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Health Reform Funding in Nebraska

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SUMMARY

In March 2010, the Affordable Care Act was passed into law with the aim to solidify the nation's health care safety net and expand access to care through new and existing programs. Of the estimated $200 billion dollars in mandatory and discretionary spending set to be appropriated by 2019, approximately $18.3 billion in total funding has been allocated to the states. Ranking 46 out of 51, Nebraska has received approximately 0.5% ($85.4 million) of total US funding, almost a full percent lower than the national median of 1.4%. In total funding per capita, Nebraska ranks slightly higher, at 38 out of 51, or $47.20 per capita. Nebraska also ranks among the bottom half of similarly populated states, ranking 21 out of 26 in total funding and 23 out of 26 in total funding per capita. We examined Nebraska's standing in acquiring ACA implementation funding and discuss the policy implications of missed funding opportunities.

Introduction

This brief describes the appropriation of Affordable Care Act (ACA)[1] funding and the allocation and distribution of those funds to the states, particularly to Nebraska. Of the estimated $200 billion dollars in mandatory and discretionary spending to be appropriated by 2019,[2] approximately $18.3 billion in total funding (Appendix A) has been allocated to the states, representing about $59.39 in total funding per capita (Appendix B). The significant funding provided by the ACA raises the following questions: How does Nebraska compare to other states in terms of ACA funding? Is Nebraska taking full advantage of eligible ACA funding opportunities? How is the funding that Nebraska has received being distributed? How, if at all, does ACA funding impact Nebraskans in the long run? It is important for lawmakers to be aware of potential funding avenues and to know how the money that is being received is being spent. As 2014 approaches, continuing implementation of the ACA will be at the forefront of many lawmakers' minds.

In the sections below, we provide an overview of mandatory and discretionary spending authorized by the ACA. This overview provides a basis for comparing ACA funding in Nebraska to funding nationally, in all other states, and in similarly populated states by total dollars, dollars per capita, and dollars per funding category. In addition, we break down the total ACA dollars Nebraska has received to show how much funding has been allocated to government grantees (i.e., state government and other government) and to private grantees.

Overview of Mandatory and Discretionary Spending

In March 2010, the ACA was passed into law with the aim of solidifying the nation's health care safety net and expanding access to care through new and existing programs. To achieve this end, the law set out to restructure the private health insurance market, establish minimum health insurance coverage standards, create an individual mandate for most US residents to obtain health insurance, implement state health insurance exchanges, expand eligibility for Medicaid, reduce the growth of Medicare spending, impose an excise tax on high premium insurance plans, and make several other changes to the tax code.[3,4]

The comprehensive framework behind the ACA forms the legal foundation for authorizing billions of dollars in mandatory and discretionary spending appropriations to fund new and existing grant programs and activities. These spending appropriations are offset by new revenue streams generated from new excise taxes and fees on health care firms and other employers, lowering limitations on employer deductions, increased Medicare taxes

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on high income workers, and creating new limits and penalties for tax-advantaged accounts and itemized deductions.[5] Direct or mandatory spending generally refers to the budget authority established by non-annual appropriations laws, which include entitlement programs such as Medicare, Medicaid, and Social Security.[6] In contrast, discretionary spending is dependent upon annual appropriations bills that can be allocated only upon Congressional approval.[6] Both types of spending require Congressional authorization of a federal government body to spend funds for a legislatively defined purpose. However, because mandatory spending derives its appropriations from the original authorizing law, it is excluded from the annual authorization for appropriations process that discretionary spending must follow.[6]

Affordable Care Act Spending Provisions

The ACA's spending provisions are divided into eight main funding categories for which funds are appropriated, out of which 66 grants have been authorized to date. Exhibit 1 provides a brief description of each funding category, while Appendix C lists grants under each funding category and their corresponding ACA authorizing section numbers. Many of the grants, regardless of category, emphasize a need for capacity and infrastructure building in terms of capital projects, technology, workforce, demonstration projects, and research (Appendix C), particularly those aimed at expanding access to care (e.g., health care facilities and clinics, health centers, etc.). However, in terms of numbers of grants and programs established or reauthorized, the leading categories are prevention and public health, and workforce and training. Prevention and public health grants are focused primarily on building the necessary capacity infrastructure to improve community health outcomes (e.g., preventable diseases, immunizations, obesity, etc.) (Appendix C). In contrast, a third of all workforce and training grants are devoted to nursing workforce development and training (Appendix C).

