



# **Funding Opportunities in the Affordable Care Act** (P.L. 111-148)

## *Pilot Programs, Demonstration Projects, and Grants*

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## About the Center for Health Law and Economics, UMass Medical School

The University of Massachusetts Medical School's Center for Health Law and Economics is a sought-after partner among public agencies, non-profit organizations and foundations striving for health care system improvement and health policy analysis. CHLE's collective expertise lies at the intersection of health law and health policy, and includes health law and economics, policy impact analysis, and structuring new policy, legal and financial frameworks.

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## Introduction

In March 2010, President Barack Obama signed into law the Patient Protection and Affordable Care Act (ACA), the most far-reaching health reform legislation since the federal government enacted Medicare and Medicaid in 1965.

The ACA authorizes more than \$22 billion to support local innovation that tackles the big questions of how to sustain and improve America's health care system by transforming how health care is paid for and delivered to patients. This investment in experimentation focuses on initiatives that improve health care quality, reduce costs, build the health care workforce, diminish ethnic and racial disparities, and promote transparency. Over one hundred demonstration projects, pilot programs, and grants target funding to local health care providers and non-profit organizations, state and local governments, and public/private partnerships.

The health care reform law's decentralized approach to innovation puts power and responsibility into the hands of doctors, nurses, patients, employers, and other community and state leaders who are most affected by the problems that health reform is working to solve. Many projects incentivize multi-stakeholder partnerships between government and local health care leaders so each can learn from the other about what is feasible given budgetary, personnel, and other constraints. All of these initiatives will test new ideas at the local level and gather evidence about successful models that could improve quality, efficiency, and cost-effectiveness on a broader scale. The aim is to generate solutions that can be replicated by other states and medical providers across the country.

Promising initiatives include:

- Building the health care workforce to include teams of doctors, nurse practitioners, and community health workers who help patients navigate the medical system and access high quality, culturally-appropriate care. (For example, see Sec. 5507, Demonstration projects to address health professions workforce needs).
- Improving the delivery of primary and preventive care in an integrated system where personal doctors, specialists, and hospitals can easily share patient information while taking mutual responsibility for helping patients to achieve better health outcomes. (For example, see Sec. 2706, Pediatric ACO Demonstration).
- Assisting businesses to create workplace-based programs that help employees with chronic health issues to stay healthy and active, and to catch health problems before they escalate. (For example, see Sec. 10408, Grants for small businesses to provide comprehensive workplace wellness programs).
- Building a more effective and transparent system to track and identify doctors and hospitals that are doing a good job delivering high quality care, as well as those that could make improvements. (For example, see Sec. 3013, Grants to Develop Quality Measures, and Sec. 3015, Data Collection and Public Reporting).



- Transforming the medical malpractice system to promote better communication, reduce medical errors, and curb the practice of “defensive” medicine. (For example, see Sec. 10607, Medical Malpractice Demonstration).

The federal government has already released grant announcements and Requests for Proposals for many of the ACA’s funding opportunities. Others will become available in the coming months and years. The due dates on many applications require quick action, so local health care leaders should be prepared in advance if they seek to apply for a particular project.

## How to use this report

The goal of this report is to help state and local leaders to identify funding opportunities by providing a comprehensive list of the grants, pilot projects, and demonstrations that were included in the ACA. The report lists relevant information about each opportunity, such as the amount of authorized funding, implementation dates, data reporting requirements, and other details about the project or program. Where the government has released a solicitation or other information about a particular grant, this report highlights relevant details and includes a link to the grant announcement or document explaining the details of the opportunity.

Each grant, pilot, and demonstration is presented under the Title, Subtitle, and Section number where it appears in the ACA. Some sections of the law lay the groundwork for multiple grants, such as Sec. 4002, the Prevention and Public Health Fund. Please note that sections that have already produced one or more grants with past due dates may generate one or more grants in the future. The Center for Health Law and Economics will update this report periodically to help state and local leaders track funding opportunities over time.

## **Title I—Quality, Affordable Health Care For All Americans**

### *Subtitle B – Immediate Actions to Preserve and Expand Coverage*

#### Promoting Consumer Health Insurance Information (Sec. 1002)

- Award grants to enable states to establish, expand, or support offices of health insurance consumer assistance and state health insurance ombudsman programs.
- To be eligible, states must designate an independent office of health insurance consumer assistance or ombudsperson that receives and responds to inquiries and complaints about health insurance coverage. This agency or program may coordinate with regulatory and/or consumer assistance organizations.
- The agency or program must: assist consumers with filing complaints, grievances, and appeals and with enrollment in plans; collect, track, and quantify consumer problems; educate consumers about their rights and responsibilities regarding health insurance; resolve problems with obtaining premium tax credits.
- HHS Secretary establishes criteria for these grants and collects data reported by the states which can be used in enforcement efforts.
- Funding: \$30m appropriated for first FY that law goes into effect (which will remain available without limitation) and authorizes Secretary to appropriate additional funding for future FYs as needed.
- **Funding Opportunity: Consumer Assistance Program**
  - Eligible entities: State governments
  - Post Date: July 22, 2010
  - Application Due Date: **September 10, 2010**
  - Estimated Project Dates: not available (n/a)
  - Estimated Number of Awards: 56
  - Estimated Average Award: \$120,000 to \$3,400,000
  - State match: No.
  - Link: [Affordable Care Act \(ACA\) - Consumer Assistance Program Grants](#)

#### Supporting states to ensure that consumers get value for their premiums (Sec. 1003)

- Award grants to states during the five year period beginning in FY 2010 to assist with: monitoring of premium increases by the state insurance commissioner; review (and where appropriate) approval of health insurance premium rates; and providing information and recommendations to the state exchange and HHS Secretary.
- In 2014 and beyond: HHS Secretary and states will monitor health insurance premium increases both inside and outside of exchanges.
- Funding: \$250m appropriated for HHS Secretary to establish review and monitoring processes with states; remaining funds can be distributed to states to help with planning and

implementation of insurance reforms and consumer protections. No state that qualifies for a grant will receive less than \$1m or more than \$5m for a grant year. Grants will be determined based on number of health plans in a state and state population.

- **Funding opportunity: Health Insurance Premium Review**
  - Eligibility Entities: State Governments
  - Post Date: September 1, 2010
  - Application Due Date: **October 1, 2010**
  - Estimated Project Dates:
  - Estimated Number of Awards: 10
  - Estimated Average Award: \$1,000,000
  - Link: [2010 Grants to States for Health Insurance Premium Review-Cycle I \(re-release\)](#)

#### Immediate access to insurance for uninsured individuals with a preexisting condition (Sec. 1101)

- Award grants to states or non-profit private entities to establish temporary high risk health insurance pools to provide coverage until January 2014. These high risk pools must offer insurance without any pre-existing condition exclusions.
- Participating states must maintain annual state expenditures for the state's high risk pool(s) (maintenance of effort).
- Standards established by the ACA supersede all state laws and regulations governing high risk pools, except for state laws regarding licensing or plan solvency.
- HHS Secretary will establish standards to protect against dumping of high cost cases by health insurance issuers and impose sanctions on entities that violate the standards. HHS Secretary will also establish an appeals process for applicants denied access to insurance under high risk pools.
- Funding: \$5 Billion. The funds will be available on July 1 at the start of each state fiscal year until the program ends on Jan 1, 2014.
- **Funding Opportunity: High Risk Pools**
  - Eligible entities: State governments
  - Application Due Date: **May 1, 2010**
  - Estimated Project Dates: July 1, 2010 through Jan 1, 2014
  - Link: [High Risk Pools](#)

#### *Subtitle C—Quality Health Insurance Coverage for All Americans*

#### Wellness Program Demonstration Project (Sec. 1201)

- Establish a 10-state demonstration program to promote health and prevent disease, no later than July 1, 2014. If effective, expand demonstration to additional states beginning July 1, 2017.
- Wellness demonstration projects must not lead to a decrease in coverage or an increase in costs of federal insurance premium and cost-sharing subsidies.

- Participating states may permit premium discounts/rebates, or modifications in deductibles or co-payments in programs designed to promote health and prevent disease. States must ensure that consumer protections are upheld under health promotion programs in the individual insurance market.
- 3 years after enactment, Secretary will submit a report to Congress about the project.

*Subtitle D—Available Coverage Choices for All Americans*

Helping States Establish Health Insurance Exchanges (Sec. 1311)

- Provide grants to state to plan and establish health insurance exchanges.
- Grants awarded no later than one year after enactment and may be renewed if the Secretary determines that progress has been made with establishment of exchange and implementation of reforms. States cannot be awarded grants after Jan 1, 2015, after which point Exchanges should be self-sustaining.
- Federal grants will allow states to create a grant program to fund patient navigation and outreach and enrollment activities performed by local organizations. These grants must be funded through operational funds and not the federal grant money.
- **Funding Opportunity: Planning grants for Exchanges**
  - Eligible Entities: States and District of Columbia
  - Post Date: July 29, 2010
  - Application Due Date: **September 1, 2010**
  - Estimated Project dates:
  - Estimated Number of Awards: 51
  - Estimated Average Award: \$1,000,000
  - State match: No
  - Link: [State Planning and Establishment Grants for the Affordable Care Act Exchanges](#)

Loans and Grants to Create Non-Profit Health Insurance Co-Ops (Sec. 1322 and Sec. 10104)

- HHS Secretary provides loans or grants under the Consumer Operated and Oriented Plan (Co-Op) program to foster the creation of non-profit health insurers in the small group and individual markets.
- Give priority to applicants that offer statewide plans, utilize integrated care models, and have significant private support.
- Co-Op programs cannot have previously offered insurance before July 16, 2009 or be sponsored by a state or local government.
- Funding: \$6 billion appropriated; must be sufficient to create at least one Co-Op in each state. To be awarded no later than July 1, 2013.
- Sec. 10104 (amendments to subtitle D):
  - Loans must be repaid within 5 years and grants within 15 years in a manner that's consistent with solvency requirements and other state rules.

*Subtitle F—Shared Responsibility for Health Care*

Grants to Implement Enrollment Health Information Technology (Sec. 1561)

- Award states or local governments grants to develop new and adapt existing technology systems to implement HIT enrollment standards and protocols.
- Grants can be used to eliminate or update legacy systems, reduce maintenance costs of technology systems, and collaborate with other entities in the state around these issues.
- HIT enrollment systems that are adopted under these grants must be made available to other state or local government entities at no cost.

**Title II—Role of Public Programs**

*Subtitle E—New Options for States to Provide Long-Term Services and Supports*

Community First Choice Options (Sec. 2401)

- This grant awards state governments additional funds beginning in FY2011 and ending on June 30, 2011.
- States have 45 days to request the funds after enactment or by September 24, 2010 to request the additional Medicaid increase.
- States that request the funds will receive a 3.2% increase from January to March of 2011 and a 0.5% increase from April to June 2011.
- There are also additional FMAP increases available each quarter during this period for states with a high unemployment rate.

