

Bill Summary—Public Law 111-5—*The American Recovery and Reinvestment Act*

Community Services Provisions

Senior Nutrition Programs: These programs will receive a total of \$100 million; this includes \$65 million for congregate meals, \$32 million for home-delivered meals, and \$3 million for Native American nutrition services.

Senior Community Service Employment Program (SCSEP): SCSEP will receive \$120 million, which could help create as many as 24,000 slots for low-income older workers. The funding is required to be distributed to the current state and national grantees within 30 days of enactment of the legislation and will be available through June 30, 2010. The allocations will be made to the states and the national sponsors in the same proportion as for the current fiscal year.

National and Community Service: The bill provides \$201 million for the Corporation for National and Community Service and its programs. This includes: \$89 million for AmeriCorps State and National to make additional awards to existing grantees (up to 20 percent of the available funds may be used for national direct grants), \$65 million for AmeriCorps VISTA, \$40 million for the National Service Trust, \$6 million for information technology upgrades, and \$1 million for the Inspector General.

Community Services Block Grant (CSBG): The block grant will receive \$1 billion, more than doubling the program from its FY 2008 level of \$654 million. Each state is required to reserve one percent of its allocation for “benefit coordination services” and is permitted to raise the eligibility level to 200 percent of poverty through FY 2010.

Independent Living: The bill provides \$34.3 million for the older blind independent living services program and \$87.5 million for independent learning centers.

DTV Conversion: \$650 million is provided for the Digital-to-Analog Converter Box Program. Most of the funding will be for additional coupons, although \$90 million is allocated for education, outreach and direct assistance for “vulnerable populations, including senior citizens, minority communities, people with disabilities, low-income individuals, and people living in rural areas.”

Selected Provisions

Investment in Evidence Based Programs: \$1 billion has been included in the legislation for a new Prevention and Wellness fund, to invest in proven clinical preventive services and community-based prevention programs. Of this amount, \$300 million is allocated to the CDC immunization program, and \$50 million is to be provided to states for “healthcare-associated infections reduction strategies.” The remaining \$650 million is directed to “evidence-based clinical and community-based prevention strategies... that deliver specific, measurable health

outcomes that address chronic disease rates.” The legislation provides the HHS Secretary with the flexibility to award this funding to various offices within the Department.

Qualified Individual (QI) Program extended: The QI program is extended an additional year through Dec. 31, 2010. This program pays Part B premiums (currently \$96.40 per month) for eligible Medicare beneficiaries (those with incomes between 120-135 percent of poverty) People eligible for QI (and the other Medicare Savings Programs—QMB and SLMB) are also automatically eligible for the Medicare Part D Low-Income Subsidy.

Temporary Increase in Federal Medicaid Matching Rate: The rate at which the Federal government reimburses states for Medicaid (FMAP) will be increased for all states by 6.2 percent for the period of Oct. 1, 2008 through Dec. 31, 2010. Additional funding will also be available for states based on their unemployment rate. All states receiving funding must maintain effort on eligibility. A total of \$87 billion has been allocated for this effort.

Additional One-Time Payment from Social Security: Nearly 55 million Social Security and SSI beneficiaries will receive a one-time payment of \$250 each. The one-time payment will be a separate payment, which will not be included in the regular monthly benefit payment. Payments should be received by late May or early June 2009.

Extension of Moratoria on Medicaid Regulations: Through June 30, 2009, the moratoria on Medicaid regulations for targeted case management, provider taxes and school based administration will be extended. This section also includes a Sense of Congress that the Secretary of Health and Human Services should not promulgate regulations concerning payments to public providers, graduate medical education, and rehabilitative services.

Strengthening Health Work Force: The bill invests \$500 million to support programs which place health care providers in underserved communities.

Comparative Effectiveness Research: The bill invests \$1.1 billion in comparative effectiveness research to provide patients and providers with information about the merits of different treatments.

Community Health Centers: The bill provides \$2 billion for community health centers to provide for repairs and renovations, allow them to invest in Health IT and provide critical services.

Extension of Emergency Unemployment Benefits: Through 2009, up to 33 weeks of extended unemployment benefits will be available to workers exhausting their regular benefit. Through this time period, unemployment benefits will be increased by \$25 each week.

Premium subsidies for COBRA coverage: For 9 months, workers who were involuntarily terminated between Sept. 1, 2008 and Dec. 31, 2009 are eligible for a premium subsidy of 65 percent to pay for COBRA coverage for themselves and their family. The subsidy would terminate when the worker is offered any employer sponsored health care or becomes eligible for Medicare. To ensure that those most in need of assistance are served, people must attest that their income will not be more than \$125,000 in the calendar year (or \$250,000 for families).

Temporary Increase in Disproportionate Share Hospital (DSH) payments: In Fiscal Year 2009 annual DSH allotments will increase 2.5 percent. In FY 2010 the rates will increase an additional 2.5 percent over the increased 2009 amount. In 2010 the amount will return to 100 percent of the DSH payments under current law.

Transitional Medicaid Assistance (TMA) Extension: TMA is extended through Dec. 31, 2010. TMA provides Medicaid coverage to those people transitioning from welfare to work.

Indian Health Care Improvement Act: This provision eliminates cost-sharing for American Indians and Alaska Natives in the Medicaid program. It also protects access to Indian Health Care facilities.

Prompt Payment Requirements for Nursing Facilities and Hospitals: This section temporarily applies Medicaid prompt payment requirements to nursing facilities and hospitals.

Funding for Health Information Technology in Medicare and Medicaid: The bill requires the Federal government to take a leadership role in health information technology (such as electronic health records) by establishing standards by 2010 to allow for the nationwide electronic exchange and use of health information to improve quality and coordination of care. The provision also invests \$19 billion in health information technology infrastructure and Medicare and Medicaid incentives to encourage doctors, hospitals and other providers to use health IT to electronically exchange patients' health information.