers to collect, analyze, and report data to the national center. Also increases funding for the longitudinal evaluation of individuals who have received education, training, or financial assistance from programs under this title.

*Eligible Entities:* States, state workforce investment boards, public health or health professions schools, academic health centers, or appropriate public or private nonprofit entities.

### **WORKFORCE INITIATIVES TO ADDRESS MALDISTRIBUTION/UNDERSERVED AREAS**

#### **Funding for National Health Service Corps (Sections 5207 and 10503)**

*Authority:* DHHS

*Year:* FY 2011-FY 2015.

*Appropriations:* Appropriates \$290 million in FY 2011, \$295 million in FY 2012, \$300 million in FY 2013, \$305 million in FY 2014, and \$310 million in FY 2015.

*Summary:* Funding for the expansion of the National Health Service Corps through loan forgiveness for individuals agreeing to serve in health professional shortage areas.

*Eligible Entities:* Primary care providers, dentists, dental hygienists, psychologists, licensed clinical social workers, psychiatric nurse specialists, marriage and family therapists, and licensed professional counselors.

### **Continuing Educational Support for Health Professionals Serving in Underserved Communities (Section 5403)**

*Authority:* HRSA

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes \$5 million annually for each FY 2010-FY 2014.

*Summary:* Grants to improve health care, increase retention, increase representation of minority faculty, enhance practice environment, and provide education for health professionals serving in underserved communities.

*Eligible Entities:* Medical schools, teaching hospitals, health professions schools, and state and local governments.

### **Rural Physician Training Grants (Sections 5606 and 10501)**

*Authority:* HRSA

*Year:* FY 2010-FY 2013.

*Appropriations:* Authorizes \$4 million annually for each FY 2010-FY 2013.

*Summary:* Grant program to assist in recruiting students likely to practice medicine in underserved rural communities.

*Eligible Entities:* Accredited schools of allopathic or osteopathic medicine.

## **PRIMARY CARE**

### **Federally Supported Student Loan Fund (Sections 5201 and 10501)**

*Authority:* HRSA

*Year:* No date specified.

*Appropriations:* Does not specify appropriations or authorizations.

*Summary:* Eases criteria for schools and students to qualify for loans, shortens payback periods, and changes the noncompliance provision to make the primary care loan program more attractive to students.

*Eligible Entities:* Not listed.

### **Training in Family, General Internal and General Pediatric Medicine, and Physician Assistantship (Section 5301)**

*Authority:* HRSA

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes \$125 million for FY 2010 and such sums as may be necessary for FY 2011 through FY 2014.

*Summary:* Establishes grants to develop and operate primary care training programs, provide financial assistance to trainees, enhance faculty development in primary care, and establish, maintain, and improve academic units in primary care.

*Eligible Entities:* Accredited public or nonprofit private hospitals, schools of medicine or osteopathic medicine, academically-affiliated physician assistant training programs, or public or private nonprofit entities the DHHS Secretary has determined are capable of carrying out such grants.

### **Primary Care Extension Program (Section 5405)**

*Authority:* Agency for Healthcare Research and Quality (AHRQ)

*Year:* FY 2011-FY 2014.

*Appropriations:* Authorizes \$120 million annually for each FY 2011 and FY 2012 and such sums as may be necessary for FY 2013 and FY 2014.

*Summary:* Grants to establish primary care extension program state hubs, which will educate and provide technical assistance to primary care providers about evidence-based therapies, preventive medicine, health promotion, chronic disease management, and mental health.

*Eligible Entities:* State or multi-state entities.

## **Demonstration Grants for Family Nurse Practitioner Training Programs (Sections 5316 and 10501)**

*Authority:* DHHS

*Year:* FY 2011-FY 2014.

*Appropriations:* Authorizes such sums as may be necessary for each FY 2011-FY 2014.

*Summary:* Establishes a training demonstration program for family nurse practitioners to train nurses for careers as providers in federally qualified health centers and nurse-managed health clinics.

*Eligible Entities:* Federally qualified health centers or nurse-managed health clinics.

## **GERIATRICS**

### **Geriatric Education and Training (Section 5305)**

*Authority:* HRSA

*Year:* FY 2011-FY 2014.

*Appropriations:* Authorizes \$10.8 million for the period FY 2011-FY 2014 for workforce development and \$10 million for the period FY 2011-FY 2013 for career incentives.

*Summary:* Grants to geriatric education centers to support training in geriatrics, chronic care management, and long-term care. Also establishes career incentive awards to health care providers who agree to teach or practice in the field of geriatrics or long-term care.

*Eligible Entities:* Workforce development awards: geriatric education centers. Career incentive awards: advanced practice nurses, clinical social workers, pharmacists, or students of psychology who are pursuing a doctorate or other advanced degree in geriatrics or a related field in an accredited health professions school.

## **PEDIATRICS**

### **Health Care Workforce Loan Repayment Programs (Section 5203)**

*Authority:* HRSA

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes \$30 million annually for each FY 2010-FY 2014 for pediatric students and \$20 million annually for each FY 2010-FY 2013 for mental and behavioral health students.

*Summary:* Establishes a loan program for pediatric sub-specialists and mental and behavioral health providers who will work in underserved areas.

*Eligible Entities:* Pediatricians and child and adolescent mental and behavioral health providers.

## **RESIDENCY PROGRAMS**

### **Teaching Health Centers Development Grants (Section 5508)**

*Authority:* HRSA

*Year:* Beginning FY 2010.

*Appropriations:* Authorizes \$25 million in FY 2010, \$50 million in FY 2011, \$50 million in FY 2012, and such sums as may be necessary for each subsequent year.

*Summary:* Supports new or expanded primary care residency programs and funding to cover indirect and direct expenses of qualifying teaching centers related to training in new or expanded programs in order to increase teaching capacity.

