Discretionary Funding in the Patient Protection and Affordable Care Act (ACA)

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Summary

The Patient Protection and Affordable Care Act (ACA) reauthorized new funding for numerous existing discretionary grant and other programs and activities. ACA also created multiple new discretionary grant programs and activities and provided for each an authorization of appropriations. Funding for all of these programs and activities is subject to action by congressional appropriators. This report summarizes all the discretionary spending provisions in ACA that authorized appropriations for grant programs and other activities. A companion product, CRS Report R41301, *Appropriations and Fund Transfers in the Patient Protection and Affordable Care Act (PPACA)*, summarizes all the mandatory appropriations and Medicare trust fund transfers in the new law.

Among the provisions that are intended to strengthen the nation's health care safety net and improve access to care, ACA permanently reauthorized the federal health centers program and the National Health Service Corps (NHSC). The NHSC provides scholarships and student loan repayments to individuals who agree to a period of service as a primary care provider in a federally designated Health Professional Shortage Area. In addition, the new law addressed concerns about the current size, specialty mix, and geographic distribution of the health care workforce. It reauthorized and expanded existing health workforce education and training programs under Titles VII and VIII of the Public Health Service Act (PHSA). Title VII supports the education and training of physicians, dentists, physician assistants, and public health workers through grants, scholarships, and loan repayment. ACA created several new programs to increase training experiences in primary care, in rural areas, and in community-based settings, and provided training opportunities to increase the supply of pediatric subspecialists and geriatricians. It also expanded the nursing workforce development programs authorized under PHSA Title VIII to bolster undergraduate and graduate nursing education and training.

As part of a comprehensive framework for federal community-based (i.e., public health) prevention activities, including a national strategy and a national education and outreach campaign, ACA authorized several new grant programs with a focus on preventable or modifiable risk factors for disease (e.g., sedentary lifestyle, tobacco use). The new law also leveraged a number of mechanisms to improve the quality of health care, including new requirements for quality measure development, collection, analysis, and public reporting; programs to develop and disseminate innovative strategies for improving the quality of health care delivery; and support for care coordination programs such as medical homes, patient navigators, and the co-location of primary health care and mental health services.

Additionally, ACA authorized funding for programs to prevent elder abuse, neglect, and exploitation; grants to expand trauma care services and improve regional coordination of emergency services; and demonstration projects to implement alternatives to current tort litigation for resolving medical malpractice claims, among other provisions.

The Congressional Budget Office estimated that ACA's discretionary spending provisions, if fully funded by future appropriations acts, would result in appropriations of approximately $106 billion over the 10-year period FY2010-FY2019. Most of that funding would be for programs that existed prior to, and whose funding was reauthorized by, ACA. Few new programs created by ACA received funding in FY2010 or FY2011.

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Introduction

The Patient Protection and Affordable Care Act (ACA)[1] restructured the private health insurance market, set minimum standards for health coverage, created a mandate for most U.S. residents to obtain health insurance coverage, and provided for the establishment by 2014 of state-based insurance exchanges for the purchase of private health insurance. Qualifying individuals and families will be able to receive federal subsidies to reduce the cost of purchasing coverage through the exchanges. The new law also expanded eligibility for Medicaid; amended the Medicare program in an effort to reduce the rate of its projected growth; imposed an excise tax on insurance plans found to have high premiums; and made numerous other changes to the tax code, Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and many other federal programs.

ACA implementation is projected to have a significant impact on federal revenues and direct (also referred to as mandatory) spending.[2] The law included direct spending to subsidize the purchase of health insurance coverage through the exchanges, as well as increased outlays for the expansion of the Medicaid program. ACA also included numerous mandatory appropriations to fund temporary programs to increase access and funding for targeted groups, provide funding to states to plan and establish exchanges, and support many other research and demonstration programs and activities. The costs of expanding public and private health insurance coverage and other mandatory spending are offset by revenues from new taxes and fees, and by savings from payment and health care delivery system reforms designed to slow the growth in spending on Medicare and other federal health care programs.

Implementation of ACA is also likely to affect discretionary spending that is subject to the annual appropriations process.[3] The law reauthorized appropriations for numerous existing discretionary grant programs and activities, primarily ones authorized under the Public Health Service Act (PHSA). While the authorizations of appropriations for most of these programs expired prior to their reauthorization by ACA, almost all of them continued to receive an annual appropriation. ACA also created multiple new grant programs and provided for each an authorization of appropriations.

Funding for all ACA's discretionary programs depends on actions taken by congressional appropriators, a process that may lead to greater or smaller amounts than the sums authorized by the law. With Congress now operating under discretionary spending limits set by the Budget Control Act, it may prove difficult to secure funding for new programs and activities.[4] Even

[1] ACA was signed into law on March 23, 2010 (P.L. 111-148, 124 Stat. 119). A week later, on March 30, 2010, the President signed the Health Care and Education Reconciliation Act (HCERA; P.L. 111-152, 124 Stat. 1029), which amended multiple health care and revenue provisions in ACA. Several other bills that were subsequently enacted during the 111th Congress made more targeted changes to specific ACA provisions. All references to ACA in this report refer to the law as amended. Note that previous CRS reports on the Patient Protection and Affordable Care Act used the acronym PPACA to refer to the law. CRS is now using the more common acronym ACA.

[2] Mandatory, or direct, spending generally refers to budget authority (i.e., the authority to incur financial obligations that result in government expenditures, such as purchasing services or awarding grants) that is provided in laws other than the annual appropriations acts. Mandatory spending includes entitlement authority (e.g., Medicare, Social Security).

[3] Discretionary spending refers to outlays from budget authority that is provided in and controlled by annual appropriations acts.

[4] For a detailed examination of all the provisions in the Budget Control Act, see CRS Report R41965, *The Budget* (continued...)

maintaining current funding levels for existing programs with an established appropriations history may prove a challenge under growing pressure to reduce federal discretionary spending.

This report summarizes all the discretionary spending provisions in ACA that authorize (or reauthorize) appropriations for grant programs and other activities. It will be updated to reflect important legislative and other developments.

Discretionary Funding in ACA

The law's discretionary funding provisions are grouped by general topic in a series of tables with the following headings: Health Centers and Clinics (**Table 1**); Health Care Workforce (**Table 2**); Prevention and Wellness (**Table 3**); Maternal and Child Health (**Table 4**); Health Care Quality (**Table 5**); Nursing Homes (**Table 6**); Health Data Collection (**Table 7**); Emergency Care (**Table 8**); Elder Justice (**Table 9**); Biomedical Research (**Table 10**); Biologics (**Table 11**); 340B Drug Pricing (**Table 12**); Medical Malpractice (**Table 13**); Pain Care Management (**Table 14**); Medicaid Demonstrations (**Table 15**); Medicare (**Table 16**); and Private Health Insurance (**Table 17**).

Each table row includes the following information: (1) the ACA section number; (2) an indication of whether the provision modifies the PHSA or another law either by amending an existing section or subsection or by adding a new one, or whether it creates new stand-alone statutory authority, as well as the name (if known) of the administering agency or office within the Department of Health and Human Services (HHS); (3) a brief description of the program or activity, including the FY2010 and FY2011 funding amounts for new and existing programs and activities that received an appropriation;[5] (4) where applicable, the types of entities and/or individuals eligible for funding;[6] and (5) details of the authorization of appropriations. Where available, the table entry includes the Catalog of Federal Domestic Assistance (CFDA) number for the grant program.[7] Unless otherwise stated, all references in the tables to the Secretary refer to the HHS Secretary.

Many of the discretionary spending provisions summarized in the tables authorize annual appropriations of specified amounts for one or more fiscal years to carry out the program or activity. Other provisions authorize the appropriation of specified amounts for FY2010 or FY2011 and unspecified amounts—such sums as may be necessary, or SSAN—for later years. A

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Control Act of 2011, by Bill Heniff Jr., Elizabeth Rybicki, and Shannon M. Mahan.

[5] The FY2010 and FY2011 funding amounts that appear in the tables in this report are taken from the HHS agency FY2011 operating plans, available at http://www.hhs.gov/asfr/ob/docbudget/2011operatingplan.html, and the agency congressional budget justification documents, available at http://www.hhs.gov/about/hhsbudget.html. FY2012 funding amounts will be incorporated in the tables once the HHS FY2012 annual appropriations are enacted and figures become available. For more information on funding for the Public Health Service agencies within HHS, see CRS Report R41737, *Public Health Service (PHS) Agencies: Overview and Funding, FY2010-FY2012*, coordinated by C. Stephen Redhead and Pamela W. Smith.

[6] Not applicable if the funding is to support programs and activities carried out by a federal agency.

[7] CFDA is a government-wide compendium of federal grant and other assistance programs. Each program is assigned a unique five-digit number, XX.XXX, where the first two digits represent the funding agency and the second three digits represent the program. Programs funded by the Department of Health and Human Services begin with the number 93. For more information, see https://www.cfda.gov.

few provisions authorize multi-year appropriations, available for obligation for a period in excess of one fiscal year (e.g., for the period FY2011 through FY2014). Numerous other provisions simply authorize the appropriation of SSAN, in a few cases without specifying any fiscal years.

ACA also reauthorized the Indian Health Care Improvement Act (IHCIA), which authorizes many programs and services provided by the Indian Health Service (IHS). It also extended indefinitely the authorization of appropriations for IHCIA programs. For more information on ACA' s Indian health provisions, which are not included in this report, see CRS Report R41630, *The Indian Health Care Improvement Act Reauthorization and Extension as Enacted by the ACA: Detailed Summary and Timeline*, by Elayne J. Heisler.

Acronyms Used in the Tables in This Report

Agency for Healthcare Research and Quality (AHRQ)

Centers for Disease Control and Prevention (CDC)

Centers for Medicare and Medicaid Services (CMS)

Community Health Center Fund (CHCF)

Federal Food, Drug, and Cosmetic Act (FFDCA)

Food and Drug Administration (FDA)

Health Resources and Services Administration (HRSA)

Indian Health Service (IHS)

National Institutes of Health (NIH)

Office of Personnel Management (OPM)

Office of the Secretary (OS)

Prevention and Public Health Fund (PPHF)

Public Health Service Act (PHSA)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Social Security Act (SSA)

The Congressional Budget Office (CBO) estimated that ACA's discretionary spending provisions, if fully funded by future appropriations acts, would result in appropriations of approximately $106 billion over the period FY2010-FY2019.[8] However, much of that funding—about $82 billion—is for three programs that were in existence prior to, and whose funding was reauthorized by, ACA; namely, the National Health Service Corps, the federal health centers program, and the IHS.

