

Public Health Funding Table*
Patient Protection and Affordable Care Act

Section	Description	Amount	Date	Authorized	Appropriated
2401	COMMUNITY FIRST CHOICE OPTION: Allows states to offer medical assistance for home and community based services to individuals eligible under the state plan.	6% increase in FMAP during a fiscal year quarter	10/1/2010		x
2405	FUNDING TO EXPAND STATE AGING AND DISABILITY RESOURCE CENTERS. Create and support efforts for aging and disability resource centers; public, private, state and community based organizations (including faith based) to serve as benefits enrollment center for the programs	\$10M annually	FY10 - FY14		x
2951	MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAMS: Grants to states to deliver services under early childhood home visiting programs to improve MCH, school readiness, and socioeconomic status and to reduce child abuse, neglect, and injuries	\$100M	FY10		x
2951	MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAMS: Grants to states to deliver services under early childhood home visiting programs to improve MCH, school readiness, and socioeconomic status and to reduce child abuse, neglect, and injuries	\$250M	FY11		x
2951	MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAMS: Grants to states to deliver services under early childhood home visiting programs to improve MCH, school readiness, and socioeconomic status and to reduce child abuse, neglect, and injuries	\$350M	FY12		x
2951	MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAMS: Grants to states to deliver services under early childhood home visiting programs to improve MCH, school readiness, and socioeconomic status and to reduce child abuse, neglect, and injuries	\$400M annually	FY13 - FY14		x
2952	SUPPORT, EDUCATION, AND RESEARCH FOR POSTPARTUM DEPRESSION: Activies and research on postpartum depression or postpartum psychosis (postpartum condition)	\$3M	FY10	x	
2952	SUPPORT, EDUCATION, AND RESEARCH FOR POSTPARTUM DEPRESSION: Activies and research on postpartum depression or postpartum psychosis (postpartum condition)	Sums as necessary	FY11 - FY12	x	
2953	PERSONAL RESPONSIBILITY EDUCATION: Adds Section 513 to the Title V (MCH) section of the Social Security Act. Educate adolescents on Abstinence and contraception to prevent pregnancy, sexually transmitted infections (STIs), and HIV/AIDS	\$75M annually	FY10 - FY14		x
2954	RESTORATION OF FUNDING FOR ABSTINENCE EDUCATION: Restores funding for Abstinence Education in the Social Security Act (Sec 510)	\$50M annually	FY10 - FY14		x
4002	PREVENTION AND PUBLIC HEALTH FUND: prevention and wellness programs	\$500M	FY10		x
4002	PREVENTION AND PUBLIC HEALTH FUND: prevention and wellness programs	\$750M	FY11		x
4002	PREVENTION AND PUBLIC HEALTH FUND: prevention and wellness programs	\$1B	FY12		x
4002	PREVENTION AND PUBLIC HEALTH FUND: prevention and wellness programs	\$1.25B	FY13		x
4002	PREVENTION AND PUBLIC HEALTH FUND: prevention and wellness programs	\$1.5B	FY14		x
4002	PREVENTION AND PUBLIC HEALTH FUND: prevention and wellness programs	\$2B	FY15		x
4003	CLINICAL AND COMMUNITY PREVENTIVE SERVICES	Sums as necessary		x	
4004	EDUCATION AND OUTREACH CAMPAIGN REGARDING PREVENTATIVE BENEFITS: HHS Secretary to convene a national public/private partnership to develop a national prevention and health promotion national media campaign focusing on nutrition, physical	≤\$500M	One year after enactment	x	
4004	EDUCATION AND OUTREACH CAMPAIGN REGARDING PREVENTATIVE BENEFITS: HHS Secretary to convene a national public/private partnership to develop a national prevention and health promotion national media campaign focusing on nutrition, physical	Sums as necessary	N/A	x	
4101	SCHOOL BASED HEALTH CENTERS: Funding for operation and development of clinics which will provide preventative and primary care services	\$50M annually	FY10 - FY13		x
4102	ORAL HEALTHCARE PREVENTION ACTIVITIES: Establish a 5-year national public education campaign that focuses on oral healthcare prevention and education	Sums as necessary	FY10 - FY14	x	
4106	IMPROVING ACCESS TO PREVENTIVE SERVICES FOR ELIGIBLE ADULTS IN MEDICAID: Includes preventive services with a grade of A or B by the U.S. Preventive Services Task Force	1% increase in FMAP	1/1/2013		x

