



Appropriations and Fund Transfers in the Patient Protection and Affordable Care Act (PPACA)

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Summary

On March 23, 2010, President Obama signed into law a comprehensive health care reform bill, the Patient Protection and Affordable Care Act (PPACA; P.L. 111-148). The following week, on March 30, 2010, the President signed the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152), which amended various health care and revenue provisions in PPACA.

Among its many provisions, PPACA, as amended, restructures the private health insurance market, sets minimum standards for health coverage, creates a mandate for most U.S. residents to obtain health insurance, and provides for the establishment by 2014 of insurance exchanges through which certain individuals and families will be able to receive federal subsidies to reduce the cost of purchasing that coverage. The new law expands eligibility for Medicaid; amends the Medicare program in ways that are intended to reduce the growth in Medicare spending that had been projected under preexisting law; imposes an excise tax on insurance plans found to have high premiums; and makes other changes to the tax code, Medicare, Medicaid, and numerous other federal programs.

In some instances, PPACA mandates appropriations or requires the Secretary of Health and Human Services to transfer from the Medicare Part A and Part B trust funds billions of dollars to support new or existing grant programs and other activities. This report summarizes those mandated appropriations and fund transfers. They include funding for a temporary insurance program for individuals who have been uninsured for several months and have a preexisting condition, as well as funding for states to plan and establish exchanges. PPACA also provides funding for various Medicare and Medicaid demonstration programs, for the creation of a Center for Medicare and Medicaid Innovation to test and implement innovative payment and service delivery models, and for an independent board to provide Congress with proposals for reducing Medicare cost growth and improving quality of care for Medicare beneficiaries.

Among other provisions, the new health reform law appropriates funding for health workforce and maternal and child health programs, and establishes three multi-billion dollar funds. The first fund will provide a total of \$11 billion over five years in supplementary funding for community health centers and the National Health Service Corps. (A separate appropriation provides \$1.5 billion for health center construction and renovation.) The second fund will support comparative effectiveness research through FY2019 with a mixture of appropriations and fund transfers. The third fund, which is funded in perpetuity, is to support prevention, wellness, and other public health-related programs and activities authorized under the Public Health Service Act (PHSA).

This report will be updated periodically with information on recent PPACA funding announcements. In addition to the mandated appropriations and fund transfers discussed herein, PPACA authorizes new funding for numerous existing discretionary grant and other programs and activities, primarily ones authorized under the PHSA. The law also creates a number of new discretionary grant programs and activities and provides for each an authorization of appropriations. Funding for all of these discretionary programs and activities is subject to action by congressional appropriators. A companion product, CRS Report R41390, *Discretionary Funding in the Patient Protection and Affordable Care Act (PPACA)*, coordinated by C. Stephen Redhead, summarizes all the provisions in PPACA for which appropriations are authorized.

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Introduction

On March 23, 2010, President Obama signed into law a comprehensive health care reform bill, the Patient Protection and Affordable Care Act (PPACA; P.L. 111-148). The following week, on March 30, 2010, the President signed the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152), which amended various health care and revenue provisions in PPACA.¹

Among its many provisions, PPACA, as amended, restructures the private health insurance market, sets minimum standards for health coverage, creates a mandate for most U.S. residents to obtain health insurance, and provides for the establishment by 2014 of insurance exchanges through which certain individuals and families will be able to receive federal subsidies to reduce the cost of purchasing that coverage. The new law expands eligibility for Medicaid; amends the Medicare program in ways that are intended to reduce the growth in Medicare spending that had been projected under preexisting law; imposes an excise tax on insurance plans found to have high premiums; and makes other changes to the tax code, Medicare, Medicaid, and numerous other federal programs.

PPACA Mandated Appropriations and Fund Transfers

In some instances, PPACA, as amended, mandates appropriations or requires the Secretary of Health and Human Services (HHS) to transfer from the Medicare Part A and Part B trust funds billions of dollars to support new or existing grant programs and other activities. The new law includes funding for a temporary insurance program for individuals who have been uninsured for several months and have a preexisting condition, as well as funding for states to plan and establish exchanges. PPACA also provides funding for various Medicare and Medicaid demonstration programs, for the creation of a Center for Medicare and Medicaid Innovation to test and implement innovative payment and service delivery models, and for an independent board to provide Congress with proposals for reducing Medicare cost growth and improving quality of care for Medicare beneficiaries.

Among other provisions, PPACA appropriates funding for health workforce and maternal and child health programs, and establishes three multi-billion dollar funds. The first fund will provide a total of \$11 billion over five years in supplementary funding for community health centers and the National Health Service Corps. (A separate appropriation provides \$1.5 billion for health center construction and renovation.) The second fund will support comparative effectiveness research through FY2019 with a mixture of appropriations and fund transfers. The third fund, which is funded in perpetuity, is to support prevention, wellness, and other public health-related programs and activities authorized under the Public Health Service Act (PHSA).

Table 1 summarizes all such appropriations and fund transfers, grouped under the following headings: (1) Private Health Insurance; (2) Medicaid and the Children's Health Insurance Program (CHIP); (3) Medicare; (4) Fraud and Abuse; (5) Health Centers and the National Health Service Corps (NHSC); (6) Health Workforce; (7) Community-Based Prevention and Wellness;

¹ A consolidated version of PPACA, incorporating the changes made by the health-related provisions in HCERA, is available at <http://statutes.legcoun.house.gov/PDF/ppacacon.PDF>.

(8) Maternal and Child Health; (9) Long-Term Care; (10) Comparative Effectiveness Research; (11) Biomedical Research; and (12) PPACA Implementation.

Each table entry includes the following information: (1) the PPACA section number; (2) an indication of whether the provision modifies the Public Health Service Act or another law either by amending an existing section or by adding a new one, or whether the provision creates new stand-alone statutory authority; (3) a brief description of the program or activity (with the name of the administering HHS agency, if known); and (4) details of the appropriation or transfer of funds.

In most cases, the language specifies funding levels or transfer amounts for one or more fiscal years. However, three provisions appropriate or transfer “such sums as may be necessary” (SSAN) to carry out a program. Two other provisions (i.e., Secs. 1311 and 6201) specify that it is for the HHS Secretary to determine, within certain parameters, the amount necessary for the program. **Table 1** entries also include information on, and web addresses for, official HHS announcements on PPACA funding availability and/or grant awards.²

Table 2 shows the amounts appropriated or transferred in each provision by fiscal year, over the 10-year period FY2010 through FY2019. The information is organized and grouped under the same headings used in **Table 1**. Unless otherwise stated, references to the Secretary in both tables refer to the HHS Secretary.