Mandatory appropriations in the ACA between 2011 and 2015 include approximately $11 billion for the Federal Health Centers Program and the National Health Service Corps under the Community Health Center Fund to fund both capacity and infrastructure building.[3] Similarly, ACA provisions created a permanent annual appropriation to fund the Prevention and Public Health Fund targeting prevention, wellness, and other Public Health Service Act-authorized public-related programs and activities.[3] In addition, mandatory spending has subsidized health coverage purchased through state exchanges, and has increased expenditures for the Medicaid program and for several temporary programs targeted at specific groups, in order to bolster access and funding. These mandatory spending appropriations are offset by new tax revenues and industry fees, and by savings from health care delivery system reforms.[3]

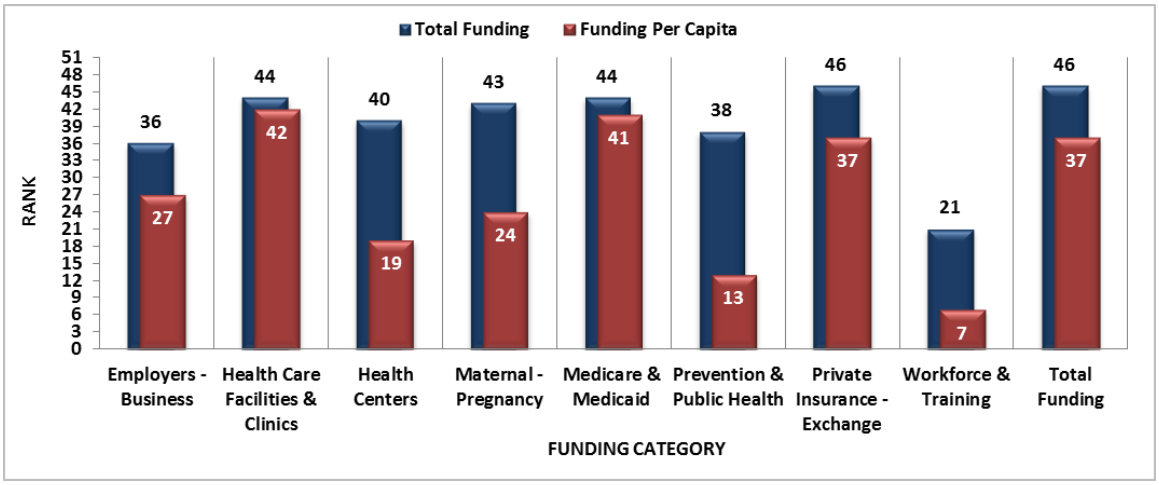
Comparison of Affordable Care Act Funding Allocation

Compared to the national median for both total funding and funding per capita, Nebraska appears to be lagging behind. Overall, Nebraska has received approximately 0.5% of total ACA funding, almost a full percent lower than the national median of 1.4%.[6] However, in spite of this gap, Nebraska is on par with the rest of the country in most categories in funding per capita (Appendix B). Exhibit 2 shows how Nebraska ranks across the eight funding categories in both total funding and funding per capita. We ranked all 50 states and the District of Columbia from 1-51, with 51 being the lowest ranking. Because of its relatively small population, Nebraska ranks higher across categories in funding per capita than in total dollars received for each category, particularly for prevention and public health (ranked 13th in funding per capita and 38th in total funding), workforce training (ranked 7th in funding per capita and 21st in total funding), and health center grants (ranked 19th in funding per capita and 40th in total funding), signifying Nebraska's focus on these funding categories. The context for why Nebraska ranks better in these categories is not entirely clear without knowing the specific details of grant proposal submissions.

Exhibit 1. Affordable Care Act Funding Categories

Category	Description
Employers – Business	Includes funding in the form of grants and credits to businesses or employers to assist with health insurance coverage costs, as well as the development of new health care technologies and treatments.
Health Care Facilities & Clinics	Includes new funding for the management and operation of school-based health centers, and to expand comprehensive primary health care and wellness services to schools, colleges, and federally qualified health centers (FQHCs).
Health Centers	Permanently reauthorizes funding for the program that provides operating grants to health centers for capital development grants that will support infrastructure improvements for construction and renovation in FQHCs – both new and existing sites.
Maternal – Pregnancy	Funding for new maternal health and early childhood programs including the Personal Responsibility Program, Pregnancy Assistance Fund, home visitation programs, and home visitation research programs.
Medicare & Medicaid	Includes funding for outreach and support innovations for both programs, including, for example, funding for rebates paid to Medicare beneficiaries reaching the Medicare Part D drug coverage gap in 2010. Funding that cannot be separated from payments that provide for the regular operation of either program are not included in this funding category (e.g., federal matching percentage), and therefore does not include many newly funded programs by the ACA.
Prevention & Public Health	Includes funding to improve public health infrastructure and research, decrease the prevalence of public health concerns, and increase access to and use of preventive services through various demonstrations projects and intervention programs.
Private Insurance – Exchange	Funding to plan or implement new ACA programs related to private insurance and the health insurance exchanges.
Workforce & Training	Funding awarded to support the expansion of the health care workforce through training and placement programs.