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4108	MEDICARE COVERAGE OF ANNUAL WELLNESS VISIT PROVIDING A PERSONALIZED PREVENTION PLAN: Provide incentives for Medicaid beneficiaries to participate in programs providing incentives for healthy lifestyles	\$100M	5 years beginning 1/1/2011		x
4201	COMMUNITY TRANSFORMATION GRANTS: For programs that promote individual and community health and prevent the incidence of chronic disease	Sums as necessary	FY10 - FY14	x	
4202	HEALTHY AGING, LIVING WELL, CDC: Would provide grants for 5 year pilot programs in 55-64 year old population	Sums as necessary	FY10 - FY14	x	
4202	HEALTHY AGING, LIVING WELL, CDC: Would provide grants for 5 year pilot programs in 55-64 year old population	\$50M	N/A		x
4204	IMMUNIZATION: Gives states authority to purchase adult vaccines from manufacturer at price negotiated by HHS - Funds are for GAO report on Medicare beneficiary access to vaccines	\$1M	FY10		x
4204	IMMUNIZATION: Gives states authority to purchase adult vaccines from manufacturer at price negotiated by HHS - Funds are for GAO report on Medicare beneficiary access to vaccines	Sums as necessary	FY10-FY14	x	
4206	DEMONSTRATION PROJECT CONCERNING INDIVIDUALIZED WELLNESS PLANS: Provides risk-factor assessment and an individualized wellness plan designed to reduce risk factors for preventable conditions	Sums as necessary	N/A	x	
4302	UNDERSTANDING HEALTH DISPARITIES, DATA COLLECTION AND ANALYSIS: Requires data collection on federally supported programs	Sums as necessary	FY10 - FY14	x	
4304	EPIDEMIOLOGY AND LABORATORY CAPACITY GRANTS: Support states and cities to identify and monitor the occurrence of infectious diseases and other conditions of public health importance, enhance laboratory practice, developing and maintaining an information exchange, and o developing and implementing prevention and control strategies	\$190M annually	FY10 - FY13	x	
4305	ADVANCING RESEARCH AND TREATMENT FOR PAIN CARE MANAGEMENT: IOM and National Academies will convene a Conference on Pain	Sums as necessary	FY10 - FY12	x	
4306	FUNDING FOR CHILDHOOD OBESITY DEMONSTRATION PROJECT: Initiate a demonstration project to develop a comprehensive and systematic model for reducing childhood obesity	\$25M	FY10 - FY14		x
5102	STATE HEALTH CARE WORKFORCE DEVELOPMENT GRANTS (PLANNING): Allow State partnerships to complete comprehensive planning and carry out activities leading to coherent and comprehensive health care workforce development strategies at the State and local levels - one-year planning grants less than \$150,000	\$8M	FY10	x	
5102	STATE HEALTH CARE WORKFORCE DEVELOPMENT GRANTS (PLANNING): Allow State partnerships to complete comprehensive planning and carry out activities leading to coherent and comprehensive health care workforce development strategies at the State and local levels - one-year planning grants less than \$150,000	Sums as necessary	FY11 - Subsequent fiscal years	x	
5102	STATE HEALTH CARE WORKFORCE DEVELOPMENT GRANTS (IMPLEMENTATION): Allow State partnerships to complete comprehensive planning and carry out activities leading to coherent and comprehensive health care workforce development strategies at the State and local levels	\$150M	FY10	x	
5102	STATE HEALTH CARE WORKFORCE DEVELOPMENT GRANTS (IMPLEMENTATION): Allow State partnerships to complete comprehensive planning and carry out activities leading to coherent and comprehensive health care workforce development strategies at the State and local levels	Sums as necessary	FY11	x	