Medicaid Money Follows the Person Long-Term Care Demonstration (Sec. 2403)

- Extends the MFP rebalancing program through Sept. 2016.
- Funding: \$450 million per year appropriated for FYs 2011-2016.
- **Funding Opportunity: MFP Demonstration**
  - Eligible entities: State Medicaid Agencies
  - Post Date: July 23, 2010
  - Application Due Date: **January 7, 2011**
  - Estimated Number of Awards: 20
  - Estimated Average Award: \$22,500,000
  - State match: Yes, the only state match will be for community-based and long term care costs. The States FMAP cannot exceed 90%.
  - Link: [Money Follows the Person Rebalancing Grant Demonstration Patient Protection and Affordable Healthcare Act Section 2403](#)
- **Funding Opportunity: Money Follows the Person Planning Grant**

- Eligible Entities: State Medicaid Agencies not currently participating in the Money Follows the Person (MFP) Demonstration.
- Post Date: July 26, 2010
- **Application Due Date: September 7, 2010**
- Estimated Number of Awards: 5 to 20
- Maximum Award: \$200,000
- Project dates: October 1, 2010 –September 30, 2011
- State match: No
- Link: [Money Follows the Person Planning Grant](#)

Funding to expand state aging and disability resource centers (Sec. 2405)

- Appropriates \$10m/yr for five years to continue the Aging and Disability Resource Center initiatives (FYs 2010-2014).
- Committee reduces discretionary funding for this program because of the mandatory appropriation
- **Funding Opportunity: Aging and Disability Resource Centers**
  - Eligible entities: State Aging and Disability Resource Centers
  - Post Date: July 1, 2010
  - **Application Due Date: July 30, 2010**
  - Estimated Project Dates: September 30, 2010 to September 30, 2012
  - Estimated Number of Awards: 20 to 25
  - Estimated Average Award: \$500,000
  - State match: No
  - Link: [Aging and Disability Resource Centers \(page 26\)](#)
- **Funding Opportunity: Evaluating ADRCs**
  - Eligible Entities: non-profits, state institutions of higher education, states.
  - Post date: July 1, 2010
  - Application due date: **Aug 13, 2010**
  - Estimated Project Dates: September 30, 2010 to September 30, 2012
  - Estimated Number of Awards: 1
  - Estimated Award: \$500,000
  - State match: No
  - Link: [Aging and Disability Resource Centers](#)

*Subtitle H—Improved Coordination for Dual Eligible Beneficiaries*

Medicaid Waiver Demonstration Projects for Dual Eligibles (Sec. 2601)

- Extends these demonstrations for five years, and, upon requests from a state, they can be extended for additional five year periods.

*Subtitle I—Improving the Quality of Medicaid for Patients and Providers*

Medicaid Payment Reform Demonstration Projects

These grants are made to States and in selecting among State applications, the federal Secretary must seek to “achieve and appropriate national balance in the geographic distribution of such projects.”

Establish a Medicaid Quality Measurement Program (Sec. 2701)

- The HHS Secretary will identify and publish a recommended core set of adult health quality measures for Medicaid-eligible adults.
- Deadlines: Quality measures must be ready for comment by January 1, 2011; an initial set of measures must be published and disseminated by January 1, 2012; Not later than January 1, 2013, the HHS Secretary, in consultation with states, must develop a standardized format for reporting these quality measures based on the initial set and must encourage states to use these measures in reporting on quality of care received by Medicaid-eligible adults. The HHS Secretary will establish a Medicaid Quality Measurement program not less than 12 months after releasing the initial recommended core set of adult quality health measurers.
- Funding: Not specified. Appropriation for grants and contracts will be the same as for the pediatric quality measurement program under CHIP.

Planning Grants to Provide Health Homes for Chronically Ill Patients (Sec. 2703)

- Secretary awards grants to states to develop State Plan Amendments to provide health homes for patients with two chronic illnesses, one chronic illness and risk factors for another, or a serious and persistent mental health condition.
- States will include in the state plan amendment methodologies for tracking hospital readmissions or calculating savings from improved care coordination, and a proposal for using health IT in providing health care home services.
- State shall provide a designated provider, a team of health care professionals operating with such a provider, or a health team with payments for the provision of health home services to each eligible individual with chronic conditions that selects the provider or team.
- The Secretary pays each eligible State an amount each quarter equal to the Federal medical assistance percentage of expenditures in the quarter. During the first 8 fiscal year quarters that the State plan amendment is in effect, the Federal medical assistance percentage applicable to such payments shall be equal to 90 percent.
- Funding: \$25 million or less authorized per state.
- Secretary must report to Congress before Jan 1, 2017. Demonstrations will begin Jan 1, 2012 and end on Dec 31, 2016.

Demonstration to evaluate integrated care around a hospitalization, i.e. bundled payments (Sec. 2704)

- Evaluating integrated care around a hospitalization: provides bundled payments for episodes of care that include hospitalizations, incl. physician services provided within a hospital (Jan 1 2012 through Dec 31, 2016).
- To be conducted in up to 8 states. Can be targeted to a specific population, but population should reflect demographic/geographic Medicaid population nationally.
- Demonstrations should focus on conditions for which there is evidence that quality care be improved while reducing expenditures under the Medicaid program
- Each state will identify the one or more episodes of care that it will address, specify the services to be included in the bundled payments, and its rationale for each selection. The HHS Secretary can ensure that there are varied factors across states and may modify those chosen by particular states.
- States must ensure that patients are not liable for any additional cost-sharing under the demonstration and that they receive similar services that they would have otherwise received without the demonstration given their care needs.
- States must provide the HHS Secretary with relevant data regarding outcomes, costs and quality. The Secretary will evaluate the demonstration and report to Congress not later than a year after conclusion of the projects.

Medicaid Global Payment System Demonstration Project (Sec. 2705)

- Shift payments to safety net hospital systems from fee-for-service model to a global capitated payment model (FYs2010-2012). “Safety net hospital system” to be defined by the Secretary.
- 5 or fewer states will participate (selection will be made by HHS Secretary).
- Budget neutrality requirements are waived for this demonstration during testing period.
- The Innovation Center (established within CMS – see below) must evaluate and Secretary must report to Congress.
- Funding: Appropriations as necessary to carry out the section.

Pediatric ACO Demonstration (Sec. 2706)

- Certain pediatric medical providers would be eligible for incentive payments based on quality and cost savings, Jan 1 2012 through Dec 31, 2016.
- HHS Secretary and states will establish quality guidelines such that the quality of care provided by a pediatric ACO is equal to or greater than what would have been provided.
- States, with the HHS Secretary, must establish a minimum savings level that providers need to attain to receive an incentive payment. HHS Secretary may cap annual incentive payments.
- Providers that achieve savings that are greater than the minimum savings level established by the HHS Secretary will receive an incentive payment equal to a portion (as determined by the Secretary) of the amount in excess of the minimum level.
- Providers must participate for at least three years.
- Funding: Appropriations as necessary to carry out the section.



### Medicaid Emergency Psychiatric Demonstration Project (Sec. 2707)

- Provide Medicaid payments to institutions of mental disease for adult enrollees who require stabilization of an emergency condition (Authorized from Oct 2011 through Dec 2015).
- Demonstration will be conducted for three consecutive years.
- HHS Secretary will ensure a balanced geographic distribution of participating states.
- The federal HHS Secretary must evaluate the demonstration and report to Congress by Dec 31, 2013 to determine whether it should be continued after this date.
- Funding: \$75m appropriated for FY2011 and funds are available for five years.

### *Subtitle L—Maternal and Child Health Services*

### Grants for Early Childhood Home Visitation Programs (Sec. 2951)

- Secretary awards grants to states, tribal organizations, or non-profits with a track record of conducting these programs.
- Grant recipients must establish quantifiable and measurable 3- and 5-year benchmarks to demonstrate improvements in maternal and newborn health, prevention of child injuries and abuse, improvements in family economic self-sufficiency and school readiness/achievement, and improvements in coordination and referrals between other community resources.
- Secretary will provide an evaluation of the program to Congress no later than March 31, 2015.
- Funding: Appropriated \$100m for FY2010, \$250m for FY2011, \$350m for FY2012, \$400m for FY2013, and \$400m for FY2014. At least 3% must go to Indian Tribes or Tribal Organizations.
- **Funding opportunity: Early Childhood Home Visitation Programs for States**
  - Eligible Entities: State Governments
  - Post date: June 10, 2010
  - **Application due date: August 18, 2010**
  - Estimated project dates: start July 15, 2010, end September 30, 2012
  - Estimated number of awards: 56
  - Estimated average award: \$1,571,428
  - State match: No
  - Link: [Early Childhood Visitation Programs for States](#)
- **Funding opportunity: Early Childhood Home Visitation Programs for Tribal Organizations**
  - Eligible entities: Tribal organizations and governments
  - Post date: June 24, 2010
  - Letter of intent due date: July 9, 2010
  - **Application due date: July 28, 2010**
  - Estimated project duration: 60-month project with five 12-month budget periods
  - Estimated number of awards: 15
  - Estimated total funding: \$3m
  - State match: No

- Estimated average award: \$200,000 per budget period
- Link: [Early Childhood Home Visitation Programs for Tribal Organizations](#)

#### Providing services to individuals with a postpartum condition and their families (Sec. 2952)

- Award grants to states, local government and/or non-profits to support education and services that diagnose and manage post-partum conditions.
- Projects may deliver or enhance out-patient home-based supports, inpatient supports, quality of available supports, and education about these issues.
- Funding: \$3m for FY2010 and money necessary for FY 2011 and 2012.
- Secretary will report to congress about this program less than two years after enactment.

#### Education to Promote Personal Responsibility Regarding Sex and Healthy Relationships for Youth (ages 10-20) Populations (Sec. 2953)

- For FY2010 through FY 2014, grants are available to states to reduce pregnancy rates and birth rates among youth populations.
- Each state's allotment will equal at least \$250,000.
- A state must submit an application to receive a grant in FY 2010 or FY 2011 or the state will no longer be eligible to receive these funds (the funds can be appropriated by the Secretary to non-profits within the state, including religious organizations). Emphasis must be on both abstinence and contraception.
- Funding: \$75m for FYs2010-2014, \$10m of which is reserved for youth pregnancy prevention strategies that target services to high-risk, vulnerable, and culturally underrepresented youth populations. 5% of the remainder must be reserved for Indian Tribes or Tribal Organizations. 10% of the remainder is reserved for the Secretary to support and evaluate programs.

#### Restoration of Funding to Abstinence Education (Sec, 2954)

- Grants for states that agree to carry out abstinence education with an emphasis on populations where out-of-wedlock births are most common.
- Funding: Estimated \$50,000,000 for each FY 2010-2014.
- **Funding Opportunity: State Abstinence Education Grant Program**
  - Eligible entities: States
  - Post Date: August 2, 2010
  - **Application Due Date: August 30, 2010**
  - Estimated Project Dates: 12 months. Must submit additional applications for funding FY 2011 through FY 2014.
  - Estimated Number of Awards: 59
  - State Match: States must fund 3/7ths of total program cost.
  - Link: [State abstinence education grant program](#)

### **Title III—Improving the Quality and Efficiency of Health Care**

#### *Subtitle A—Transforming the Health Care Delivery System*

##### Value-based purchasing demonstration programs (Sec. 3001)

- Establish value-based purchasing demonstration projects under Medicare to test innovative methods of measuring and rewarding quality and efficient health care furnished by critical access hospitals, other hospitals that provide inpatient services,
- Begin the demonstrations no later than 2 years from enactment and conduct them for a three year period. Secretary must submit a report to Congress with recommendations no later than 18 months after completion of the demonstration project.
- Program for hospitals will begin in 2013 and will apply payment for discharges after Oct 1, 2012.