The following laws and federal agencies are referred to in the tables by their acronym:

- Administration on Aging (AoA)
- Administration for Children and Families (ACF)
- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Deficit Reduction Act of 2005 (DRA; P.L. 109-171)
- Health Resources and Services Administration (HRSA)
- HHS Office of the Secretary (OS)
- Internal Revenue Code (IRC)
- Internal Revenue Service (IRS)
- Medicare Improvements for Patients and Providers Act of 2008 (MIPPA; P.L. 110-275)
- Older Americans Act (OAA)
- Public Health Service Act (PHSA)

² The information in the table on PPACA funding activities is largely drawn from HHS news releases (<http://www.hhs.gov/news/>). It is not intended to be a complete summary of all such activities. Readers are encouraged to visit other official federal websites that are tracking and providing information on PPACA implementation (e.g., <http://www.healthcare.gov/>; <http://www.hhs.gov/ccio/>).

- Social Security Act (SSA)

PPACA Discretionary Funding

In addition to the mandated appropriations and fund transfers discussed in this report, PPACA, as amended, authorizes new funding for numerous *existing* discretionary grant and other programs and activities, primarily ones authorized under the PHS Act. While the authorization of appropriations for most of these programs expired prior to PPACA's enactment, many of them continued to receive an annual appropriation. PPACA also authorizes a number of *new* discretionary programs and activities and provides for each an authorization of appropriations. Funding for all of these discretionary programs and activities is subject to action by congressional appropriators. However, it is often the case that new programs and activities face more of a challenge in securing funding than do existing ones with an established appropriations history. A companion product, CRS Report R41390, *Discretionary Funding in the Patient Protection and Affordable Care Act (PPACA)*, summarizes all the provisions in PPACA for which appropriations are authorized.

CRS Products

More information on the PPACA provisions summarized in the tables below may be found in the following CRS products:

- CRS Report R40942, *Private Health Insurance Provisions in the Patient Protection and Affordable Care Act (PPACA)*
- CRS Report R41210, *Medicaid and the State Children's Health Insurance Program (CHIP) Provisions in PPACA: Summary and Timeline*
- CRS Report R41196, *Medicare Provisions in the Patient Protection and Affordable Care Act (PPACA): Summary and Timeline*
- CRS Report R41278, *Public Health, Workforce, Quality, and Related Provisions in PPACA: Summary and Timeline*

Table I. Description of Appropriations and Fund Transfers in the Health Reform Law

Patient Protection and Affordable Care Act (PPACA; P.L. 111-148, as amended by P.L. 111-152)

PPACA Section	New/Existing Authority	Program Description	Appropriation/Transfer
Private Health Insurance			
1002	New PHSA Sec. 2793	Health insurance consumer information. Requires the Secretary to award grants to states to enable them (or the exchanges operating in such states) to establish, expand, or provide support for offices of health insurance consumer assistance, or health insurance ombudsman programs. These independent entities will assist consumers with filing complaints and appeals, educate consumers on their rights and responsibilities, and collect, track, and quantify consumer problems and inquiries. [OS]	Appropriates \$30 million for the first fiscal year of the program, to remain available without fiscal year limitation. Note: the section also authorizes to be appropriated SSAN for each fiscal year thereafter. [On Oct. 19, 2010, HHS announced Consumer Assistance Program (CAP) grant awards totaling almost \$30 million to 35 states, 4 territories, and the District of Columbia (DC). See http://www.hhs.gov/news/press/2010pres/10/20101019a.html .]
1003	New PHSA Sec. 2794	Review of health insurance premium rates. Requires the Secretary, in conjunction with the states, to establish a process for the annual review of unreasonable increases in health insurance premiums beginning in the 2010 plan year. Health insurance issuers must submit a justification for a premium increase judged to be unreasonable prior to its implementation. Instructs the Secretary to establish a formula for awarding grants to states during the five-year period FY2010 through FY2014 for carrying out the premium review. No state shall receive less than \$1 million or more than \$5 million in a grant year. State grantees are required to provide the Secretary with information about trends in premium increases, including recommendations as to whether particular issuers should be excluded from participation in the exchange due to a pattern of excessive or unjustified premium increases. [OS]	Appropriates \$250 million for the grant program. Funds remaining unobligated at the end of FY2014 shall remain available for grants to states for planning and implementing PPACA's individual and group market reforms. [On Aug. 16, 2010, HHS announced an initial round of grant awards totaling \$46 million to 45 states and DC. See http://www.hhs.gov/news/press/2010pres/08/20100816a.html . Further, on Dec. 23, 2010, HHS published a proposed rule that would establish a rate review program to ensure that all rate increases that meet or exceed a threshold are reviewed by a state or HHS to determine whether the increases are unreasonable. See http://www.hhs.gov/news/press/2010pres/12/20101221a.html .]
1101	New authority	High-risk pools for individuals with preexisting conditions. Requires the Secretary, within 90 days of enactment, to establish a temporary high-risk pool program to provide health insurance coverage for eligible individuals who have been uninsured for six months and have a preexisting condition. The program, which is known as the Pre-Existing Condition Insurance Plan (PCIP), terminates on Jan. 1, 2014. PCIP permits premium rates to vary on the basis of age by a factor of up to 4:1 and places limits on out-of-pocket costs. [OS]	Appropriates \$5 billion, to remain available without fiscal year limitation, to pay claims against (and administrative costs of) the high-risk pool that are in excess of premiums collected from enrollees. [For a fact sheet on the PCIP program including a list of the potential allocation of funds, by state, see http://www.hhs.gov/ociio/initiative/hi_risk_pool_facts.html . For more details about the PCIP program in each state, see http://www.healthcare.gov/news/factsheets/pre-existing_condition_insurance_enrollment.html .]

PPACA Section	New/Existing Authority	Program Description	Appropriation/Transfer
1102	New authority	Reinsurance for early retirees. Requires the Secretary, within 90 days of enactment, to establish a temporary reinsurance program, ending on Jan. 1, 2014, to provide reimbursement to participating employer-based plans for part of the cost of providing health benefits to early retirees age 55-64 and their families. The program reimburses participating plans for 80% of the costs of benefits provided per enrollee in excess of \$15,000 and below \$90,000. Funds must be used to lower costs for the plan; for example, the funds could be used to reduce premium costs or lower out-of-pocket costs for beneficiaries. [OS]	Appropriates \$5 billion, to remain available without fiscal year limitation, to carry out the reinsurance program. [For more information on the early retiree reinsurance program, including recent news and announcements, see http://www.errp.gov/ .]
1311	New authority	Health insurance exchanges. Requires the Secretary, within one year of enactment, to award grants to states to plan and establish exchanges. By Jan. 1, 2014, each state must have an exchange to facilitate access to insurers' qualified health plans. The grants can be renewed to states making progress in establishing an exchange, implementing PPACA's private health insurance market reforms, and meeting other benchmarks. However, no grant may be awarded after Jan. 1, 2015. Exchanges will have to be self-sustaining by then, using assessments on insurers or some other way to generate funds to support their operations. [OS]	Appropriates amounts necessary for the Secretary to award state grants. For each fiscal year, the Secretary must determine the total amount that will be made available to each state. [On Sept. 30, 2010, HHS announced grant awards totaling \$49 million to 48 states and DC for planning health insurance exchanges. See http://www.healthcare.gov/news/factsheets/esthealthinsurexch.html . On Jan. 20, 2011, HHS announced the availability of health insurance exchange establishment grants and encouraged states to apply for funding. See http://www.hhs.gov/news/press/2011pres/01/20110120b.html .]
1322	New authority	Health insurance cooperatives. Requires the Secretary to establish the Consumer Operated and Oriented Plan (CO-OP) program to provide funding until July 1, 2013, for the creation of nonprofit member-run health insurance issuers that offer qualified health plans in the individual and small group markets. Funds are to be provided as loans for start-up costs and as grants for meeting solvency requirements. Loans must be repaid within 5 years; grants must be repaid within 15 years. Prohibits health insurance issuers that existed on July 16, 2009, or governmental organizations from participating in the CO-OP program. [OS]	Appropriates \$6 billion to carry out the CO-OP program.
1323	New authority	Funding for territories. Provides funds for U.S. territories that elect to establish a health insurance exchange. Funds must be used to provide premium and cost-sharing assistance to territory residents who obtain health insurance coverage through the exchange.	Appropriates \$1 billion, to be available during the period 2014 through 2019. Of that total amount, \$925 million is for Puerto Rico, and the remaining \$75 million is for the other U.S. territories in amounts as specified by the Secretary.