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5102	STATE HEALTH CARE WORKFORCE DEVELOPMENT GRANTS (one year planning grants): Analyze state labor market information; identify current and projected high demand state or regional health care sectors; identify existing Federal, State, and private resources to recruit, educate or train and retain skilled health care workforce; describe the academic and health care industry skill standards; describe state secondary and post-secondary education and training policies for the health care sector; and, identify Federal or state policies or rules to developing a coherent and comprehensive health care workforce development strategy	≤\$150,000	FY10	x	
5103	HEALTH CARE WORKFORCE ASSESSMENT: Formalizes health care workforce analysis via the National Center for Health Care Workforce Analysis (NATIONAL CENTER)	\$7.5M annually	FY10 - FY14	x	
5103	HEALTH CARE WORKFORCE ASSESSMENT: Formalizes health care workforce analysis via the National Center for Health Care Workforce Analysis (STATE AND REGIONAL CENTERS)	\$4.5M annually	FY10 - FY14	x	
5103	HEALTH CARE WORKFORCE ASSESSMENT: Formalizes health care workforce analysis via the National Center for Health Care Workforce Analysis (LONGITUDINAL STUDIES)	Sums as necessary	FY10 - FY14	x	
5203	HEALTH CARE WORKFORCE LOAN REPAYMENT PROGRAMS: Creates recruitment and retention programs (PEDIATRIC MEDICAL SPECIALIST AND PEDIATRIC SURGICAL SPECIALIST)	\$30M annually	FY10 - FY14	x	
5203	HEALTH CARE WORKFORCE LOAN REPAYMENT PROGRAMS: Creates recruitment and retention programs (CHILD AND ADOLESCENT MENTAL AND BEHAVIORAL HEALTH)	\$20M annually	FY10 - FY13	x	
5204	PUBLIC HEALTH WORKFORCE RECRUITMENT AND RETENTION PROGRAMS: Amends Part E of title VII of the PH Service Act and creates a loan program to ensure adequate public health workforce and minimize shortages	\$195M	FY10	x	
5204	PUBLIC HEALTH WORKFORCE RECRUITMENT AND RETENTION PROGRAMS: Amends Part E of title VII of the PH Service Act and creates a loan program to ensure adequate public health workforce and minimize shortages	Sums as necessary	FY11 - FY15	x	
5206	GRANTS FOR STATE AND LOCAL PROGRAMS: Amends the PH Service Act to add Sec. 777 , provides training for Mid-Career Public and Allied Health Professionals. Funding will be divided evenly (50%) amongst public health and allied health mid-career professionals	\$60M	FY10	x	
5206	GRANTS FOR STATE AND LOCAL PROGRAMS: Amends the PH Service Act to add Sec. 777 , provides training for Mid-Career Public and Allied Health Professionals. Funding will be divided evenly (50%) amongst public health and allied health mid-career professionals	Sums as necessary	FY11 - FY15	x	
5207	FUNDING FOR NATIONAL HEALTH SERVICES CORPS: Eliminate health "manpower" shortages in health professional shortage areas	\$320,461,632	FY10		x
5207	FUNDING FOR NATIONAL HEALTH SERVICES CORPS: Eliminate health "manpower" shortages in health professional shortage areas	\$414,095,394	FY11		x
5207	FUNDING FOR NATIONAL HEALTH SERVICES CORPS: Eliminate health "manpower" shortages in health professional shortage areas	\$535,087,442	FY12		x
5207	FUNDING FOR NATIONAL HEALTH SERVICES CORPS: Eliminate health "manpower" shortages in health professional shortage areas	\$691,431,432	FY13		x
5207	FUNDING FOR NATIONAL HEALTH SERVICES CORPS: Eliminate health "manpower" shortages in health professional shortage areas	\$893,456,433	FY14		x
5207	FUNDING FOR NATIONAL HEALTH SERVICES CORPS: Eliminate health "manpower" shortages in health professional shortage areas	\$1,154,510,336	FY15		x
5207	FUNDING FOR NATIONAL HEALTH SERVICES CORPS: Eliminate health "manpower" shortages in health professional shortage areas	Formula	FY16 - Subsequent fiscal years		x
5208	NURSE MANAGED HEALTH CLINICS: Creates an operations grant program in primary care for nurse managed health clinics	\$50M	FY10	x	
5208	NURSE MANAGED HEALTH CLINICS: Creates an operations grant program in primary care for nurse managed health clinics	Sums as necessary	FY11 - FY14	x	