*Eligible Entities:* Teaching health centers (community-based or ambulatory care centers), federally qualified health centers, community mental health centers, rural health clinics, health centers operated by the Indian Health Service or tribal organizations, and entities receiving funds under Title X of the Public Health Service Act.

### **Payments to Qualified Teaching Health Centers (Section 5508)**

*Authority:* HRSA

*Year:* FY 2011-FY 2015.

*Appropriations:* Appropriates \$230 million for the period FY 2011-FY 2015.

*Summary:* Program of payments to teaching health centers that operate graduate medical education programs in order to increase teaching capacity.

*Eligible Entities:* Teaching health centers that operate graduate medical education programs.

### **MENTAL HEALTH AND SUBSTANCE ABUSE WORKFORCE**

#### **Mental and Behavioral Health Education (Section 5306)**

*Authority:* HRSA

*Year:* FY 2010-FY 2013.

*Appropriations:* Authorizes, for the period FY 2010-FY 2013, \$8 million for social work, \$12 million for psychology, \$10 million for child and adolescent mental health, and \$5 million for paraprofessionals.

*Summary:* Grants for development, expansion, or enhancement of programs in social work, psychology, child and adolescent mental health, and paraprofessional child and adolescent training.

*Eligible Entities:* Institutions of higher education.

#### **US Public Health Sciences Track (Section 5315)**

*Authority:* DHHS (Office of the Surgeon General)

*Year:* Beginning FY 2010.

*Appropriations:* Transfers such sums as may be necessary from Public Health and Social Services Emergency Fund.

*Summary:* Established to train physicians, dentists, nurses, physician assistants, nurse practitioners, pharmacists, mental and behavioral health specialists, and public health professionals by providing tuition remission and stipends to students accepted as Commissioned Corps officers with a two year commitment.

*Eligible Entities:* Accredited, affiliated health professions education training programs at academic health centers located in regions of the United States determined appropriate by the Surgeon General.

#### **Public Health Workforce Recruitment and Retention Programs (Section 5204)**

*Authority:* HRSA

*Year:* FY 2010-FY 2015.

*Appropriations:* Authorizes \$195 million for FY 2010 and such sums as may be necessary for FY 2011-FY 2015.

*Summary:* Establishes a loan repayment program to assure an adequate supply of public health professionals.

*Eligible Entities:* Public health professionals working in federal, state, local, or tribal public health agencies.

#### **Preventive Medicine and Public Health Training Grant Program (Sections 5606 and 10501)**

*Authority:* HRSA (in consultation with CDC)

*Year:* FY 2011-FY 2015.

*Appropriations:* Authorizes \$43 million for FY 2011 and such sums as may be necessary for each FY 2012-FY 2015.

*Summary:* Grants to provide training to residents in preventive medicine.

*Eligible Entities:* Accredited schools of public health, medicine, or osteopathic medicine; accredited public or private nonprofit hospitals; and state, local, or tribal health departments.

### **Fellowship Training in Public Health (Section 5314)**

*Authority:* CDC

*Year:* FY 2010-FY 2013.

*Appropriations:* Authorizes \$39.5 million annually for each FY 2010-FY 2013.

*Summary:* Addresses workforce shortages through expansion of fellowships in state and local health departments in applied public health epidemiology, public health lab science and informatics, and epidemic intelligence services.

*Eligible Entities:* State and local health departments.

### **Grants for State and Local Programs (Section 5206)**

*Authority:* DHHS

*Year:* FY 2010-FY 2015.

*Appropriations:* Authorizes \$60 million for FY 2010 and such sums as may be necessary for FY 2011-FY 2015.

*Summary:* Awards scholarships to mid-career public and allied health professionals employed in public and allied health positions at the federal, state, tribal, or local level to receive additional training or education.

*Eligible Entities:* Accredited educational institutions that offer a course of study, certificate program, or professional training program in public or allied health or a related discipline, as determined by the DHHS Secretary.

### **Allied Health Workforce Recruitment and Retention Programs (Section 5205)**

*Authority:* HRSA

*Year:* No date specified.

*Appropriations:* Does not specify appropriations or authorizations.

*Summary:* Establishes a loan repayment program to assure an adequate supply of allied health professionals employed in public health settings or in underserved areas.

*Eligible Entities:* Allied health professionals employed with a federal, state, local, or tribal public health agency, or in settings located in health professional shortage areas, medically underserved areas, or medically underserved populations, as recognized by the DHHS Secretary.

## **DENTISTRY**

### **Dentistry Training (Section 5303)**

*Authority:* HRSA

*Year:* FY 2010-FY 2015.

*Appropriations:* Authorizes \$30 million in FY 2010 and such sums as may be necessary for each FY 2011-FY 2015.

*Summary:* Dental schools and education programs to receive grants for training, faculty development, dental faculty loan repayment, and to support academic administrative units.

*Eligible Entities:* Schools of dentistry, public or nonprofit private hospitals, or public or private nonprofit entities the DHHS Secretary has determined are capable of carrying out the funded activities.

### **Alternative Dental Health Care Provider Demonstration (Section 5304)**

*Authority:* DHHS

*Year:* Within two years of enactment.

*Appropriations:* Authorizes such sums as may be necessary.

*Summary:* Demonstration program to establish training programs for alternative dental health care providers to increase access to dental care in rural, tribal, and underserved communities.

*Eligible Entities:* Institutions of higher education (including community colleges), public-private partnerships, federally qualified health centers, Indian Health Service facilities, tribes or tribal organizations, states or county public health clinics providing dental services, and public hospitals or health systems.

## **NURSING**

### **Authorization of Appropriations for Parts B through D of Title VIII of the Public Health Service Act (Section 5312)**

*Authority:* DHHS

*Year:* FY 2010-FY 2016.

*Appropriations:* Authorizes \$338 million in FY 2010 and such sums as necessary for FY 2011-FY 2016.