PPACA Section	New/Existing Authority	Program Description	Appropriation/Transfer
Medicaid and Children's Health Insurance Program (CHIP)			
2701	New SSA Sec. 1139B	Medicaid adult health quality measures. Requires the Secretary to develop and, not later than Jan. 1, 2012, publish an initial core set of quality measures for Medicaid-eligible adults. Not later than January 1, 2013, requires the Secretary to develop a standardized format for states to report information about the quality of Medicaid care for adults based on those measures. The Secretary and the states must report on the development of and improvements to the quality measurement program on a regular basis. [CMS]	Appropriates \$60 million for each of FY2010 through FY2014, to remain available until expended. (Total amount = \$300 million.) [On Dec. 30, 2010, HHS published a notice with comment period identifying an initial core set of health quality measures recommended for Medicaid-eligible adults. See http://edocket.access.gpo.gov/2010/pdf/2010-32978.pdf .]
2707	New authority	Medicaid emergency psychiatric demonstration program. Directs the Secretary to establish a three-year Medicaid demonstration in which eligible states are required to reimburse certain institutions for mental disease (IMDs) for services provided to Medicaid beneficiaries aged 21 through 64 who are in need of medical assistance to stabilize an emergency psychiatric condition. [CMS]	Appropriates \$75 million for FY2011, to remain available for obligation through Dec. 31, 2015. [For more information on the demonstration, see http://www.samhsa.gov/healthreform/docs/Medicaid_Emergency_Psychiatric_Demo_508.pdf .]
2801	Amends SSA Sec. 1900	Medicaid and CHIP Payment and Access Commission (MACPAC). Clarifies and expands MACPAC's duties; for example, to include a review and assessment of payment policies under Medicaid and CHIP and how factors affecting expenditures and payment methodologies enable beneficiaries to obtain services, affect provider supply, and affect providers that serve a disproportionate share of low-income and other vulnerable populations. Additional duties include reviewing and assessing policies related to eligibility, enrollment and retention, benefits and coverage, quality of care, and interactions between Medicaid and Medicare and how those interactions affect access to services, payments, and dual eligibles. MACPAC is also required to report to Congress on any Medicaid and CHIP regulations that affect access, quality, and efficiency of health care. [CMS]	Appropriates \$9 million, and transfers from CHIP funding an additional \$2 million for FY2010 for MACPAC activities. Note: the section also authorizes to be appropriated SSAN for each fiscal year thereafter. Funds are to remain available until expended. (Total amount = \$11 million.) [For information on MACPAC, see http://www.macpac.gov/ .]
4108	New authority	Medicaid prevention and wellness incentives. Requires the Secretary to award state grants to provide incentives for Medicaid beneficiaries to participate in evidence-based healthy lifestyle programs to prevent or help manage chronic disease. [CMS]	Appropriates \$100 million for the five-year period beginning Jan. 1, 2011, to remain available until expended.
4306	Amends SSA Sec. 1139A(e)	CHIP childhood obesity demonstration program. Appropriates funding for a program authorized by the Children's Health Insurance Program Reauthorization Act (CHIPRA; P.L. 111-3), which requires the Secretary to conduct a demonstration project to develop a model for reducing childhood obesity. [CDC]	Appropriates \$25 million for the period FY2010 through FY2014.

PPACA Section	New/Existing Authority	Program Description	Appropriation/Transfer
10203(d)	Amends SSA Secs. 2104 & 2113	CHIP annual appropriations, and outreach and enrollment grants. Appropriates funding for the CHIP program for FY2014 and FY2015 (the program previously had been funded through FY2013). Also, extends the time period for CHIP outreach and enrollment grants through FY2015 and increases the existing appropriation for such grants from \$100 million to \$140 million.	Appropriates \$19.147 billion for FY2014, and a total of \$21.061 billion for FY2015 for the CHIP program. Appropriates an additional \$40 million for the CHIP outreach and enrollment grants. [For information on the CHIP outreach and enrollment grants, see http://www.cms.gov/CHIPRA/11_outreachenrollmentgrants.asp .]
Medicare			
3014	Amends SSA Sec. 1890(b). New SSA Sec. 1890A	Medicare quality and efficiency measures. Expands the duties of the consensus-based entity under contract with CMS pursuant to SSA Sec. 1890 (currently the National Quality Forum). Requires the entity to convene multi-stakeholder groups to provide input on the national priorities for health care quality improvement (developed under PPACA). In addition, the multi-stakeholder groups are required to provide input on the selection of quality measures for use in various specified Medicare payment systems for hospitals and other providers, as well as in other health care programs, and for use in reporting performance information to the public. Establishes a multi-step pre-rulemaking process and timeline for the adoption, dissemination, and review of measures by the Secretary. [CMS]	Requires the Secretary to transfer from the Medicare Part A and Part B trust funds \$20 million for each of FY2010 through FY2014, to remain available until expended. ^a (Total amount = \$100 million.)
3021(a)	New SSA Sec. 1115A	Center for Medicare and Medicaid Innovation (CMI). Requires the Secretary, no later than January 1, 2011, to establish the CMI within the Centers for Medicare and Medicaid Services (CMS). The purpose of CMI is to test and evaluate innovative payment and service delivery models to reduce program expenditures under Medicare, Medicaid, and CHIP while preserving or enhancing the quality of care furnished under these programs. In selecting the models, the Secretary is also required to give preference to those that improve the coordination, quality, and efficiency of health care services. [CMS]	Appropriates (1) \$5 million for FY2010 for the selection, testing, and evaluation of new payment and service delivery models; and (2) \$10 billion for the period FY2011 through FY2019, plus \$10 billion for each subsequent 10-fiscal year period, to continue such activities and for the expansion and nationwide implementation of successful models. ^b Amounts are to remain available until expended. [For information on CMI, see http://innovations.cms.gov/ .]
3024	New SSA Sec. 1866E	Medicare independence at home demonstration program. Requires the Secretary to conduct a three-year Medicare demonstration program, beginning no later than Jan. 1, 2012, to test a payment incentive and service delivery model aimed at reducing expenditures and improving health outcomes that uses physician- and nurse practitioner-directed primary care teams to provide home-based services to chronically ill patients. The Secretary must submit a plan, no later than January 1, 2016, for expanding the program if it is determined that such expansion would improve the quality of care and reduce spending. [CMS]	Requires the Secretary to transfer from the Medicare Part A and Part B trust funds \$5 million for each of FY2010 through FY2015 for administering and carrying out the demonstration, to remain available until expended. ^a (Total amount = \$30 million.) [For a fact sheet on the independence at home demonstration, see http://www.cms.gov/DemoProjectsEvalRpts/downloads/IAH_FactSheet.pdf .]