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5210	ESTABLISHING A READY RESERVE CORPS: To assist regular Commissioned Corps personnel to meet both routine public health and emergency response missions (RECRUITMENT AND TRAINING)	\$5M annually	FY10 - FY14	x	
5210	ESTABLISHING A READY RESERVE CORPS: To assist regular Commissioned Corps personnel to meet both routine public health and emergency response missions (READY RESERVE CORPS)	\$12.5M annually	FY10 - FY14	x	
5301	TRAINING IN FAMILY MEDICINE, GENERAL INTERNALMEDICINE, GENERAL PEDIATRICS, AND PHYSICANS ASSISTANTSHIP: Provides professional training programs or need-based financial assistance for professional training in primary care including training in community-based settings. 15% of all funds must go specifically to primary care physician assistant programs	\$125M	FY10	x	
5301	TRAINING IN FAMILY MEDICINE, GENERAL INTERNALMEDICINE, GENERAL PEDIATRICS, AND PHYSICANS ASSISTANTSHIP: Provides professional training programs or need-based financial assistance for professional training in primary care including training in community-based settings. 15% of all funds must go specifically to primary care physician assistant programs	Sums as necessary	FY11 - FY14	x	
5301	TRAINING IN FAMILY MEDICINE, GENERAL INTERNALMEDICINE, GENERAL PEDIATRICS, AND PHYSICANS ASSISTANTSHIP: Provides professional training programs or need-based financial assistance for professional training in primary care including training in community-based settings. 15% of all funds must go specifically to primary care physician assistant programs	\$750,000 annually	FY10 - FY14	x	
5302	TRAINING OPPORTUNITIES FOR DIRECT CARE WORKERS: Grants to entities to offset costs of tuition and required fees for enrollment in programs that provide new training opportunities for direct care workers who are employed in long-term care settings	\$10M annually	FY13 - FY13	x	
5303	TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC HEALTH DENTISTRY: Grants for support and development of dental training programs (funds can not be carried over for more than 3 years)	\$30M	FY10	x	
5303	TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC HEALTH DENTISTRY: Grants for support and development of dental training programs (funds can not be carried over for more than 3 years)	Sums as necessary	FY11 - FY15	x	
5304	ALTERNATIVE DENTAL HEALTH CARE PROVIDERS DEMONSTRATION PROJECT: Enables entities to establish an alternative dental health care provider program - Grants not less than \$4,000,000 for a 5 year period	Sums as necessary	Before 2 years after enactment, not later than 7	x	
5305	GERIATRIC EDUCATION AND TRAINING; CAREER AWARDS; COMPREHENSIVE GERIATRIC EDUCATION: Funds a fellowship programs and adds traineeships for taining programs to support training in geriatrics - 24 \$150,000 awards for geriatric education centers	\$10.8M annually	FY11 - FY14	x	
5305	GERIATRIC EDUCATION AND TRAINING; CAREER AWARDS; COMPREHENSIVE GERIATRIC EDUCATION: Funds a fellowship programs and adds traineeships for taining programs to support training in geriatrics (INCENTIVE) - individual awards	\$10M annually	FY11 - FY13	x	
5306	MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS: Support the recruitment of students in degree programs of social work	\$8M	FY10 - FY13	x	
5306	MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS: Support the recruitment of students in degree programs of graduate psychology	\$12M	FY10 - FY13	x	
5306	MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS: Support the recruitment of students in degree programs of professional child and adolescent mental health	\$10M	FY10 - FY13	x	
5306	MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS: Support the recruitment of students in degree programs of paraprofessional child and adolescent work	\$5M	FY10 - FY13	x	
5307	CULTURAL COMPETENCY, PREVENTION, AND PUBLIC HEALTH AND INDIVIDUALS WITH DISABILITIES TRAINING: Establishes grants to entities for the development, evaluation, and dissemination of research and model curricula for working with disabled individuals	Sums as necessary	FY10-FY15	x	
5308-5312	ADVANCING NURSING EDUCATION GRANTS: Promotes nursing career advancement,creates internships and residency programs at accredited schools, and limits loan amounts	\$338M	FY10	x	