##### Grants to Develop Quality Measures (Sec. 3013)

- The Secretary may award grants or contracts to support new, or improve existing, efforts to collect and aggregate quality and resource use measures.
- Eligible entities include multi-stakeholder entities that coordinate the development of methods and implementation plans for the consistent reporting of summary quality and cost information; an entity 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 a Federal Indian Health Service program or a health program operated by an Indian tribe.
- Funding: FYs2010-2014. Non-Federal contributions must equal \$1 for every \$5 of federal money.

##### Data Collection and Public Reporting (Sec. 3015)

- Award grants award grants or contracts to eligible entities to support new, or improve existing, efforts to collect and aggregate quality and resource use measures.
- Eligible entities are multi-stakeholder groups, particularly organizations that summarize data for populations, such as disease registries.
- The data collection strategies must be integrated across multiple sources and must show potential application within a wide geographic range and among different patient populations.
- Funding: Authorized appropriation of necessary funds FYs 2010 through 2014. Entities must seek non-federal matching funds of \$1 for every \$5 of federal funds.

##### **Amendments to Sec. 3015: Data Collection and Public Reporting (Sec. 10305)**

- Secretary will establish and implement an overall strategic framework to carry out the public reporting of performance information that may include methods and related timelines for implementing nationally consistent data collection, data aggregation, and analysis methods.
- Secretary will collect and aggregate consistent data on quality and resource use measures from information systems used to support health care delivery, and may award grants or contracts for

this purpose. The Secretary shall align such collection and aggregation efforts with the requirements and assistance regarding the expansion of health information technology systems, the interoperability of such technology systems, and related standards.

Create a Center for Medicare and Medicaid Innovation (“CMI”) within CMS (Sec. 3021)

- Test, evaluate, and expand different payment structures and methodologies to reduce program expenditures while maintaining or improving quality of care.
- Payment reform models that improve quality and reduce the rate of cost growth could be expanded throughout the Medicare, Medicaid, and CHIP programs.
- Center for Medicare and Medicaid Innovation (CMI) will be up-and-running by Jan 2011.
- Methods include: payment practice reform and medical home models, coordinating chronic illnesses, moving towards salary-based payment for physicians, utilizing medication therapy management services, establishing community-based health teams and promoting patient self-management, etc.
- Funding: \$5m for FY2010 and \$10b for FYs2011-2019.

Medicare Shared Savings Program, ACOs (Sec. 3022)

- Beginning Jan 1, 2012, permits qualifying groups of physicians and hospitals to be recognized as Medicare ACOs and to share in Medicare cost savings above a certain threshold, provided that certain quality standards are satisfied.
- Secretary of HHS may pay ACOs using a partial capitation model or other payment model that improves quality and efficiency.
- ACOs will use technology to promote evidence-based medicine and patient engagement, report on quality and cost measures, and coordinate care

National Pilot Program on Medicare Payment Bundling (Sec. 3023 and Sec. 10308)

- Establishes a national pilot program to for integrated care to develop and evaluate bundled payment for acute inpatient hospital service, physician services, outpatient hospital service, and post-acute care services for an episode of care that begins three days prior to a hospitalization and spans 30 days following discharge.
- Hospitals receive bundled payments for a hospitalization and physician services provided during hospital stay.
- Begins Jan 1, 2013 in up to 8 states. If the pilot program improves (or does not reduce) quality and reduces spending, then develop a plan for expanding the pilot by Jan 1, 2016.
- Pilots will run for five years and can be reauthorized.
- HHS Secretary must conduct an independent evaluation on the pilot program and report to Congress.

**Modified by Sec. 10308:**

- Applies pilot to continuing care hospitals, those that include both acute care and rehabilitation services. Secretary may expand duration and scope of pilot anytime after Jan 1, 2016 if it reduces spending or improves quality.

Independence at Home Medicare Demonstration (Sec. 3024)

- Create demonstration program to provide high-need Medicare beneficiaries with primary care service in their home, delivered by physician- or nurse practitioner-directed primary care teams.
- Allow participating teams of health professionals to share in any savings if they reduce preventable hospitalizations, prevent hospital readmissions, improve health outcomes and efficiency of care, reduce the cost of health services, and achieve patient satisfaction.
- Funding: \$5m per year for FYs2010-2015. Effective Jan 1, 2012.

Hospital Readmissions Reductions Program (Sec. 3025).

- On or after Oct 12, 2012, HHS Secretary can reduce payments to hospitals that have excess readmissions of patients.
- There are special rules for sole community hospitals and Medicare-dependent rural hospitals.

Community-based Care Transitions Program (sec. 3026)

- Funding will be provided to hospitals with high admission rates and certain Community-Based Organizations that improve care transition services for “high-risk Medicare beneficiaries” defined in federal statutory provisions.
- Program will be conducted for 5 years beginning on Jan 1, 2011.
- Funding: \$500m for FYs2011-2015.

Extension of Gainsharing Demonstration (Sec. 3027)

- Originally from Deficit Reduction act of 2005.
- Extended through March 31, 2010 with \$1.6m.

*Subtitle B—Improving Medicare for Patients and Providers*

Demonstration to Separate Payments for Complex Diagnostic Laboratory Tests (Sec. 3113).

- HHS Secretary will conduct a demonstration project under which separate payments are made directly to the labs that analyze specimens in complex diagnostic laboratory tests provided to individuals. Secretary will set the payment rates. These complex tests include analysis of gene protein expression, topographic genotyping, or a cancer chemotherapy sensitivity assay.
- Payments will be made from the Medicare Part B Trust Fund and may not exceed \$100m.
- Funding: Shift \$5m from Medicare Part B Trust Fund to CMS to implement program.
- Secretary will submit a report to Congress no more than two years after the demonstration program is completed.

Extension of Rural Community Hospital Demonstration (Sec. 3123 and Sec. 10313)

- Extends program for five additional years.
- Expands number of states recognized as having “low population densities” to 20.
- Increases maximum number of hospitals that can participate to 30.
- Allows currently participating hospitals to continue their participation for one year.
- Demonstration was initiated by 2003 law that created Medicare Part D; originally authorized for 5 years.
- Modified marginally by Sec. 10313.

Improvements to the Demonstration Project on community health integration models in certain rural counties (Sec. 3126)

- Removes limitation on number of selected counties (current cap of 6).
- Removes references to rural health clinic services and includes physicians’ services in scope of demonstration project.

Extension of and revisions to Medicare Rural Hospital Flexibility Program (Sec. 3129)

- Extended through FY2011 and FY2012.
- Funds can be used to help rural hospitals participate in delivery system reforms such as value-based purchasing, ACOs, and payment bundling.

Medicare Hospice Concurrent Care Demonstration Project (Sec. 3140).

- Medicare will use funds that currently pay for hospice to set up hospice care demonstration projects.
- Demonstration project will be authorized for 3 years at 15 or fewer hospice programs representing both rural and urban settings.
- Secretary must conduct an independent evaluation of the Demonstration to determine quality of life, improved patient care, and cost-effectiveness.
- Demonstration must be budget neutral.

*Subtitle C—Provisions Relating to Part C*

Making the Senior Housing Facility Demonstration Permanent (Sec. 3208).

- Service area of a Medicare Advantage Senior housing facility plan can be limited to a specific geographic area.
- Medicare Advantage Senior housing facility plans offer primary care services onsite and have a ratio of accessible physicians to beneficiaries that the Secretary determines is adequate; provide transportation services for beneficiaries to specialty providers outside of the facility; and have participated (as of December 31, 2009) in a demonstration project established by the Secretary under which such a plan was offered for not less than 1 year.

*Subtitle D -- Medicare Part D Improvements for Prescription Drug Plans and MA–PD Plans*

Funding outreach and assistance for low-income programs (sec. 3306)

- Additional funding for State Health Insurance Programs (SHIPs).
  - Funding: \$7.5m for FY 2009; \$15m for FYs 2010-2012.
- Additional funding for Area Agencies on Aging (AoA).
  - Funding: \$7.5m for FY 2009; \$15m for FYs 2010-2012.
- Additional funding for Aging and Disability Resource Centers (ADRCs).
  - Funding: \$5m for FY 2009; \$10m for FYs 2010-2012.
- Additional funding for contract with the National Center for Benefits and Outreach Enrollment.
  - Funding: \$5m for FY 2009; \$5m for FYs 2010-2012.
- All of the above funding is authorized for the specified FYs.
- HHS Secretary can award grants to entities to support outreach activities aimed at preventing disease and promoting wellness.
- **Funding Opportunity: ADRC Options Counseling and Assistance Programs**
  - Eligible entities: One State Agency or instrumentality of a State from any State that received an AoA or CMS ADRC or Hospital Discharge Planning Grant Award between fiscal years 2003 and 2009.
  - Post Date: January 15, 2010
  - **Application Due Date: July 30, 2010**
  - Estimated Project Dates: FY10 – FY12
  - Estimated Number of Awards: 20 to 25
  - Estimated Award: \$500,000
  - State Match: No
  - Link: [ARDC Options Counseling and Assistance Programs \(page 26\)](#)
- **Funding Opportunity: ADRC Nursing Home Transition and Diversion Programs**
  - Eligible entities: Existing MFP grantees in Money Follows the Person (MFP) Demonstration States
  - Post Date: January 15, 2010
  - **Application Due Date: July 30, 2010**
  - Estimated Project Dates: September 30, 2010 to September 30, 2012
  - Estimated Number of Awards: 16 to 25
  - Estimated Award: \$400,000
  - State Match: No
  - Link: [ADRC Nursing Home Transition and Diversion Programs \(page 49\)](#)
- **Funding Opportunity: ADRC Evidence-based Care Transition Programs**
  - Eligible entities: One State Agency or instrumentality of a State from any State that received an AoA or CMS ADRC or Hospital Discharge Planning Grant Award between fiscal years 2003 and 2009.

- Post Date: January 15, 2010
- **Application Due Date: July 30, 2010**
- Estimated Project Dates: September 30, 2010 – September 30, 2012
- Estimated Number of Awards: 6
- Estimated Award: \$400,000
- Cost Sharing: No
- Link: [ADRC Evidence-based Care Transition Programs \(page 63\)](#)
- **Funding opportunity: Medicare Beneficiary Outreach and Assistance Program Funding for Title VI Native American Programs**
  - Eligible entities: Tribal organizations and governments
  - Post date: June 24, 2010
  - **Application due date: July 30, 2010**
  - Estimated project duration: 12 months beginning September 30, 2010.
  - Estimated Award: \$1,000
  - State match: No
  - Link: [Medicare Beneficiary Outreach and Assistance Program Funding for Title VI Native American Programs](#)

*Subtitle F — Health Care Quality Improvements*

National Quality Strategy

- Develop a national quality improvement strategy that includes priorities to improve the delivery of health care services, patient health outcomes, and population health. Create processes for the development of quality measures involving input from multiple stakeholders and for selecting quality measures to be used in reporting to and payment under federal health programs. (National strategy due to Congress by January 1, 2011)

Create a Center for Quality Improvement and Patient Safety under AHRQ (sec. 3501)

- The center will support research about health care delivery improvement and develop tools to facilitate adoption of best practices that improve system quality, safety, and efficiency.
- Provide technical assistance grants or contracts to help providers and institutions understand, adapt and implement models and practices that promote quality improvements as identified through research. Non-Federal contributions must equal \$1 for every \$5 of federal money.