PPACA Section	New/Existing Authority	Program Description	Appropriation/Transfer
3026	New authority	Community-based care transitions program. Requires the Secretary to establish a five-year program, beginning Jan. 1, 2011, to provide funding to eligible hospitals and community-based organizations that provide evidence-based transition services to Medicare beneficiaries with multiple chronic conditions who are at high risk for hospital readmission. [CMS]	Requires the Secretary to transfer from the Medicare Part A and Part B trust funds \$500 million for the period FY2011 through FY2015, to remain available until expended. ^a
3027(b)	Amends DRA Sec. 5007	Medicare gainsharing demonstration program. Under DRA Sec. 5007, CMS is supporting two gainsharing projects to test and evaluate arrangements between hospitals and physicians that are intended to improve the quality and efficiency of care provided to beneficiaries. The demonstration allows hospitals to provide gainsharing payments to physicians that represent a share of the savings incurred as a result of collaborative efforts to improve overall quality and efficiency. [CMS]	Appropriates \$1.6 million for FY2010, to remain available through FY2014 or until expended, for carrying out the demonstration.
3113	New authority	Diagnostic laboratory test demonstration program. Requires the Secretary to conduct a 2-year demonstration program, with a subsequent report to Congress, to test the impact of direct payments for certain complex laboratory tests on Medicare costs and quality of care. [CMS]	Requires the Secretary to transfer from the Medicare Part B trust fund \$5 million, to remain available until expended, for carrying out the demonstration program and preparing the subsequent report.
3306	Amends MIPPA Sec. 119	Outreach and assistance for Medicare low-income programs. Provides additional funding for beneficiary outreach and education activities for Medicare low-income programs through the following entities: (1) State Health Insurance Counseling and Assistance Programs (SHIPs); (2) Area Agencies on Aging (AAAs); (3) Aging and Disability Resource Centers (ADRCs); and (4) the National Center for Benefits and Outreach Enrollment (NCBOE). [AoA, CMS]	Appropriates a total of \$45 million for the period FY2010 through FY2012, to remain available until expended, as follows: (1) \$15 million for SHIPs; (2) \$15 million for AAAs; (3) \$10 million for ADRCs; and (4) \$5 million for the NCBOE. [On Sept. 27, 2010, HHS announced grant awards totaling \$45 million to 50 states, the territories, and 125 tribal organizations for Medicare beneficiary outreach and assistance. Of this amount, \$5 million was awarded to NCBOE for technical assistance. See http://www.hhs.gov/news/press/2010pres/09/20100927a.html .]

PPACA Section	New/Existing Authority	Program Description	Appropriation/Transfer
3403	New SSA Sec. 1899A	<p>Independent Payment Advisory Board. Creates an independent, 15-member Payment Advisory Board tasked with presenting Congress with comprehensive proposals to reduce excess cost growth and improve quality of care for Medicare beneficiaries. In years when Medicare costs are projected to exceed a target growth rate, the board's proposals will take effect unless Congress passes an alternative measure that achieves the same level of savings. Congress would be allowed to consider an alternative provision on a fast-track basis. The board would be prohibited from making proposals that ration care, raise taxes, or increase Part B premiums, or change Medicare benefit, eligibility, or cost-sharing standards. Requires the board to make biannual recommendations to the President, Congress, and private entities on actions they can take to improve quality and constrain the rate of cost growth in the private sector. Requires the board to make non-binding Medicare recommendations to Congress in years in which Medicare growth is below the targeted growth rate. Beginning in 2019, limits the board's binding recommendations to Congress to every other year if the growth in overall health spending exceeds growth in Medicare spending; such recommendations would focus on slowing overall health spending while maintaining or enhancing beneficiary access to quality care under Medicare.</p>	<p>Appropriates \$15 million for FY2012 to support the board's activities. For each subsequent fiscal year, appropriates the amount from the previous fiscal year adjusted for inflation. Sixty percent of the appropriation is to be derived by transfer from the Medicare Part A trust fund, and 40% is to be derived by transfer from the Medicare Part B trust fund.</p>
4202(b)	New authority	<p>Medicare prevention and wellness evaluation. Requires the Secretary to conduct an evaluation of community-based prevention and wellness programs and, based on the findings, develop a plan to promote healthy lifestyles and chronic disease self-management among Medicare beneficiaries. [CMS]</p>	<p>Requires the Secretary to transfer \$50 million from the Medicare Part A and Part B trust funds to fund the evaluation, to remain available until expended.^a</p>
4204(e)	New authority	<p>Medicare vaccine coverage. Requires the GAO to study and report to Congress on the impact of Medicare Part D vaccine coverage on access to those vaccines among beneficiaries.</p>	<p>Appropriates \$1 million for FY2010 for the GAO study.</p>
10323(a)	New SSA Sec. 1881A	<p>Environmental health hazards. Extends Medicare coverage to certain individuals exposed to environmental health hazards. Requires the Secretary to establish a pilot program, with appropriate reimbursement methodologies, to provide comprehensive, coordinated, and cost-effective care to certain exposed individuals residing in emergency declaration areas. [CMS]</p>	<p>Requires the Secretary to transfer SSAN from the Medicare Part A and Part B trust funds to carry out the pilot program.^a</p>