In addition, CBO projected that both the Department of Health and Human Services (HHS) and the Internal Revenue Service (IRS) will incur substantial costs to implement the policies and programs established by ACA. Most of these costs will have to be funded through the annual appropriations process. CBO estimated that the costs to the IRS of implementing the eligibility determination, documentation, and verification processes for the health insurance subsidies will probably total between $5 billion and $10 billion over 10 years. It further estimated that the costs to HHS of implementing the changes in Medicare, Medicaid, and CHIP, as well as some of the reforms to the private insurance market, will require similar amounts over 10 years.[9]

[8] U.S. Congressional Budget Office, letter to the Honorable Jerry Lewis about the potential effects of the Patient Protection and Affordable Care Act on discretionary spending, May 11, 2010, available at http://www.cbo.gov/ftpdocs/114xx/doc11490/LewisLtr_HR3590.pdf. CBO's estimate of discretionary spending includes (1) amounts specified in ACA, plus estimated amounts for subsequent years (adjusted for anticipated inflation) where ACA specifies an amount for the first year (FY2010 or FY2011) and authorizes SSAN for subsequent years; and (2) estimated amounts for subsequent years (adjusted for anticipated inflation) where there is an appropriation under prior law for FY2010 and ACA authorizes the appropriation of SSAN for later years. The CBO estimate does not include new ACA programs for which the law provided only an authorization for the appropriation of SSAN.

[9] Ibid. Section 1105 of the Health Care and Education Reconciliation Act established a Health Insurance Reform Implementation Fund (HIRIF) within HHS and appropriated $1 billion to the Fund to implement ACA. CBO's estimates of the amount of discretionary funding necessary to implement ACA are in addition to the funding provided (continued...)

For FY2010 and FY2011, it appears that none of the new discretionary programs authorized under ACA received funding through the regular appropriations process. However, three new programs received mandatory funds from ACA's Prevention and Public Health Fund (see discussion below under "Appropriations and Trust Fund Transfers in ACA").[10]

Potential Impact of Automatic Spending Reductions on Discretionary Spending

The Budget Control Act of 2011 (BCA)[11] established new budgetary enforcement mechanisms for reducing the federal deficit by at least $2.1 trillion over the 10-year period FY2012-FY2021. The BCA placed statutory limits, or caps, on discretionary spending for each of those 10 fiscal years, which will save an estimated $0.9 trillion during that period. In addition, it created a Joint Select Committee on Deficit Reduction (Joint Committee) with instructions to develop legislation to reduce the budget deficit by at least another $1.5 trillion through FY2021. The Joint Committee had until November 23, 2011, to approve a legislative proposal and have it considered by the House and Senate under special procedures that would prevent amendments and limit debate in both chambers. If a Joint Committee bill reducing the deficit by at least $1.2 billion over the period FY2012-FY2021 is not signed into law by January 15, 2012, then automatic spending reductions will be triggered beginning in FY2013.

On November 21, 2010, the Joint Committee announced that the group had been unable to reach agreement on a legislative proposal to cut the deficit, raising the likelihood that automatic spending reductions will occur.[12] Under the BCA, the spending reductions would take the form of equal cuts (in dollar terms) in defense and nondefense spending for each fiscal year over the period FY2013-FY2021. The annual amount of spending cuts required in each of these two categories would be divided proportionately between direct and discretionary spending. Cuts in nonexempt direct spending programs—both defense and nondefense—would be executed through sequestration (i.e., an across-the-board cancellation of budgetary resources).

Discretionary spending reductions in FY2013 also would be achieved through a sequestration of nonexempt discretionary appropriations, with any reduction in funding for health centers and the IHS capped at 2%. For each of the remaining fiscal years (i.e., FY2014-FY2021) discretionary spending reductions would be achieved through a downward adjustment of the statutory limits for defense and nondefense spending. In contrast to the automatic spending reductions achieved through sequestration, lowering the annual discretionary spending limits allows Congress and the President to determine through the annual appropriations process which accounts are to be reduced, and by how much, in order to meet those limits. Lowering the annual spending limits also would make it that much more of a challenge to maintain funding levels for existing programs, let alone secure funding for new ones. For more information, see CRS Report R42051,

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to the HIRIF.

[10] The three programs are (1) Sec. 5208, Nurse-Managed Health Clinics, see **Table 1**; (2) Sec. 5102, State Health Care Workforce Development Grants, see **Table 2**; and (3) Sec. 4201, Community Transformation Grants, see **Table 3**.

[11] P.L. 112-25, 125 Stat. 240.

[12] The Joint Committee's statement is at http://www.deficitreduction.gov/public/index.cfm/2011/11/statement-from-co-chairs-of-the-joint-select-committee-on-deficit-reduction.

Budget Control Act: Potential Impact of Automatic Spending Reduction Procedures on Health Reform Spending, by C. Stephen Redhead.

Appropriations and Trust Fund Transfers in ACA

Separate from the discretionary funding authorities discussed in this report, ACA included numerous provisions that appropriate billions of dollars to fund new and existing grant programs and other activities. Several other provisions require the HHS Secretary to transfer amounts from the Medicare Part A and Part B trust funds to support various specified activities. All these mandatory spending provisions are summarized in a companion product, CRS Report R41301, *Appropriations and Fund Transfers in the Patient Protection and Affordable Care Act (PPACA)*, by C. Stephen Redhead.

Of particular note, ACA established and appropriated billions of dollars for two new funds to help support HHS programs and activities. First, the Community Health Center Fund (CHCF) will provide a total of $11 billion in supplemental funding over the period FY2011-FY2015 for the federal health centers program and the National Health Service Corps (see **Table 1** and **Table 2**).[13] A separate ACA appropriation provided $1.5 billion for health center construction and renovation (see **Table 1**). Second, the Prevention and Public Health Fund (PPHF), for which ACA provided an annual appropriation in perpetuity,[14] is intended to fund prevention, wellness, and other public health-related programs and activities authorized under the PHSA. In addition to funding three of ACA's new discretionary programs, PPHF funds for FY2010 and/or FY2011 were used to supplement regular appropriations for a number of other longstanding programs that were reauthorized by the law (see **Table 2** and **Table 3**).[15]

[13] The CHCF will provide the following amounts to supplement regular appropriations for health center operating grants: FY2011 = $1 billion; FY2012 = $1.2 billion; FY2013 = $1.5 billion; FY2014 = $2.2 billion; and FY2015 = $3.6 billion. It also will provide the following amounts to supplement regular appropriations for the National Health Service Corps: FY2011 = $290 million; FY2012 = $295 million; FY2013 = $300 million; FY2014 = $305 million; and FY2015 = $310 million.

[14] ACA appropriated the following amounts to the PPHF: FY2010 = $500 million; FY2011 = $750 million; FY2012 = $1 billion; FY2013 = $1.25 billion; FY2014 = $1.5 billion; and FY2015 and each fiscal year thereafter = $2 billion.

[15] For more information on the allocation of PPHF funds in FY2010 and FY2011, see CRS Report R41737, *Public Health Service (PHS) Agencies: Overview and Funding, FY2010-FY2012*, coordinated by C. Stephen Redhead and Pamela W. Smith.

Table 1. ACA Discretionary Funding: Health Centers and Clinics

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
5601	Permanently reauthorizes PHSA Sec. 330 (HRSA)	**Health centers program.** Provides operating grants to health centers serving federally designated medically underserved populations and furnishing comprehensive primary care services, referrals, and other services needed to facilitate access to such care, regardless of ability to pay. ***FY2010 funding = $2.19 billion; FY2011 funding = $2.58 billion.*** [Note: FY2011 funding = $1.58 billion in regular appropriations + $1 billion from the CHCF. In addition, ACA appropriated $1.5 billion for the period FY2011 through FY2015 for health center construction and renovation; see CRS Report R41301.]	Community, migrant, public housing, and homeless health centers that meet the statutory requirements of PHSA Sec. 330.	$3.0 billion for FY2010, $3.9 billion for FY2011, $5.0 billion for FY2012, $6.5 billion for FY2013, $7.3 billion for FY2014, and $8.3 billion for FY2015; amounts in subsequent years based on previous year's funding, subject to adjustment.
4101(b)	New PHSA Sec. 399Z-1 (HRSA)	**School-based health centers (SBHCs).** Requires the Secretary to award grants to fund the management and operation of SBHCs that provide comprehensive physical and behavioral health services to children and adolescents, subject to parental consent. [Note: ACA Sec. 4101(a) appropriated a total of $200 million for SBHC construction and renovation; see CRS Report R41301.]	SBHCs that meet certain specified criteria and match 20% of the grant amount with non-federal funds (unless waived). Preference may be given to SBHCs serving children and adolescents who have limited access to or difficulty accessing health care.	SSAN for each of FY2010 through FY2014.
5208	New PHSA Sec. 330A-1 (HRSA)	**Nurse-managed health clinics (NMHCs).** Requires the Secretary to award grants to fund the operation of NMHCs—associated with schools, colleges, federally qualified health centers (FQHCs), or nonprofit health/social services agencies—that provide comprehensive primary health care and wellness services to vulnerable or underserved populations. ***FY2010 funding = $15 million from the PPHF; FY2011 funding = $0.*** [CFDA 93.515]	NMHCs that provide care regardless of income or insurance status and in which nurses provide the majority of the services. At least one advanced practice nurse must hold an executive management position in the NMHC.	$50 million for FY2010, and SSAN for each of FY2011 through FY2014.
10504	New authority (HRSA)	**Access to affordable care demonstration program.** Within six months of enactment, requires the Secretary to establish a three-year demonstration project in up to 10 states—each state may receive up to $2 million—to provide access to comprehensive health care services to the uninsured.	State-based, nonprofit, public-private partnerships that provide access to comprehensive health care services to the uninsured at reduced fees.	SSAN (no years specified).

Sources: Table prepared by the Congressional Research Service based on the text of the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended by the health provisions in the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152). FY2010 and FY2011 funding amounts are taken from HRSA's FY2011 operating plan, available at http://www.hhs.gov/asfr/ob/docbudget/2011operatingplan.html, and the agency's FY2012 congressional budget justification document, available at http://www.hhs.gov/about/hhsbudget.html.