Establish Community Health Teams to Support Patient-Centered Medical Homes (Sec. 3502)

- Establish a program to provide grants or enter into contracts with eligible entities to establish community-based interdisciplinary, inter-professional teams to support primary care practices, including obstetrics and gynecology practices.
- States or Tribal Organizations are eligible to receive grants.



- Funding: \$40 Million for Community Health Teams and the Community-based collaborative care network. The above funds have not been signed into law.

Grants or contracts to implement medication management services in treatment of chronic diseases (Sec. 3503)

- Awards contracts or grants to programs that provide an appropriate setting, implement a program through local community health teams, etc.
- HHS Secretary will submit a report to Congress that assess clinical effectiveness of pharmacist-provided services, patient/provider satisfaction, impact of cost-sharing, changes in health resources use, etc.

Emergency Care Response Pilot Program (Sec. 3504)

- Grants will be awarded to a state or groups of states to design, implement and evaluate an emergency medical and trauma that coordinates emergency response services within a particular area within a state or multiple states.
- The system must track pre-hospital and post-hospital use of resources and include a region-wide data management system.
- Funding: \$24m appropriated for FYs2010-2014.

Grants available to promote access to trauma care services (Sec. 3505)

- HHS Secretary will create three grant programs for Indian Health Service, Indian Tribal, and urban Indian Trauma Centers to defray uncompensated care costs. Secretary will deliver a biannual report to Congress about the programs. Funding: Grants are less than \$2m per grantee per year, \$100m for FY2009 and appropriate amounts each fiscal year through 2015.
- Provide grants to states to support safety net and non-profit trauma centers and consortiums. There is an MOE requirement and no more than 20% of costs can be used for administrative costs.
- Funding: \$100m for each FY 2010 through 2015.

Grants to Implement of Shared Decision-making using patient aids (Sec. 3506)

- Award grants to health care providers who participate in trainings by Shared Decision-making Resource Centers to develop and implement shared decision-making techniques.
- Funding: authorized for FY2010 and beyond.

Demonstration program to integrate quality improvement and patient safety training into clinical education of health professionals (Sec. 3508)

- Develop and implement academic curricula that integrate quality improvement and patient safety in the clinical education of health professionals.
- Medical schools and other health care training schools are eligible.
- Non-Federal contributions must equal \$1 for every \$5 of federal money.

- HHS Secretary will submit a report to Congress that describes the projects supported by these grants and offers recommendations based on the evaluation of these projects.

#### Improving Women’s Health (Sec. 3509)

- Secretary may make grants to, and enter into cooperative agreements, contracts, and interagency agreements with, public and private entities, agencies and organizations.
- HHS Secretary will submit reports to Congress less than one year after enactment and every two years thereafter.
- Funding: FYs2010-2014. Total period of a grant will not exceed four years.

#### Patient Navigator Program (Sec. 3510)

- The Patient Navigator Program focuses on improving patients’ health outcomes through enhanced chronic disease management by using patient navigators and the implementation of PN programs to include recruitment, training, assignment, and employment of such navigators.
- Funding: \$3.5 million for 2010 and appropriations as necessary FYs 2011-2015.
- **Funding Opportunity: Patient navigator outreach and chronic disease prevention program**
  - Eligible entities: Public and nonprofit health centers (including FQHCs as Federally defined), health facilities operated by or pursuant to a contract with the IHS, hospitals, cancer centers, rural health clinics, academic health centers, or a nonprofit entity that enters into a partnership or coordinates referrals with such a center, clinic, facility, or hospital to provide patient navigator services.
  - Post date: May 11, 2010
  - **Application due date: June 18, 2010**
  - Estimated project duration: 3 years beginning September 1, 2010.
  - Estimated number of awards: 9
  - Estimated Award: \$450,000
  - State match: No
  - Link: [Patient navigator outreach and chronic disease prevention program](#)

### **Title IV—Prevention of Chronic Disease and Improving Public Health**

#### *Subtitle A—Modernizing Disease Prevention and Public Health Systems*

#### National Prevention, Health Promotion and Public Health Council (Sec. 4001)

- Coordinate federal prevention, wellness, and public health activities. Develop a national strategy to improve the nation’s health. (Strategy due one year following enactment).
- Create a Prevention and Public Health Fund to expand and sustain funding for prevention and public health programs. (Initial appropriation in fiscal year 2010). Create task forces on Preventive Services and Community Preventive Services to develop, update, and disseminate

evidenced-based recommendations on the use of clinical and community prevention services. (Effective upon enactment).

#### Prevention and public health fund (Sec. 4002)

- Establish a Prevention and Public Health Fund administered through the Department of Health and Human Services, Office of the Secretary, to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs.
- HHS Secretary will transfer funds from this Fund to pay for programs authorized by the Public Health Service Act for prevention, wellness, and public health activities including prevention research and health screenings, such as the Community Transformation grant program, the Education and Outreach Campaign for Preventive Benefits, and immunization programs.
- Funding: Authorizes \$500m for FY 2010, \$750m for FY 2011; \$1b for FY 2012; \$1.25b for FY 2013; \$1.5b for 2014; and \$2b for FY 2015 and each subsequent year.
- Senate committee recommended transfer in FY 2011 to a number of programs not included in health care reform law (\$50 Million for Racial and Ethnic Approaches to Community Health; \$140 Million for Chronic Disease State grants; \$80 Million for Office of Smoking and Health; \$10 Million for Prevention Research Centers; \$20 Million for Public Health research; \$34 Million for National Center for Health Statistics; \$5 Million for the National Birth Defects Prevention Study; \$5 Million for disability and health promotion; \$40 Million for primary and behavioral health integration; \$7 Million for U.S. Preventive Services Task Forces; \$10 Million for clinical preventive services research; \$10 Million for tobacco prevention; \$19 Million for coordination and media campaigns; and \$1 Million for National Prevention, Health Promotion, and Public Health Council). The above funds have not been signed into law.
- **Funding Opportunity: Enhanced Comprehensive HIV Prevention Planning and Implementation**
  - Eligible Entities: Twelve (12) entities in specific Metropolitan Statistical Areas (MSAs) or specified Metropolitan Divisions (MDs) that have the highest estimated AIDS prevalence at the end of 2007.
  - Post Date: August 13, 2010
  - **Application due date: September 2, 2010**
  - Estimated Project Dates:
  - Estimated Number of Awards: 12
  - Estimated Average Award: \$750,000 to \$1,750,000
  - State match: No.
  - Link: [Enhanced Comprehensive HIV Prevention Planning and Implementation](#)
- **Funding Opportunity: State Competitive Supplemental Funding for Behavioral Risk Factor Surveillance System**
  - Eligible Entities: State Health Departments where a CPPW funded grantee resides
  - Post Date: August 13, 2010
  - **Application Due Date: September 8, 2010**

- Total Award Funding: \$9,000,000
- State match: No.
- Link: [State Competitive Supplemental Funding for Behavioral Risk Factor Surveillance System](#)
- **Funding Opportunity: HIV/AIDS Surveillance: Enhancing Laboratory Reporting**
  - Eligible Entities: State health departments that are existing grantees under PS08-802, “HIV/AIDS Surveillance”, Part I & Part II– Core Surveillance.
  - Post Date: August 13, 2010
  - **Application due date: September 2, 2010**
  - Estimated Project Dates:
  - Estimated Number of Awards: 65
  - Estimated Award: \$25,000 to \$400,000
  - State match: No.
  - Link: [HIV/AIDS Surveillance: Enhancing Laboratory Reporting](#)
- **Funding Opportunity: Emerging Infections Program (EIP); Enhancing Epidemiology and Laboratory Capacity**
  - Eligible Entities: Current grantees under the EIP cooperative agreement program which are the health departments of California, Colorado, Connecticut, Georgia, Maryland, Minnesota, New Mexico, New York, Tennessee and Oregon or their bona fide agents.
  - Post Date: August 17, 2010
  - **Application Due Date: August 27, 2010**
  - Estimated Project Dates:
  - Estimated Number of Awards: 10
  - Estimated Average Award: \$450,000
  - State match: No.
  - Link: [Emerging Infections Program \(EIP\); Enhancing Epidemiology and Laboratory Capacity](#)
- **Funding Opportunity: Expanded HIV Testing for Disproportionately Affected Populations**
  - Eligible Entities: Twelve (12) entities in specific Metropolitan Statistical Areas (MSAs) or specified Metropolitan Divisions (MDs) that have the highest estimated AIDS prevalence at the end of 2007.
  - Post Date: August 13, 2010
  - **Application Due Date: September 2, 2010**
  - Estimated Project Dates:
  - Estimated Number of Awards: 12
  - Estimated Average Award: \$1,000,000
  - State Match: No
  - Link: [Expanded HIV Testing for Disproportionately Affected Populations](#)
- **Funding Opportunity: State Supplemental Funding for Healthy Communities, Tobacco Prevention and Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System**

- Eligible Entities: States
- Post Date: August 3, 2010
- **Application Due Date: September 3, 2010**
- Estimated Number of Awards: 53
- Estimated Average Award: \$23,500 to \$50,000
- State Match: No
- Link: [State Supplemental Funding for Healthy Communities, Tobacco Prevention and Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System](#)
- **Funding Opportunity: Prevention Center for a Healthy Weight**
  - Eligible Entities: Public or private non-profits with at least four years experience in quality measurement, management, improvement.
  - **Application due date: Aug 16, 2010**
  - Estimated number of awards: 1
  - Estimated award: \$5,000,000
  - State match: No
  - Link: [Prevention Center for a Healthy Weight](#)
- **Funding Opportunity: Strengthening Public Health Infrastructure**
  - Eligible Entities: State governments
  - Post date: Jul 8, 2010
  - **Application due date: Aug 9, 2010**
  - Estimated number of awards: 85
  - Estimated award: 1,100,000 to 3,100,000
  - State match: No
  - Link: [Strengthening Public Health Infrastructure](#)
- **Funding Opportunity: Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance**
  - Eligible Entities: Institutions of Higher Education shall be affiliated with an academic health center at a public research university in the United States that contains a State's sole public academic medical and dental school.
  - Post Date: August 4, 2010
  - **Application Due Date: Aug 24, 2010**
  - Estimated Number of Awards: 15
  - Estimated Award: \$75,000 - \$1,396,000
  - Total funding: \$6,685,000
  - State Match: No.
  - Link: [Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance](#)

Grants to fund outreach campaign regarding preventive benefits (Sec. 4004)

- States or other entities will receive grants to carry out the campaign.
- Funding: Not to exceed \$500m – \$2 million for FY 2011.