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5308-5312	ADVANCING NURSING EDUCATION GRANTS: Promotes nursing career advancement,creates internships and residency programs at accredited schools, and limits loan amounts	Sums as necessary	FY11-FY16	x	
5313	GRANTS TO PROMOTE THE COMMUNITY HEALTH WORKFORCE: Used to support community health workers	Sums as necessary	FY10-FY14	x	
5314	FELLOWSHIP TRAINING IN PUBLIC HEALTH: Adds to Part E of the PHS Act a fellowship training program in applied public health epidemiology, public health lab science, public health informatics and expansion of the Epidemiology Intelligence Service (EPIDEMIOLOGY FELLOWSHIP)	\$5M annually	FY10 - FY13	x	
5314	FELLOWSHIP TRAINING IN PUBLIC HEALTH: Adds to Part E of the PHS Act a fellowship training program in applied public health epidemiology, public health lab science, public health informatics and expansion of the Epidemiology Intelligence Service (LABORATORY FELLOWSHIP)	\$5M annually	FY10 - FY13	x	
5314	FELLOWSHIP TRAINING IN PUBLIC HEALTH: Adds to Part E of the PHS Act a fellowship training program in applied public health epidemiology, public health lab science, public health informatics and expansion of the Epidemiology Intelligence Service (PUBLIC HEALTH INFORMATICS FELLOWSHIP)	\$5M annually	FY10 - FY13	x	
5314	FELLOWSHIP TRAINING IN PUBLIC HEALTH: Adds to Part E of the PHS Act a fellowship training program in applied public health epidemiology, public health lab science, public health informatics and expansion of the Epidemiology Intelligence Service (EPIDEMIC INTELLIGENCE SERVICE)	\$24.5M annually	FY10 - FY13	x	
5315	UNITED STATES PUBLIC HEALTH SCIENCES TRACK: establishes a public health sciences track (sites to be selected by Secretary) that will award advance degrees that emphasize public health, epidemiology, emergency preparedness and response	Sums as necessary	FY10	x	
5316	DEMONSTRATION GRANTS FOR FAMILY NURSE PRACTITIONER TRAINING PROGRAMS	Sums as necessary	FY10 - FY14	x	
5401	CENTERS OF EXCELLENCE: Amends section 736 of the Public Health Service Act by striking subsection h and inserting new language regarding the formula for allocations	\$50M annually	FY10 - FY15	x	
5401	CENTERS OF EXCELLENCE: Amends section 736 of the Public Health Service Act by striking subsection h and inserting new language regarding the formula for allocations	Sums as necessary	FY16 - Subsequent fiscal years	x	
5402	HEALTH CARE PROFESSIONALS TRAINING FOR DIVERSITY: Amends section 738(a)(1) of the Public Health Service Act (42 U.S.C. 293b(a)(1)) by increasing the amount of principal and interest paid for the educational loans of faculty positions from \$20,000 to \$30,000	N/A	N/A	N/A	N/A
5402	HEALTH CARE PROFESSIONALS TRAINING FOR DIVERSITY: Amends section 740(a) of the Public Health Service Act (42 U.S.C. 293d(a)) by increasing the amount of scholarship funding made available to disadvantaged students from \$37 million to \$51 million for fiscal year 2010, and allows for funding (unidentified amount) from 2011 through 2014	\$51M	FY10	x	
5402	HEALTH CARE PROFESSIONALS TRAINING FOR DIVERSITY: Amends section 740(a) of the Public Health Service Act (42 U.S.C. 293d(a)) by increasing the amount of scholarship funding made available to disadvantaged students from \$37 million to \$51 million for fiscal year 2010, and allows for funding (unidentified amount) from 2011 through 2014	Sums as necessary	FY11-FY14	x	
5402	HEALTH CARE PROFESSIONALS TRAINING FOR DIVERSITY: Amends section 740(b) of the Public Health Service Act (42 U.S.C. 293d(b)) for the reauthorization of loan repayments and fellowships for faculty positions.	\$5M annually	FY10 - FY14		x