PPACA Section	New/Existing Authority	Program Description	Appropriation/Transfer
10323(b)	New SSA Sec. 2009	Environmental health hazards. Requires the Secretary to award grants to state and local government agencies, health care facilities, and other entities to (1) provide screening for specified lung diseases and other environmental health conditions to at-risk individuals; and (2) disseminate public information about the availability of screening, the detection and treatment of environmental health conditions, and the availability of Medicare benefits to certain individuals diagnosed with such conditions, pursuant to new SSA Sec. 1881A (as added by PPACA Sec. 10323(a)). [CMS]	Appropriates \$23 million for the period FY2010 through FY2014, and \$20 million for each five-fiscal year period thereafter, to carry out the screening and public information dissemination program. Funds are to remain available until expended.
Fraud and Abuse			
6402(i) & HCERA Sec. 1303(a)	Amends SSA Sec. 1817(k)	Health Care Fraud and Abuse Control (HCFAC) Account. Permanently applies an inflation adjustment to the annual appropriation (provided under SSA Sec. 1817(k)) for the HCFAC Account, which finances investigative and enforcement activities undertaken by the HHS Office of the Inspector General, the Department of Justice, and the Federal Bureau of Investigation, as well as Medicare Integrity Program activities undertaken by CMS contractors. In addition, provides supplemental funds through FY2020 for the HCFAC Account. [CMS]	Appropriates from the Medicare Part A trust fund \$10 million for each of FY2011 through FY2020; plus an additional \$95 million for FY2011, \$55 million for FY2012, \$30 million for each of FY2013 and FY2014, and \$20 million for each of FY2015 and FY2016. Funds are to remain available until expended. (Total amount = \$350 million.)
Health Centers and the National Health Service Corps			
4101(a)	New authority	School-based health centers. Requires the Secretary to create a grant program for the establishment of school-based health centers. Funds may be used for facility construction, expansion, and equipment. [HRSA]	Appropriates \$50 million for each of FY2010 through FY2013, to remain available until expended. (Total amount = \$200 million.) [On Oct. 4, 2010, HHS announced the availability of \$100 million for school-based health center construction and renovation. See http://www.hrsa.gov/about/news/pressreleases/101004schoolbasedhealthcenters.html .]
10503(b)(1)	New authority	Community Health Center Fund (CHCF). Establishes a CHCF and appropriates to the fund a total of \$11 billion over the five-year period FY2011 through FY2015. Requires the Secretary to transfer \$9.5 billion from the CHCF to increase funding, over the FY2008 level, for community health center operations. The remaining \$1.5 billion is discussed in the next table row. [HRSA]	Transfers from the CHCF the following amounts for health center operations, to remain available until expended: FY2011 = \$1 billion; FY2012 = \$1.2 billion; FY2013 = \$1.5 billion; FY2014 = \$2.2 billion; and FY2015 = \$3.6 billion. (Total amount = \$9.5 billion.) [For HHS/HRSA announcements on the FY2011 health center funds, see (1) http://www.hhs.gov/news/press/2010pres/08/20100809a.html ; (2) http://www.hhs.gov/news/press/2010pres/10/20101026a.html ; (3) http://www.hhs.gov/news/press/2010pres/11/20101119b.html ; and (4) http://www.hrsa.gov/about/news/pressreleases/110107healthcenterplanning.html .]

PPACA Section	New/Existing Authority	Program Description	Appropriation/Transfer
10503(b)(2)	New authority	National Health Service Corps (NHSC). Requires the Secretary to transfer from the CHCF a total of \$1.5 billion to increase funding, over the FY2008 level, for NHSC operations, scholarships, and loan repayments. [HRSA]	Transfers from the CHCF the following amounts for NHSC, to remain available until expended: FY2011 = \$290 million; FY2012 = \$295 million; FY2013 = \$300 million; FY2014 = \$305 million; and FY2015 = \$310 million. (Total amount = \$1.5 billion.) [On Nov. 22, 2010, HHS announced the availability of the FY2011 NHSC funds. See http://www.hhs.gov/news/press/2010pres/11/20101122b.html .]
10503(c)	New authority	Health center construction and renovation. Provides funding for health center construction and renovation. [HRSA]	Appropriates \$1.5 billion, to be available for the period FY2011 through FY2015, and to remain available until expended. [On Oct. 8, 2010, HHS announced awards totaling \$727 million for CHC construction and renovation. See http://www.hhs.gov/news/press/2010pres/10/20101008c.html .]
Health Workforce			
5507(a)	New SSA Sec. 2008	Health workforce demonstration programs. Requires the Secretary to establish two demonstration projects. The first is to award health profession opportunity grants to states, Indian tribes, institutions of higher education, and local workforce investment boards to help low-income individuals obtain education and training in health care jobs that pay well and are in high demand; funds may be used to provide financial aid and other supportive services. The second is to provide states with grants to develop core training competencies and certification programs for personal and home care aides. [ACF, HRSA]	Appropriates \$85 million for each of FY2010 through FY2014, of which \$5 million in each of FY2010 through FY2012 is to be used for the second project. (Total amount = \$425 million.) [On Sept. 27, 2010, HHS announced Health Profession Opportunity Grant awards totaling \$67 million. See http://www.hhs.gov/news/press/2010pres/09/20100927e.html .]
5507(b)	Amends SSA Sec. 501(c)	Family-to-family health information centers. Renews funding for the family-to-family information centers, which assist families of children with disabilities or special health care needs and the professionals who serve them. [HRSA]	Appropriates \$5 million for each of FY2010 through FY2012, to remain available until expended. (Total amount = \$15 million.) [On Oct. 26, 2010, HHS announced the availability of \$4 million to support family-to-family information centers. See http://www.hhs.gov/news/press/2010pres/10/20101026f.html .]
5508(c)	New PHSA Sec. 340H	Teaching health centers. Requires the Secretary to make payments for direct and indirect graduate medical education (GME) costs to qualified teaching health centers (THCs) for the expansion of existing, or establishment of new approved medical residency training programs. [HRSA]	Appropriates SSAN, not to exceed \$230 million, for the period FY2011 through FY2015. [On Jan. 25, 2011, HRSA announced the designation of 11 new THCs, who will receive GME payments for their new residents. See http://www.hrsa.gov/about/news/pressreleases/110125teachinghealthcenters.html .]

PPACA Section	New/Existing Authority	Program Description	Appropriation/Transfer
5509	New authority	Medicare graduate nurse education demonstration program. Requires the Secretary to establish a Medicare demonstration program under which up to five eligible hospitals will receive reimbursement for providing advanced practice nurses with clinical training in primary care, preventive care, transitional care, and chronic care management. [CMS]	Appropriates \$50 million for each of FY2012 through FY2015, to remain available until expended. (Total amount = \$200 million.)
10502	New authority	Health care facility construction. Provides funding for debt service on, or construction or renovation of, a hospital affiliated with a state's sole public medical and dental school. [HRSA]	Appropriates \$100 million for FY2010, to remain available for obligation until Sept. 30, 2011. [On Dec. 29, 2010, HRSA announced a \$100 million award to Ohio State University. See http://www.hrsa.gov/about/news/pressreleases/2010/101229ohiostate.html .]
Community-Based Prevention and Wellness			
4002	New authority	Prevention and Public Health Fund (PPHF). Establishes a PPHF and appropriates amounts to the fund in perpetuity. Requires the Secretary to transfer amounts from the fund to HHS accounts to increase funding, over the FY2008 level, for PHSA-authorized prevention, wellness, and public health activities, including prevention research and health screenings. Authorizes House and Senate appropriators to transfer monies from the PPHF to eligible activities. [OS, CDC, HRSA]	Appropriates the following amounts to the PPHF: FY2010 = \$500 million; FY2011 = \$750 million; FY2012 = \$1 billion; FY2013 = \$1.25 billion; FY2014 = \$1.5 billion; FY2015 and each fiscal year thereafter = \$2 billion. [For HHS's announcements of FY2010 funding availability and grant awards, see (1) http://www.hhs.gov/news/press/2010pres/09/20100927e.html (primary care workforce grant awards: \$253 million total); and (2) http://www.hhs.gov/news/press/2010pres/06/20100618g.html (funding opportunity announcements for community/clinical prevention initiatives, and public health infrastructure, systems, research, & training: approx. \$250 million total). On Feb. 9, 2011, HHS announced the allocation of \$750 million in FY2011 funds. See http://www.hhs.gov/news/press/2011pres/02/20110209b.html .]
Maternal and Child Health			
2951	New SSA Sec. 511	Maternal, infant, and early childhood home visiting program. Requires the Secretary to award grants to states, U.S. territories, and Indian tribes to develop and implement early childhood home visiting programs that adhere to evidence-based models of service delivery. Programs must establish benchmarks to measure improvements for the participating families in prenatal, maternal, and newborn health; child health and development; parenting skills; school readiness; juvenile delinquency; and family economic self-sufficiency. [HRSA, ACF]	Appropriates the following amounts for the home visiting program: FY2010 = \$100 million; FY2011 = \$250 million, FY2012 = \$350 million; FY2013 = \$400 million; FY2014 = \$400 million. (Total amount = \$1.5 billion.) [On July 21, 2010, HHS announced home visiting grant awards totaling \$87.5 million to all 50 states, DC, and the territories. See http://www.hhs.gov/news/press/2010pres/07/20100721a.html . On Sept. 29, 2010, it announced grants totaling \$3 million to 13 Indian tribes and tribal organizations in 9 states. See http://www.acf.hhs.gov/news/press/2010/hrsa_award_3m.html . On Feb. 8, 2011, HRSA issued guidance for states to submit updated plans for their home visiting programs. See http://www.hrsa.gov/grants/manage/homevisiting/sir02082011.pdf .]