*Summary:* Authorizes appropriations for Parts B, C, and D of Title VIII of the Public Health Service Act, which authorizes grants to support nurse education and enhance nursing workforce diversity.

*Eligible Entities:* Schools of nursing, nursing centers, academic health centers, state or local governments, and other public or private nonprofit entities determined appropriate by the DHHS Secretary.

### **Nursing Student Loan Program (Section 5202)**

*Authority:* HRSA

*Year:* No date specified.

*Appropriations:* Does not specify appropriations or authorizations.

*Summary:* Increases loan amounts and updates the years for nursing schools to establish and maintain student loans.

*Eligible Entities:* Nursing schools.

### **Advanced Nursing Education Grants (Section 5308)**

*Authority:* HRSA

*Year:* Upon enactment.

*Appropriations:* Does not specify appropriations or authorizations.

*Summary:* Amends the Public Health Service Act to make nurse midwifery programs eligible for advanced nurse education grants.

*Eligible Entities:* Nurse midwifery programs accredited by the American College of Nurse-Midwives Accreditation Commission for Midwifery Education.

### **Nurse Practice, Education, and Retention Program (Section 5309)**

*Authority:* HRSA

*Year:* FY 2010-FY 2012.

*Appropriations:* Authorizes such sums as may be necessary annually for each FY 2010-FY 2012.

*Summary:* Awards grants to nursing schools to strengthen nurse education and training programs and to improve nurse retention.

*Eligible Entities:* Accredited schools of nursing, health care facilities, or a partnership of such a school and facility.

### **Loan Repayment and Scholarship Program (Section 5310)**

*Authority:* HRSA

*Year:* Upon enactment.

*Appropriations:* Does not specify appropriations or authorizations.

*Summary:* Faculty at nursing schools is eligible for loan repayment and scholarship programs.

*Eligible Entities:* Faculty in accredited schools of nursing.

### **Nurse Faculty Loan Program (Section 5311)**

*Authority:* HRSA

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes such sums as may be necessary annually for each FY 2010-FY 2014.

*Summary:* Establishes a student loan repayment program for nurses with outstanding debt who agree to teach.

*Eligible Entities:* A United States citizen, national, or lawful permanent resident who holds an unencumbered license as a registered nurse and has either already completed a masters or doctorate nursing program at an accredited school of nursing or is currently enrolled on a full- or part-time basis in such a program.

### **Nursing Workforce Diversity Grants (Section 5404)**

*Authority:* HRSA

*Year:* Upon enactment.

*Appropriations:* Does not specify appropriations or authorizations.

*Summary:* Expands nursing diversity grants to include completion of associate degrees, bridge or degree completion programs, or advanced degrees in nursing, as well as preparation and retention activities.

*Eligible Entities:* Schools of nursing, nursing centers, academic health centers, state or local governments, and other public or private nonprofit entities determined appropriate by the DHHS Secretary.

### **Graduate Nurse Education Demonstration (Section 5509)**

*Authority:* DHHS

*Year:* FY 2012-FY 2015.

*Appropriations:* Appropriates \$50 million annually for each FY 2012-FY 2015.

*Summary:* Establishes a graduate nurse education demonstration program under which eligible hospitals may receive payment for the provision of qualified clinical training to advance practice nurses.

*Eligible Entities:* Demonstration in up to five eligible hospitals, which are defined as an eligible hospital or critical access hospital that has a written agreement in place with one or more applicable schools of nursing and two or more applicable non-hospital community-based care settings.

## **COMMUNITY COLLEGE CAREER TRAINING**

### **Community College and Career Training Grant Program (Section 1501 of Reconciliation)**

*Authority:* US Department of Labor

*Year:* FY 2011-FY 2014.

*Appropriations:* Appropriates \$500 million annually for each FY 2011-FY 2014.

*Summary:* New appropriations to the Community College and Career Training Grant Program for community colleges to develop and improve educational or career training programs.

*Eligible Entities:* Community colleges.

## **DIRECT CARE WORKERS, PERSONAL HOME CARE AIDES, COMMUNITY HEALTH WORKERS, AND PATIENT NAVIGATORS**

### **Training Opportunities for Direct Care Workers (Section 5302)**

*Authority:* HRSA

*Year:* FY 2011-FY 2013.

*Appropriations:* Authorizes \$10 million for the period FY 2011-FY 2013.

*Summary:* Establishes training grants for direct care workers providing services and support in long-term care settings.

*Eligible Entities:* Accredited institutions of higher education that have established a public-private educational partnership with a nursing home or skilled nursing facility, agency, or entity providing home- and community-based services to individuals with disabilities, or other long-term care providers.

### **Demonstration Projects to Address Health Professions Workforce Needs (Section 5507)**

*Authority:* DHHS

*Year:* FY 2010-2012.

*Appropriations:* Appropriates \$5 million annually for each FY 2010-FY 2012.

*Summary:* Demonstration project to award grants to develop core training competencies and programs for personal home care aides.

*Eligible Entities:* The DHHS Secretary shall enter into agreements with not more than six states to conduct demonstration projects.

### **Grants to Promote the Community Health Workforce (Sections 5313 and 10501)**

*Authority:* CDC

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes such sums as may be necessary annually for each FY 2010-FY 2014.

*Summary:* Grants to promote positive health behaviors and outcomes in medically underserved areas through the use of community health workers.

*Eligible Entities:* Public or nonprofit private entities including state or local governments, public health departments, free health clinics, hospitals, federally qualified health centers, or a consortium of any such entities.

### **Demonstration Projects to Train Low-Income Populations to Address Health Professions Workforce Needs (Section 5507)**

*Authority:* DHHS

*Year:* FY 2010-FY 2014.

*Appropriations:* Appropriates \$85 million annually for each FY 2010-FY 2014.

*Summary:* Demonstration project to provide aid to low-income individuals with the opportunity to obtain education and training in health care occupations with labor shortages.

