

Summary of Provisions in American Recovery and Reinvestment Act of 2009

Potential Opportunities for Teen and Unplanned Pregnancy Prevention

Provision	Amount (In Thousands)	Department	Description	Comments
Health Resources & Services (Community Health Centers and infrastructure)	\$2,000,000	HHS	\$500 million goes to grants for Community Health Centers to support new sites and service areas, to increase services at existing sites, and to provide supplemental payments for spikes in uninsured populations. Grants for new sites and services areas are to be two years in length. The conference agreement urges the Administration to consider supporting unfunded but approved CHC applications. The remaining \$1.5 billion of these funds go to grants for construction, renovation and equipment, and the acquisition of Health IT.	It appears that these new dollars will be dispersed in the same manner as existing funds are allocated. Note: Community Health Centers are required to include voluntary family planning as one of their preventive health services.
Health Resources & Services (Health Workforce)	\$500,000	HHS	Addresses health profession training programs. \$300 million for National Health Service Corps recruitment and field activities. \$75 million available through September 30, 2011 for extending service contracts for the recapture and reallocation of funds used for those that fail to fulfill their term of service. \$200 million for primary care and dentistry programs, public health and preventive medicine programs, scholarship and loan repayment programs authorized in Public Health Services Act and grants for training program authorized under Title VII.	Note: These funds should be able to help strengthen the family planning workforce, particularly in underserved areas.
Office of the Director	\$10,000,000	NIH	\$10 billion investment in NIH (\$8.2 billion for research, \$1.3 billion for construction and renovation of extramural research facilities and the acquisition of equipment, and \$500 million for construction and renovation of NIH buildings). Of the \$8.2 billion given to the NIH Office of the Director, \$7.4 billion is designated for transfer to Institutes and Centers and to the Common Fund in proportion to the appropriations made to these Institutes, Centers, and the Common Fund in FY 2009. The remaining \$800 million shall be used by the NIH Director for purposes that can be completed within two years with a priority placed on short-term grants that focus on specific scientific challenges, new research that expands the scope of ongoing projects, and research on public and international health priorities. For more information see http://grants.nih.gov/recovery/	The NIH will be putting more information on their website shortly.
Healthcare Research & Quality (Comparative effectiveness)	\$1,100,000	HHS	Within the total, \$300 million goes to AHRQ, \$400 million to NIH and \$400 million to HHS. The Secretary of HHS is directed to issue a report on its findings on June 30, 2009 on how these dollars should be allocated. The funding shall be used to conduct or support the research to evaluate and compare the clinical outcomes, effectiveness, risk, and benefits of two or more medical treatments and services that address a particular medical condition. The treatment of subpopulations must be considered when research is conducted or supported with these funds.	These dollars are under the discretion of the heads of each agency. It is not yet clear how these monies will be distributed, but there will be information on future grants posted on their websites.
Children & Families Services Programs (Head Start/Early Head Start)	\$2,100,000	HHS/ ACF	\$1 billion is allocated for Head Start according to the current statutory formula. \$1.1 billion is allocated for Early Start and funds will be awarded on a competitive basis. Early Start grants are meant to be focused on communities of color, Native American tribes and other underserved communities. Up to 10% of Early Head Start funds are for technical assistance and training. For more information see http://www.ncsl.org/print/statefed/HumanServicesStimulus.pdf	While pregnancy planning and prevention is not an explicit focus, Early Head Start provides a range of health and education services to pregnant women and young parents. In addition, there could be opportunities to discuss pregnancy planning and prevention with parents in Head Start.
Temporary Federal Medical Assistance Percentage (FMAP) Increase	\$86,600,000	HHS	Temporarily increases the rate of federal matching funds provided to all states (Federal Medicaid Assistance Percentage or FMAP) by 6.2 percentage points through December 31, 2010 to help states maintain their Medicaid programs. States that are experiencing higher unemployment rates would receive an additional FMAP increase. The Act also provides an extension of the current moratorium on Medicaid case management and other regulations through July 1, 2009, which is estimated to cost an additional \$105 million. For more information, see http://www.ncsl.org/print/statefed/ARRA-MedicaidFMAPIncreaseProvisions.pdf	Note: Family Planning is a mandatory benefit for anyone who is covered by Medicaid.
Child Welfare (included in FMAP increase)	\$843,600	HHS/ACF	Title IV-E programs - adoption assistance, foster care, kinship care -- received FMAP increase of 6.2% (does not apply to administrative costs). For more information see http://www.ncsl.org/print/statefed/HumanServicesStimulus.pdf	This amount is not a separate funding stream, but is included in the FMAP increase mentioned above.
Extension of Transitional Medical Assistance	\$1,300,000	HHS	Extends TMA beyond current expiration to December 31, 2010	Note: Family Planning is a mandatory benefit for anyone who is covered by Medicaid.
Temporary Assistance for Needy Families (TANF) Emergency Contingency Fund	\$5,000,000	HHS	Through FY 2010, there will be a capped temporary TANF Emergency Contingency Fund to provide states with relief. Funds can be used for cash assistance caseload increases, non recurring short-term benefits and expenditures for subsidized jobs. For more information see http://www.ncsl.org/print/statefed/HumanServicesStimulus.pdf	
Extension of TANF Supplemental Grants	\$319,000	HHS	Through FY 2010, provides additional assistance to qualifying states with high population growth and/or increased poverty at the same amount as awarded in FY 2009. These funds can be used for the same purposes as TANF block grants. For more information see http://www.ncsl.org/print/statefed/HumanServicesStimulus.pdf	Note: TANF funds can be used for teen pregnancy prevention, family planning, and other activities related to the purposes of TANF.
TANF Carryover Funds	N/A	HHS	States may use their carryover TANF funds to provide any benefit or service permitted under TANF, not just cash assistance. For more information see http://www.ncsl.org/print/statefed/HumanServicesStimulus.pdf	Note: TANF funds can be used for teen pregnancy prevention, family planning, and other activities related to the purposes of TANF.
Funding for Health Information Technology through Medicare and Medicaid Incentives	\$19,000,000	HHS	Requires government to take a leadership role in developing standards by 2010 to create electronic health records by investing in infrastructure. 90% of doctors and 70% of hospitals would adopt and use electronic health records within the next decade. This investment would generate savings throughout the health sector through improvements in quality of care, care coordination, and reductions in medical errors and duplicative care. [Note: The estimated net cost of this provision is \$17.2 billion; in addition, \$2 billion for affiliated grants and loans is available through discretionary funding.]	