PPACA Section	New/Existing Authority	Program Description	Appropriation/Transfer
2953	New SSA Sec. 513	Personal responsibility education programs. Establishes a state formula grant program to support evidence-based Personal Responsibility Education Programs (PREPs) designed to educate adolescents about abstinence, contraception, and adult preparation, including healthy life skills, educational and career success, and financial literacy. Also, requires the Secretary to award grants to implement innovative youth pregnancy prevention strategies and to target services at high-risk populations. [ACF]	Appropriates \$75 million for each of FY2010 through FY2014, of which \$10 million each year is to be reserved for the youth pregnancy prevention grants. Funds are to remain available until expended. (Total amount = \$375 million.) [On Sept. 30, 2010, HHS announced PREP grant awards totaling \$55 million. See http://www.hhs.gov/news/press/2010pres/09/20100930a.html .]
2954	Amends SSA Sec. 510	Abstinence education grants. Renews funding for the state formula grant program, authorized under SSA Sec. 510, to support abstinence education programs. Funds are awarded to states based on the proportion of low-income children in each state compared to the national total, and may only be used for teaching abstinence. [ACF]	Appropriates \$50 million for each of FY2010 through FY2014. (Total amount = \$250 million.) [On Sept. 30, 2010, HHS announced abstinence education grants totaling \$33 million to 29 states and Puerto Rico. See http://www.hhs.gov/news/press/2010pres/09/teenpregnancy_abstinencegrants.html .]
10211-10214	New authority	Pregnancy assistance grants. In collaboration with the Secretary of Education, requires the Secretary to establish a Pregnancy Assistance Fund for the purpose of awarding grants to states to assist pregnant and parenting teens and women. State grantees have the flexibility to make funds available to institutions of higher education, high schools and community service centers, and to the state attorneys general to improve services for pregnant women who are victims of domestic violence, sexual assault, or stalking. [OS]	Appropriates \$25 million for each of FY2010 through FY2019. (Total amount = \$250 million.) [On Sept. 28, 2010, HHS announced pregnancy assistance grant awards totaling \$24 million to 17 states and tribes. See http://www.hhs.gov/news/press/2010pres/09/20100928d.html .]
Long-Term Care			
2403	Amends DRA Sec. 6071(h)	Medicaid Money Follows the Person (MFP) demonstration program. Appropriates funding through FY2016 for the MFP demonstration, which authorizes the Secretary to award competitive grants to states to reduce their reliance on institutional care for people needing long-term care, and expand options for elderly people and individuals with disabilities to receive home and community-based long-term care services. [CMS]	Appropriates \$450 million for each of FY2011 through FY2016, to remain available through FY2016. (Total amount = \$2.7 billion.) [On Sept. 27, 2010, HHS announced a round of MFP funding totaling \$10 million to 23 states and DC. See http://www.hhs.gov/news/press/2010pres/09/20100927a.html .]

PPACA Section	New/Existing Authority	Program Description	Appropriation/Transfer
2405	New authority	State Aging and Disability Resource Centers (ADRCs). Provides funding for ADRCs (authorized under Sec. 202 of the OAA), which serve as a single, coordinated resource for consumer information on the range of long-term care options in community and institutional settings. Some ADRCs also serve as the entry point to publicly administered long-term care programs (e.g., Medicaid, OAA services, state assistance programs). As of 2009, ADRC funding had expanded to include at least one site in each state, DC, and 3 U.S. territories (Guam, Puerto Rico, and Northern Mariana), with more than 200 sites nationwide. [AoA]	Appropriates \$10 million for each of FY2010 through FY2014. (Total amount = \$50 million.) [On Sept. 27, 2010, HHS announced ADRC grants totaling \$10 million to 19 states and DC. See http://www.hhs.gov/news/press/2010pres/09/20100927a.html .]
6201	New authority	Background checks of long-term care providers. Requires the Secretary to establish a nationwide program for background checks on direct patient access employees of long-term care facilities or providers, and to provide federal matching funds to states to conduct these activities. [CMS]	Requires the Treasury Secretary to transfer to HHS an amount, not to exceed \$160 million, that is specified by the HHS Secretary as necessary to carry out the program for the period FY2010 through FY2012. Funds are to remain available until expended. [For information on an initial round of grant awards totaling \$14 million to 6 states, see http://aging.senate.gov/record.cfm?id=328161 .]
8002(d)	Amends DRA Sec. 6021(d)	National Clearinghouse for Long-Term Care Information. Extends funding for the National Clearinghouse for Long-Term Care Information through FY2015, and requires the Clearinghouse to include information on the Community Living Assistance Services and Supports (CLASS) program, established under PPACA Sec. 8002(a). [CMS]	Appropriates \$3 million for each of FY2011 through FY2015 for the Clearinghouse. (Total amount = \$15 million.)
Comparative Effectiveness Research			
6301(d)-(e)	New IRC Secs. 9511, 4375, & 4376. New SSA Sec. 1183	Patient-Centered Outcomes Research Trust Fund (PCORTF). Establishes a PCORTF to fund the new Patient-Centered Outcomes Research Institute and its comparative effectiveness research activities. The fund is to receive the following amounts: (1) specified annual appropriations for each of FY2010 through FY2019 (see amounts in the right-hand column); (2) additional annual appropriations for each of FY2013 through FY2019 equal to the net revenue from a new fee levied on health insurance policies and self-insured plans; ^c and (3) transfers from the Medicare trust funds for each of FY2013 through FY2019. ^d [OS, AHRQ]	Appropriates to the PCORTF \$10 million for FY2010, \$50 million for FY2011, and \$150 million for each of FY2012 through FY2019, for a total of \$1.26 billion over that 10-year period. For each of FY2013 through FY2019, the PCORTF is to receive additional appropriations based on the revenue from the health insurance policy/plan fee, as well as Medicare trust fund transfers. Each fiscal year, 20% of the funds in the PCORTF are to be transferred to the Secretary.