Exhibit 2. Nebraska National Rank (N = 51) in Total Affordable Care Act Funding Allocated and Funding per Capita by Funding Category, 2010–2013

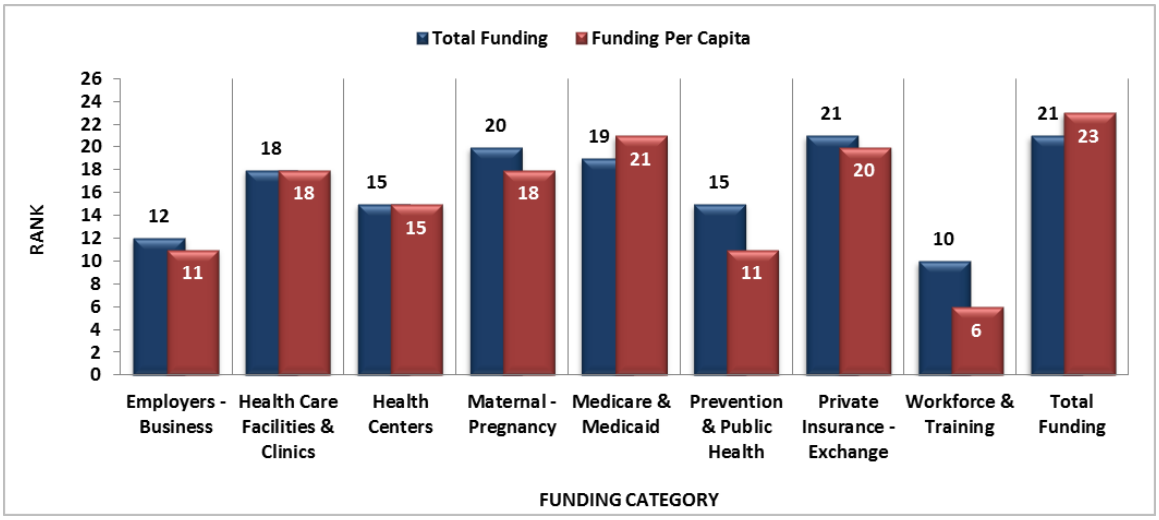


Source: Kaiser Family Foundation, ACA Federal Funds Tracker. December 2012. http://healthreform.kff.org/federal-funds-tracker.aspx#. Accessed December 10, 2012.

Note: Data are current as of December 3, 2012, and include the District of Columbia. The ranking range is 1 to 51; higher ranking indicates lower levels of funding (e.g., the state ranked #1 has received the most funding).

To gain a better understanding of how Nebraska compares to similarly populated states, we analyzed the total funding and funding per capita of 26 states with populations between 554,000 and 4,300,000 people (i.e., Alaska, Arkansas, Connecticut, District of Columbia, Delaware, Hawaii, Idaho, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, North Dakota, New Hampshire, New Mexico, Nebraska, Nevada, Oklahoma, Oregon, Rhode Island, South Dakota, Utah, Vermont, West Virginia, and Wyoming).[8] Exhibit 3 shows Nebraska's rank among similarly populated states for funding and funding per capita across the eight funding categories. We ranked all selected states from 1 to 26, with 26 being the lowest ranking. Nebraska ranks near the bottom half of similarly populated states across most of the funding categories, but there is little to no gap between Nebraska's rank for total funding and for funding per capita across the categories. Similar to the national comparison, when compared to states of similar size population, Nebraska ranks highest in workforce and training (ranked 6th, $5.81 funding per capita), followed by employers – business (ranked 11th, $10.10 funding per capita) and prevention and public health (ranked 11th, $5.01 funding per capita). When looking at median funding per capita, Nebraska ranks very low in total funding, ranking 23rd, with $47.20 funding per capita. Compared to states of similar size population, Nebraska's greatest gap in median funding per capita is in the private insurance – exchange category, with Nebraska's funding per capita at $10.48 compared to the comparable states' median funding per capita of $32.63.

Exhibit 3. Nebraska Rank Among Similarly Populated States (N = 26) in Total Affordable Care Act Funding Allocated and Funding per Capita by Funding Category, 2010–2013



Source: Kaiser Family Foundation, ACA Federal Funds Tracker. December 2012. http://healthreform.kff.org/federal-funds-tracker.aspx#. Accessed December 10, 2012.

Note: Data are current as of December 3, 2012, and are based on a ranking range of 1 to 26; higher ranking indicates lower levels of funding (e.g., the state ranked #1 has received the most funding).