*Eligible Entities:* States, American Indian tribes or tribal organizations, institutions of higher education, local workforce investment boards, sponsors of apprenticeship program under National Apprenticeship Act, and community-based organizations.

### **Grants for the Development and Operation of Demonstration Programs to Provide Patient Navigator Services (Section 3510)**

*Authority:* HRSA

*Year:* FY 2010-FY 2015.

*Appropriations:* Authorizes \$3.5 million for FY 2010 and such sums as necessary for FY 2011-FY 2015.

*Summary:* Reauthorizes funding for the Patient Navigator Program, which provides grants to develop and operate programs to provide patient navigator services.

*Eligible Entities:* Public or nonprofit private health centers, health facilities operated by the Indian Health Service, hospitals, cancer centers, rural health clinics, academic health centers, or nonprofit entities that provide patient navigator services.

### **Cultural Competency, Prevention, and Public Health and Individuals with Disability Training (Section 5307)**

*Authority:* HRSA

*Year:* FY 2010-FY 2015.

*Appropriations:* Authorizes such sums as may be necessary annually for each FY 2010-FY 2015.

*Summary:* Funding for the development, evaluation, and dissemination of research, demonstration projects, and curricula for training in cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities.

*Eligible Entities:* Health professions schools, academic health centers, state or local governments, or other appropriate public or private nonprofit entities (or consortia of entities, including entities promoting multidisciplinary approaches). The DHHS Secretary may accept applications from for-profit private entities as determined by the DHHS Secretary.

## **DIVERSITY, UNDERREPRESENTED MINORITIES, INTERDISCIPLINARY TRAINING, AND IMPROVED QUALITY**

### **Centers of Excellence (Section 5401)**

*Authority:* HRSA

*Year:* Beginning FY 2010.

*Appropriations:* Authorizes \$50 million annually for each FY 2010-FY 2015 and such sums as may be necessary for each subsequent year.

*Summary:* Grants to health professions schools and other educational entities for the purpose of assisting the schools to support health professions education for underrepresented minorities.

*Eligible Entities:* Schools of medicine, osteopathic medicine, dentistry, pharmacy, or graduate programs in behavioral or mental health.

### **Health Care Professionals Training for Diversity (Section 5402)**

*Authority:* HRSA

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes \$51 million in FY 2010 for scholarships, \$5 million annually for each FY 2010-FY 2014 for faculty assistance, \$60 million in FY 2010 for educational assistance, and such sums as may be necessary for FY 2011-FY 2014.

*Summary:* Provides grants to schools to offer scholarships for disadvantaged students who agree to work in medically underserved areas, to stipulate loan repayment and fellowships for individuals who will serve as faculty, and to provide grants for educational assistance for individuals from disadvantaged backgrounds.

*Eligible Entities:* Schools of medicine, osteopathic medicine, dentistry, nursing, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, chiropractic, or allied health; schools offering a graduate program in behavioral and mental health practice; or entities providing programs for the training of physician assistants; and other public or private nonprofit health or educational entities.

### **Interdisciplinary, Community-Based Linkages (Section 5403)**

*Authority:* HRSA

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes \$125 million annually for each FY 2010-FY 2014.

*Summary:* Grants to initiate health care workforce educational programs and to maintain and improve the effectiveness and capabilities of area health education center programs. Monies must be used to recruit individuals from underrepresented and rural backgrounds into health professions, develop community-based training to educate a workforce prepared to deliver high-quality care in underserved areas or for populations affected by health disparities, conduct interdisciplinary training, recruit high school students into health careers, provide continuing education, and implement effective outcomes measurement and evaluation strategies. Requires matching funds that are not less than 50% of costs of the program; at least 25% is required to be in cash.

*Eligible Entities:* Schools of medicine or osteopathic medicine, an incorporated consortium of such schools, or the parent institutions of such schools.

### **Demonstration Program to Integrate Quality Improvement and Patient Safety into Clinical Education of Health Professionals (Section 3508)**

*Authority:* DHHS

*Year:* No date specified.

*Appropriations:* Authorizes such sums as may be necessary.

*Summary:* Grants to develop and implement quality improvement and safety education into clinical education. Provision requires matching funds of \$1 for every \$5 of federal funds.

*Eligible Entities:* Health professions schools; schools of public health, social work, nursing, pharmacy, and health care administration; and institutions with a graduate medical education program.

## QUALITY

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### **Quality Measure Development (Section 3013 and 10303)**

*Authority:* DHHS (in consultation with CMS and AHRQ)

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes \$75 million annually for each FY 2010-FY 2014.

*Summary:* Grants and contracts to develop quality measures for use in federal health programs.

*Eligible Entities:* Entities with a demonstrated expertise and capacity in the development and evaluation of quality measures.

### **Collection and Analysis of Data for Quality and Resource Use Measures (Section 3015)**

*Authority:* DHHS

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes such sums as may be necessary for each FY 2010-FY 2014.

*Summary:* Funding to support collection, aggregation, and analysis of data on quality and resource use measures. The provision requires matching funds of \$1 for every \$5 from the federal government.

*Eligible Entities:* Multi-stakeholder entities that coordinate the development of methods and implementation plans for the consistent reporting of quality and cost information; entities capable of submitting such summary data for a particular population and providers (such as a disease registry, regional collaboration, health plan collaboration, or other population-wide source); or federal Indian Health Service programs or health programs operated by an American Indian tribe.

### **Adult Health Quality Measures (Section 2701)**

*Authority:* AHRQ

*Year:* FY 2010-FY 2014.

*Appropriations:* Appropriates \$60 million annually for each FY 2010-FY 2014.

*Summary:* Established to develop a set of core health quality measures for Medicaid eligible adults. Also establishes a Medicaid quality measurement program that awards grants for the development, testing, and validation of innovative evidence-based quality measures. Health quality measures must be developed not later than January 1, 2011, and grant programs should be established within 12 months of development of health quality measures.