Table 2. ACA Discretionary Funding: Health Care Workforce

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
National Health Service Corps (NHSC)				
5207	Permanently reauthorizes PHSA Title III, Part D, Subpart III (HRSA)	**NHSC scholarships and loan repayments.** In exchange for a commitment to work in a federally designated Health Professional Shortage Area (HPSA), provides (1) scholarships to students training in a primary care discipline to cover tuition, fees, other educational costs, and a stipend; and (2) student loan repayments of up to $50,000 a year to primary care and mental health clinicians. ***FY2010 funding = $141 million; FY2011 funding = $315 million.*** [Note: FY2011 funding = $25 million in regular appropriations + $290 million from the CHCF; see CRS Report R41301. CFDA 93.162, 93.288]	(1) Scholarships: students accepted to or enrolled in a training program for medicine, dentistry, family nurse practitioner, nurse midwife, or physician assistant who agree to two to four years of service in an NHSC-approved site in a HPSA. (2) Loan repayments: primary care, dental, and mental health clinicians who agree to at least two years of service in an NHSC-approved site in a HPSA.	$320 million for FY2010, $414 million for FY2011, $535 million for FY2012, $691 million for FY2013, $893 million for FY2014, and $1.155 billion for FY2015; amounts in subsequent years based on previous year's funding, subject to adjustment.
Physicians				
5301	Amends and reauthorizes PHSA Sec. 747 (HRSA)	**Primary care training programs.** (1) Authorizes five-year grants to support training programs in primary care. Funds are to be used to plan, develop and operate accredited training programs, including residency and internship programs, in family medicine, general internal medicine, and general pediatrics and to provide financial assistance (e.g., traineeships). (2) Authorizes five-year grants for primary care capacity building. Funds are to be used to create academic units or programs that improve clinical teaching in the primary care fields, and (in a separate authorization) to integrate academic units to enhance interdisciplinary recruitment, training, and faculty development. ***FY2010 funding = $237 million; FY2011 funding = $39 million.*** [Note: FY2010 funding = $39 million in regular appropriations + $198 million from the PPHF; see CRS Report R41301. CFDA 93.510, 93.514, 93.884]	(1) Training grants: public and nonprofit private hospitals, medical schools, academically affiliated physician assistant training programs, and other public and nonprofit private entities. (2) Capacity building grants: medical schools; priority given to entities proposing innovative approaches to primary care training and with a record of training primary care providers, among other things.	For both grant programs, $125 million for FY2010, and SSAN for each of FY2011 through FY2014. A separate authorization of $750,000 for each of FY2010 through FY2014 is provided for capacity building grants to integrate academic units.
5203	New PHSA Sec. 775 (HRSA)	**Pediatric specialist loan repayment program.** Requires the Secretary to implement a loan repayment program that pays up to $35,000 for each year of service (for a maximum of three years) to eligible individuals in exchange for a commitment to work in a pediatric medical specialty, in pediatric surgery, or in child and adolescent mental and behavioral health care in a medically underserved area.	Practicing or in-training pediatric specialists and surgeons, and child and adolescent mental health specialists, who agree to at least 2 years of full-time service in a HPSA.	$30 million for each of FY2010 through FY2014 for loan repayments to pediatric specialists and surgeons; $20 million for each of FY2010 through FY2013 for loan repayments to mental health providers.

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
5508(a)	New PHSA Sec. 749A (HRSA)	**Teaching health centers development grants.** Authorizes three-year grants of up to $500,000 to community-based, ambulatory care centers that establish or expand a primary care residency training program.	FQHCs, rural health clinics, Indian health centers, and entities receiving PHSA Title X (family planning) funds.	$25 million for FY2010, $50 million for each of FY2011 and FY2012, and SSAN for each fiscal year thereafter.
10501(l)	New PHSA Sec. 749B (HRSA)	**Rural physician training grants.** Requires the Secretary to (1) award grants for recruiting medical students most likely to practice in underserved rural communities and for providing rural-focused training and experience; and (2) within 60 days of enactment, by regulation, define underserved rural communities. [Note: HRSA published an interim final rule on May 26, 2010 (75 *Federal Register* 29447).]	Medical schools; priority given to entities that train students to practice in rural communities, that have established partnerships with rural community health centers, or who submit a long-term plan for tracking where graduates practice.	$4 million for each of FY2010 through FY2013.
Dentistry				
5303	New PHSA Sec. 748; authority previously part of Sec. 747 (HRSA)	**General, pediatric, and public health dentistry training.** Authorizes grants or contracts for dental training activities including faculty development, financial assistance, faculty loan repayment programs, technical assistance for pediatric dental programs, and pre- and post-doctoral training programs in dental primary care. Gives priority to entities that train individuals from disadvantaged backgrounds, who have a record of placing graduates in facilities that provide care to the underserved, or whose programs focus on providing care to the underserved through demonstrated partnerships with FQHCs, rural health clinics, or through having programs focused on specific topics, such as HIV/AIDs. ***FY2010 funding = $15 million; FY2011 funding = $15 million.*** [CFDA 93.884]	Dental or dental hygiene schools; approved residency or advanced education programs in general, pediatric, or public health dentistry. Eligible entities may partner with schools of public health so that dental residents and dental hygiene students may receive masters-level training in public health.	$30 million for FY2010, and SSAN for each of FY2011 through FY2015; permits grantees to carry over funds for up to three fiscal years.
5304	New PHSA Sec. 340G-1 (HRSA)	**Alternative dental health care provider demonstration program.** Authorizes the Secretary to award 15 five-year grants of not less than $4 million to train or employ alternative dental health care providers (e.g., community dental health coordinators, dental health aides) to increase access to dental health care services in rural and other underserved communities.	Institutions of higher education; public-private entities; FQHCs; facilities operated by the IHS or by Indian tribes or organizations; state or county public health clinics; public hospitals or health systems; or accredited dental education programs.	SSAN (no years specified).

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
Nursing				
5309(a)	Amends and reauthorizes PHSA Sec. 831 (HRSA)	**Nurse education, practice, and quality grants.** Authorizes grants or contracts to expand enrollment in baccalaureate nursing programs; provide training in new technologies; develop cultural competencies; expand nursing practice arrangements in non-institutional settings; and support nurse retention programs that offer career advancement for nursing personnel, enhance collaboration among nurses and other health professionals, and promote nurse involvement in clinical decision making. ***FY2010 funding = $40 million; FY2011 funding = $40 million.*** [CFDA 93.359, 93.503]	Schools of nursing, health care facilities (including NMHCs), or partnerships of the two.	SSAN for each of FY2010 through FY2014. See also ACA Sec. 5312 below.
5309(b)	New PHSA Sec. 831A (HRSA)	**Nurse retention grants.** New authority that largely duplicates the nurse retention grant program authorized under PHSA Sec. 831 (see ACA Sec. 5309(a) above).	Schools of nursing, health care facilities (including NMHCs), or partnerships of the two.	SSAN for each of FY2010 through FY2012. See also ACA Sec. 5312 below.
5311(a)	Amends and reauthorizes PHSA Sec. 846A (HRSA)	**Nursing faculty loan program.** Authorizes loans to nursing school students pursuing advanced degrees to become qualified nursing faculty. Sets the annual loan limit at $35,500 for FY2010 and FY2011; for subsequent fiscal years, the loan limit is subject to a cost-of-attendance adjustment. Students who go on to serve as nursing school faculty may have up to 85% of their loan repayment cancelled. ***FY2010 funding = $25 million; FY2011 funding = $25 million.*** [CFDA 93.264]	Accredited schools of nursing may operate the student loan programs.	SSAN for each of FY2010 through FY2014.
5311(b)	New PHSA Sec. 847 (HRSA)	**Nursing faculty loan repayment program.** Authorizes a loan repayment program for qualified nursing students or graduates who agree to serve as nursing faculty for four to six years. Sets the annual loan limit for FY2010 and FY2011 at $10,000 for individuals with a master's or equivalent degree in nursing ($20,000 for those with a doctorate or equivalent degree in nursing), and an aggregate loan limit of $40,000 for individuals with a master's or equivalent degree in nursing ($80,000 for those with a doctorate or equivalent degree in nursing). Thereafter, the annual and aggregate loan limits are subject to a cost-of-attendance adjustment.	U.S. citizens, nationals, or lawful permanent residents who are registered nurses and have either already completed a master's or doctorate nursing program at an accredited school of nursing or are currently enrolled on a full-time or part-time basis in such a program.	SSAN for each of FY2010 through FY2014.

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
5312	Amends PHSA Sec. 871; previously Sec. 841 (HRSA)	**Authorization of appropriations.** Reauthorizes funding for the following PHSA Title VIII programs: • Sec. 811 (grants for the support of advanced education nurses, i.e., nurse practitioners): ***FY2010 funding = $96 million; FY2011 funding = $64 million.*** [Note: FY2010 funding = $64 million in regular appropriations + $31 million from the PPHF. CFDA 93.124, 93.247, 93.358, 93.513] • Sec. 821 (grants for nursing workforce diversity): ***FY2010 funding = $16 million, FY2011 funding = $16 million.*** [CFDA 93.178] • Sec. 831 (nurse education, practice, and quality grants) and new Sec. 831A (nurse retention grants); see ACA Secs. 5309(a)&(b) above for funding amounts.	(1) Sec. 811: accredited programs for advanced nurse education including combined registered nurse masters degree programs, authorized nurse practitioner programs, accredited nurse midwifery programs, accredited nurse anesthesia programs, and other programs approved by the Secretary. (2) Sec. 821: schools of nursing, nursing centers, academic health centers, state or local governments, and other appropriate public or private nonprofit entities as determined appropriate by the Secretary. (3) Secs. 831 and 831A: schools of nursing, health care facilities, or partnerships of the two.	$338 million for FY2010, and SSAN for each of FY2011 through FY2016. [Note: ACA did not reauthorize funding for the Sec. 846 nursing education loan repayment and scholarship programs.][a]
5316	New authority	**Family nurse practitioner demonstration program.** Requires the Secretary to award three-year demonstration grants, not to exceed $600,000 a year, for programs to train nurse practitioners as primary care providers in FQHCs and NMHCs (as defined in ACA Sec. 5208). Preference given to bilingual individuals.	FQHCs, NMHCs.	SSAN for each of FY2011 through FY2014.
Geriatrics and Long-Term Care (LTC)				
5302	New PHSA Sec. 747A (HRSA)	**Direct care worker training.** Requires the Secretary to establish a grant program to provide new training opportunities, such as tuition and fee assistance, for direct care workers employed in LTC settings. Individuals who receive assistance are required to work in the field of geriatrics, disability services, LTC services and supports, or chronic care management for a minimum of two years.	Accredited institutions of higher education that have established a partnership with a long-term care setting (e.g., nursing home, home and community based service provider), as specified.	$10 million for the period FY2011 through FY2013.