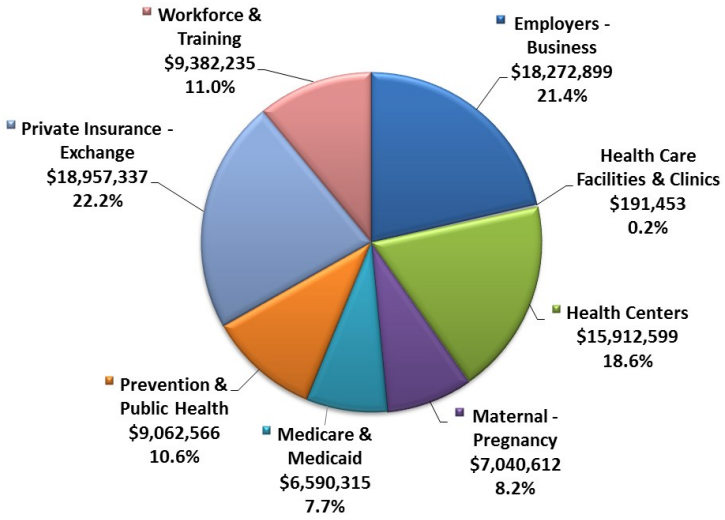
Breakdown of Affordable Care Act Funding in Nebraska

Nebraska has received funding from 29 of the 66 grants authorized by the ACA (Appendix C). To determine more specifically where the funds received in Nebraska have gone, we created three grantee categories, two for government (state government and other government), and one for private. Grants were defined as state government if the grantee class was "state government" and the grantee type was a state level agency or department (e.g., Welfare Department, Health Department, etc.); grants were defined as other government if the grantee class was "state government" and the grantee type was anything other than a state level agency or department (e.g., county or city government, or junior colleges, colleges, or universities); all grants with a grantee class of "non-profit private non-government organizations" were categorized as private (e.g., private businesses, community-based organizations, health care providers, community health centers and other clinics, private and public colleges and universities, and Native American tribes).

Overall, Nebraska has received monies in each funding category regardless of grantee type. Exhibit 4 shows the distribution of total ACA funding received across the eight categories, while Exhibit 5 shows the breakdown of ACA funding received across grantee types and across the eight funding categories. Of the $85.4 million in total grants received in Nebraska, approximately 43.6% ($37.3 million) has gone towards grant activities in the employers – business ($18.3 million) and private insurance – exchange ($19.0 million) categories (Exhibit 4), all of which went to state government grantees (Exhibit 5). The next highest funded category was health center grants, representing 18.6% of total Nebraska funding (Exhibit 4), which was split between other government ($5,122,954) and private ($10,789,645) grantees (Exhibit 5).

Further review of the data by grantee type indicated that approximately $47 million was received by state government grantees, representing over half of all funding received in Nebraska (Exhibit 5). Additionally, examination of grant eligibility requirements revealed that state governments and agencies were eligible to pursue 28 of the 66 ACA grants authorized (Appendix D). To put this in perspective, Nebraska received approximately $52 million from 17 of the 28 ACA grants that state governments could apply for, of which only 13 were awarded to the State (Appendix D).

Exhibit 4. Distribution of Total Affordable Care Act Funding by Funding Category, 2010–2013



Source: Tracking Accountability in Government Grants System (TAGG). http://taggs.hhs.gov/Advanced Search.cfm?bc=yes. Accessed December 10, 2012.

Note: Data are current as of December 3, 2012.

Exhibit 5. Distribution of Funding Allocation of Affordable Care Act Funding by Funding Category and Grantee Type, Nebraska, 2010–2013[1]

	Government				Private[4]	
	State Government[2]		Other Government[3]			
Funding Category	$	% of NE	$	% of NE	$	% of NE
Employers – Business	$15,854,690	86.8%	$0	0.0%	$2,418,209	13.2%
Health Care Facilities & Clinics	$0	0.0%	$0	0.0%	$191,453	100.0%
Health Centers	$0	0.0%	$5,122,954	32.2%	$10,789,645	67.8%
Maternal – Pregnancy	$5,522,534	78.4%	$0	0.0%	$1,518,078	21.6%
Medicare & Medicaid	$89,065	1.4%	$2,000	0.0%	$6,499,250	98.6%
Prevention & Public Health	$6,659,568	73.5%	$2,307,298	25.5%	$95,700	1.1%
Private Insurance – Exchange	$18,957,337	100.0%	$0	0.0%	$0	0.0%
Workforce & Training	$0	0.0%	$7,384,609	78.7%	$1,997,626	21.3%
Total Grantee Funding	*$47,083,194*	*55.1%*	*$14,816,861*	*17.3%*	*$23,509,961*	*27.5%*

Source: Tracking Accountability in Government Grants System (TAGG). http://taggs.hhs.gov/AdvancedSearch.cfm?bc=yes. Accessed December 10, 2012.