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5402	HEALTH CARE PROFESSIONALS TRAINING FOR DIVERSITY: Amends section 740(c) of the Public Health Service Act (42 U.S.C. 293d(c)) by striking the first sentence and inserting the following language: "For the purpose of grants and contracts under section 739(a)(1), there is authorized to be appropriated \$60,000,000 for fiscal year 2010 and such sums as may be necessary for each of the fiscal years 2011 through 2014." This is for reauthorization of educational assistance for health professions individuals from disadvantaged backgrounds	\$60M	FY10	x	
5402	HEALTH CARE PROFESSIONALS TRAINING FOR DIVERSITY: Amends section 740(c) of the Public Health Service Act (42 U.S.C. 293d(c)) by striking the first sentence and inserting the following language: "For the purpose of grants and contracts under section 739(a)(1), there is authorized to be appropriated \$60,000,000 for fiscal year 2010 and such sums as may be necessary for each of the fiscal years 2011 through 2014." This is for reauthorization of educational assistance for health professions individuals from disadvantaged backgrounds (sums as necessary)	Sums as necessary	FY11-FY14	x	
5402	INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES: \$250,000 grants for the Area Health Education Center program for new and existing programs (AHECs)	\$125M annually	FY10 - FY14	x	
5403	INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES: \$250,000 grants for the Area Health Education Center program for new and existing programs and such sums for subsequent years (CONTINUING EDUCATION)	\$5M annually	FY10 - FY14	x	
5403	INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES: \$250,000 grants for the Area Health Education Center program for new and existing programs and such sums for subsequent years (CONTINUING EDUCATION)	Sums as necessary	FY15 - Subsequent fiscal years	x	
5404	WORKFORCE DIVERSITY GRANTS	Unspecified	N/A	x	
5405	PRIMARY CARE EXTENSION PROGRAM: Provide support and assistance to primary care providers to educate providers about preventive medicine, health promotion, chronic disease management, mental and behavioral health services, and evidence-based and evidence-informed therapies and techniques, in order to enable providers to incorporate such matters into their practice and to improve community health by working with community-based connectors	\$120M	FY11 - FY12	X	
5405	PRIMARY CARE EXTENSION PROGRAM: Provide support and assistance to primary care providers to educate providers about preventive medicine, health promotion, chronic disease management, mental and behavioral health services, and evidence-based and evidence-informed therapies and techniques, in order to enable providers to incorporate such matters into their practice and to improve community health by working with community-based connectors (such sums as necessary)	Sums as necessary	FY13-FY14	x	
5507	DEMONSTRATION PROJECTS TO ADDRESS HEALTH PROFESSIONS WORKFORCE NEEDS; EXTENSION OF FAMILY-TO-FAMILY HEALTH INFORMATION CENTERS: Grants to conduct demonstration projects to provide eligible individuals opportunities to obtain education and training for occupations in the health care field that pay well and are expected to either experience labor shortages or be in high demand (\$5M to be used for personal/home care aide demonstration projects FY10-12)	\$85M	FY10 - FY14		x
5508	INCREASING TEACHING CAPACITY: Three-year grants to health centers for expanding or creating new primary care residency programs not to exceed \$500,000. 5,000,000 may be used for technical assistance service grants. (FY10-12 and subsequent year as needed)	\$25M	FY10	x	
5508	INCREASING TEACHING CAPACITY: Three-year grants to health centers for expanding or creating new primary care residency programs not to exceed \$500,000. 5,000,000 may be used for technical assistance service grants. (FY10-12 and subsequent year as needed)	\$50M annually	FY11 - FY12	x	

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5508	INCREASING TEACHING CAPACITY: Three-year grants to health centers for expanding or creating new primary care residency programs not to exceed \$500,000. 5,000,000 may be used for technical assistance service grants. (FY10-12 and subsequent year as needed)	Sums as necessary	FY13 - Subsequent fiscal years	x	
5509	GRADUATE NURSE EDUCATION DEMONSTRATION: Up to 5 demonstration projects (hospitals) to receive payments for costs related to the provision of qualified clinical training to advance practice nurses	\$50M	FY12 - FY15		x
5601	SPENDING FOR FEDERALLY QUALIFIED HEALTH CENTERS: States that health centers can contract with RHCs, low-volume hospitals, critical access hospital, sole community hospital, or a Medicare-dependent share hospital as long as the patients who go to these locations are not discriminated against based on ability to pay and they establish a sliding fee scale for low-income patients	\$2,988,821,592	FY10	x	
5601	SPENDING FOR FEDERALLY QUALIFIED HEALTH CENTERS: States that health centers can contract with RHCs, low-volume hospitals, critical access hospital, sole community hospital, or a Medicare-dependent share hospital as long as the patients who go to these locations are not discriminated against based on ability to pay and they establish a sliding fee scale for low-income patients	\$3,862,107,440	FY11	x	
5601	SPENDING FOR FEDERALLY QUALIFIED HEALTH CENTERS: States that health centers can contract with RHCs, low-volume hospitals, critical access hospital, sole community hospital, or a Medicare-dependent share hospital as long as the patients who go to these locations are not discriminated against based on ability to pay and they establish a sliding fee scale for low-income patients	\$4,990,553,440	FY12	x	
5601	SPENDING FOR FEDERALLY QUALIFIED HEALTH CENTERS: States that health centers can contract with RHCs, low-volume hospitals, critical access hospital, sole community hospital, or a Medicare-dependent share hospital as long as the patients who go to these locations are not discriminated against based on ability to pay and they establish a sliding fee scale for low-income patients	\$6,448,713,307	FY13	x	
5601	SPENDING FOR FEDERALLY QUALIFIED HEALTH CENTERS: States that health centers can contract with RHCs, low-volume hospitals, critical access hospital, sole community hospital, or a Medicare-dependent share hospital as long as the patients who go to these locations are not discriminated against based on ability to pay and they establish a sliding fee scale for low-income patients	\$7,332,924,155	FY14	x	
5601	SPENDING FOR FEDERALLY QUALIFIED HEALTH CENTERS: States that health centers can contract with RHCs, low-volume hospitals, critical access hospital, sole community hospital, or a Medicare-dependent share hospital as long as the patients who go to these locations are not discriminated against based on ability to pay and they establish a sliding fee scale for low-income patients	\$8,332,924, 155	FY15	x	
5603	REAUTHORIZATION OF THE WAKEFIELD EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM: Program to schools of medicine or STATES to support a program of demonstration projects for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care	\$25M	FY10	x	
5603	REAUTHORIZATION OF THE WAKEFIELD EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM: Program to schools of medicine or STATES to support a program of demonstration projects for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care	\$26,250,000	FY11	x	
5603	REAUTHORIZATION OF THE WAKEFIELD EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM: Program to schools of medicine or STATES to support a program of demonstration projects for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care	\$27,562,500	FY12	x	