*Subtitle B—Increasing Access to Clinical Preventive Services*

Grants to create school-based health centers (Sec. 4101)

- School-based health centers or sponsors of school-based health centers can submit a grant application to the HHS Secretary.
- Preference will be given to school-based health centers that care for high proportions of uninsured children and/or those enrolled in Medicaid and CHIP, as well as to communities that have evidenced barriers to care for children and adolescents regarding primary care, mental health, and substance abuse.
- School-based health centers must provide comprehensive primary care services that include both physical and mental health during school hours.
- Grants can only be used to purchase equipment or build, obtain, or improve facilities; grants cannot be used to pay personnel or provide health services.
- Funding: \$50m appropriated for FYs 2010-2013.
- **Funding Opportunity: School-based health centers capital program**
  - Eligible Entities: School-based health center or a sponsoring facility of a school-based health center.
  - Post date: June 30, 2010
  - **Application due date: Jul 30, 2010**
  - Project dates: Sept 29, 2010 – Sept 28, 2011
  - Estimate number of awards: 1,000
  - Estimated average award: \$50,000
  - Total Funding: \$50,000,000
  - State match: No
  - Link: [School-based health centers capital program](#)
- **Funding Opportunity: School-based health centers capital program**
  - Eligible Entities: School-based health center or a sponsoring facility of a school-based health center.
  - Post Date: Oct. 4, 2010
  - **Application due date: Dec 1, 2010**
  - Project dates: July 11, 2011 – Jun 30, 2013
  - Estimated number of awards: 200
  - Estimated average award: \$500,000
  - Total funding: \$100,000,000
  - Sate match: No

- Link: [School-based health centers capital program](#)

#### Grants to research dental caries prevention and management (Sec. 4102)

- Award demonstration grants to community-based providers to demonstrate the effectiveness of dental caries disease management activities.
- Secretary will use information culled from these projects to inform public information campaign around oral health.
- Funding: FYs2010-2014 to support school-based sealant programs and oral health infrastructure.

#### Incentives to prevent chronic diseases in Medicaid populations (Sec. 4108)

- Provide grants to states to implement incentive programs to help individuals quit smoking, control/reduce weight, lower cholesterol and blood pressure, avoid diabetes, and address co-morbidities. The purpose is to test approaches that may be scalable.
- States must carry out initiatives within five year period beginning in 2011 and submit semi-annual reports to the HHS Secretary as well as a final report due before July 1, 2016.
- Funding: \$100m for five year period beginning on Jan 1, 2011.

#### *Subtitle C—Creating Healthier Communities*

#### Community Transformation Grants (Sec. 4201)

- A State agency, local government agency, national network of community-based organizations, a state or local non-profit organization, or an Indian tribe can apply for money to implementation, evaluation, and dissemination of evidence-based community preventive health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence-base of effective prevention programming.
- Funding: appropriations for FYs 2010-2014.

#### Promoting healthy aging and living well (Sec. 4202)

- Award grants to State or local health departments and Indian tribes to carry out 5-year pilot programs to provide public health community interventions, screenings, and where necessary, clinical referrals for individuals who are between 55 and 64 years of age.
- Evaluation by HHS Secretary due to Congress no later September 30, 2013.
- Funding: transfer \$50m from the Medicare Trust funds to CMS; FYs2010-2014.

#### Demonstration to Improve Immunization Coverage (Sec. 4204)

- Award grants to States to improve the provision of recommended immunizations for children, adolescents, and adults through the use of evidence-based, population-based interventions for high risk populations.

- States must submit grant applications to the HHS Secretary and funds must be used to implement evidence-based interventions recommended by the Task Force on Community Preventive Services.
- Less than three years after receiving grants, states must submit a report to the Secretary. Secretary must submit a report to Congress within four years after enactment.
- Funding: FYs2010-2014.

#### Wellness Demonstration (Sec. 4206)

- Creates demonstration project to implement, evaluate, and disseminate evidence-based community preventive health activities to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence-base of effective prevention programming.
- Establishes 10-state pilot programs by July 2014 to permit participating states to apply rewards for participating in wellness programs in the individual market. (The bill permits employers to offer employees rewards in the form of premium discounts, waiver of cost sharing, or extra benefits for meeting some health-related standards).
- Expands demonstrations in 2017 if effective. Require a report on the effectiveness and impact of wellness programs. (Report due three years following enactment).

#### *Subtitle D—Support for Prevention and Public Health Innovation*

#### Data collection about disparities (sec. 4302)

- Require enhanced collection and reporting of data on race, ethnicity, sex, primary language, disability status, and for underserved rural and frontier populations. Also require collection of access and treatment data for people with disabilities. Require the Secretary to analyze the data to monitor trends in disparities. (Effective two years following enactment)

#### Epidemiology-Laboratory Capacity Grants (Sec. 4304)

- The HHS Secretary, working through the Director of the Center for Disease Control and Prevention, will establish this grant program.
- Grants available to state and local health departments as well as tribal jurisdictions.
- Academic centers that assist these entities may also be eligible for funding as determined by the Director.
- Grants will be awarded to assist public health agencies to strengthen epidemiologic capacity, enhance laboratory capacity, improve information systems, and develop and implement infection control strategies.
- Funding: \$190m for FYs 2010-2013. At least \$95m must be available for strengthening epidemiologic capacity and developing/implementing infection control strategies; \$60m for improving information systems; \$32m for enhancing laboratory capacity.



- **Funding Opportunity: Building and strengthening epidemiology, laboratory, and health information systems capacity in state and local health departments**
  - Eligible entities: All current ELC grantees
  - Post Date: August 16, 2010
  - **Application Due Date: August 27, 2010**
  - Estimated project dates:
  - Estimated Number of Awards: 58
  - Estimated total funding: \$35,900,000
  - State Match: No
  - Link: [Building and strengthening epidemiology, laboratory, and health information systems capacity in state and local health departments](#)
- **Funding Opportunity: Emerging Infections Program (EIP); enhancing epidemiology and laboratory capacity**
  - Eligible entities: Current grantees under the EIP cooperative agreement program; health departments of California, Colorado, Connecticut, Georgia, Maryland, Minnesota, New Mexico, New York, Tennessee, and Oregon or their Bona Fide Agents.
  - Post Date: August 17, 2010
  - **Application Due Date: August 27, 2010**
  - Estimated Project Dates:
  - Estimated Number of Awards: 10
  - Estimated Maximum Award: \$650,000
  - State Match: No
  - Link: [Emerging Infections Program \(EIP\); enhancing epidemiology and laboratory capacity](#)

#### Advancing Research and Treatment for Pain Care Management (Sec. 4305)

- The Secretary may make awards of grants, cooperative agreements, and contracts to health professions schools, hospices, and other public and private entities for the development and implementation of programs to provide education and training to health care professionals in pain care.
- Funding: Appropriate for FYs 2010-2012.

#### Funding for Childhood Obesity Demonstration Project (Sec. 4306)

- Appropriates \$25m for FYs 2010-2014.

### **Title V – Health Care Workforce**

Purpose: Improve access to and the delivery of health care services for all people, and particularly underserved and vulnerable populations, through research, improving workforce capacity, personnel training, and support.

*Subtitle B – Innovations in the Health Care Workforce*

National Health Care Workforce Commission (Sec. 5101)

- Creates the Commission to develop and commission worker education and training activities; identify barriers to communication between levels of government and serve as a resource for federal, state, and local governments.

State health care workforce development grants (Sec 5102)

- Establishes a competitive health care workforce development grant program to enable state partnerships to complete comprehensive planning and to carry out activities leading to coherent and comprehensive health care workforce development strategies at the state and local levels.
- Maximum grant of \$150,000 per award.
- **Funding Opportunity: State Health Care Workforce Planning Grants**
  - Eligible Entities: state Workforce Investment Board that includes representation from particular constituencies
  - Post date: Jun 17, 2010
  - **Due date: July 19, 2010**
  - Estimated Project Dates: September 30, 2010 to September 29, 2011
  - Estimated Number of Awards: 30
  - Estimated Average Award: NA
  - Award ceiling: \$150,000
  - Total funding: \$2,000,000
  - State match: 15%
  - Link: [State health care workforce planning grant](#)
- **Funding Opportunity: State Health Care Workforce Implementation Grants**
  - Eligible Entities: Eligible state partnership; state Workforce Investment Board that includes representation from particular constituencies.
  - Post date: Jun 17, 2010
  - **Due date: July 19, 2010**
  - Estimated Project Dates: September 30, 2010 to September 29, 2012
  - Estimated Number of Awards: 1
  - Estimated Award: \$3,000,000
  - Award Ceiling: \$3,000,000
  - Total Funding: \$3,000,000
  - State match: 25%
  - Link: [State health care workforce implementation grant](#)

*Subtitle C – Increasing the Supply of the Health Care Workforce*

Grants for training of mid-career public and allied professionals (sec. 5206)

- Enables Secretary to award grants to universities and other educational entities to offer additional training in the field of public health and allied health to mid-career professionals in this workforce.
- Funding: \$60m for FY 2010 and as necessary for FY 2011-2015; 50% for allied health and 50% for public health professionals.

Demonstration Supporting Nurse-Managed Clinics and FQHCs (Sec. 5208)

- Creates demonstration through which grants would be available to FQHCs and nurse-managed health clinics that train family nurse practitioners.
- Funding: \$50m for FY2010 and as necessary for FY 2011-2014.

Training in family medicine, general internal medicine, general pediatrics, and physician assistantship (Sec. 5301)

- HHS Secretary will award grants to medical schools or other non-profit physician training programs to plan, develop, and operate programs that train physicians to practice family medicine, general internal medicine, or general pediatrics, as well as promote teaching of these fields in community settings. Also provides financial assistance to participants of these programs.
- Create demonstration projects to train primary care physicians to work in patient-centered medical homes; also develop curriculum.
- Medical schools and schools of osteopathy that establish new academic units or substantially expand such units or programs will be favored for grants, as will schools that have a track record in doing this work and caring for vulnerable populations.
- Funding: \$125m for FY 2010, and additional funds as necessary for FYs 2011-2014. Grants or contracts will be given out for five years.
- **Funding Opportunity: Primary Care Residency Expansion**
  - Eligible Entities: Public or nonprofit private hospitals, schools of medicine or osteopathic medicine, or a public or private nonprofit entity.
  - Post date: June 17, 2010
  - Application due date: **July, 19, 2010**
  - Estimated number of awards: 105
  - Total funding: \$168,000,000
  - State match: no
  - Link: [Primary Care Residency Expansion](#)
- **Funding Opportunity: Expansion of Physician Assistant Training Program**
  - Eligible Entities: Public or private academically affiliated physician assistant training programs
  - Post date: June 17, 2010

- Application due date: **July, 19, 2010**
- Estimated project dates: Sept 30, 2010 to Sept 29, 2015
- Estimated number of awards: 40
- Estimates total funding: \$32,000,000
- State match: No
- Link: [Expansion of Physician Assistant Training Program](#)

#### Training opportunities for direct care workers (Sec. 5302)

- Award grants to provide new training opportunities for direct care workers who are employed in long-term care settings such as nursing homes, assisted living facilities and skilled nursing facilities, intermediate care facilities for individuals with mental retardation, home and community based settings.
- Grants will be awarded to universities that have established public-private educational partnerships with the institutions mentioned above.
- Use grants to offset fees and tuition for individuals in this workforce.
- Funding: \$10m for FYs2011-2013.

#### Supporting Dental Training Programs (Sec. 5303)

- Secretary will award grants or enter into contracts with schools of dentistry, non-profit hospitals, or other non-profit entities to develop dental training programs and provide financial aid to dental students and hygienists.
- Priority will go to partnerships between departments of primary care and dental schools, those that treat vulnerable populations, particularly at community health centers.
- Funding: \$30m for FY2010 and as appropriate FYs 2011-2015, grant payments will be made over five years and be subject to annual approval.