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
5305(a)	Amends PHSA Sec. 753 by adding new subsections (d)&(e) (HRSA)	**Geriatric workforce development; geriatric career incentive awards.** (1) Requires the Secretary to award no more than 24 grants or contracts for $150,000 to eligible entities that operate geriatric education centers to support short-term intensive courses on geriatrics and LTC, and support training for family caregivers and direct care workers. (2) Requires the Secretary to award grants or contracts to eligible individuals pursuing an advanced degree in geriatrics or a related field, in return for agreeing to teach or practice in the field of geriatrics, LTC, or chronic care management for a minimum of five years upon completion of the degree. ***FY2010 funding = $34 million; FY2011 funding = $34 million.*** [CFDA 93.156, 93.250, 93.969]	(1) Accredited schools of allied health, medicine, nursing, dentistry, osteopathic medicine, optometry, podiatric medicine, veterinary medicine, public health, or chiropractic care; accredited graduate programs in clinical psychology, clinical social work, health administration, marriage and family therapy, and counseling; and physician assistant programs. (2) Advanced practice nurse, clinical social worker, pharmacist, or psychology student.	(1) $10.8 million for the period FY2011 through FY2014. (2) $10 million for the period FY2011 through FY2013.
5305(c)	Amends and reauthorizes PHSA Sec. 865; previously Sec. 855 (HRSA)	**Geriatric nursing education and training.** Provides traineeships for individuals preparing for advanced degrees in geriatric nursing or other nursing areas that specialize in elder care. ***FY2010 funding = $5 million; FY2011 funding = $5 million.*** [CFDA 93.265]	A school of nursing, a health care facility, a program leading to certification as a certified nurse assistant, or a partnership of a health care facility and one of the other two entities.	SSAN for each of FY2010 through FY2014.
Pain Care				
4305(c)	New PHSA Sec. 759 (HRSA)	**Education and training in pain care.** Authorizes a grant program to train health professionals in pain care. [See also **Table 14**.]	Health professions schools, hospices, and other public and private entities. Applicants must agree to include training and education on recognizing the signs and symptoms of pain; applicable laws and policies on controlled substances; interdisciplinary approaches to pain care delivery; barriers to care in underserved populations; and recent developments in pain care.	SSAN for each of FY2010 through FY2012, to remain available until expended.
Public Health				
5204	New PHSA Sec. 776 (HRSA)	**Public health workforce loan repayment program.** Requires the Secretary to establish a student loan repayment program that pays up to $35,000 a year, or one-third of total debt, whichever is less, to increase the supply of public health professionals.	Public health or health professionals who agree to work for at least three years in a public health agency or related training fellowship.	$195 million for FY2010, and SSAN for each of FY2011 through FY2015.

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
5206(b)	New PHSA Sec. 777 (HRSA)	**Public health and allied health scholarship program.** Authorizes grants to eligible educational entities to award scholarships for the training of mid-career professionals in public health and allied health. Available grant funds are to be divided 50:50 between supporting public health and allied health professionals.	Accredited institutions that offer training programs in public health and allied health.	$60 million for FY2010, and SSAN for each of FY2011 through FY2015.
5313	New PHSA Sec. 399V (CDC)	**Community health worker (CHW) program.** Requires CDC to award grants to promote healthy behaviors and outcomes for populations in medically underserved communities through programs of training and supervision of CHWs.	States and subdivisions, health departments, free clinics, hospitals, and FQHCs; priority given to applicants that target areas with a high proportion of uninsured or underinsured individuals, or with high rates of chronic illness or infant mortality.	SSAN for each of FY2010 through FY2014.
5314	New PHSA Sec. 778 (CDC)	**CDC training fellowships.** Authorizes the Secretary to expand existing CDC training fellowships in epidemiology, laboratory science, and informatics; the Epidemic Intelligence Service (EIS); and other training programs that meet similar objectives. [CFDA 93.065]	Participants may be placed in state and local health agencies, and states can receive federal assistance for loan repayment programs for such participants.	$39.5 million for each of FY2010 through FY2013 ($24.5 million for EIS, and $5 million each for epidemiology, laboratory science, and informatics).
5315	New PHSA Title II, Part D – Secs. 271-274 (U.S. Surgeon General)	**United States Public Health Sciences Track.** Authorizes the establishment of a science track at academic sites selected by the Secretary to award degrees that emphasize team-based service, public health, epidemiology, and emergency preparedness and response.	Assistance to academic institutions for program development; tuition and stipends for students who meet a service obligation, including in the United States Public Health Service (USPHS) Commissioned Corps. Preference to students from rural communities, and minorities.	Requires the Secretary to transfer SSAN from the Public Health and Social Services Emergency Fund for FY2010 and each fiscal year thereafter. [Note: P.L. 112-10 prohibits any such transfer of funds.][b]
10501(m)(2)	Amends PHSA Sec. 770 (HRSA)	**Public health workforce programs.** Reauthorizes funding for existing public health workforce programs (PHSA Secs. 765-769). They include grants for public health training centers; tuition, fees, and stipends for traineeships in public health and in health administration; and residency programs in preventive medicine and dental public health. Several programs mention preference for underserved communities or underrepresented minorities. ***FY2010 funding = $25 million; FY2011 funding = $30 million.*** [Note: Funding for FY2010 and FY2011 included $15 million and $20 million from the PPHF, respectively. CFDA 93.117, 93.236, 93.249, 93.516, 93.964]	Eligible entities for each program are stipulated and generally include accredited academic institutions, but may also include state, local and tribal public health departments and/or other private nonprofit entities.	$43 million for FY2011, and SSAN for each of FY2012 through FY2015.

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
5210	Amends PHSA Sec. 203 (U.S. Surgeon General)	**USPHS Commissioned Corps.** Establishes a Ready Reserve Corps of officers who are subject to involuntary call to active duty (including for training) by the Surgeon General, in order to bolster the available workforce for both routine and emergency public health missions.	Not applicable.	$17.5 million for each of FY2010 through FY2014 ($5 million for recruitment and training, $12.5 million for the Ready Reserve Corps).
Workforce Diversity/Health Disparities				
5307(a)	Amends and reauthorizes PHSA Sec. 741 (HRSA)	**Cultural competency, prevention, public health, disparities, and individuals with disability training.** Authorizes grants, contracts, or cooperative agreements under PHSA Title VII (Health Professions Education) for the development and evaluation of research, demonstration projects, and model curricula that provide training in cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities.	Health professions schools, academic health centers, state or local governments, or other appropriate public or private nonprofit entities (or consortia of such entities).	SSAN for each of FY2010 through FY2015.
5307(b)	Amends and reauthorizes PHSA Sec. 807 (HRSA)	**Cultural competency, prevention, public health, disparities, and individuals with disability training.** Authorizes grants, contracts, or cooperative agreements under PHSA Title VIII (Nursing Workforce Development) for the development and evaluation of research, demonstration projects, and model curricula that provide training in cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities. The Secretary is required to coordinate this program with the one authorized under PHSA Sec. 741.	Nursing schools, academic health centers, state or local governments, or other appropriate public or private nonprofit entities.	SSAN for each of FY2010 through FY2015.
5401	Amends and reauthorizes PHSA Sec. 736 (HRSA)	**Centers of excellence (COE).** Requires the Secretary to fund COE; i.e., centers that sponsor programs related to the recruitment, training and retention of underrepresented minorities in the health professions. ***FY2010 funding = $25 million; FY2011 funding = $24 million.*** [CFDA 93.157]	Health professions schools that recruit, enroll, and graduate underrepresented minorities or who have increased the recruitment of underrepresented minorities serving in faculty or administrative positions.	$50 million for each of FY2010 through FY2015, and SSAN for each subsequent fiscal year.

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
5402	Amends PHSA Sec. 740 (HRSA)	**Authorization of appropriations for diversity programs.** Reauthorizes appropriations for the following PHSA Title VII programs: • Sec. 737 (scholarships for disadvantaged students): ***FY2010 funding = $49 million; FY2011 funding = $49 million.*** [CFDA 93.925] • Sec. 738 (faculty loan repayments and fellowships): ***FY2010 funding = $1 million; FY2011 funding = $1 million.*** [CFDA 93.923] • Sec. 739 (educational assistance for individuals from disadvantaged backgrounds): ***FY2010 funding = $22 million; FY2011 funding = $22 million.*** [CFDA 93.822]	Sec. 737: health professions schools. Sec. 738: individuals from disadvantaged backgrounds who are in their final year of study or have a degree from an accredited health professions school. Sec. 739: health professions schools.	For Sec. 737, $51 million for FY2010, and SSAN for each of FY2011 through FY2014. For Sec. 738, $5 million for each of FY2010 through FY2014. For Sec. 739, $60 million for FY2010, and SSAN for each of FY2011 through FY2014.
5403(a)	Amends and reauthorizes PHSA Sec. 751 (HRSA)	**Area Health Education Centers (AHECs).** Requires the Secretary to award grants (with a matching requirement) of at least $250,000 to (1) plan, develop, and operate AHEC programs; and (2) to maintain and improve the effectiveness of existing AHEC programs. AHECs recruit, train, and prepare individuals from minority populations or from disadvantaged or rural backgrounds to work in medically underserved areas. ***FY2010 funding = $33 million; FY2011 funding = $33 million.*** [CFDA 93.107, 93.824]	Medical and nursing schools.	$125 million for each of FY2010 through FY2014; funds may be carried over for up to three fiscal years.
5403(b)	New PHSA Sec. 752 (HRSA)	**Continuing educational support for health professionals serving in underserved communities.** Requires the Secretary to award grants to enhance education through distance learning, continuing education, collaborative conferences, and telehealth, with a focus on primary care. [CFDA 93.189]	Health professions schools, academic health centers, state or local governments, or other public or nonprofit entities participating in training activities.	$5 million for each of FY2010 through FY2014, and SSAN for each subsequent fiscal year.

