



Connecticut Health
FOUNDATION
Changing Systems, Improving Lives.

Advancing Health Equity and Reducing Racial and Ethnic Health Disparities:

State Strategies – Possible Future Funding to States

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Affordable Care Act Topic	ACA Requirements and Opportunities in Connecticut	Timeframe and Funding	ACA Title, Section
<p>Program Development: Collaboration with Primary Care Extension Agencies</p>	<p>ACA Requirement: Primary Care Extension Agencies shall be established which shall collaborate with local health departments, community health centers, tribes and tribal entities, and other community agencies. Together, these organizations shall identify community health priorities and local health workforce needs, and participate in community-based efforts to address the social and primary determinants of health, strengthen the local primary care workforce, and eliminate health disparities.</p> <p>Opportunity in Connecticut: This opportunity is primarily directed at Primary Care Extension Agencies and those with whom they collaborate to eliminate disparities. Stakeholders can identify awarded funds and further determine how to impact current planning efforts.</p>	<p>This program will be available from FY 2011 - FY 2014. \$120 million is authorized for possible spending each year with additional sums possible for FY 2013-2014.</p> <p>No funding has been appropriated as of October 1, 2012.</p>	<p>Title V, Sec. 5405. Primary care extension program</p>

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<p>Data and Evaluation: Patient-Centered Outcomes Research</p>	<p>ACA Requirement: The Patient-Centered Outcomes Research Institute (www.pcori.org) shall be established which shall identify national priorities for research, taking into account:</p> <ul style="list-style-type: none"> • Factors of disease incidence, prevalence, and burden in the United States (with emphasis on chronic conditions), • gaps in evidence in terms of clinical outcomes, practice variations, and health disparities in terms of delivery and outcomes of care, • potential for new evidence to improve patient health, quality of care, and the effect on national expenditures, and patient needs, outcomes, and preferences among other factors. <p>Opportunities in Connecticut: Stakeholders can use improved patient-centered outcomes research to assist consumers in making better decisions about their health care. Stakeholders can also become involved in setting a national agenda and strategy to improve quality.</p> <p>In Connecticut, stakeholders can bring focus to the importance of decreasing disparities in health care to the public's attention. Furthermore, stakeholders can form public-private partnerships to utilize data to decrease disparities.</p>	<p>This funding was available in FY 2010. The activity is expected to save \$.3 billion over a 10-year period.</p> <p>Appropriated for national Patient Centered Outcomes Research Institute:</p> <p>FY 2010 = \$10 million FY 2011 = \$50 million FY 2012 - FY 2019 = \$150 million each year</p> <p>State funding opportunities provided by the Institute:</p> <p>http://www.pcori.org/funding-opportunities/</p>	<p>Title VI, Sec. 6301. Patient-Centered Outcomes Research</p>

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<p>Quality: Quality Improvement Technical Assistance and Implementation</p>	<p>ACA Requirement: The Director, through the Center for Quality Improvement and Patient Safety of the Agency for Healthcare Research and Quality, will award technical assistance funds to providers of services and suppliers for which there are disparities in care. These awardees shall provide technical support to healthcare institutions to help them understand, adapt and implement the models and practices identified by the Center.</p> <p>Opportunities in Connecticut: Institutions in Connecticut can apply for funding to study and provide education about disparities and support the adaptation of models identified by the Center for Quality Improvement and Patient Safety of the Agency for Healthcare Research and Quality.</p>	<p>Funding would be available from FY 2010 - 2014 and grantees would be required to match \$1 for every \$5 of funding provided. The total authorized is \$20 million each year.</p> <p>No funding has been appropriated as of October 1, 2012.</p>	<p>Title III, Section 3501. Quality improvement technical assistance.</p>

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<p>Quality: Measurement-Related Grants</p>	<p>ACA Requirement: The Secretary of Health and Human Services will develop standards for measuring performance and improvement of plans, providers and population health. Quality measures will be developed where none exist and where measures exist but require improvement or expansion to assess health equity. Funds will be made available to develop and improve appropriate measures to assess disparities in health care access and service delivery.</p> <p>Opportunity in Connecticut: Stakeholders in Connecticut can develop concept proposals to obtain funding to develop, improve or expand measures. This ACA requirement presents another opportunity to develop and leverage public-private partnerships.</p>	<p>Funding would be available from FY 2010 – FY 2014, not less than triennially. For each FY, \$75 million would be provided.</p> <p>No funding has been appropriated as of October 1, 2012.</p>	<p>Title III, Sec. 3013. Quality measure development</p>

