

U.S. Department of Health and Human Services Funding for States under the American Recovery and Reinvestment Act

The ARRA specifically provides estimated increased funding to States for the following HHS programs:

- \$87 billion estimated for Federal Medical Assistance Percentage (FMAP) increases for Medicaid, to help States provide health care to millions of Americans, and for Title IV-E Foster Care, Adoption Assistance and Kinship/Guardianship, which promote safety, permanency, and shelter for abused and neglected children;
- \$5 billion for a TANF Emergency Fund to support low-income families and their children during this tough economic period;
- \$2 billion for the Child Care and Development Block Grant to provide quality childcare to working parents hard hit by the economic crisis;
- \$1.3 billion estimated to extend Transitional Medical Assistance (TMA) through December 31, 2010, which helps low-income families with children transition to jobs by allowing them to keep their Medicaid coverage for a limited time;
- \$1 billion for the Community Services Block Grant to support efforts to address the causes and conditions of poverty in communities;
- \$985 million for child support enforcement incentive payments to help ensure the well-being and financial security of children;
- \$562.5 million for extending the Qualified Individual (QI) program through December 31, 2010, which provides State fiscal relief by paying Medicare Part B premiums of low-income Medicare beneficiaries;
- \$456 million estimated for increases in Medicaid Disproportionate Share Hospital allotments for hospitals that serve a disproportionate share of low-income or uninsured patients;
- \$319 million for TANF supplemental grants for States that meet statutory criteria relating to historic increases in their low-income population and/or increased levels of poverty;
- \$300 million for immunizations and \$50 million to prevent healthcare-associated infections; and
- \$100 million for Congregate and Home-Delivered Meals to provide nutritious meals to seniors to help them remain independent.

In addition, the Act provides funding that may benefit organizations and residents in your State, including:

- \$19 billion for Health Information Technology, including direct incentive payments for Medicaid and Medicare providers to adopt electronic health records;
- \$10 billion for the National Institutes of Health, including research grants, extramural lab construction and renovation, and shared instrumentation;
- \$2.1 billion for Head Start and Early Head Start to provide comprehensive child development services to disadvantaged children and prepare them for school;
- \$2 billion for Community Health Centers to provide access to healthcare to uninsured and underserved populations, including renovation costs;

- \$1.1 billion for Comparative Effectiveness research to improve the quality, efficiency and effectiveness of health care delivery;
- \$650 million for Prevention and Wellness to implement proven initiatives to control and prevent chronic disease (**Note: portions of these funds may be directed to State Departments of Health**);
- \$500 million for the Indian Health Service to upgrade its nation-wide health information technology infrastructure and facilities;
- \$500 million for the Health Workforce to help place healthcare providers in underserved areas and address workforce shortages; and
- \$50 million for grants for Community and Faith-Based non-profit organizations to build their capacity to expand service delivery and to increase community access to public benefits.