[1]Data are current as of December 3, 2012.
[2]Grants were defined as state government if the grantee class was "state government" and the grantee type was a state level agency or department (e.g., Welfare Department, Health Department, etc.).
[3]Grants were defined as other government if the grantee class was "state government" and the grantee type was anything other than a state level agency or department (e.g., county or city government, or junior colleges, colleges, or universities).
[4]All grants with a grantee class of "non-profit private non-government organizations" were categorized as private (e.g., private businesses, community-based organizations, health care providers, community health centers and other clinics, private and public colleges and universities, and Native American tribes).

Conclusion

As one of most intensely debated policy issues in recent history, health reform in the United States has often been driven by the "how," particularly with regard to spending. The uncertainty of whether all or parts of the ACA would be repealed in the months leading up to the 2012 election may have led some states to take a wait and see position. For example, Nebraska received initial ACA funding for insurance exchange planning and establishment grants, but after the Supreme Court decision, Nebraska decided (as have 25 other states) to implement a federally facilitated insurance exchange. The ACA has authorized billions of dollars in mandatory and discretionary spending, much of which state governments are eligible to receive. It is clear that initial funding emphasis has been placed on capacity and infrastructure building, increasing access to high quality health care while also attempting to improve efficiency and effectiveness that will provide for future sustainability. It is important to recognize, however, that the purpose of many of these grants overlap with regard to meeting the legislative intent of the ACA. For example, increasing access to care while driving down costs requires not only expanding coverage and spreading those new costs across larger risk pools, but also increasing provider and facility capacity to meet the increased demand.

Looking to the future, Nebraska has an opportunity to bolster its federal funding portfolio through collaborations with other government agencies and private organizations using ACA funding. Taking into consideration only those grants for which state governments are eligible, specifically, only those grants with a minimum award range published, Nebraska has missed out on at least $7,978,745 in ACA funding (Appendix D). These funds were made available to state governments to provide new tools, flexibility, and resources for the provision of health care benefits and consumer protections that will minimize fraud and reduce costs. Thus, the imminent policy question facing Nebraska lawmakers is how the State should, if at all, address the low performance of the State in securing funds to implement the ACA. The outcome of the Supreme Court decision and the 2012 elections stabilized the ACA. Forthcoming funding to continue implementation of the law is available for states. While a great deal of ACA funding has been appropriated for demonstration projects and other pre-implementation activities, there are still a number of grants that the State might pursue (Appendix D). Nebraska received funding but chose not to move forward with the state-based insurance exchange. However, the option to transition into either a partnership or full-fledged state-based exchange will be available in the future, making the state's "wait-and-see" position a possible advantage as more opportunities arise to observe how the programs play out in other states. Although pursuit of future ACA funding depends largely on the impact of the imminent sequestration and the Congressional appropriations process, Nebraska's ability to build a stronger capacity to meet the health care needs of Nebraskans can be achieved through collaborative research and practice efforts that are at the core of many of these federal funding opportunities.

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Conflict of Interest

None.

Disclaimer

The views expressed herein are those of the authors and do not necessarily reflect the views of collaborating organizations or funders, or of the Regents of the University of Nebraska.

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Appendix A. State Rank of Affordable Care Act Funding by Funding[1] Category, United States, 2010–2013[2]