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<p>Programs to Facilitate Shared Decision-Making</p>	<p>ACA Requirement: The Secretary of Health and Human Services shall establish a program to award funding to develop, update and produce patient decision aids for preference-sensitive care that will assist providers in educating patients about the relative safety, effectiveness, and cost of treatment or palliative care. The patient decision aids shall be required to be designed to engage patients and present up-to-date clinical evidence about risks and benefits of treatment options. Patient decision aids shall be engaging, age-appropriate across the age span and adaptable for patients, caregivers, and authorized representatives from a variety of cultural and educational backgrounds to reflect the varying needs of and diverse levels of health literacy among consumers.</p> <p>Opportunity in Connecticut: Stakeholders in Connecticut can seek grant funding to support the development of patient decision aids.</p>	<p>Funding would begin as soon as practicable with 18 month initial contracts. Funds would be appropriated as may be necessary for FY 2010 and each subsequent fiscal year.</p> <p>No funding has been appropriated as of October 1, 2012.</p>	<p>Title III, Section 3506. Program to Facilitate Shared Decision-Making</p>

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Data and Evaluation	<p>ACA Requirement: For each program and initiative listed in this section, the Secretary of Health and Human Services will collect and analyze data to identify and monitor trends in health disparities.</p> <p>Opportunity in Connecticut: As stated throughout this analysis, many opportunities exist to obtain, review and respond to data that illuminates disparities in health care access and service delivery. In Connecticut, stakeholders can monitor such data and respond with strategies to improve care delivery and reduce health inequities.</p> <p>ACA Requirement: The Secretary of Health and Human Services shall require states, grantees and others to provide enhanced data collection and reporting on elements such as race, ethnicity, sex, primary language, disability status, and rural and frontier population status.</p> <p>Opportunity in Connecticut: Stakeholders can demand, and payers can offer, enhanced data collection and reporting of elements that support the study of disparities in health care access and service delivery. Stakeholders can also use this opportunity to develop consistent definitions and data collection methods to allow for statewide comparisons (with appropriate adjustments).</p>	<p>This work will be done from FY 2010 - FY 2014. The program must be established by 2012. Funds would be appropriated as needed.</p> <p>Data may not be collected unless funds are directly appropriated for such purpose.</p> <p>No funding has been appropriated as of October 1, 2012.</p>	Title IV, Sec. 4302. Understanding health disparities: data collection and analysis

Notes:

Information on funding levels was primarily obtained from two reports from the Congressional Research Service:

- “Discretionary Spending in the Patient Protection and Affordable Care Act (ACA)” - October 1, 2012
<http://www.fas.org/sgp/crs/misc/R41390.pdf>;
- “Appropriations and Fund Transfers in the Patient Protection and Affordable Care Act (PPACA)” - June 9, 2011
<http://www.ncsl.org/documents/health/Approps&fundTrans.pdf>

supplemented by advanced searches on <http://usaspending.gov/>.

As the October 1 Congressional Research Service report notes:

The Congressional Budget Office estimated that ACA’s discretionary spending provisions, if fully funded by future appropriations acts, would result in appropriations of approximately \$106 billion over the 10 year period FY 2010-FY 2019. Most of that funding would be for grant programs that existed prior to, and whose funding was reauthorized by, ACA. Few new programs created by ACA received funding in FY 2011 or FY 2012. (emphasis added)

Funding for all discretionary programs in ACA depends on actions taken by congressional appropriators, a process that may lead to greater or smaller amounts than the sums authorized by the law. With Congress now operating under discretionary spending limits set by the Budget Control Act, it may prove difficult to secure funding for new programs and activities. Even maintaining current funding levels for existing programs with an established appropriations history may prove a challenge under growing pressure to reduce federal discretionary spending.

Where available, the table entry includes the Catalog of Federal Domestic Assistance number for the grant program. Catalog of Federal Domestic Assistance is a government-wide compendium of federal grant and other assistance programs. Each program is assigned a unique five-digit number, XX.XXX, where the first two digits represent the funding agency and the second three digits represent the program. Programs funded by the Department of Health and Human Services begin with the number 93. For more information, see <https://www.cfda.gov>.