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
Mental and Behavioral Health				
5306	Redesignates PHSA Sec. 756 as Sec. 757, and adds a new Sec. 756 (HRSA)	**Mental and behavioral health education and training grants.** Authorizes grants for the recruitment and education of students in social work, interdisciplinary psychology training, and internships or other field placement programs related to child and adolescent mental health. Priority for social work grants given to schools of social work meeting certain criteria such as recruiting from and placing graduates into areas with a high-need and high-demand population. Priority for psychology grants given to institutions that focus on the needs of specified vulnerable groups. Priority for grants to train professional and paraprofessional child and adolescent mental health workers given to applicants that can, among other things, assess workforce needs and that have programs designed to increase the number of child and adolescent mental health workers serving high-priority populations. ***FY2010 funding = $3 million, FY2011 funding = $3 million.*** [CFDA 93.189]	Historically black colleges and universities (HBCUs) or other minority-serving institutions. Institutions of higher education that have knowledge, understanding and participation of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations; and that have internship or other field placement programs that prioritize cultural and linguistic competency. State-licensed mental health organizations to train paraprofessional child and adolescent mental health workers.	$35 million for the period of FY2010 through FY2013 ($8 million for training in social work, $12 million for training in graduate psychology, $10 million for training in professional child and adolescent mental health, and $5 million for training in paraprofessional child and adolescent mental health).
Policy and Planning				
5101	New authority	**National Health Care Workforce Commission.** Establishes a 15-member commission focused on evaluating and meeting the need for health care workers in the United States. The commission is required to conduct studies, produce annual reports beginning in 2011, and make recommendations on high-priority topics related to the health care workforce.	Not applicable.	SSAN (no years specified).
5102	New authority (HRSA)	**State health care workforce development grants.** Establishes a matching grants program for state partnerships to plan and implement activities leading to coherent and comprehensive health care workforce development strategies at the state and local levels. Planning grants of up to $150,000 are for up to one year and require a 15% match. Implementation grants are for up to two years (with up to one additional year of funding) and require a 25% match. ***FY2010 funding = $6 million from the PPHF; FY2011 funding = $0.*** [CFDA 93.509]	A state workforce investment board that includes certain specified members.	For planning grants, $8 million for FY2010, and SSAN for each subsequent fiscal year. For implementation grants, $150 million for FY2010, and SSAN for each subsequent fiscal year.

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
5103	Amends and reauthorizes PHSA Sec. 761 (HRSA)	**Health care workforce program assessment.** Requires the Secretary to establish a National Center for Health Care Workforce Analysis, award grants to support state and regional centers for health workforce analysis, and increase funding for longitudinal evaluations of specified individuals who have received education, training, or financial assistance from programs under PHSA Title VII. ***FY2010 funding = $3 million; FY2011 funding = $3 million.*** [Includes funding for Sec. 792 (health professions data) and Sec. 806 (nursing grant program data). CFDA 93.300]	State and regional centers for health workforce analysis: states, state workforce investment boards, public health or health professions schools, academic health centers, or appropriate public or private nonprofit entities.	For the National Center, $7.5 million for each of FY2010 through FY2014; for state and regional centers, $4.5 million for each of FY2010 through FY2014; and for longitudinal evaluations, SSAN for FY2010 through FY2014.

Sources: Table prepared by the Congressional Research Service based on the text of the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended by the health provisions in the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152). FY2010 and FY2011 funding amounts are taken from HRSA's FY2011 operating plan, available at http://www.hhs.gov/asfr/ob/docbudget/2011operatingplan.html, and the agency's FY2012 congressional budget justification document, available at http://www.hhs.gov/about/hhsbudget.html.

a. The nursing education loan repayment program repays 60% of a registered nurse's educational loans in return for a two-year commitment to work in a health care facility with a critical shortage of nurses. Participants may have an additional 25% of their loan repaid in exchange for one more year of service. The nurse scholarship program offer scholarships to individuals attending nursing school in exchange for at least two years working in a health care facility with a critical shortage of nurses. Together the two programs, authorized under PHSA Sec. 846, received $94 million in FY2010 and $93 million in FY2011. The authorization of appropriations for Sec. 846 expired at the end of FY2007 and was not reauthorized by ACA.

b. The Department of Defense and Full-Year Continuing Appropriations Act, 2011 (P.L. 112-10, Div. B, Sec. 1828) prohibited the transfer of funds from the Public Health and Social Services Emergency Fund (PHSSEF) to support the U.S. Public Health Sciences Track. The PHSSEF is an HHS account administered by the Secretary. Congress has historically used the PHSSEF to provide one-time funding for non-routine activities. Each fiscal year, Congress appropriates amounts to the PHSSEF for specified purposes. ACA did not authorize or appropriate funds to the PHSSEF.

Table 3. ACA Discretionary Funding: Prevention and Wellness

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
Community-Based Prevention				
3509/3511	New PHSA Secs. 229 (OS), 310A (CDC), 925 (AHRQ); new SSA Sec. 713 (HRSA); and new FFDCA Sec. 1011 (FDA). Reauthorizes PHSA Secs. 486(a) (NIH) and 501(f) (SAMHSA).	**Offices of Women's Health.** Establishes or reauthorizes offices of women's health in OS, CDC, AHRQ, HRSA, FDA, NIH, and SAMHSA. Grants, agreements, or contracts may be awarded for activities of the OS office to establish an information center and coordinating committee. Activities of other offices include recommendations regarding grant-making through other agency accounts, not direct grant-making. ***Funding for the OS Office on Women's Health = $43 million for FY2010 and for FY2011. Funding for the NIH Office of Research on Women's Health = $34 million for FY2010 and for FY2011.***	OS grants, agreements, and contracts may be awarded to public and private entities, agencies, and organizations.	For most offices, SSAN for each of FY2010 through FY2014. For NIH and SAMHSA offices, SSAN (no years specified).
4003	Amends PHSA Sec. 915(a) (AHRQ). New PHSA Sec. 399U (CDC).	**Clinical and community preventive services task forces.** Reauthorizes and expands the authority for the U.S. Preventive Services Task Force (USPSTF) to review and recommend effective clinical preventive services. Provides explicit statutory authority for the existing Task Force on Community Preventive Services (TFCPS) to review and recommend effective community-based interventions.	Not applicable.	SSAN for each fiscal year to carry out the activities of the USPSTF and the TFCPS.
4004	New authority	**Education and outreach regarding prevention.** Requires the Secretary to carry out various specified communications activities regarding health promotion and disease prevention, for common and serious chronic health problems. They include establishing, within one year of enactment, a national media campaign on health promotion and disease prevention.	Mentions awarding contracts, but does not specify eligibility criteria.	SSAN for each fiscal year; no more than $500 million total.
4102(a)	New PHSA Secs. 399LL, 399LL-1, and 399LL-2 (CDC)	**Oral health activities.** Requires CDC, subject to appropriations, to fund a five-year national oral health education campaign, and award grants for dental caries disease management programs, among other things.	Community-based providers of dental services, including public or private entities.	SSAN (no years specified).

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
4102(b)	Amends PHSA Sec. 317M(c) (CDC, HRSA)	**School-based dental sealant program.** Amends the existing school-based dental sealant grant program, which was discretionary, by requiring the Secretary to award grants to the 50 states and to Indian tribes for school-based dental sealant programs. ***Funding for all CDC's oral health programs under Sec. 317M: FY2010 = $15 million; FY2011 = $15 million.***	Grants must be awarded to each of the 50 states and territories, and to Indians, Indian tribes, tribal organizations, and urban Indian organizations. Preference given to urban districts with high participation rates in school meals programs, and rural districts with high poverty levels (as defined).	Authority expired at end of FY2005; ACA does not authorize new funding.
4102(c)	Amends PHSA Sec. 317M by adding a new subsection (d) (CDC)	**Oral health infrastructure.** Requires the Secretary to enter into cooperative agreements to establish oral health leadership and programs to improve oral health.	States, territories, and tribal entities.	SSAN for FY2010 through FY2014.
4102(d)	New authority (CDC, AHRQ)	**Oral health surveillance.** Requires the Secretary to expand the following surveillance systems to include more information on oral health: Pregnancy Risk Assessment Monitoring System (PRAMS); National Health and Nutrition Examination Survey (NHANES); National Oral Health Surveillance System (NOHSS); and Medical Expenditure Panel Survey (MEPS).	Not applicable.	SSAN (no years specified) for PRAMS; SSAN for each of FY2010 through FY2014 for NOHSS; no explicit authorization of appropriations for NHANES/MEPS expansion.
4201	New authority (CDC)	**Community transformation grants.** Requires CDC to fund competitive grants for the implementation, evaluation, and dissemination of evidence-based community preventive health activities. ***FY2011 funding = $145 million from the PPHF.*** [CFDA 93.531]	State or local government agencies or nonprofit organizations, networks of community-based organizations, and Indian tribes.	SSAN for each of FY2010 through FY2014.
4202(a)	New authority (CDC)	**Community wellness pilot program.** Requires CDC to award grants for five-year pilot programs to provide community prevention interventions, screenings, and clinical referrals for individuals between 55 and 64 years of age.	State or local health departments, and Indian tribes.	SSAN for each of FY2010 through FY2014.
4204	Amends PHSA Sec. 317 and adds a new subsection (m) (CDC)	**Immunization programs.** Provides explicit authority for states to purchase vaccines at prices negotiated by Secretary. Permanently reauthorizes state immunization grants. Requires new immunization demonstration grants. ***Funding for the Sec. 317 vaccination program: FY2010 = $561 million; FY2011 = $589 million.*** [Note: FY2011 funding = $489 million in regular appropriations + $100 million from the PPHF. CFDA 93.268]	States, political subdivisions, and other public entities.	SSAN for each of FY2010 through FY2014 for demonstration grants; SSAN (no years specified) for other authorities.