State	Total		Employers – Business		Health Care Facilities & Clinics		Health Centers		Maternal – Pregnancy		Medicare & Medicaid		Prevention & Public Health		Private Insurance – Exchange		Workforce & Training	
	Rank	$	Rank	$	Rank	$	Rank	$	Rank	$	Rank	$	Rank	$	Rank	$	Rank	$
AL	38	137.3	29	37.5	32	0.9	38	19.5	29	12.3	36	14.9	19	13.5	43	26.3	29	12.4
AK	47	83.8	31	30.3	43	0.2	35	20.0	40	7.8	51	3.8	42	6.1	48	8.8	16	6.7
AZ	19	367.0	24	54.1	19	2.0	20	34.9	3	37.2	28	18.5	36	9.2	10	195.5	35	5.7
AR	40	116.5	49	3.1	31	1.0	37	19.5	19	22.1	40	9.6	25	11.4	37	44.4	12	5.4
CA	1	1,925.7	2	610.0	2	18.7	1	287.7	1	90.0	1	173.4	1	91.1	1	587.8	50	66.9
CO	16	396.2	21	67.3	11	4.5	9	56.5	28	13.4	13	35.2	27	11.1	9	198.9	20	9.3
CT	14	410.2	13	105.9	12	4.0	19	35.3	17	22.6	35	15.1	29	11.0	8	201.8	32	14.4
DE	48	79.1	30	31.9	35	0.5	49	2.3	33	11.6	32	16.9	47	3.7	49	8.5	7	3.6
DC	23	259.8	16	95.7	40	0.4	44	11.3	34	10.5	24	21.2	13	21.7	26	88.8	23	10.1
FL	11	438.9	19	83.8	15	3.1	6	70.9	49	3.4	6	68.1	7	25.6	16	154.9	45	29.0
GA	15	398.9	10	206.6	29	1.2	21	31.0	20	21.3	11	38.3	8	24.5	34	62.3	31	13.6
HI	34	176.5	41	10.4	30	1.0	33	23.5	31	12.1	15	33.3	35	9.4	28	84.8	4	2.0
ID	43	103.1	48	5.8	46	0.0	23	28.5	48	3.9	48	4.2	51	2.6	36	53.2	11	5.0
IL	7	658.7	7	313.9	4	6.4	5	80.5	9	28.4	8	57.3	5	30.2	25	111.0	47	31.0
IN	32	202.1	25	52.3	25	1.6	22	30.7	7	30.4	19	30.9	33	10.3	38	40.4	13	5.5
IA	24	257.6	39	14.3	45	0.1	29	26.3	32	11.8	27	19.9	14	18.8	15	159.2	17	7.2
KS	41	113.5	34	22.6	21	1.9	26	27.6	37	8.5	38	10.4	41	7.7	45	23.1	27	11.7
KY	20	355.9	14	105.0	22	1.7	12	50.6	25	15.0	30	18	43	6.0	17	147.0	30	12.6
LA	29	232.2	27	42.7	5	5.8	24	28.3	13	23.5	29	18.4	34	9.8	29	81.6	38	22.0
ME	39	133.9	40	10.8	27	1.4	43	12.1	22	16.4	50	3.9	23	12.7	33	66.5	22	10.1
MD	10	485.6	15	104.5	26	1.4	28	26.4	39	7.9	7	64.4	16	17.4	4	254.5	19	9.0
MA	8	629.0	9	217.8	16	3.0	4	87.5	5	32.6	18	31.2	4	36.4	11	192.9	44	27.7
MI	4	995.3	1	691.2	6	5.3	14	49.6	15	22.9	9	51.1	21	13.5	19	137.0	41	24.7
MN	22	281.4	17	89.2	38	0.5	34	21.9	11	24.7	22	23.1	9	24.4	27	87.0	24	10.7
MS	42	104.8	35	21.5	9	4.6	36	19.6	44	7.0	42	8.6	45	5.3	41	36.1	5	2.0