#### Alternative dental health care providers demonstration project (Sec. 5304)

- Establishes training programs to train, or to employ, alternative dental health care providers to increase access to dental health care services in rural and other underserved communities.
- 15 projects to begin no later than 2 years after enactment and conclude less than 7 years from enactment.
- Funding: Each grant will be at least \$4m over five years.

#### Geriatric Workforce Development (Sec. 5305)

- Secretary will award grants or contracts to entities that operate geriatric education centers. These centers will provide short-term courses that focus on geriatrics, chronic care management, and long term care and provide supplemental training for faculty members in medical schools and other health professions schools. These courses will count towards continuing medical education credits. Also offer at least two courses per year for family caregivers.

- Funding: Awards are \$150,000 per center and no more than 24 awards may be given; \$10.8m for FYs2011-2014.
- Geriatric Career Incentive awards for individuals who will teach or practice in the field of geriatric medicine for at least 5 years.
  - Funding: \$10m for FYs 2011-2013.
- Expansion of eligibility for geriatric academic career awards; payments go to medical schools.
- **Funding Opportunity: Geriatric Education Center**
  - Eligible entities: accredited health professions schools and programs
  - Post date: Mar 26, 2010
  - **Due date: Apr 30, 2010**
  - Estimated Project Dates: July 1, 2010 - June 30, 2015
  - Estimated Number of Awards: 48
  - Total project funding: \$17,500,000
  - State match: No
  - Link: [Geriatric Education Center](#)

#### Mental and behavioral health education and training grants (Sec. 5306)

- Secretary will award grants to medical schools and other institutions of higher learning to support recruitment, education, and clinical experience of students in the fields of mental and behavioral health.
- Funding for FYs 2010-2013: \$8m for training in social work, \$12m for training in graduate psychology, \$10m for training in child and adolescent mental health, \$5m for training in paraprofessional child and adolescent mental health.

#### Grants for cultural competency, prevention, public health and working with individuals with disabilities (Sec. 5307)

- Award grants for development, evaluation, and dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities training for use in health professions schools and continuing education programs.
- Funding: necessary appropriations authorized for FYs 2010-2015.

#### Advanced nursing education grants (Sec. 5308)

- Supports accredited nurse-midwifery training programs.
- **Funding Opportunity: Advanced Nursing Education Expansion Program**
  - Eligible Entities: Collegiate schools of nursing, academic health centers, and other private or public entities accredited by a national nursing accrediting agency recognized by the Secretary of the U.S. Department of Education that offer and have students enrolled in a primary care nurse practitioner program and/or an accredited nurse-midwifery program.

- Post date: June 17, 2010
- Application due date: **July 19, 2010**
- Estimated project dates: Sept 30, 2010 – Sept 29, 2015
- Estimated number of awards: 40
- Total funding: 30,000,000
- State match: No
- Link: [Advanced Nursing Education Expansion Program](#)

#### Nurse education, practice, and retention grants (Sec. 5309)

- Secretary will award grants or contracts to accredited schools of nursing or a partnership between a school and a nursing facility to enhance the nursing workforce by initiating or enhancing nurse retention programs; also promotes collaboration and communication between nurses and other medical professionals.
- Secretary will report on these programs to Congress before the end of each FY.
- Funding appropriation: \$10Million in FY2011, which has not been signed into law.

#### Grants to promote the community health workforce (Sec. 5313)

- The Director of the Centers for Disease Control and Prevention, in collaboration with the HHS Secretary, will award grants to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers.
- Prioritize applicants that work with underserved, vulnerable, and chronically-ill populations
- Encourage CHW programs to collaborate with academic institutions and one-stop delivery systems.
- Encourage implementation of a process or an outcome-based payment system that rewards community health workers for connecting underserved populations with the most appropriate services at the most appropriate time.
- Secretary shall establish guidelines for assuring the quality of the training and supervision of community health workers to ensure cost-effectiveness.
- Funding: Appropriations as necessary for FYs 2010-2014.
  - \$30Million for FY2011, which has not been signed into law.

#### Fellowship Training in Public Health (Sec. 5314)

- Grants to support fellowship training in epidemiology and public health.
- Funding: \$35.5m for FYs2010-2013; \$5m for epidemiology fellowship training; \$5m for lab fellowship training; \$5m for Public Health Informatics Fellowship Program through the CDC; \$24.5m for the Epidemic Intelligence Service.

#### Supporting US Public Health Sciences (Sec. 5315)

- Surgeon General will enter into contracts with, accept grants from, and make grants to any nonprofit entity for the purpose of carrying out cooperative enterprises in medical, dental,

physician assistant, pharmacy, behavioral and mental health, public health, and nursing research, consultation, and education.

### *Subtitle E – Supporting the Existing Health Care Workforce*

#### Centers of Excellence (Sec. 5401)

- Grants for health professions schools to provide education to underrepresented minority individuals. To allow schools a greater capacity to educate underrepresented minorities. To emphasize minority population health issues within the curriculum. To facilitate faculty and student research on issues pertaining to minority health issues. Train students of school to provide health services to underrepresented minorities.
- Funding: \$50m for FYs 2010-2015.

#### Supporting area health education centers (Sec. 5403)

##### **Infrastructure development award and point of service maintenance and enhancement award, particularly for medical schools.**

- Funding: \$125m for FY 2010-2014; not less than \$250,000 per AHEC annually; limited to 12 years for a program and 6 years for a center.
- **Funding Opportunity: AHEC Point of Service Maintenance and Enhancement**
  - Eligible Entities: Entities running AHEC programs
  - Post date: Apr 26, 2010
  - **Due date: May 26, 2010**
  - Estimated Project Dates: September 1, 2010 to Aug 31, 2012
  - Estimated Number of Awards: 19
  - Estimate award: \$428,665
  - Award ceiling: \$1,115,232
  - Estimated Total funding: FY 10 est \$20,000,000; FY 11 est \$20,000,000
  - State match: 50%
  - Link: [AHEC Point of Service Maintenance and Enhancement](#) and [CFDA Website](#)

##### **Grants for health professionals working in underserved communities**

- Improve health care, increase retention, increase representation of minority faculty members, enhance the practice environment, and provide information dissemination and educational support to reduce professional isolation through the timely dissemination of research findings using relevant resources.
- Funding: \$5m for each FY 2010 through 2014.

#### Workforce Diversity Grants (Sec. 5404)

- Increase nurse education for individuals from disadvantaged backgrounds. Help underserved individuals become nurses by allowing programs such as: pre-entry preparation, scholarships, and stipends.
- This is an amendment to section 821 of The Public Health Services Act

### Grants to Establish State Hubs and Local Primary Care Extension Agencies (Sec. 5405)

- Secretary shall award competitive grants to States for the establishment of State- or multistate-level primary care Primary Care Extension Program State Hubs.
- Hubs must include at least the State health department, the entities responsible for administering the State Medicaid program Medicare within the state, and the departments of one or more health professions schools in the State that train providers in primary care; may include hospital associations or health professional societies.
- Develop implementation of a hub for 6 years
- Funding: \$120m for FY2011-2012, appropriations as necessary for FY 2013 and 2014.

### *Subtitle F – Strengthening Primary Care and Other Workforce Improvements*

#### Demonstration projects to address health professions workforce needs (Sec. 5507)

#### **Demonstration projects to provide low-income individuals with opportunities for education, training, and career advancement to address health professions workforce needs:**

- Award grants for demonstration projects designed to provide TANF recipients with the opportunity to obtain education and training for occupations in the health care field that pay well and are expected to either experience labor shortages or be in high demand.
- Grants to States, an Indian tribe or tribal organization, an institution of higher education, a local workforce investment board, a sponsor of an apprenticeship program registered under the National Apprenticeship Act, or a community-based organization.
- Award at least 3 grants to an eligible entity that is an Indian tribe, tribal organization, or Tribal College or University.
- Awardees will submit interim reports to the Secretary on the activities carried out under the project and a final report that includes evaluation of the program's effect on outcomes for the individuals participating in the project.
- HHS Secretary will submit interim reports and a final report to Congress.
- **Funding Opportunity: Nursing assistant and home health aide program**
  - Eligible Entities: State-approved community colleges or community-based training programs
  - Post date: Jun 18, 2010
  - **Due date: Jul 22, 2010**
  - Estimated Project Dates: September 1, 2010 to Aug 31, 2013
  - Estimated Number of Awards: 10
  - Estimated average award: \$250,000
  - State match: No
  - Link: [Nursing assistant and home health aide program](#)
- **Funding Opportunity: Health profession opportunity grants to serve TANF recipients and other low-income individuals**
  - Eligible Entities: States, non-profits, tribal organizations, private universities.
  - Post date: Jun 21, 2010
  - **Due date: Aug 5, 2010**
  - Estimated Project Dates: 60-month project with five 12-month budget periods



- Estimated Number of Awards: 17
- Estimated average award: \$1,000,000 to \$5,000,000 per budget period
- Award ceiling: \$5,000,000
- Total funding: \$51,000,000
- State match: No
- Link: [Health profession opportunity grants to serve TANF recipients and other low-income individuals](#)

**Demonstration project to develop training and certification programs for personal or home care aides:**

- Grants to states or Tribes to provide low income individuals with opportunities for education, training, and career advancement to address health professions workforce needs.
- Develop training and certification programs for personal or home care aides; duration for at least 3 years.
- Secretary will report to Congress about initial implementation of the demonstration within two years of the law's enactment and will submit a final report within one year after completion of the project. Funding for both demonstrations: \$85m for FYs2010-2014; \$5m of this amount for training and certification programs for personal and home health aides FY2010-2012.
- **Funding opportunity: Personal and Home Care Aide State Training Program**
  - Eligible Entities: People from US territories "capable of carrying out the legislative purpose of preparing individuals to become personal and home care aides."
  - Post date: June 17, 2010
  - **Application due date: July 19, 2010**
  - Estimated number of awards: 6
  - Award Ceiling: \$750,000
  - Total Funding: \$5,000,000
  - State Match: No
  - Link: [Personal and Home Care Aide State Training Program](#)

Increasing Teaching Capacity (Sec. 5508)

- Award grants to teaching health centers for the purpose of establishing new accredited or expanded primary care residency programs.
- Payments to teaching health centers that operate graduate medical programs to fund establishment or expansion of primary care residency training programs, including curriculum development; accreditation; recruitment, training and retention of residents and faculty; faculty salaries during development phase; technical assistance.
- Preference given to applicants with existing association with Area Health Education Centers.
- Teaching health centers are community-based, ambulatory patient care centers that operate primary care residency programs. Entities may be a: FQHC, community mental health center, rural health clinic, or health center operated by Indian Tribe or Tribal organization.
- Funding: \$25m for FY 2010, \$50m for FY 2011, \$50m for FY 2012; no more than \$500,000 per grantee for no more than three year period. No more than \$230m for FYs 2011-2015.

Graduate Nurse Education Demonstration Program (Sec. 5509)

- Eligible hospitals receive Medicare reimbursement for clinical training costs for training advance practice nurses

- Funding: \$50m for each of fiscal years 2012 through 2015 to carry out this section, including the design, implementation, monitoring, and evaluation of the demonstration.