*Eligible Entities:* Not listed.

### **Health Care Delivery System Research (Section 3501)**

*Authority:* AHRQ

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes \$20 million for the period FY 2010-FY 2014.

*Summary:* Funding to identify, develop, evaluate, disseminate, and provide training in innovative health care delivery methods and strategies. This provision requires matching funds equal to \$1 for each \$5 in federal funds.

*Eligible Entities:* National, state, multi-state, or multi-site quality improvement networks.

### **Quality Improvement Technical Assistance and Implementation (Section 3501)**

*Authority:* AHRQ

*Year:* No date specified.

*Appropriations:* Authorizes such sums as may be necessary.

*Summary:* Establishes technical assistance and implementation grants to support health care institutions in implementing quality improvement models and practices.

*Eligible Entities:* Technical assistance grants are available to health care providers, health care provider associations, professional societies, health care worker organizations, American Indian health organizations, quality improvement organizations, patient safety organizations, local quality improvement collaboratives, academic health centers, universities, physician-based research networks, primary care extension programs, Indian Health Service programs, health programs operated by an American Indian tribe, or any other entity identified by the DHHS Secretary. Implementation grants are available to hospitals or other health care providers or consortium of providers.

### **Patient-Centered Outcomes Research (Section 6301 and 10602)**

*Authority:* Patient-Centered Outcomes Research Institute

*Year:* Beginning FY 2010.

*Appropriations:* Appropriates \$10 million in FY 2010, \$50 million in FY 2011, and \$150 million in each FY 2012-FY 2019; transfers revenues from new fees on health insurance policies and self-insured plans of \$1 per covered life in FY 2013 and \$2 per covered life annually in each FY 2014-FY 2019; also transfers \$1 per Medicare beneficiary in FY 2013 and \$2 per beneficiary in FY 2014-FY 2019 from the Medicare Trust Fund.

*Summary:* Establishes the Patient-Centered Outcomes Research Institute, which will identify research priorities and fund comparative effectiveness research.

*Eligible Entities:* Academic and private sector research or study-conducting organizations.

### **Advancing Research and Treatment for Pain Care Management (Section 4305)**

*Authority:* DHHS

*Year:* FY 2010-FY 2012.

*Appropriations:* Authorizes such sums as may be necessary annually for each FY 2010-FY 2012.

*Summary:* The DHHS Secretary may make awards of grants, cooperative agreements, and contracts for the development and implementation of programs to provide education and training to health care professionals in pain care.

*Eligible Entities:* Health professions schools, hospices, and other public and private entities.

### **Cures Acceleration Network (Section 10409)**

*Authority:* National Institutes of Health (NIH)

*Year:* Beginning in FY 2010.

*Appropriations:* Authorizes \$500 million in FY 2010 and such sums as may be necessary for subsequent fiscal years.

*Summary:* Authorizes the Cures Acceleration Network within NIH to award grants to develop cures and treatments of diseases. Grant recipients shall contribute \$1 for every \$3 of federal money awarded.

*Eligible Entities:* Public or private entities which may include private or public research institutions, institutions of higher education, medical centers, biotechnology companies, pharmaceutical companies, disease advocacy organizations, patient advocacy organizations, or academic research institutions.

## TESTING NEW MODELS OF CARE

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### **Establishment of Center for Medicare and Medicaid Innovation Within CMS (Sections 3021 and 10306)**

*Authority:* CMS

*Year:* FY 2010-FY 2019.

*Appropriations:* Appropriates \$5 million in FY 2010 and \$10 billion for the period FY 2011-FY 2019.

*Summary:* Establishes center to research, develop, test, and expand innovative payment and delivery arrangements to improve quality and reduce cost of care.

*Eligible Entities:* Entities testing selected payment and delivery models.

### **MEDICARE**

#### **Independence at Home Demonstration Program (Section 3024)**

*Authority:* CMS

*Year:* FY 2010-FY 2015.

*Appropriations:* Transfer of \$5 million annually for each FY 2010-FY 2015 from the Federal Hospital Insurance Trust Fund to CMS.

*Summary:* Demonstration program to test a payment incentive and service model that utilizes primary care teams in the homes of high-risk Medicare beneficiaries with two or more chronic illnesses, prior hospitalization, and functional dependencies.

*Eligible Entities:* Qualified independence at home medical practices.

#### **Community-Based Care Transitions Program (Section 3026)**

*Authority:* CMS

*Year:* FY 2011-FY 2015.

*Appropriations:* Transfer of \$500 million for the period FY 2011-FY 2015.

*Summary:* Funding to support improved care transition services for high-risk Medicare beneficiaries.

*Eligible Entities:* Eligible hospitals and community-based organizations that provide care transition services.

#### **Revisions to Home Health Care Provisions (Sections 3131 and 10315)**

*Authority:* CMS

*Year:* Beginning January 1, 2014.

*Appropriations:* Appropriates \$500 million for the period FY 2015-FY 2018.

*Summary:* Establishes a study on home health care agency costs involved with providing ongoing care to low-income Medicare beneficiaries or beneficiaries in medically underserved areas. Based on this study, the DHHS Secretary may provide for a demonstration project to test whether making payment adjustments for home health services under Medicare would substantially improve access to care for patients with severe illnesses or for low-income or underserved individuals.

*Eligible Entities:* Does not specify eligible entities for potential demonstration program.

#### **Medicare Hospice Concurrent Care Demonstration (Section 3140)**

*Authority:* CMS

*Year:* Does not specify beginning date.

*Appropriations:* Does not specify appropriations or authorizations (potentially may be funded through CMS Center for Innovation funds).

*Summary:* Establishes a Medicare Hospice Concurrent Care Demonstration Program for Medicare beneficiaries.

*Eligible Entities:* The DHHS Secretary shall select not more than 15 hospice programs.