MO	26	253.7	22	65.7	33	0.7	17	42.7	36	10.1	14	34.3	22	13.2	32	69.0	37	18.1
MT	36	151.5	44	6.8	36	0.5	39	19.1	27	13.8	37	13.7	28	11.1	31	75.1	26	11.5
NE	**46**	**85.4**	**36**	**18.3**	**44**	**0.2**	**40**	**15.9**	**43**	**7.0**	**44**	**6.6**	**38**	**9.1**	**46**	**19.0**	**21**	**9.4**
NV	30	218.2	43	7.4	47	0.0	51	0.6	45	6.9	31	17.8	32	10.4	12	171.5	8	3.7
NH	45	89.4	42	10.3	48	0.0	46	8.5	46	6.5	41	9	44	5.9	39	40.4	18	8.8
NJ	6	735.3	4	430.6	23	1.7	18	36.0	18	22.4	12	36.4	26	11.2	13	165.4	48	31.6
NM	28	247.8	38	14.3	13	3.5	16	43.8	24	15.8	43	7	20	13.5	18	145.3	10	4.5
NY	2	1,276.6	6	360.7	3	12.2	2	112.5	6	30.7	2	142.3	2	61.8	2	489.2	51	67.3
NC	17	377.9	11	153.0	17	2.9	15	47.4	16	22.8	10	41.6	6	30.1	35	58.0	39	22.1
ND	51	31.6	46	6.0	49	0.0	50	0.9	51	1.4	47	5.5	50	2.9	51	3.7	25	11.2
OH	5	882.6	5	386.3	1	102.7	10	56.0	12	24.0	5	70.1	31	10.6	6	203.0	46	29.8
OK	35	159.0	33	25.9	39	0.4	31	24.0	2	37.6	33	16	30	10.6	42	29.0	34	15.4
OR	13	419.9	26	46.6	7	4.8	13	50.1	23	16.1	16	32.2	17	14.8	5	251.3	9	4.0
PA	9	564.1	8	227.2	18	2.5	30	26.1	8	28.6	4	77.7	12	22.0	21	128.6	49	51.6
RI	37	150.8	37	16.6	42	0.4	41	15.7	30	12.2	23	21.3	46	4.6	30	77.0	6	2.8
SC	25	254.0	28	42.7	28	1.4	32	23.6	35	10.3	26	20.4	15	18.2	22	125.3	28	12.1
SD	49	47.9	50	3.0	34	0.6	48	3.3	47	4.6	45	6.4	48	3.5	44	24.7	3	1.7
TN	21	326.5	23	63.1	10	4.6	11	53.8	10	25.7	17	31.6	37	9.1	23	121.0	36	17.7
TX	3	1,083.8	3	479.7	8	4.7	3	112.0	4	34.9	3	96.6	3	46.5	3	282.6	43	26.7
UT	31	203.2	32	27.1	50	0.0	45	10.0	42	7.3	46	5.6	18	14.5	20	132.6	15	6.1
VT	33	197.6	45	6.5	51	0.0	47	8.1	41	7.3	49	4	39	8.4	14	162.4	1	0.8
VA	27	253.3	18	86.4	20	1.9	8	57.8	21	18.3	21	29	40	7.9	40	37.2	33	14.7
WA	12	431.9	20	70.7	24	1.6	7	64.7	14	23.4	25	21	10	24.3	7	201.9	40	24.3
WV	44	89.4	47	6.0	14	3.4	27	27.1	38	8.1	39	10.1	24	11.6	47	16.9	14	6.1
WI	18	370.7	12	128.6	41	0.4	25	28.0	26	14.7	20	30.8	11	23.1	24	118.9	42	26.3
WY	50	40.6	51	1.0	37	0.5	42	12.8	50	1.6	34	15.8	49	3.0	50	4.8	2	1.1
US		**18,285.6**		**5,719.8**		**222.9**		**2,002.7**		**909.6**		**1,592.6**		**835.7**		**6,205.8**		**797.6**