*Subtitle G – Improving access to health care services*

Spending for FQHCs (Sec. 5601)

- Fiscal year 2010, \$2,988,821,592, fiscal year 2011, \$3,862,107,440, fiscal year 2012, \$4,990,553,440, fiscal year 2013, \$6,448,713,307, fiscal year 2014, \$7,332,924,155; fiscal year 2015, \$8,332,924,155; fiscal year 2016, and each subsequent fiscal year, the amount appropriated for the preceding fiscal year adjusted by the product of—(i) one plus the average percentage increase in costs incurred per patient served; and (ii) one plus the average percentage increase in the total number of patients served.

Reauthorization of the Wakefield Emergency Medical services program for children (Sec. 5603)

- Available grants for institutions of higher education, hospitals, other nonprofit organizations and commercial organizations, as applicable. The purpose of this grant is to improve and expand emergency medical service programs for all children needing trauma or critical care treatment.
- Funding: \$25,000,000 for fiscal year 2010; \$26,250,000 for fiscal year 2011; \$27,562,500 for fiscal year 2012; \$28,940,625 for fiscal year 2013; and \$30,387,656 for fiscal year 2014.

Co-locating Primary and Specialty Care in Community-Based Mental Health Settings (Sec. 5604)

- Eligible community mental health programs can receive grants to establish demonstrations that integrate mental health care and primary care within community mental health settings. This Section amends the Public Health Services Act sec 520K which specifically says that this program is for older adults. The ACA does not specify age groups it only states the term “special population”. The ACA defined “Special population” as adults with mental illness who have co-occurring primary care conditions and chronic diseases.
- Specific integrated primary care services: screening services by a mental health professional, referrals for necessary prevention, follow up care, and consultations.
- \$50 million for FY 2010. Such sums as needed for Fys 2011-2014

**Title VI – Transparency and Program Integrity**

*Subtitle B—Nursing Home Transparency and Improvement*

National independent monitor demonstration project (Sec. 6112)

- Develop, test, and implement an independent monitor program to oversee interstate and large intrastate chains of skilled nursing facilities and nursing facilities.
- 2-year period of demonstration, takes effect one year after passage.

National demonstration projects on culture change and use of information technology in nursing homes (Sec. 6114)

- 2 demonstration projects, 1 for the development of best practices in skilled nursing facilities and nursing facilities that are involved in the culture change movement (including the development of resources for facilities to find and access funding in order to undertake culture change)
- 1 for the development of best practices in skilled nursing facilities and nursing facilities for the use of information technology to improve resident care.
- Conduct demonstrations for less than three years.

*Subtitle C—Nationwide Program for National and State Background Checks on Direct Patient Access Employees of Long-term Care Facilities and Providers*

Nationwide program for national and state background checks on direct patient access employees of long-term care facilities and providers (Sec. 6201)

- Establish a program to identify efficient, effective, and economical procedures for long term care facilities or providers to conduct background checks on prospective direct patient access employees on a nationwide basis.
- Funding: payment to each new participating state will be three times what the state has made available for the program, up to \$3m; old participating states have a cap of \$1.5m. total: no more than \$160m for FYs 2010-2012. Can reserve up to \$3m for the evaluation.
- Inspector General of HHS will conduct an evaluation of the programs and submit a report to Congress.
- **Funding Opportunity: Nationwide program for national and state background checks on direct patient access employees of long-term care facilities and providers**
  - Eligible Entities: States
  - Post date: Jun 4, 2010
  - **Due date: Aug 9, 2010**
  - Estimated Project Dates: Three years
  - Estimated Number of Awards: 54
  - Estimated average award: \$1.5 to \$3 million
  - State match: 3:1 (federal to state contribution)
  - Link: [Nationwide program for background checks for LTC providers](#)

*Subtitle D—Patient-Centered Outcomes Research*

Patient-centered outcomes research (sec. 6301)

- AHRQ will build capacity for comparative clinical effectiveness research by establishing a grant program that provides for the training of researchers in the methods used to conduct such research, including systematic reviews of existing research and primary research such as clinical trials.

- Funding: build a Patient-Centered Outcomes Research Trust Fund. \$10m for FY2010, \$50m for FY2011, \$150m for FY2012; 2013-2019: amount equivalent to collected fees on health insurers and self-insured plans and \$150m.

*Subtitle H—Elder Justice Act*

Grants to support the Long Term Care Ombudsman Program and adult protective services (Sec. 6703)

**“Sec. 2046”: Rule of Construction, grants to survey skilled nursing facilities.**

- Grants to state agencies that perform surveys of skilled nursing facilities. Design and implement complaint investigation systems that optimize collaboration between providers, consumers, and authorities and respond promptly and effectively to complaints.
  - Funding: \$5m each year for FY2011-2014.

**“Sec. 2042”: Adult Protective Services**

- The HHS Secretary will provide funding and technical assistance to state and local adult protective services agencies; collect and disseminate data annually about abuse and exploitation of elders; develop information about best practices and provide training opportunities.
  - Funding: \$3m for FY 2011 and \$4m for each FY 2012-2014.
- Establish an adult protective services grant program to award annual grants to states and local governments.
  - Funding: \$100m for FYs 2011-2014; each state can get an amount equal to the percentage of total elders in the state multiplied by 0.75 of the amount appropriated that year.
- Fund states to create demonstration projects to test: training modules that detect or prevent elder abuse and financial exploitation of elders; methods to detect abuse; evaluation of whether these trainings work. Each grantee will submit a report to the HHS secretary.
  - Funding: \$25m for FYs2011-2014.

**“Sec. 2043”: Long-term care ombudsman**

- Make grants available for long-term care facilities and other long term care entities as determined by the Secretary to improve the capacity of State long term care ombudsman programs to respond to and resolve complaints about abuse and neglect. Also, conduct pilot programs with State long-term care ombudsman offices or local ombudsman entities and provide support to these programs.
  - Funding: \$5m for FY 2011, \$7.5m for FY 2012, \$10m for FYs 2013 and 2014.
  - Funding for ombudsman training programs: \$10m for each FY2011-2014.

**“Sec. 2044”: Provision of information regarding, and evaluations of, elder justice programs.**

**“Sec. 2031”: Forensic Centers for detecting elder abuse, neglect, and exploitation.**

- The Secretary, in consultation with the Attorney General, shall make grants to eligible entities to establish and operate stationary and mobile forensic centers, to develop forensic expertise regarding, and provide services relating to, elder abuse, neglect, and exploitation. Four grants for institutions of higher education with demonstrated expertise in forensics or commitment to

preventing or treating elder abuse, neglect, or exploitation, to establish and operate stationary forensic centers. Six grants for mobile forensic centers.

- Funding: \$4m for FY2011, \$6m for FY2012, \$8m for each FY 2013 and 2014.

**“Sec. 2041”: Enhancement of Long Term Care.**

- Certified EHR Technology Grant Program. Provide grants to long-term care facilities for the purpose of assisting such entities in offsetting the costs related to purchasing, leasing, developing, and implementing certified EHR technology designed to improve patient safety and reduce adverse events and health care complications resulting from medication errors.
  - Funding: \$20m for FY 2011, \$17.5m for 2012, \$15m for each FY 2013 and 2014.
- Long term care staffing. Provide grants and incentives to enhance training, recruitment and retention of long-term care staff. Provide training and technical assistance regarding management practices using methods that are demonstrated to promote retention of individuals who provide direct care. Provide financial incentives for achieving certification to LTC aides.
  - Funding: \$20m for FY 2011, \$17.5m for 2012, \$15m for each FY 2013 and 2014.

Medical Malpractice (Sec. 6801)

- See Sec. 10607.

**Title IX—Revenue Provisions**

*Subtitle B—Other Provisions*

Qualifying therapeutic discovery project credit (Sec. 9023)

- Provide grants and tax credits to businesses with fewer than 250 employees that undertake a qualifying therapeutic discovery project to: a) treat or prevent diseases or conditions by conducting pre-clinical activities, clinical trials, and clinical studies, or carrying out research protocols, for the purpose of securing approval of a product by the FDA; b) diagnose diseases or conditions or to determine molecular factors related to diseases or conditions by developing molecular diagnostics to guide therapeutic decisions; or c) develop a product, process, or technology to further the delivery or administration of therapeutics.
- Priority goes to projects that develop new therapies that address long-term care needs and chronic illness, especially working to cure cancer.
- Funding: No more than \$1b for two year period beginning with 2009.
- **Funding Opportunity: Qualifying therapeutic discovery project credit**
  - Eligible Entities: Life sciences companies with under 250 employees that develop new therapies.
  - Post date: May 21, 2010
  - **Application Due date: June 21, 2010**
  - Estimated Project Dates: Grants for investments made in 2009 and 2010

- Award Ceiling: \$5,000,000
- Total Funding: \$1,000,000,000
- State match: No
- Link: [Qualifying therapeutic discovery project credit](#)

## **Title X—Strengthening Quality, Affordable Health Care for All Americans**

### *Subtitle B—Provisions related to Title II*

#### Support for parenting and pregnant teens and women (sec. 10211-10213)

- States will receive grants to supplement spending by institutions of higher learning that operates or agree to establish a pregnant and parenting student services office. At least one quarter of spending must be from non-Federal sources. Grants can be used to conduct a needs assessment, provide direct services, create referral patterns with other organizations, and assess the performance of students regarding these issues.
- States can also use grants to fund high schools and community service centers to establish, maintain or operate pregnant and parenting services.
- States can also make funding available to the state attorney general to improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking. The AG can fund law enforcement, intervention services, technical assistance and training for non-profit organizations, local or federal governments, faith-based organizations, or professionals working in law, health care, or social services.
- Funds can also be used to promote public awareness and education about these issues.
- Funding: \$25m for each FY 2010-2019.
- **Funding Opportunity: Support for Pregnant and Parenting Teens and Women**
  - Eligible Entities: State governments
  - **Application Due Date: August 2, 2010**
  - Estimated project dates: Sept 1, 2010 to Aug 31, 2013
  - Estimated Number of Awards: Up to 25
  - Award ceiling: \$2,000,000
  - State Match: No
  - Link: [Support for pregnant teens and women](#)

### *Subtitle C—Provisions Relating to Title III*

#### Plans for a Value-Based purchasing program for ambulatory surgical centers (Sec. 10301)

- Requires Secretary of HHS to Issue a plan by Jan 1, 2011 to develop value-based purchasing program for ambulatory surgical centers, skilled nursing facilities, and home health agencies.

Revisions to Payment Bundling Pilot (Sec. 10308)

- Applies pilot to continuing care hospitals for full episodes of care, which is defined as the full period that a patient stays in the continuing care hospital plus the first 30 days following discharge from the hospital.
- Continuing Care hospitals are those that demonstrate the ability to meet patient care and patient safety standards and provide under common management the medical and rehabilitation services provided in inpatient rehabilitation hospitals and units, long term care hospitals, and skilled nursing facilities.

Medicare demonstration based on the study of home health agencies (Sec. 10315)

- Conduct demonstration to test whether making payment adjustments for home health services under the Medicare program would substantially improve access to care for patients with high severity levels of illness or for low-income or underserved Medicare beneficiaries.
- Waive budget neutrality for this demonstration.
- Conduct it for four years beginning no later than Jan 1, 2015. If the demonstration goes forward, Secretary will evaluate the program and report to Congress.
- Funding: \$500m from Medicare Trust Funds for FYs 2015-2018—funding available for the study and the demonstration.