PPACA Section	New/Existing Authority	Program Description	Appropriation/Transfer
Biomedical Research			
9023	New IRC Sec. 48D	Therapeutic research and development tax credits and grants. Creates a two-year tax credit program, subject to an overall cap of \$1 billion, for small companies (250 or fewer employees) that invest in new therapies to prevent, diagnose, and treat cancer and other diseases. Companies may apply for one or more tax credits, each covering up to 50% of the cost of qualifying research investments made in 2009 and 2010. However, the total amount of tax credits any one company receives for the two years may not exceed \$5 million. Companies may elect to receive one or more grants in lieu of tax credits, subject to the same restrictions (i.e., grants may cover up to 50% of the cost of qualifying investments made in 2009 and 2010; the total amount of grants any one company receives for the two years may not exceed \$5 million). [IRS]	Appropriates SSAN to carry out the grant program. [For a list of all the companies and their research projects that the IRS has approved, and the tax credit or grant award for each approved project, see http://www.irs.gov/businesses/small/article/0,,id=228690,00.html .]
PPACA Implementation			
HCERA Sec. 1005	New authority	Health Insurance Reform Implementation Fund (HIRIF). Establishes an HIRIF for federal administrative expenses to carry out PPACA and HCERA. [OS]	Appropriates \$1 billion to the HIRIF.

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

- a. Transfers from the two trust funds are in such proportion as the Secretary determines appropriate.
- b. Of the amounts appropriated for the period FY2011 through FY2019 and for each subsequent 10-fiscal year period, at least \$25 million must be made available each fiscal year for the selection, testing, and evaluation of new payment and service delivery models.
- c. The health insurance fee is to equal \$2 multiplied by the average number of covered lives in a policy/plan year (\$1 in the case of a policy/plan year ending during FY2013), updated annually by the rate of medical inflation beginning in FY2015.
- d. The trust fund transfers are to equal \$2 multiplied by the average number of individuals entitled to benefits under Part A or enrolled under Part B in a given fiscal year (\$1 in FY2013), updated annually by the rate of medical inflation beginning in FY2015.

Table 2. Appropriations and Fund Transfers in the Health Reform Law, FY2010-FY2019

Patient Protection and Affordable Care Act (PPACA; P.L. 111-148, as amended by P.L. 111-152)

PPACA Section	Program	Appropriation (or Fund Transfer) in \$ millions										Total
		FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	
Private Health Insurance												
1002	Health insurance consumer information	30 ^a	<i>Authorizes to be appropriated SSAN for FY2011 and each fiscal year thereafter</i>									30
1003	Review of health insurance premium rates	250	—	—	—	—	—	—	—	—	—	250
1101	Temporary high-risk health insurance pools	5,000 ^a	—	—	—	—	—	—	—	—	—	5,000
1102	Early retiree reinsurance program	5,000 ^a	—	—	—	—	—	—	—	—	—	5,000
1311	Health insurance exchange planning and establishment	<i>Appropriates necessary amounts for grants each fiscal year, as determined by the Secretary; no grants may be awarded after Jan. 1, 2015</i>									—	TBD ^b
1322	Consumer operated and oriented plans (CO-OPs)	6,000	—	—	—	—	—	—	—	—	—	6,000
1323	Health insurance exchange subsidies (U.S. territories)	—	—	—	—	<i>\$1 billion total for CY2014 through CY2109^c</i>					1,000	
Medicaid and Children's Health Insurance Program (CHIP)												
2701	Medicaid adult health quality measures	60	60	60	60	60	—	—	—	—	—	300 ^d
2707	Medicaid emergency psychiatric demonstration	—	75 ^e	—	—	—	—	—	—	—	—	75
2801	Medicaid and CHIP Payment and Access Commission	11 ^f	<i>Authorizes to be appropriated SSAN for FY2011 and each fiscal year thereafter</i>									11
4108	Medicaid prevention and wellness incentives	—	<i>\$100 million total for CY2011 through CY2015^d</i>					—	—	—	—	100
4306	CHIP childhood obesity demonstration	<i>\$25 million total for FY2010 through FY2014</i>					—	—	—	—	—	25
10203(d)	CHIP annual appropriations ^g	—	—	—	—	19,147	21,061	—	—	—	—	40,208

PPACA Section	Program	Appropriation (or Fund Transfer) in \$ millions										Total	
		FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019		
10203(d)	CHIP outreach and enrollment grants	<i>Increases total funding from \$100 million to \$140 million and extends funding period through FY2015</i>							—	—	—	—	40
Medicare													
3014	Medicare quality and efficiency measures	20 ^h	20	20	20	20	—	—	—	—	—	100	
3021(a)	Center for Medicare and Medicaid Innovation	5	<i>plus \$10 billion total for FY2011 through FY2019, and \$10 billion for each subsequent 10-fiscal year period</i>									10,005 ^d	
3024	Medicare independence at home demonstration	5 ^h	5	5	5	5	5	—	—	—	—	30	
3026	Community-based care transition services	—	<i>\$500 million total for FY2011 through FY2015^h</i>					—	—	—	—	500	
3027(b)	Medicare gainsharing demonstration	2	—	—	—	—	—	—	—	—	—	2 ^d	
3113	Diagnostic laboratory test demonstration	5 ⁱ	—	—	—	—	—	—	—	—	—	5	
3306	Outreach and assistance for low-income beneficiaries	<i>\$45 million total for FY2010 through FY2012</i>			—	—	—	—	—	—	—	45 ^d	
3403	Independent Payment Advisory Board	—	—	15	<i>For FY2013 and each subsequent fiscal year, appropriates previous year's amount adjusted for inflation; funds derived from the Medicare Part A and Part B trust funds.</i>						TBD ^b		
4202(b)	Prevention and wellness evaluation	50 ^h	—	—	—	—	—	—	—	—	—	50	
4204(e)	GAO study of Medicare vaccine coverage	1	—	—	—	—	—	—	—	—	—	1	
10323(a)	Environmental health pilot program	SSAN ^h										TBD ^b	
10323(b)	Environmental health screening and education	<i>\$23 million total for FY2010 through FY2014</i>				<i>\$20 million total for FY2015 through FY2019, and for each 5-fiscal year period thereafter</i>					43 ^d		
Fraud and Abuse													
6402(i) & HCERA 1303(a)	Health Care Fraud and Abuse Control (HCFAC) Account	—	105	65	40	40	30	30	10	10	10	350 ⁱ	