## **MEDICAID**

### **State Option to Provide Health Homes for Enrollees with Chronic Conditions (Section 2703)**

*Authority:* CMS

*Year:* Beginning January 1, 2011.

*Appropriations:* 90% FMAP for first eight quarters; specifies maximum of \$25 million to be spent on planning grants but does not specify appropriated or authorized amount.

*Summary:* Provides states the option of enrolling Medicaid beneficiaries with chronic conditions into a health home. States will receive 90% FMAP for the first eight quarters for the program costs. Also establishes grants to states to develop a plan to do this. Requires, as part of receiving a grant, that states contribute amount equal to state matching percentage.

*Eligible Entities:* States.

### **Integrated Hospital Care Demonstration Projects (Section 2704)**

*Authority:* CMS

*Year:* January 1, 2012 through December 31, 2016.

*Appropriations:* Does not specify appropriations or authorizations (potential to be funded through CMS Center for Innovation funds).

*Summary:* Demonstration projects in up to eight states to study the use of bundled payments for hospital and physician services in Medicaid.

*Eligible Entities:* States.

### **Medicaid Global Payment System Demonstration Project (Section 2705)**

*Authority:* CMS

*Year:* FY 2010-FY 2012.

*Appropriations:* Authorizes such sums as may be necessary (potential to be funded through CMS Center for Innovation funds).

*Summary:* Demonstration projects in up to five states to study adjustment of payment structure for safety net hospitals from a fee-for-service model to a global capitated payment structure.

*Eligible Entities:* States.

### **Pediatric Accountable Care Organization (ACO) Demonstration Project (Section 2706)**

*Authority:* CMS

*Year:* January 1, 2012-December 31, 2016.

*Appropriations:* Authorizes such sums as may be necessary (potential to be funded through CMS Center for Innovation funds).

*Summary:* Demonstration project to allow qualified pediatric providers to be recognized and receive payments as ACOs under Medicaid.

*Eligible Entities:* States.

### **Medicaid Emergency Psychiatry Demonstration Project (Section 2707)**

*Authority:* CMS

*Year:* Three consecutive years after FY 2011.

*Appropriations:* Appropriates \$75 million for FY 2011 (available until December 31, 2015).

*Summary:* Demonstration project, in up to eight states, where states would be required to reimburse non-publicly owned or operated institutions for mental illness for services to Medicaid beneficiaries ages 21 through 64 who need emergency assistance.

*Eligible Entities:* States.

## **GENERAL**

### **Community Health Teams (Sections 3502 and 10321)**

*Authority:* DHHS

*Year:* No date specified.

*Appropriations:* Authorizes such sums as may be necessary.

*Summary:* Grants or contracts to establish community-based interdisciplinary, inter-professional teams to support primary care practices, including obstetrics and gynecology.

*Eligible Entities:* State or state-designated entities or American Indian tribes or tribal organizations.

### **Medication Management Services (Sections 3503 and 10328)**

*Authority:* AHRQ

*Year:* Beginning May 1, 2010.

*Appropriations:* Authorizes such sums as may be necessary.

*Summary:* Supports medication management services by local providers in treatment of chronic diseases.

*Eligible Entities:* Entities with appropriate settings for medication management.

### **Program to Facilitate Shared Decision Making (Section 3506)**

*Authority:* AHRQ, with CDC and NIH

*Year:* Beginning FY 2010.

*Appropriations:* Authorizes such sums as may be necessary.

*Summary:* Contracts and grants to develop, update, and implement patient decision aids to engage patients and caregivers or authorized representatives in decision making; provide patients, caregivers, or authorized representatives with information about trade-offs among treatment options; and facilitate the incorporation of patient preferences and values into the medical plan.

*Eligible Entities:* Shared decision-making resource centers to provide technical assistance and disseminate best practices; health care providers to implement shared decision-making techniques.

### **Co-Locating Primary and Specialty Care in Community-Based Mental Health Settings (Section 5604)**

*Authority:* Center for Mental Health Services

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes \$50 million in FY 2010 and such sums as may be necessary for FY 2010-FY 2014.

*Summary:* Grants for demonstration projects for coordinated and integrated services through the co-location of primary and specialty care in mental and behavioral health settings.

*Eligible Entities:* Qualified community mental health programs.

## **SAFETY NET**

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### **Community Health Centers (Section 10503, Section 2303 of Reconciliation)**

*Authority:* DHHS

*Year:* FY 2011-FY 2015.

*Appropriations:* Appropriates \$1 billion in FY 2011, \$1.2 billion in FY 2012, \$1.5 billion in FY 2013, \$2.2 billion in FY 2014, and \$3.6 billion in FY 2015 for enhanced funding for community health centers. Appropriates \$1.5 billion for the period FY 2011-FY 2015 for construction and renovation of community health centers.

*Summary:* Increases operational support for the Community Health Center program and expands funding for construction and renovation of community health centers.

*Eligible Entities:* Community health centers and communities seeking to establish community health centers.

### **Individual Wellness Plan Demonstration Project (Section 4206)**

*Authority:* DHHS

*Year:* No date specified.

*Appropriations:* Authorizes such sums as may be necessary.

*Summary:* Pilot program to test the impact of providing at-risk populations who utilize community health centers with an individualized wellness plan designed to reduce risk factors for preventable conditions.

*Eligible Entities:* Not more than 10 community health centers nationally.

### **School-Based Health Centers (Section 4101)**

*Authority:* DHHS

*Year:* FY 2010-FY 2013.

*Appropriations:* Appropriates \$50 million in each FY 2010-FY 2013 for capital expenditures and authorizes such sums as necessary for FY 2010-FY 2014 for operations.

*Summary:* Supports school-based health centers through grants to eligible entities for capital expenditures and operational expenses. Entities receiving grants required to provide a matching amount equal to 20% of the grant awarded.