Pilot for care of individuals exposed to environmental health hazards (Sec. 10323)

- Establish a pilot program to provide innovative approaches to furnishing comprehensive, coordinated, and cost-effective care for these people.
- Funding: Transfer money to CMS from the Medicare Trust Funds as the Secretary deems necessary.

Pilot testing pay-for-performance programs for certain Medicare providers (Sec. 10326)

- Not later than Jan 1, 2016, run a pilot program to test value-based purchasing for particular providers: psychiatric hospitals, LTC hospitals, hospice programs, certain cancer hospitals, rehabilitation hospitals.
- Secretary can expand the duration or scope of pilot at any time after January 1, 2018.

Financial incentives to choose high-quality providers (Sec. 10331)

- Establish a demonstration program to provide incentives to Medicare beneficiaries who choose high-quality providers
- Begin no later than Jan 1, 2019. Medicare beneficiaries cannot be required to pay higher cost-sharing or have reduced benefits because of the demonstration.

Community-based collaborative care network program (Sec. 10333)

- Secretary may award grants to eligible entities to support community-based collaborative care networks (consortium of health care providers with a joint governance structure) to provide comprehensive coordinated and integrated health care services for low-income populations.
- Priority given to networks that have: the capability to provide the broadest range of services to low-income individuals; the broadest range of providers that currently serve a high volume of low-income individuals; and county or municipal departments of health.
- Grants can be used for outreach and enrollment, patient navigation and care coordination, case management, transportation, expanded capacity for tele-health or after-hour services.
- Funding: appropriations as necessary for FYs2011-2015.

Office of Minority Health (Sec. 10334)

- Secretary will award grants, contracts, etc with public and nonprofit private entities, agencies, etc to assure improved health status of racial and ethnic minorities, and shall develop measures to evaluate the effectiveness of activities aimed at reducing health disparities and supporting the local community. Such measures shall evaluate community outreach activities, language services, workforce cultural competency.
- Funding: As necessary for FY 2011-2016.
- Secretary will report to Congress less than one year after enactment and biennially after that.

*Subtitle D—Provisions Relating to Title IV*

Grants for small businesses to provide comprehensive workplace wellness programs (Sec. 10408)

- Secretary shall award grants to employers with fewer than 100 employees all of whom work 25 or more hours per week to provide their employees with access to comprehensive workplace wellness programs. Programs include health awareness initiatives, efforts to maximize employee engagement, initiatives to change healthy behaviors and support healthy workplace environments.
- Grant program will be conducted for five years. Eligible employers must submit an application to the Secretary.
- Funding: \$200m for FYs2011-2015. Money will remain available until expended.

Cures acceleration network (Sec. 10409)

- Director of NIH shall award grants and contracts to accelerate the development of high need cures, including through the development of medical products and behavioral therapies.
- Recipients can 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.



- Funding: \$500m for FY2010 and as necessary after that. Awards will not be more than \$15m per project for the first FY of funding; can receive addition funding of up to \$15m for subsequent years. Non-federal funds for projects must equal at least one of every three dollars spent.
- Director of NIH may audit awardees and has flexible research authority to use up to 20% of funds.

#### Centers of Excellence for Depression (Sec. 10410)

- Award grants on a competitive basis to institutions of higher education or public or private nonprofit research institutions to establish national centers of excellence for depression to engage in activities related to the treatment of depressive disorders.
- By September 30, 2016 not more than 30 centers should be established.
- Grant period is five years and may be renewed on a competitive basis for another 1 to 5 years.
- Priority for grants given to entities that have: a) demonstrated capacity and expertise to serve the targeted population, b) existing infrastructure or expertise to provide appropriate, evidence-based and culturally and linguistically competent services, c) a location in a geographic area with disproportionate numbers of underserved and at-risk populations in medically underserved areas and health professional shortage areas, d) proposed innovative approaches or outreach to initiate or expand services, e) use of the most up-to-date science, practices, and interventions available, f) demonstrated capacity to establish cooperative and collaborative agreements with community mental health centers and other community entities to provide mental health, social, and human services to individuals with depressive disorders.
- Non-federal contributions must be 1 of every 5 dollars spent on the project.
- Funding: \$100m for each FY 2011-2015, \$150m for each FY 2016-2020. Allocation to each center may be no more than \$5m except for the coordinating center which may receive up to \$10m.

#### National congenital heart disease surveillance system (sec. 10411)

- Award one grant to enhance and expand infrastructure to track the epidemiology of congenital heart disease and to organize such information into a nationally-representative, population-based surveillance system that compiles data concerning actual occurrences of congenital heart disease, to be known as the National Congenital Heart Disease Surveillance System. Eligible entity must be a public or private non-profit with specialized experience in congenital heart disease.
- Funding: appropriations as necessary FYs2011-2015.

#### Young women's breast health awareness and support of young women diagnosed with breast cancer (Sec. 10413)

- Conduct a national evidence-based education campaign to increase awareness of young women's(ages 15-44) knowledge regarding breast health in young women of all racial, ethnic, and cultural backgrounds; the occurrence and risk factors for cancer, etc.

- Award grants to entities to establish national multimedia campaigns oriented to young women that may include advertising through television, radio, print media, billboards, posters, all forms of existing and especially emerging social networking media, other Internet media, and any other medium.
- Award grants to organizations and institutions to provide health information from credible sources and substantive assistance directed to young women diagnosed with breast cancer and pre-neoplastic breast diseases.
- Funding: \$9m for each FY 2010-2014.

*Subtitle E—Provisions Relating to Title V*

Demonstration grants for family nurse practitioner training programs (Sec. 10501)

- Establish a training demonstration program for family nurse practitioners to employ and provide 1-year training for nurse practitioners who have graduated from a nurse practitioner program for careers as primary care providers in Federally Qualified Health Centers and Nurse-Managed Health Clinics.
- Create a FQHC and NMHC training module for NPs that can be replicated nationwide.
- Award 3-year grants to FQHCs and NMHCs that have sufficient infrastructure to train a minimum of 3 nurse practitioners per year and to provide to each awardee with 12 full months of full time, paid employment and benefits. Entities must provide NPs with specialty training and rotations among high-volume/high-risk populations. Encourage collaboration with medical schools and other health professional training programs.
- Secretary can award a technical assistance grant to one or more FQHCs/NMHC that has demonstrated expertise in establishing an NP residency program.
- NP recipients must demonstrate a commitment to a career in FQHCs/NMHCs and be licensed/board-certified; preference for bi-lingual NPs.
- Funding: no more than \$600,000 per entity; can roll-over money from one FY to another. Appropriations as necessary for FYs 2011-2014.
- **Funding Opportunity: Nurse Managed Health Clinics**
  - Eligible Entities: Nurse-practice arrangements managed by advanced practice nurses, which provide primary care or wellness services to underserved or vulnerable populations, and have an association with a school, college, university, or department of nursing, federally qualified health center, or independent nonprofit health or social services agency.
  - Post Date: Jun 17, 2010
  - **Application Due Date: July 19, 2010**
  - Estimated project dates: Sept 30, 2010 to Sep 29, 2013
  - Estimated Number of Awards: 10
  - Award ceiling: \$1,250,000
  - State Match: No

- Link: [Nurse managed health clinics](#)

State grants to health care providers who provide services to a high percentage of medically underserved populations or other special populations (Sec. 10501)

- A State may award grants to health care providers who treat a high percentage of medically underserved populations or other special populations. The program cannot be established under the state Medicaid program.
- The goal is to recruit students most likely to practice in medically underserved areas, particularly rural communities, provide rural-focused training and experience, and increase the number of recent allopathic and osteopathic medical school graduates.
- Recipients must establish or expand a rural-focused training program, enroll no fewer than 10 students per year in the program, and prioritize students who have lived in underserved rural communities for two years or more. An annual report from each grantee is due to the Secretary of HHS.
- Funding: \$4m for FYs 2010-2013.

Rural Physician Training Grants (Sec. 10501)

- Award grants to accredited schools of allopathic or osteopathic medicine schools that recruit students most likely to practice medicine in underserved rural communities.
- Funding: \$4 million for each FYs 2010- 2013.

Preventive Medicine and public health training grant program (Sec. 10501)

- Award grants to schools of medicine, public health, osteopathic medicine, accredited public or private non-profit hospitals, and state, local or tribal department of health to provide preventive care training to medical residents.
- HHS Secretary will submit an annual report to congress about this program.
- Funding: \$43m for FY2011 and as necessary for FYs2012-2015.

Grants for community-based diabetes prevention programs (Sec. 10501)

- Establish a national diabetes prevention program targeted at adults at high risk for diabetes to eliminate the preventable burden of diabetes.
- Funding: appropriations as necessary, FYs 2010-2014.

Infrastructure to expand access to care (Sec. 10502)

- Appropriate \$100m for fiscal year 2010, to remain available for obligation until September 30, 2011, to be used for debt service on, or direct construction or renovation of, a health care facility that provides research, inpatient tertiary care, or outpatient clinical services. Such facility shall be affiliated with an academic health center at a public research university in the United States that contains a State's sole public academic medical and dental school.
- **Funding Opportunity: Infrastructure to expand access to care**

- Eligible Entities: Institutions of Higher Education shall be affiliated with an academic health center at a public research university in the United States that contains a State's sole public academic medical and dental school.
- Post Date: August 18, 2010
- **Application Due Date: October 4, 2010**
- Estimated Number of Awards: 1
- Estimated Award: \$100,000,000
- State Match: No.
- Link: [Infrastructure to expand access to care](#)

Community Health Center Fund (to increase funding for existing community health center program) (sec. 10503)

- Establish health service delivery sites to improve the health of the Nations underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services.
- **Funding Opportunity: Health Center Access Points funded under the PPACA**
  - Eligible Entities: Public or private entities including tribal, faith-based, and community-based organizations.
  - Post Date: August 9, 2010
  - Application Due Date: **November 17, 2010**
  - Estimated Project Dates: Aug 01, 2011 to Jul 31, 2013
  - Estimated Number of Awards: 350
  - Estimated Average Award: \$650,000
  - State match: No.
  - Link: [Health center new access points.](#)

Demonstration project to provide access to affordable care (sec. 10504)

- Establish a 3 year demonstration project in up to 10 States to provide access to comprehensive health care services to the uninsured at reduced fees.
- Secretary shall evaluate the feasibility of expanding the project to additional States.
- Eligible entities must be nonprofit, public-private partnerships that provide access to comprehensive health care services to the uninsured at reduced fees.
- Each participant will receive no more than \$2m to carry out the demonstration over three years.

*Subtitle F—Provisions Relating to Title VI*

Medical Malpractice Demonstration (Sec. 10607)

- Evaluates alternatives to current medical tort litigation.
- States will receive 5-year grants to develop tort litigation alternatives that allow for dispute resolution and promote reduction in health care errors.

- Preference will be given to state that have developed alternatives in consultation with relevant stakeholders and have proposals that are likely to improve access to liability insurance and enhance patient safety by reducing medical errors.
- Permits patients to opt out and pursue remedies through the courts.
- Funding: \$50m for five FY period beginning FY2011; up to \$500,000 per state for planning grants.