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OTHER RELEVANT FUNDING				
Training and Employment Services	\$3,950,000	Labor	Includes \$500 million for Adult training program, \$1.25 billion for Dislocated Worker program, and \$1.2 billion for summer jobs and other youth activities including \$50 million allocated to YouthBuild. Raises age eligibility for Youth program from 21 to 24. Also specifies that a priority use for the Adult funds is for public assistance recipients and other low-income individuals, and specifies that funding can support the provision of needs-related payments and support services. Provides \$250 million in competitive grants for worker training and placement projects that prepare workers for careers in the health sector. For more information, see http://www.clasp.org/publications/preliminarysummaryofarra021309.pdf	
Child Care and Development Block Grant Program (CCDBG)	\$2,000,000	HHS/ACF	These dollars are designed to supplement, not supplant state dollars for child care assistance for low income families. They will be distributed similarly to existing CCDBG dollars, with a set aside for quality improvement activities (including \$93.6 million to improve the quality of infant and toddler care). For more information see http://www.ncsl.org/print/statefed/HumanServicesStimulus.pdf	
Children & Families Services Programs (CSBG)	\$1,000,000	HHS/ACF	Dollars are distributed to the states. States are required to reserve 1% of their allocations for benefit coordination services and to distribute the remaining funds directly to local, eligible entities.	
Child Support Enforcement	\$1,000,000	HHS/ACF	Temporarily repeals prohibition on using incentive funds as match to draw down additional federal child support funds through 9/30/10. For more information see http://www.ncsl.org/print/statefed/HumanServicesStimulus.pdf	
Education Incentive Grants to States	\$5,000,000	ED	\$5 billion in competitive grants available to states that pursue higher standards, quality assessments, robust data systems and teacher quality initiatives. Also includes \$650 million to fund school systems and non-profits with strong track records of improving student achievement. For more information see http://www.ed.gov/policy/gen/leg/recovery/index.html	
PHSSEF (Prevention and Wellness Fund)	\$1,000,000	HHS	\$650 million will be used to carry out evidence-based clinical and community based prevention and wellness strategies in the Public Health Services Act as determined by the Secretary shall be to carry out evidence-based clinical and community-based prevention and wellness strategies authorized by the PHS Act, as determined by the Secretary, that deliver specific, measurable health outcomes that address chronic disease rates. The Secretary shall provide the Appropriations Committees with an operating plan for the prevention and wellness fund 90 days after enactment of ARRA. The remaining funds are for immunization and infection reduction.	