*Eligible Entities:* School-based health centers or sponsoring facilities.

### **Design and Implementation of Regionalized Emergency Care (Section 3504)**

*Authority:* DHHS (through Secretary for Preparedness and Response)

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes \$24 million annually in each FY 2010-FY 2014.

*Summary:* Grants for pilot projects that design, implement, and evaluate innovative models of regionalized, comprehensive, and accountable emergency care and trauma systems. Additionally, supports research for pediatric emergency care. Requires states to match funds of \$1 for every \$3 in federal funds.

*Eligible Entities:* States or a partnership of one or more states and one or more local governments, an American Indian tribe, or a partnership of one or more American Indian tribes.

### **Nurse-Managed Health Clinics (Section 5208)**

*Authority:* DHHS

*Year:* FY 2010-FY 2015.

*Appropriations:* Authorizes \$50 million in FY 2010 and such sums as may be necessary annually for each FY 2011-FY 2015.

*Summary:* Grant program to support nurse-managed health clinics, which are defined as providing primary care or wellness services to underserved or vulnerable populations and that are associated with a school, college, university, or department of nursing, federally qualified health center, or independent nonprofit health or social services agency.

*Eligible Entities:* Nurse-managed care clinics.

### **Community-Based Collaborative Care Networks (Section 10333)**

*Authority:* DHHS

*Year:* FY 2011-FY 2015.

*Appropriations:* Authorizes such sums as may be necessary annually for each FY 2011-FY 2015.

*Summary:* Provides grants to develop networks of providers to deliver coordinated care to low-income populations.

*Eligible Entities:* Community-based collaborative care networks.

**Support for Emergency Medicine Research (Section 3504)**

*Authority:* DHHS (supporting NIH, AHRQ, HRSA, and CDC)

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes such sums as may be necessary.

*Summary:* Supports research in emergency medical care systems and emergency medicine, including pediatric emergency care.

*Eligible Entities:* Entities receiving funding through NIH, AHRQ, HRSA, and CDC.

**Trauma Care Centers and Service Availability: Grants to Trauma Centers (Section 3505)**

*Authority:* DHHS

*Year:* FY 2010-FY 2015.

*Appropriations:* Authorizes such sums as may be necessary.

*Summary:* Awards grants to qualified trauma centers to assist in defraying substantial uncompensated care costs, to further the core missions of such trauma centers, and to provide emergency funds to trauma centers.

*Eligible Entities:* Qualified public, nonprofit Indian Health Service and American Indian tribal and urban American Indian trauma centers.

**Trauma Care Centers and Service Availability: Grants to States (Section 3505)**

*Authority:* DHHS

*Year:* FY 2010-FY 2015.

*Appropriations:* Authorizes \$100 million annually for each FY 2010-FY 2015.

*Summary:* Provides grants to states to enable states to award grants to enhance and support trauma care.

*Eligible Entities:* States.

**Reauthorization of the Wakefield Emergency Medical Services for Children Program (Section 5603)**

*Authority:* DHHS

*Year:* FY 2010-FY 2014.

*Appropriations:* Authorizes \$25 million in FY 2010, \$26.25 million in FY 2011, \$27.5 million in FY 2012, \$28.9 million in FY 2013, and \$30.3 million in FY 2014.

*Summary:* Reauthorizes program to award grants to states and medical schools to support emergency services for children.

*Eligible Entities:* States or accredited schools of medicine.

**Demonstration Project to Provide Access to Affordable Care (Section 10504)**

*Authority:* DHHS

*Year:* Within six months of enactment.

*Appropriations:* Authorizes such sums as may be necessary.

*Summary:* Three-year demonstration project in up to 10 states to provide access to comprehensive health care services to uninsured persons at reduced fees.

*Eligible Entities:* State-based, nonprofit, public-private partnerships that provide access to comprehensive health care services to the uninsured at reduced fees.

## **LONG-TERM CARE, AGING, AND DISABILITY**

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### **Funding to Expand State Aging and Disability Resource Centers (Section 2405)**

*Authority:* Administration on Aging

*Year:* FY 2010-FY 2014.

*Appropriations:* Appropriates \$10 million annually for each FY 2010-FY 2014.

*Summary:* Funding to carry out and expand state Aging and Disability Resource Centers, as well as support efforts for the Centers and other entities to serve as benefits enrollment centers.

*Eligible Entities:* State Aging and Disability Resource Centers.

### **National Independent Monitor Demonstration Project (Section 6112)**

*Authority:* DHHS

*Year:* Implemented not later than one year after enactment for two years.

*Appropriations:* Authorizes such sums as necessary.

*Summary:* A demonstration project to develop, test, and implement an independent monitor program to oversee interstate and large intrastate chains of nursing facilities. Participating nursing facilities shall pay a portion of the costs of the independent monitors.

*Eligible Entities:* Eligible skilled nursing facilities and nursing facilities.

### **National Demonstration Projects on Culture Change and Use of Information Technology in Nursing Homes (Section 6114)**

*Authority:* DHHS

*Year:* Within one year of enactment for a period not to exceed three years.

*Appropriations:* Authorizes such sums as necessary.

*Summary:* The funding will support one demonstration project for the development of best practices in nursing facilities that are involved in culture change and one demonstration project for the development of best practices for the use of information technology.

*Eligible Entities:* Eligible skilled nursing facilities and nursing facilities.

### **Nationwide Program for National and State Background Checks on Direct Patient Access Employees of Long-Term Care Facilities and Providers (Section 6201)**

*Authority:* DHHS

*Year:* FY 2010-FY 2012.

*Appropriations:* Appropriates not more than \$160 million for the period FY 2010-FY 2012.

*Summary:* Establishes a program to identify efficient, effective, and economical procedures to conduct background checks on long-term care facilities. Payment to each state will be three times the amount that the state guarantees to make available and not more than \$3 million.