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
4206	Amends PHSA Sec. 330 by adding a new subsection (s)	**Individualized wellness plan demonstration program.** Requires the Secretary to establish a pilot program in not more than 10 community health centers to test the impact of providing at-risk individuals who use the centers with individualized wellness plans.	Community health centers.	SSAN (no years specified).
4304	New PHSA Sec. 2821 (CDC)	**Epidemiology and laboratory capacity grants.** Codifies existing grant program to strengthen national epidemiology, laboratory, and information management capacity for the response to infectious diseases and other conditions of public health importance.	State, local, or tribal health departments, tribal jurisdictions, or academic centers that meet CDC-specified criteria.	$190 million for each of FY2010 through FY2013 (at least $95 million for epidemiology, $60 million for information management, and $32 million for laboratories).
10334	Amends PHSA Sec. 1707 (OS) and PHSA Title IV (NIH)	**Offices of Minority Health.** Elevates the existing OS Office of Minority Health and NIH National Center on Minority Health and Health Disparities (NCMHD); instructs the OS office to award grants and undertake other activities to improve minority health status; and gives the new NIH National Institute on Minority Health and Health Disparities (NIMHD) responsibility for minority health disparities research and other health disparities research at NIH. ***Funding for the NIMHD = $211 million for FY2010, and $210 million for FY2011. Funding for the OS Office of Minority Health = $56 million for FY2010 and for FY2011.***	For OS office: public and nonprofit private entities, federal agencies, and organizations that are indigenous human resource providers in communities of color. For the NIH Institute, grantee eligibility criteria are not stipulated.	SSAN for each of FY2011 through FY2016 for OS office.
10407	New authority (CDC)	**Diabetes activities.** Requires CDC to conduct several diabetes prevention activities including state assessments, vital statistics, physician education, and funding of an Institute of Medicine (IOM) report.	Not applicable.	SSAN (no years specified).
10411	New PHSA Secs. 399V-2 (CDC) and 425 (NIH)	**Congenital heart disease programs.** Authorizes CDC to establish a National Congenital Heart Disease Surveillance System (NCHDSS), or to award one grant to establish such a system. Authorizes NIH to expand and coordinate research on congenital heart disease.	NCHDSS grantee must be a public or private nonprofit entity with experience in congenital heart disease. NIH must consider the application of research to minority and medically underserved populations.	SSAN for each of FY2011 through FY2015 for both the surveillance system and the expanded research program.
10412	Reauthorizes PHSA Sec. 312 (HRSA)	**Public access defibrillation programs.** Reauthorizes a program of grants for public access defibrillation programs, including equipment purchase and training. ***FY2010 funding = $2.5 million; FY2011 funding = $236,000.***	States and political subdivisions, Indian tribes, and tribal organizations.	$25 million for each of FY2003 through FY2014.

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
10413	New PHSA Sec. 399NN (OS, CDC)	**Young women's breast health awareness.** Among other things, requires CDC to conduct an education campaign and award grants for a media campaign regarding breast health in young women, and to conduct prevention research; requires the Secretary to award grants to provide education and assistance to young women diagnosed with breast disease.	Media campaign grants; not stated. Assistance grants; organizations and institutions, priority to those that deal specifically with breast cancer and pre-neoplastic breast disease in young women.	$9 million for each of FY2010 through FY2014.
10501(g)	New PHSA Sec. 399V-3 (CDC)	**National diabetes prevention program.** Among other things, requires the Secretary to award grants for community-based diabetes prevention program model sites.	State or local health departments, tribal organizations, national networks of community-based nonprofits, academic institutions, or other entities as determined by the Secretary.	SSAN for each of FY2010 through FY2014.
Workplace Wellness				
10408	New authority (CDC)	**Workplace wellness program grants.** Requires the Secretary to award grants to eligible small employers to provide their employees with access to comprehensive workplace wellness programs. [Note: For FY2011, $10 million was transferred from the PPHF to establish and evaluate workplace wellness programs. The funding announcement did not mention ACA Sec. 10408, nor were the funds limited to small employers.]	Employers of fewer than 100 employees (who work 25 or more hours per week) that do not already provide a wellness program.	$200 million for the period of FY2011 through FY2015, to remain available until expended.

Sources: Table prepared by the Congressional Research Service based on the text of the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended by the health provisions in the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152). FY2010 and FY2011 funding amounts are taken from the HHS agency FY2011 operating plans, available at http://www.hhs.gov/asfr/ob/docbudget/2011operatingplan.html, and the agency FY2012 congressional budget justification documents, available at http://www.hhs.gov/about/hhsbudget.html.

Table 4. ACA Discretionary Funding: Maternal and Child Health

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
2952(b)	New SSA Sec. 512 (HRSA)	**Services to individuals with a postpartum condition.** Authorizes grants to establish, operate and coordinate effective and cost-efficient systems for the delivery of essential services to individuals with, or at risk of, postpartum depression and their families.	Public or nonprofit private entities, state or local government public-private partnerships, recipients of Healthy Start grants, public or nonprofit private hospitals, community-based organizations, hospices, ambulatory care facilities, community health centers, migrant health centers, public housing, primary care centers, and homeless health centers.	$3 million for FY2010, and SSAN for each of FY2011 and FY2012.

Source: Table prepared by the Congressional Research Service based on the text of the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended by the health provisions in Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152).

Table 5. ACA Discretionary Funding: Health Care Quality

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
Quality Measure Development, Analysis, and Public Reporting				
3013(a)&(c)	New PHSA 931 (AHRQ)	**Quality measure development.** Requires the Secretary, in consultation with AHRQ and CMS, to (1) identify gaps where no quality measures exist or where existing measures need improvement, updating or expansion consistent with the National Strategy for Quality Improvement; and (2) fund or enter into agreements with eligible entities for purposes of developing, improving, updating, or expanding quality measures in areas identified as gap areas.	Entities with demonstrated expertise in measure development and evaluation, which have adopted processes that incorporate the views of measure users, as well as those assessed by the measures, into the development process.	$75 million for each of FY2010 through FY2014, to remain available until expended. At least 50% of the amounts appropriated must be used pursuant to SSA Sec. 1890A(e), as added by ACA Sec. 3013(b). See below.
3013(b)	Amends new SSA Sec. 1890A, as added by ACA Sec. 3014(b), by adding a new subsection (e) (CMS)	**Quality and efficiency measures development.** Requires CMS, in consultation with AHRQ, through contracts, to develop quality and efficiency measures as determined appropriate for use under the SSA.	Not specified.	See ACA Sec. 3013(a)&(c) above.

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
3015	New PHSA Sec. 399II	**Collection and analysis of data for quality and resource use measures.** Requires the Secretary to establish and implement an overall strategic framework to carry out the public reporting of performance information. Requires the Secretary to collect and aggregate consistent data on quality and resource use measures, and authorizes the Secretary to award grants or contracts for this purpose. Authorizes the Secretary to award grants or contracts to eligible entities to support new, or improve existing, efforts to collect and aggregate quality and resource use measures.	Multi-stakeholder entities that coordinate methods and plans for the consistent reporting of summary quality and cost information and that are capable of submitting such summary data for a particular population and providers. Awards may only be made to entities that enable summary data that can be integrated and compared across multiple sources.	SSAN for each of FY2010 through FY2014.
3015	New PHSA Sec. 399JJ	**Public reporting of performance information.** Requires the Secretary to make available to the public, through standardized websites, performance information summarizing data on quality measures. The information must include clinical conditions to the extent such data is available and, where appropriate, be provider-specific and sufficiently disaggregated and specific to meet the needs of patients with different clinical conditions.	Not applicable.	SSAN for each of FY2010 through FY2014.
Quality Improvement Research, Training, and Implementation				
3501	New PHSA Sec. 933 (AHRQ)	**Health care delivery system research.** Requires AHRQ to (1) identify, develop, evaluate, and disseminate innovative strategies for quality improvement practices in the delivery of health care services that represent best practice; (2) support research on health care delivery improvement and facilitate adoption of best practices; and (3) make the research findings available to the public; among other specified functions.	Not specified.	$20 million for FY2010 through FY2014.
3501/3511	New PHSA Sec. 934 (AHRQ)	**Quality improvement technical assistance and implementation.** Requires AHRQ to award technical assistance grants (with a matching requirement) to entities that deliver health care to help them understand, adapt, and implement the models and practices identified by the research conducted by the agency.	May be a health care provider, professional society, health care worker organization, Indian health organization, quality improvement organization, patient safety organization, local quality improvement collaborative, the Joint Commission, academic health center, university, physician-based research network, primary care extension program, or an IHS program; and must have demonstrated expertise in providing information and technical support and assistance to health care providers regarding quality improvement.	SSAN (no years specified).

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
3508/3511	New authority	**Quality and patient safety training.** Authorizes the Secretary to award demonstration grants (with a matching requirement) to eligible entities or consortia to develop and implement academic curricula that integrate quality improvement and patient safety into clinical education of health professionals.	Health professional schools; schools of public health, social work, nursing, pharmacy or health care administration; institutions with a graduate medical education program.	SSAN (no years specified).
Health Care Coordination				
3502/3511	New authority	**Community health team grants to support medical homes.** Requires the Secretary to award grants to or enter into contracts with eligible entities to support community-based interdisciplinary, interprofessional health teams in assisting primary care practices. Funding must be used to establish the health teams and to provide capitated payments to the providers.	States or state-designated entities; Indian tribes or tribal organizations.	SSAN (no years specified).
3503/3511	New PHSA Sec. 935 (AHRQ)	**Medication therapy management (MTM) grants.** Requires the Secretary, not later than May 1, 2010, to provide grants to support MTM services provided by licensed pharmacists that are targeted at patients who take four or more prescribed medications, take high-risk medications, have two or more chronic diseases, or have undergone a transition of care or other factors that are likely to create a high risk for medication-related problems.	Entities that provide a setting appropriate for MTM services and that submit a plan for achieving long-term financial sustainability.	SSAN (no years specified).
3506	New PHSA Sec. 936 (AHRQ)	**Program to facilitate shared decision making.** Requires the Secretary, through a contract, to develop and identify standards for patient decision aids, to review patient decision aids, and develop a certification process for determining whether patient decision aids meet those standards. Further requires the Secretary to (1) award grants or contracts to develop, update, and produce patient decision aids, to test such materials to ensure they are balanced and evidence-based, and to educate providers on their use; and (2) to award grants for establishing Shared Decision Making Resource Centers to develop and disseminate best practices to speed adoption and effective use of patient decision aids and shared decision making. Also requires the Secretary to award grants to providers for the development and implementation of shared decision-making techniques.	The standards and certification contract is to be awarded to the entity that holds the contract under SSA Sec. 1890 (currently the National Quality Forum). Eligible grantees are not specified.	SSAN for FY2010 and each subsequent fiscal year.