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5603	REAUTHORIZATION OF THE WAKEFIELD EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM: Program to schools of medicine or STATES to support a program of demonstration projects for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care	\$28,940,625	FY13	x	
5603	REAUTHORIZATION OF THE WAKEFIELD EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM: Program to schools of medicine or STATES to support a program of demonstration projects for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care	\$30,387,656	FY14	x	
5604	CO-LOCATING PRIMARY AND SPECIALITY CARE IN COMMUNITY-BASED MENTAL HEALTH SETTINGS: Grants and cooperative agreements to collocate primary care and specialty services in community mental health centers	\$50M	FY10	x	
5604	CO-LOCATING PRIMARY AND SPECIALITY CARE IN COMMUNITY-BASED MENTAL HEALTH SETTINGS: Grants and cooperative agreements to collocate primary care and specialty services in community mental health centers	Sums as necessary	FY11-FY14	x	
5605	KEY NATIONAL INDICATORS: Establishes a commission to oversee indicators system and recommend ways to improve it. Commission will coordinate with federal government and information providers.	\$10M	FY10	x	
5605	KEY NATIONAL INDICATORS: Establishes a commission to oversee indicators system and recommend ways to improve it. Commission will coordinate with federal government and information providers.	\$7.5M annually	FY11 - FY18	x	
5606	STATE GRANTS TO HEALTH CARE PROVIDERS WHO PROVIDE SERVICES TO A HIGH PERCENTAGE OF MEDICALLY UNDERSERVED POPULATIONS OR OTHER SPECIAL POPULATIONS	\$4M annually	FY10 - FY13	x	
10212 - 10315	ESTABLISHMENT OF PREGNANCY ASSISTANCE FUND: Higher education entities may use to assist pregnant students. States may use funds for services to pregnant and parenting teens. States receiving grant funds may make funds available to the attorney general to assist pregnant victims.	\$25M annually	FY10 - FY19		x
10407	BETTER DIABETES CARE: Directs the Secretary of HHS to develop a biennial national report card on diabetes to be updated every two years	Sums as necessary	N/A	x	
10408	GRANTS FOR SMALL BUSINESSES TO PROVIDE COMPREHENSIVE WORKPLACE WELLNESS PROGRAMS: Grants to small employers to provide employees with access to comprehensive workplace wellness programs, amounts are appropriated until expended	\$200M	FY11-FY15	x	
10409	CURES ACCELERATION NETWORK: Authorizes the Cures Acceleration Network, within the National Institutes of Health (NIH), to award grants and contracts to develop cures and treatments of diseases (subsequent funds as necessary)	\$500M	FY10	x	
10409	CURES ACCELERATION NETWORK: Authorizes the Cures Acceleration Network, within the National Institutes of Health (NIH), to award grants and contracts to develop cures and treatments of diseases (subsequent funds as necessary)	Sums as necessary	FY11 - Subsequent fiscal years	x	
10410	CENTERS OF EXCELLENCE FOR DEPRESSION: Award grants to centers of excellence in the treatment of depressive disorders (Each Center can receive no more than \$5 million and the coordinating center can receive no more than \$10 million)	\$100M	FY11 - FY15	x	
10410	CENTERS OF EXCELLENCE FOR DEPRESSION: Award grants to centers of excellence in the treatment of depressive disorders (Each Center can receive no more than \$5 million and the coordinating center can receive no more than \$10 million)	\$150M	FY16 - FY 20	x	
10411	PROGRAMS RELATING TO CONGENITAL HEART DISEASE: Allows the Secretary of HHS to enhance and expand existing infrastructure to track the epidemiology of congenital heart disease and to organize such information into a National Congenital Heart Disease Surveillance System	Sums as necessary	FY11-FY15	x	

