

# Discretionary Spending in the Patient Protection and Affordable Care Act (ACA)

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**C. Stephen Redhead, Kirsten J. Colello, Elayne J. Heisler, Sarah A. Lister, Amanda K. Sarata : Discretionary Spending in the Patient Protection and Affordable Care Act (ACA)** before purchasing it in order to gage whether or not it would be worth my time, and all praised Discretionary Spending in the Patient Protection and Affordable Care Act (ACA):

The Patient Protection and Affordable Care Act (ACA) reauthorized new funding for numerous existing discretionary grant and other programs and activities. ACA also created multiple new discretionary grant programs and activities and provided for each an authorization of appropriations. Funding for all of these programs and activities is subject to

action by congressional appropriators. This report summarizes all the discretionary spending provisions in ACA that authorized appropriations for grant programs and other activities. A companion product, CRS Report R41301, Appropriations and Fund Transfers in the Patient Protection and Affordable Care Act (PPACA), summarizes all the mandatory appropriations in the new law. Among the provisions that are intended to strengthen the nation's health care safety net and improve access to care, ACA permanently reauthorized the federal health centers program and the National Health Service Corps (NHSC). The NHSC provides scholarships and student loan repayments to individuals who agree to a period of service as a primary care provider in a federally designated Health Professional Shortage Area. In addition, the new law addressed concerns about the current size, specialty mix, and geographic distribution of the health care workforce. It reauthorized and expanded existing health workforce education and training programs under Titles VII and VIII of the Public Health Service Act (PHSA). Title VII supports the education and training of physicians, dentists, physician assistants, and public health workers through grants, scholarships, and loan repayment. ACA created several new programs to increase training experiences in primary care, in rural areas, and in community-based settings, and provided training opportunities to increase the supply of pediatric subspecialists and geriatricians. It also expanded the nursing workforce development programs authorized under PHSA Title VIII to bolster undergraduate and graduate nursing education and training. As part of a comprehensive framework for federal community-based (i.e., public health) prevention activities, including a national strategy and a national education and outreach campaign, ACA authorized several new grant programs with a focus on preventable or modifiable risk factors for disease (e.g., sedentary lifestyle, tobacco use). The new law also leveraged a number of mechanisms to improve the quality of health care, including new requirements for quality measure development, collection, analysis, and public reporting; programs to develop and disseminate innovative strategies for improving the quality of health care delivery; and support for care coordination programs such as medical homes, patient navigators, and the co-location of primary health care and mental health services. Additionally, ACA authorized funding for programs to prevent elder abuse, neglect, and exploitation; grants to expand trauma care services and improve regional coordination of emergency services; and demonstration projects to implement alternatives to current tort litigation for resolving medical malpractice claims, among other provisions. 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 FY2010-FY2019. Most of that funding would be for programs that existed prior to, and whose funding was reauthorized by, ACA. Few new programs created by ACA received funding in FY2011 or FY2012.~