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
3510	Amends and reauthorizes PHSA Sec. 340A (HRSA)	**Patient navigator program.** Prohibits the Secretary from awarding a grant to an entity under this section unless the entity provides assurances that patient navigators recruited, assigned, trained, or employed using these grant funds meet certain minimum core proficiencies. ***FY2010 funding = $5 million; FY2011 funding = $5 million.*** [CFDA 93.191]	A public or nonprofit private health center (including an FQHC), IHS facility, hospital, cancer center, rural health clinic, academic health center, or a nonprofit entity that partners or coordinates referrals with such a facility to provide patient navigator services.	$3.5 million for FY2010, and SSAN for each of FY2011 through FY2015.
5405	New PHSA Sec. 399V-1 (AHRQ)	**Primary care extension program.** Requires the Secretary to establish a Primary Care Extension Program to award state planning and implementation grants for Primary Care Extension Program State Hubs, consisting of the state health department and other specified entities. State hubs must contract with and provide grant funds to county and local entities to serve as Primary Care Extension Agencies that assist primary care providers in implementing patient-centered medical homes and develop and support primary care learning communities, among other functions.	States or multistate entities.	$120 million for each of FY2011 and FY2012, and SSAN for each of FY2013 and FY2014.
5604	New PHSA Sec. 520K (SAMHSA)	**Co-locating primary and specialty care in community-based mental health settings.** Requires the Secretary to fund demonstration projects for providing coordinated and integrated services to individuals with mental illness and co-occurring chronic diseases through the co-location of primary and specialty care services in community-based mental and behavioral health settings.	Qualified community mental health programs.	$50 million for FY2010, and SSAN for each of FY2011 through FY2014.
10333	New PHSA Sec. 340H	**Community-based collaborative care network program.** Authorizes the Secretary to award grants to eligible entities to support community-based collaborative care networks (CCN).	An eligible CCN is a consortium of health care providers with a joint governance structure that provides comprehensive coordinated and integrated health care services (as defined by the Secretary) for low-income populations. CCNs must include a safety net hospital and all FQHCs in the community, as specified.	SSAN for each of FY2011 through FY2015.

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
10410	New PHSA Sec. 520B (SAMHSA)	**Centers of excellence for depression.** Requires SAMHSA to award five-year grants (with a matching requirement) on a competitive basis to eligible entities to establish national centers of excellence for depression. One grantee is to be designated as the coordinating center and required to establish and maintain a national database. Centers of excellence may receive a grant of up to $5 million; the coordinating center may receive a grant of up to $10 million.	Institutions of higher education; public or private nonprofit research institutions.	$100 million for each of FY2011 through FY2015, and $150 million for each of FY2016 through FY2020.

Sources: Table prepared by the Congressional Research Service based on the text of the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended by the health provisions in the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152). FY2010 and FY2011 funding amounts are taken from HRSA's FY2011 operating plan, available at http://www.hhs.gov/asfr/ob/docbudget/2011operatingplan.html, and the agency's FY2012 congressional budget justification document, available at http://www.hhs.gov/about/hhsbudget.html.

Table 6. ACA Discretionary Funding: Nursing Homes

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
6112	New authority	**National independent monitor demonstration program.** Requires the Secretary, within one year of enactment, to implement a two-year demonstration to develop, test, and implement an independent monitoring program to oversee interstate and large intrastate chains of skilled nursing facilities (SNFs) and nursing facilities (NFs).	Duties of the independent monitor are stipulated, but eligibility criteria are not.	SSAN (no years specified); a monitored chain must contribute a portion of costs of the demonstration, as determined by the Secretary.
6114	New authority	**Culture change and information technology demonstration programs.** Requires the Secretary, within one year of enactment, to award one or more competitive grants to support each of the following two three-year demonstration projects for SNFs and NFs: (1) develop best practices for culture change (i.e., patient-centric models of care); and (2) develop best practices for the use of health information technology.	Facility-based settings.	SSAN (no years specified).

Source: Table prepared by the Congressional Research Service based on the text of the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended by the health provisions in the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152).

Table 7. ACA Discretionary Funding: Health Disparities Data Collection

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
4302(a)	New PHSA Title XXXI and Sec. 3101	**Health disparities data collection and analysis.** Not later than two years after enactment, requires federally conducted and supported health programs and surveys, to the extent practicable, to collect and report data on race, ethnicity, sex, primary language, and disability status, as well as other demographic data on health disparities as deemed appropriate by the Secretary. Requires the Secretary to adopt standards for the measurement and collection of such data. Requires the Secretary to analyze the data collected on health disparities; provide for the public reporting and dissemination of the data and analyses; and safeguard the privacy of the information. [Note: On June 29, 2011, HHS announced new draft standards for collecting and reporting health disparities data, and announced plans to begin collecting health data on lesbian, gay, bisexual, and transgender (LGBT) populations. See http://www.hhs.gov/news/press/2011pres/06/20110629a.html.]	Not applicable.	SSAN for each of FY2010 through FY2014; however, data may not be collected unless funds are directly appropriated for such purpose.
5605	New authority	**Key national indicators.** Establishes a Commission on Key National Indicators composed of eight members appointed by Congress. [Note: The Commission members were appointed in Dec. 2010. See http://www.stateoftheusa.org/content/commission-on-key-national-ind.php.] Requires the commission to contract with the National Academy of Sciences to review available public and private sector research on key national indicator set selection and determine how best to establish a key national indicator system, among other things. Mandates a Government Accountability Office (GAO) study of previous efforts by public, private, or foreign entities to develop best practices for a key national indicator system. [Note: GAO released its study in March 2011. See http://www.gao.gov/new.items/d11396.pdf.]	National Academy of Sciences.	$10 million for FY2010, and $7.5 million for each of FY2011 through FY2018, with amounts appropriated to remain available until expended.

Source: Table prepared by the Congressional Research Service based on the text of the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended by the health provisions in the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152).

Table 8. ACA Discretionary Funding: Emergency Care

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
3504(a)	New PHSA Sec. 1204 (OS)	**Regional systems for emergency care.** Requires the Assistant Secretary for Preparedness and Response to award at least four multi-year contracts or grants (with matching requirement) for pilot projects to improve regional coordination of emergency services.	States (or a partnership of one or more states and one or more localities) and Indian tribes (or a partnership of one or more tribes). Priority given to entities that serve a medically underserved population.	$24 million for each of FY2010 through FY2014 for PHSA Title XII Parts A and B (i.e., Secs. 1201-1222).
3504(b)	New PHSA Sec. 498D (NIH, AHRQ, HRSA, CDC)	**Emergency medicine research.** Requires the Secretary to expand and accelerate basic, translational, and service delivery research on emergency medical care systems and emergency medicine, including pediatric emergency medical care. Also requires the Secretary to support research on the economic impact of coordinated emergency care systems.	Not specified.	SSAN for each of FY2010 through FY2014.
3505(a)	Amends and reauthorizes PHSA Secs. 1241-1245 (HRSA)	**Trauma care centers.** Requires the Secretary to establish separate grant programs for trauma care centers to (1) help defray substantial uncompensated care costs, (2) further the core missions of trauma care centers, and (3) provide emergency relief to ensure the continued availability of trauma services.	Qualified public nonprofit IHS, Indian tribal, and urban Indian trauma centers.	$100 million for FY2009, and SSAN for each of FY2010 through FY2015.
3505(b)	New PHSA Secs. 1281-1282 (HRSA)	**Trauma service availability grants.** Requires the Secretary to award grants to states for the purpose of supporting trauma-related physician specialties and broadening access to and availability of trauma care services.	Grants are awarded to states to fund (1) a public or nonprofit trauma center, (2) a safety net public or nonprofit trauma center, or (3) a hospital in an underserved area (as defined by the state) that seeks to establish new trauma services. States must use at least 40% of the amount awarded in a fiscal year for grants to safety net trauma centers.	$100 million for each of FY2010 through FY2015.
5603	Amends and reauthorizes PHSA Sec. 1910 (HRSA)	**Children's emergency medical services demonstration grants.** Expands emergency services for children who need treatment for trauma or critical care by lengthening the period for demonstration grants to four years (with an optional fifth year). ***FY2010 funding = $22 million; FY2011 funding = $22 million.*** [CFDA 93.127]	States or accredited schools of medicine.	$25 million for FY2010, $26.3 million for FY2011, $27.6 million for FY2012, $28.9 million for FY2013, and $30.4 million for FY2014.

Sources: Table prepared by the Congressional Research Service based on the text of the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended by the health provisions in the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152). FY2010 and FY2011 funding amounts are taken from HRSA's FY2011 operating plan, available at http://www.hhs.gov/asfr/ob/docbudget/2011operatingplan.html, and the agency's FY2012 congressional budget justification document, available at http://www.hhs.gov/about/hhsbudget.html.

Table 9. ACA Discretionary Funding: Elder Justice

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
6703(a)	New SSA Sec. 2021 (OS)	**Elder Justice Coordinating Council.** Establishes an Elder Justice Coordinating Council to include the Secretary as chair and the U.S. Attorney General, as well as the head of each federal department or agency, identified by the chair, as having administrative responsibility or administering programs related to elder abuse, neglect, and exploitation.	Not applicable.	SSAN (no years specified). See also new SSA Sec. 2024 below.
6703(a)	New SSA Sec. 2022	**Advisory Board on Elder Abuse, Neglect, and Exploitation.** Establishes an advisory board to create a short- and long-term multidisciplinary plan for development of the field of elder justice and to make recommendations to the Elder Justice Coordinating Council.	Not applicable.	SSAN (no years specified). See also new SSA Sec. 2024 below.
6703(a)	New SSA Sec. 2024	**Authorization of appropriations.** Authorizes funding for new SSA Secs. 2021 (Coordinating Council), 2022 (Advisory Board), and 2023 (human subject protection guidelines for researchers).	Not applicable.	$6.5 million for FY2011, and $7.0 million for each of FY2012 through FY2014.
6703(a)	New SSA Sec. 2031	**Forensic centers and expertise.** Requires the Secretary to award grants to eligible entities to establish and operate stationary and mobile forensic centers and to develop forensic expertise pertaining to elder abuse, neglect, and exploitation.	(1) Stationary forensic centers: four of the grants to institutions of higher education with demonstrated expertise in forensics or commitment to preventing or treating elder abuse. (2) Mobile forensic centers: six of the grants to appropriate entities.	$4 million for FY2011, $6 million for FY2012, and $8 million for each of FY2013 and FY2014.
6703(a)	New SSA Sec. 2041(a)	**Incentives for LTC staffing.** Requires the Secretary to award grants to carry out activities for individuals to train for, seek, and maintain employment providing direct care in LTC facilities; and to award grants to conduct programs that offer direct care employees continuing training and varying levels of certification.	LTC facilities or community-based LTC entities as defined by the Secretary.	For new SSA Sec. 2041: $20 million for FY2011, $17.5 million for FY2012, and $15 million for each of FY2013 and FY2014.
6703(a)	New SSA Sec. 2041(b)	**Certified EHR technology grant program.** Authorizes grants to LTC facilities for specified activities that would assist such entities in offsetting costs related to purchasing, leasing, developing, and implementing certified electronic health record technology.	LTC facilities.	See above authorization of appropriations for SSA Sec. 2041.
6703(a)	New SSA Sec. 2041(c)	**Standards for transactions involving clinical data by LTC facilities.** Requires the Secretary to adopt electronic standards for the exchange of clinical data by LTC facilities and, within 10 years, to have in place procedures to accept the optional electronic submission of clinical data by LTC facilities pursuant to such standards.	Not applicable.	See above authorization of appropriations for SSA Sec. 2041.