*Eligible Entities:* States.

### **LONG-TERM CARE (MEDICAID PROVISIONS):**

#### **Community First Choice Option (Sections 2401 and 1205 of Reconciliation)**

*Authority:* CMS

*Year:* Beginning October 1, 2010.

*Appropriations:* Federal government will increase the FMAP by six percentage points for the costs of services provided under the Community First Choice option.

*Summary:* Optional Medicaid service through which states can offer community-based services for beneficiaries with disabilities.

*Eligible Entities:* States.

### **Money Follows the Person Rebalancing Demonstration (Section 2403)**

*Authority:* CMS

*Year:* FY 2011-FY 2016.

*Appropriations:* Appropriates \$450 million annually for each FY 2011-FY 2016.

*Summary:* Extends the existing Money Follows the Person demonstration project through FY 2016. This demonstration helps support Medicaid-eligible individuals who need long-term care services with moving from an institutional setting back to a community setting. The law shortens the length of time that a person needs to live in an inpatient facility (including nursing facility) to no less than 90 consecutive days.

*Eligible Entities:* States.

### **Incentives for States to Offer Home- and Community-Based Services as an Alternative to Nursing Homes (Section 10202)**

*Authority:* CMS

*Year:* FY 2012-FY 2015.

*Appropriations:* North Carolina eligible for a two percentage point increase in the FMAP for home- and community-based services.

*Summary:* Policy to create incentives for states to shift the proportion of Medicaid long-term care dollars from institutional-based care to home- and community-based care.

*Eligible Entities:* States.

### **LONG-TERM CARE (ELDER JUSTICE ACT)**

#### **Establishment of Forensic Centers (Section 6703)**

*Authority:* DHHS

*Year:* FY 2011-FY 2014.

*Appropriations:* Authorizes \$4 million in FY 2011, \$6 million in FY 2012, and \$8 million annually in each FY 2013 and FY 2014.

*Summary:* Authorizes grants to establish and support forensic centers related to elder abuse, neglect, and exploitation.

*Eligible Entities:* State or local government agencies, American Indian tribe or tribal organizations, or any other public or private entity that is engaged in and has expertise in issues relating to elder justice or in a field necessary to promote elder justice efforts.

#### **Adult Protective Services Grant Program (Section 6703)**

*Authority:* DHHS

*Year:* FY 2011-FY 2014.

*Appropriations:* Authorizes \$100 million annually for each FY 2011-FY 2014 for general grants and \$25 million annually for each FY 2011-FY 2014 for demonstration programs.

*Summary:* Grants to enhance the provision of adult protective services and for state demonstration programs that test methods for detecting and preventing elder abuse and exploitation.

*Eligible Entities:* State and local governments.

**Enhancement of Long-Term Care (Section 6703)**

*Authority:* DHHS

*Year:* FY 2011-FY 2014.

*Appropriations:* Authorizes \$20 million in FY 2011, \$17.5 million in FY 2012, and \$15 million annually in each FY 2013 and FY 2014.

*Summary:* Incentives for individuals to receive training, seek, and maintain employment providing direct care in long-term care settings. This includes grants to create career ladders and wage or benefit increases, increase staffing in long-term care, improve management practices, and adopt electronic health records.

*Eligible Entities:* Long-term care facilities and community-based long-term care entities.

**Long-Term Care Ombudsman Program Grants and Training (Section 6703)**

*Authority:* DHHS

*Year:* FY 2011-FY 2014.

*Appropriations:* Authorizes \$5 million in FY 2011, \$7.5 million in FY 2012, \$10 million in FY 2013 and FY 2014 for capacity building, and \$10 million annually in each FY 2011-FY 2014 for training.

*Summary:* Grants to support the long-term care ombudsman programs and for programs to provide and improve ombudsman training with respect to elder abuse, neglect, and exploitation.

*Eligible Entities:* State long-term care ombudsman programs.

**Provision of Information Regarding, and Evaluation of, Elder Justice Programs (Section 6703)**

*Authority:* DHHS

*Year:* FY 2011-FY 2014.

*Appropriations:* Reserves portion of funds appropriated.

*Summary:* Provision requiring evaluations of programs authorized by the Elder Justice Act. The DHHS Secretary shall reserve funds to provide assistance to eligible entities to conduct evaluations of activities.

*Eligible Entities:* Entities receiving money through the Elder Justice Act.

**Grants to State Survey Agencies (Section 6703)**

*Authority:* DHHS

*Year:* FY 2011-FY 2014.

*Appropriations:* Authorizes \$5 million annually in each FY 2011-FY 2014.

*Summary:* Funding to state survey agencies to prioritize and respond to complaints and to optimize collaboration between local authorities, consumers, and providers.

*Eligible Entities:* State agencies that survey nursing facilities.

## **MALPRACTICE**

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### **Demonstration Programs to Evaluate Alternatives to Current Medical Tort Litigation (Sections 6801 and 10607)**

*Authority:* DHHS

*Year:* FY 2010-FY 2015.

*Appropriations:* Authorizes \$50 million for the period FY 2010-FY 2015.

*Summary:* Authorizes grants to states to test alternatives to current medical tort litigation.

*Eligible Entities:* States.

## **INDIAN HEALTH SERVICES**

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### **Indian Health Care Improvement Act (Section 10221)**

*Authority:* Indian Health Service

*Year:* Beginning FY 2010.

*Appropriations:* Authorizes such sums as may be necessary.

*Summary:* Enacts into law Senate Bill 1790, the Indian Health Care Improvement Reauthorization and Extension Act of 2009, to increase the American Indian health care workforce; develop programs for innovative care delivery models, behavioral health care services, and new services for health promotion and disease prevention; expand access to health care; provide for the construction of American Indian health care facilities; and establish an American Indian youth suicide prevention grant program.

*Eligible Entities:* American Indian tribes and tribal organizations.