PPACA Section	Program	Appropriation (or Fund Transfer) in \$ millions										Total
		FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	
Health Centers and the National Health Service Corps (NHSC)												
4101(a)	School-based health center establishment grants	50	50	50	50	—	—	—	—	—	—	200 ^d
10503(b)(1)	Community Health Centers Fund, patient services	—	1,000	1,200	1,500	2,200	3,600	—	—	—	—	9,500 ^d
10503(b)(2)	Community Health Centers Fund, NHSC	—	290	295	300	305	310	—	—	—	—	1,500 ^d
10503(c)	Community health center construction and renovation	—	<i>\$1.5 billion total for FY2011 through FY2015</i>					—	—	—	—	1,500 ^d
Health Workforce												
5507(a)	Health workforce demonstration grants	85	85	85	85	85	—	—	—	—	—	425
5507(b)	Family-to-family health information centers	5	5	5	—	—	—	—	—	—	—	15 ^d
5508(c)	Teaching health centers, GME payments	—	<i>SSAN for FY2011 through FY2015, not to exceed \$230 million</i>					—	—	—	—	≤230
5509	Medicare graduate nurse education demonstration	—	—	50	50	50	50	—	—	—	—	200 ^d
10502	Health care facility construction	100	—	—	—	—	—	—	—	—	—	100 ^k
Community-Based Prevention and Wellness												
4002	Prevention and Public Health Fund	500	750	1,000	1,250	1,500	2,000	2,000	2,000	2,000	2,000	15,000 ^l
Maternal and Child Health												
2951	Maternal, infant, and early childhood home visitation	100	250	350	400	400	—	—	—	—	—	1,500
2953	Personal responsibility education program grants	75	75	75	75	75	—	—	—	—	—	375 ^d
2954	Abstinence education state grants	50	50	50	50	50	—	—	—	—	—	250

PPACA Section	Program	Appropriation (or Fund Transfer) in \$ millions											
		FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	Total	
10214	Pregnancy assistance grants	25	25	25	25	25	25	25	25	25	25	25	250
Long-Term Care													
2403	Medicaid money follows the person demonstration	—	450	450	450	450	450	450	—	—	—	—	2,700
2405	State Aging and Disability Resource Centers	10	10	10	10	10	—	—	—	—	—	—	50
6201	Background checks of long-term care providers	<i>Up to \$160 million total for FY2010 through FY2012^m</i>			—	—	—	—	—	—	—	—	—
8002(d)	National Clearinghouse for Long-Term Care Information	—	3	3	3	3	3	—	—	—	—	—	15
Comparative Effectiveness Research													
6301(d)	Patient-Centered Outcomes Research Trust Fund, Medicare transfers	—	—	—	<i>For each of FY2013 through FY2019, transfers amounts from the Medicare trust funds as determined by a formulaⁿ</i>							TBD ^b	
6301(e)	Patient-Centered Outcomes Research Trust Fund, appropriations	10	50	150	<i>For each of FY2013 through FY2019, appropriates \$150 million plus an amount equal to the net revenue from a fee levied on insurance policies and health plans^o</i>							TBD ^b	
Biomedical Research													
9023(e)	Grants for investment in new therapeutics	SSAN	—	—	—	—	—	—	—	—	—	—	TBD ^p
PPACA Implementation													
HCERA 1005	Health Insurance Reform Implementation Fund	1,000	—	—	—	—	—	—	—	—	—	—	1,000

Source: Prepared by the Congressional Research Service based on the text of the Patient Protection and Affordable Care Act (PPACA), P.L. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010 (HCERA), P.L. 111-152.

Notes: Funds are provided from the Treasury unless otherwise noted. A dash means that PPACA does not appropriate or transfer funds for the fiscal year(s) noted.

- a. Funds are to remain available without fiscal year limitation.
- b. To be determined.
- c. Of this total amount, \$925 million is for Puerto Rico, and the remaining \$75 million is for the other U.S. territories in amounts as specified by the Secretary.

- d. Funds are to remain available until expended.
- e. Funds are to remain available for obligation through Dec. 31, 2015.
- f. Of this total amount, \$9 million is appropriated, and the remaining \$2 million is a transfer from CHIP funding for FY2010. Funds are to remain available until expended.
- g. Prior to enactment of PPACA, the CHIP program was funded through FY2013.
- h. The Secretary is required to transfer amounts from the Medicare Part A and Part B trust funds in such proportion as the Secretary determines appropriate. Funds are to remain available until expended,
- i. The Secretary is required to transfer the \$5 million from the Medicare Part B trust fund, to remain available until expended.
- j. Funds are to be appropriated from the Medicare Part A trust fund. Note: the total amount appropriated (i.e., \$350 million) includes a final appropriation of \$10 million for FY2020.
- k. Funds are to remain available for obligation until Sept. 30, 2011.
- l. PPACA Sec. 4002 provides annual appropriations for the Prevention and Public Health Fund in perpetuity; increasing from \$500 million for FY2010 to \$2 billion for FY2015 and each fiscal year thereafter. Appropriations to the fund total \$15 billion over the period FY2010 through FY2019.
- m. PPACA Sec. 6201 requires the HHS Secretary to notify the Treasury Secretary of the amount necessary to carry out activities under this section for the period of FY2010 through FY2012, but not to exceed \$160 million. The Treasury Secretary must then transfer the amount specified from the Treasury to the HHS Secretary. Funds are to remain available until expended.
- n. To be determined. PPACA Sec. 6301(d) provides a formula for the transfer of funds from the Medicare Part A and Part B trust funds to the Patient-Centered Outcomes Research Trust Fund as follows: (1) for FY2013, an amount from each respective Medicare trust fund equal to \$1 multiplied by the average number of individuals entitled to Part A benefits, or enrolled in Part B during that period; and (2) for each of FY2014 through FY2019, an amount from each respective Medicare trust fund equal to \$2 multiplied by the average number of individuals entitled to Part A benefits, or enrolled in Part B during that fiscal year. Beginning in FY2015, amounts are subject to adjustment for increases in health care spending.
- o. To be determined. In addition to the amounts transferred to the Patient-Centered Outcomes Research Trust Fund under PPACA Sec. 6301(d), described in the preceding table note, PPACA Sec. 6301(e) appropriates to the Fund a specified amount for each of FY2010 through FY2019 plus an additional amount for each of FY2013 through FY2019 equal to the net revenues received from a fee imposed on health insurance policies and self-insured plans. The fee equals \$2 multiplied by the average number of covered lives in a policy/plan year (\$1 in the case of policy/plan years ending during FY2013). Beginning in FY2015, amounts are subject to adjustment for increases in health care spending.
- p. To be determined. PPACA Sec. 9023(e) creates a two-year tax credit program, subject to an overall cap of \$1 billion, for small companies that invest in new therapies to prevent, diagnose and treat cancer and other diseases. The total amount of tax credits any one company can receive for the two years may not exceed \$5 million. Companies may elect to receive one or more grants—for which SSAN are appropriated—in lieu of tax credits. Grant applications must be received before Jan. 1, 2013.

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