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
6703(a)	New SSA Sec. 2042(a)	**Adult protective service functions.** Requires the Secretary to undertake various activities with respect to adult protective services, including providing funding, collecting and disseminating data on elder abuse, disseminating information on best practices and training, conducting research, and providing technical assistance to states and other entities.	Not applicable.	$3 million for FY2011, and $4 million for each of FY2012 through FY2014.
6703(a)	New SSA Sec. 2042(b)	**Grants to enhance provision of adult protective services.** Requires the Secretary to award formula grants to enhance adult protective services programs provided by states and local governments.	States and U.S. territories.	$100 million for each of FY2011 through FY2014.
6703(a)	New SSA Sec. 2042(c)	**Adult protective services demonstration grants.** Requires the Secretary to fund state demonstration programs for adult protective services that test methods to prevent and detect elder abuse.	States.	$25 million for each of FY2011 through FY2014.
6703(a)	New SSA Sec. 2043(a)	**Long-term care ombudsman program grants.** Requires the Secretary to award grants to improve the capacity of state LTC ombudsman programs to address abuse and neglect complaints, conduct pilot programs, and provide support for such programs.	Eligible entities with relevant expertise and experience in abuse and neglect in LTC facilities, or state LTC ombudsman programs.	$5 million for FY2011, $7.5 million for FY2012, and $10 million for each of FY2013 and FY2014.
6703(a)	New SSA Sec. 2043(b)	**Ombudsman training programs.** Requires the Secretary to establish programs to provide and improve ombudsman training with respect to elder abuse, neglect, and exploitation for national organizations and state LTC ombudsman programs.	Not specified.	$10 million for each of FY2011 through FY2014.
6703(b)	New authority	**National Training Institute for Surveyors.** Requires that the Secretary enter into a contract with an entity to establish and operate a National Training Institute for Federal and State Surveyors to provide and improve training of surveyors investigating allegations of abuse in programs and LTC facilities that receive payments under Medicare or Medicaid.	Not specified.	$12 million for the period of FY2011 through FY2014.
6703(b)	New authority	**Grants to state survey agencies.** Requires the Secretary to award grants to state survey agencies that perform surveys of Medicare or Medicaid participating nursing facilities to design and implement complaint investigation systems.	State agencies that perform surveys of nursing facilities.	$5 million for each of FY2011 through FY2014.
6703(c)	New authority	**National nurse aide registry study and report.** Requires the Secretary, in consultation with appropriate government agencies and private sector organizations, to conduct a study on establishing a national nurse aide registry and report on its findings.	Not applicable.	SSAN (no years specified) to carry out these activities, with funding not to exceed $500,000.

Source: Table prepared by the Congressional Research Service based on the text of the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended by the health provisions in the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152).

Table 10. ACA Discretionary Funding: Biomedical Research

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
10409	Amends PHSA Secs. 402(b) and 499(c); new PHSA Sec. 402C (NIH)	**Cures Acceleration Network (CAN).** Establishes a CAN program within the Office of the NIH Director to award grants, contracts, or cooperative agreements to support the development of treatments for diseases or conditions that are rare, and for which market incentives are inadequate.	Public or private entity, which may include a private or public research institution, an institution of higher education, a medical center, a biotechnology company, a pharmaceutical company, a disease advocacy organization, a patient advocacy organization, or an academic research institution.	$500 million for FY2010, and SSAN for subsequent fiscal years. Other funds appropriated under the PHSA may not be allocated to CAN.

Source: Table prepared by the Congressional Research Service based on the text of the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended by the health provisions in the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152).

Table 11. ACA Discretionary Funding: Biologics

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
7002	Amends PHSA Sec. 351 (FDA)	**FDA approval of follow-on biologics.** Creates a regulatory pathway for approving biosimilar or interchangeable biological drugs. Provides for the collection of user fees, subject to congressional authorization, to cover regulatory costs beginning in FY2013.	Not applicable.	SSAN for each of FY2010 through FY2012.

Source: Table prepared by the Congressional Research Service based on the text of the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended by the health provisions in the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152).

Table 12. ACA Discretionary Funding: 340B Drug Pricing

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
7102	Amends PHSA Sec. 340B(d) (HRSA)	**Improvements to 340B program integrity.** Requires the Secretary to develop systems to improve compliance and program integrity to (1) increase transparency and strengthen monitoring, oversight, and investigation of the prices that manufacturers charge covered entities; and (2) ensure covered entities do not divert drugs or obtain multiple discounts. Further requires the Secretary to establish a new administrative dispute resolution process to mediate and resolve covered entity overpayment claims and manufacturer claims against covered entities for drug diversion or multiple discounts. ***FY2010 funding = $2 million; FY2011 funding = $4 million.***	Not applicable.	SSAN for FY2010 and each succeeding fiscal year.

Sources: Table prepared by the Congressional Research Service based on the text of the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended by the health provisions in the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152). FY2010 and FY2011 funding amounts are taken from HRSA's FY2011 operating plan, available at http://www.hhs.gov/asfr/ob/docbudget/2011operatingplan.html, and the agency's FY2012 congressional budget justification document, available at http://www.hhs.gov/about/hhsbudget.html.

Table 13. ACA Discretionary Funding: Medical Malpractice

ACA Section	New/Existing Authority (Agent)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
10607	New PHSA Sec. 399V-4 (HRSA)	**Liability reform demonstration program.** Authorizes five-year demonstration grants to states for the implementation and evaluation of alternatives to current tort litigation for resolving disputes over injuries allegedly caused by health care providers or organizations. Planning grants of up to $500,000 may be awarded to states for the development of demonstration project applications.	To receive a grant, a state must develop an alternative system that allows for the resolution of disputes caused by health care providers or organizations, and reduces medical errors by encouraging the collection and analysis of patient safety data related to the resolved disputes.	$50 million for the period FY2011 through FY2015.

Source: Table prepared by the Congressional Research Service based on the text of the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended by the health provisions in the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152).

Table 14. ACA Discretionary Funding: Pain Care Management

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
4305(a)	New authority	**Conference on pain.** Requires the Secretary, within one year of appropriating funds, to contract with the IOM to convene a Conference on Pain for the purpose of assessing the public health impact of pain, reviewing pain research, care, and education, and identifying barriers to improved pain care. A report summarizing the Conference's findings must be submitted to Congress by June 30, 2011. [Note: IOM released its report on June 29, 2011. See http://painconsortium.nih.gov/.]	IOM or another appropriate entity if the IOM declines.	SSAN for each of FY2010 and FY2011.

Source: Table prepared by the Congressional Research Service based on the text of the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended by the health provisions in the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152).

Table 15. ACA Discretionary Funding: Medicaid Demonstrations

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
2705	New authority (CMS)	**Global payment system demonstration program.** Requires the Secretary, in coordination with the Center for Medicare and Medicaid Innovation, to fund up to five demonstrations during the period FY2010 through FY2012 under which a participating state will adjust payments made to an eligible hospital system or network from a fee-for-service model to a global capitated payment model.	Large safety net hospital systems or networks.	SSAN (no years specified).
2706	New authority (CMS)	**Pediatric accountable care organization demonstration program.** Requires the Secretary to conduct a five-year demonstration (Jan. 1, 2012 through Dec. 31, 2016) under which a participating state is allowed to recognize pediatric providers as an accountable care organization (ACO) for the purpose of receiving incentive payments.	Eligible pediatric providers must meet certain performance guidelines established by the Secretary to be recognized as an ACO, and must achieve a specified minimum level of Medicaid savings to receive an incentive payment.	SSAN (no years specified).

Source: Table prepared by the Congressional Research Service based on the text of the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended by the health provisions in the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152).

Table 16. ACA Discretionary Funding: Medicare

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
3129	Amends and reauthorizes SSA Sec. 1820 (HRSA)	**Rural hospital flexibility grant program.** Extends authorization of appropriations for the rural hospital flexibility (FLEX) grants that support a range of performance and quality improvement activities at small rural hospitals. Permits the funding to be used to help rural hospitals participate in delivery system reform programs authorized under ACA. ***FY2010 funding = $41 million; FY2011 funding = $41 million.***	States; small rural hospitals.	SSAN for each of FY2011 and FY2012, to remain available until expended.

Sources: Table prepared by the Congressional Research Service based on the text of the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended by the health provisions in the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152). FY2010 and FY2011 funding amounts are taken from HRSA's FY2011 operating plan, available at http://www.hhs.gov/asfr/ob/docbudget/2011operatingplan.html, and the agency's FY2012 congressional budget justification document, available at http://www.hhs.gov/about/hhsbudget.html.

Table 17. ACA Discretionary Funding: Private Health Insurance

ACA Section	New/Existing Authority (Agency)	Summary of Provision and Funding (FY2010-FY2011)	Eligibility	Authorization of Appropriations
1334	New authority (OPM)	**Multi-state health plans.** Requires OPM to contract with health insurers to offer at least two multi-state health plans (at least one nonprofit) through exchanges in each state. Authorizes OPM to prohibit multi-state plans that do not meet standards for medical loss ratios, profit margins, and premiums. Requires multi-state plans to cover essential health benefits and meet all the requirements of a qualified health plan.	Health insurance issuers that agree to offer multi-state qualified health plans and meet other specified requirements.	SSAN (no years specified).

Source: Table prepared by the Congressional Research Service based on the text of the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended by the health provisions in the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152).

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