Public Health Funding Table*
Patient Protection and Affordable Care Act

Section	Description	Amount	Date	Authorized	Appropriated
10413	YOUNG WOMEN'S BREAST HEALTH AWARENESS AND SUPPORT OF YOUNG WOMEN DIAGNOSED WITH BREAST CANCER: Directs the Secretary of HHS to develop a national education campaign for young women and health care professionals about breast health and risk factors for breast cancer	\$9M	FY10	x	
10413	YOUNG WOMEN'S BREAST HEALTH AWARENESS AND SUPPORT OF YOUNG WOMEN DIAGNOSED WITH BREAST CANCER: Directs the Secretary of HHS to develop a national education campaign for young women and health care professionals about breast health and risk factors for breast cancer	\$9M	FY11 - FY14	x	
10503	COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS FUND: Creates a community health center fund to provide for expanded and sustained national investment in community health centers under section 330 of the Public Health Service Act and the National Health Service Corps (HEALTH CENTER OPERATIONS)	\$700M	FY11		x
10503	COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS FUND: Creates a community health center fund to provide for expanded and sustained national investment in community health centers under section 330 of the Public Health Service Act and the National Health Service Corps (HEALTH CENTER OPERATIONS)	\$800M	FY12		x
10503	COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS FUND: Creates a community health center fund to provide for expanded and sustained national investment in community health centers under section 330 of the Public Health Service Act and the National Health Service Corps (HEALTH CENTER OPERATIONS)	\$1B	FY13		x
10503	COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS FUND: Creates a community health center fund to provide for expanded and sustained national investment in community health centers under section 330 of the Public Health Service Act and the National Health Service Corps (HEALTH CENTER OPERATIONS)	\$1.6B	FY14		x
10503	COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS FUND: Creates a community health center fund to provide for expanded and sustained national investment in community health centers under section 330 of the Public Health Service Act and the National Health Service Corps (HEALTH CENTER OPERATIONS)	\$2.9B	FY15		x
10503	COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS FUND: Creates a community health center fund to provide for expanded and sustained national investment in community health centers under section 330 of the Public Health Service Act and the National Health Service Corps (NHSC FUNDS AVAILABLE UNTIL EXPENDED)	\$290M	FY11		x
10503	COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS FUND: Creates a community health center fund to provide for expanded and sustained national investment in community health centers under section 330 of the Public Health Service Act and the National Health Service Corps (NHSC FUNDS AVAILABLE UNTIL EXPENDED)	\$295M	FY12		x
10503	COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS FUND: Creates a community health center fund to provide for expanded and sustained national investment in community health centers under section 330 of the Public Health Service Act and the National Health Service Corps (NHSC FUNDS AVAILABLE UNTIL EXPENDED)	\$300M	FY13		x
10503	COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS FUND: Creates a community health center fund to provide for expanded and sustained national investment in community health centers under section 330 of the Public Health Service Act and the National Health Service Corps (NHSC FUNDS AVAILABLE UNTIL EXPENDED)	\$305M	FY14		x
10503	COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS FUND: Creates a community health center fund to provide for expanded and sustained national investment in community health centers under section 330 of the Public Health Service Act and the National Health Service Corps (NHSC FUNDS AVAILABLE UNTIL EXPENDED)	\$310M	FY15		x

Public Health Funding Table*
Patient Protection and Affordable Care Act

Section	Description	Amount	Date	Authorized	Appropriated
10503	COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS FUND: Creates a community health center fund to provide for expanded and sustained national investment in community health centers under section 330 of the Public Health Service Act and the National Health Service Corps (HEALTH CENTER CONSTRUCTION FUNDS AVAILABLE UNTIL EXPENDED)	\$1.5B	FY11-FY15		x

***Authorized vs. Appropriated**

Authorized spending is authorized by law but must be appropriated during future yearly Congressional budgeting processes before any money can be spent. Appropriated funding is directly appropriated by the Patient Protection and Affordable Care Act and does not need to go through the annual appropriations process to spend money.