Source: Kaiser Family Foundation, ACA Federal Funds Tracker. December 2012. http://healthreform.kff.org/federal-funds-tracker.aspx#. Accessed December 10, 2012.

[1]In millions of dollars.

[2]Data are current as of December 3, 2012.

Appendix B. State Rank of Affordable Care Act Funding per Capita by Funding Category, United States, 2010–2013[1]

	Total		Employers – Business		Health Care Facilities & Clinics		Health Centers		Maternal – Pregnancy		Medicare & Medicaid		Prevention & Public Health		Private Insurance – Exchange			
State	Rank	$	Rank	$	Rank	$	Rank	$	Rank	$	Rank	$	Rank	$	Rank	$	Rank	$
AL	50	29.0	38	7.9	37	0.2	44	4.1	31	2.6	45	3.2	30	2.9	49	5.6	27	2.6
AK	7	121.1	4	43.9	26	0.3	1	28.9	7	11.3	21	5.5	5	8.8	33	12.7	4	9.7
AZ	29	56.6	33	8.3	28	0.3	32	5.4	14	5.7	49	2.9	45	1.4	19	30.1	30	2.4
AR	46	40.2	51	1.1	25	0.3	25	6.8	11	7.6	44	3.3	22	4.0	31	15.3	40	1.9
CA	35	51.5	18	16.3	21	0.5	22	7.7	38	2.4	27	4.6	34	2.4	30	15.7	41	1.8
CO	19	79.5	21	13.5	10	0.9	14	11.3	29	2.7	12	7.1	36	2.2	14	39.9	39	1.9
CT	8	116.2	8	30.0	7	1.1	15	10.0	12	6.4	33	4.3	28	3.1	9	57.2	14	4.1
DE	13	88.5	5	35.7	17	0.6	48	2.6	3	13.0	5	19.0	19	4.1	39	9.5	15	4.0
DC	1	425.3	1	156.6	14	0.7	5	18.5	1	17.3	1	34.8	1	35.6	2	145.3	2	16.6
FL	51	23.3	45	4.4	38	0.2	45	3.8	51	0.2	42	3.6	48	1.4	44	8.2	43	1.5
GA	43	41.6	12	21.6	39	0.1	47	3.2	44	2.2	37	4.0	33	2.6	46	6.5	45	1.4
HI	5	134.9	39	7.9	11	0.8	7	18.0	9	9.2	3	25.4	6	7.2	7	64.9	44	1.5
ID	25	66.2	47	3.7	50	0.0	6	18.3	35	2.5	50	2.7	42	1.7	16	34.2	20	3.2
IL	34	51.7	9	24.7	20	0.5	30	6.3	43	2.2	28	4.5	35	2.4	41	8.7	29	2.4
IN	49	31.7	35	8.2	31	0.2	38	4.8	18	4.8	25	4.9	43	1.6	47	6.3	50	0.9
IA	14	85.8	44	4.8	45	0.0	20	8.8	23	3.9	15	6.6	9	6.2	10	53.0	31	2.4
KS	44	41.0	36	8.2	15	0.7	16	10.0	27	3.1	39	3.8	32	2.8	43	8.4	11	4.2
KY	17	82.9	10	24.5	23	0.4	13	11.8	25	3.5	35	4.2	47	1.4	15	34.3	22	2.9
LA	32	52.1	30	9.6	5	1.3	29	6.4	15	5.3	36	4.1	38	2.2	27	18.3	8	4.9
ME	11	102.1	34	8.2	8	1.1	18	9.2	4	12.5	47	3.0	4	9.7	11	50.7	5	7.7
MD	16	84.0	15	18.1	30	0.2	39	4.6	50	1.4	7	11.1	29	3.0	13	44.0	42	1.6
MA	12	96.4	7	33.4	22	0.5	10	13.4	17	5.0	26	4.8	10	5.6	21	29.6	10	4.2
MI	10	102.4	2	71.1	18	0.5	34	5.1	39	2.4	23	5.3	46	1.4	32	14.1	28	2.5
MN	31	53.6	17	17.0	43	0.1	41	4.2	19	4.7	31	4.4	14	4.7	29	16.6	36	2.0
MS	47	35.9	40	7.4	4	1.6	26	6.7	37	2.4	48	3.0	40	1.8	34	12.4	51	0.7
MO	40	42.9	23	11.1	40	0.1	24	7.2	47	1.7	19	5.8	37	2.2	35	11.7	21	3.1
MT	3	154.6	43	6.9	19	0.5	4	19.5	2	14.1	6	14.0	3	11.3	3	76.6	3	11.7
NE	**38**	**47.2**	**27**	**10.1**	**42**	**0.1**	**19**	**8.8**	**24**	**3.9**	**41**	**3.6**	**13**	**5.0**	**37**	**10.5**	**7**	**5.2**
NV	18	81.3	49	2.7	51	0.0	51	0.2	34	2.6	14	6.6	24	3.9	8	63.9	46	1.4
NH	23	68.8	37	7.9	49	0.0	27	6.5	16	5.0	13	6.9	15	4.6	17	31.1	6	6.8
NJ	15	84.6	3	49.6	35	0.2	42	4.1	33	2.6	34	4.2	49	1.3	26	19.0	16	3.6
NM	6	122.2	41	7.1	3	1.7	3	21.6	10	7.8	43	3.5	7	6.7	5	71.6	33	2.2
NY	24	66.4	14	18.8	16	0.6	31	5.9	48	1.6	11	7.4	26	3.2	23	25.5	18	3.5
NC	45	40.3	19	16.3	27	0.3	35	5.1	36	2.4	30	4.4	27	3.2	48	6.2	32	2.4
ND	37	47.8	32	9.1	48	0.0	50	1.4	46	2.1	9	8.3	17	4.5	50	5.5	1	16.9
OH	20	77.9	6	34.1	1	9.1	37	4.9	45	2.1	17	6.2	51	0.9	28	17.9	26	2.6
OK	42	42.8	42	7.0	41	0.1	28	6.5	8	10.1	32	4.3	31	2.9	45	7.8	12	4.2
OR	9	110.2	22	12.2	6	1.3	11	13.1	21	4.2	8	8.4	23	3.9	6	66.0	49	1.0
PA	39	44.7	16	18.0	34	0.2	49	2.1	41	2.3	18	6.2	41	1.7	38	10.2	13	4.1
RI	4	145.4	20	16.0	24	0.4	8	15.2	5	11.8	4	20.5	16	4.5	4	74.3	24	2.7
SC	30	55.5	31	9.3	29	0.3	33	5.2	42	2.3	29	4.5	21	4.0	22	27.4	25	2.6
SD	28	59.6	46	3.8	12	0.8	43	4.1	13	5.8	10	8.0	18	4.4	18	30.7	35	2.1
TN	33	51.9	28	10.0	13	0.7	21	8.5	22	4.1	24	5.0	44	1.4	25	19.2	23	2.8
TX	41	42.8	13	18.9	36	0.2	40	4.4	49	1.4	38	3.8	39	1.8	36	11.2	48	1.1
UT	22	73.1	29	9.7	47	0.0	46	3.6	30	2.6	51	2.0	12	5.2	12	47.7	34	2.2
VT	2	318.7	26	10.4	46	0.0	12	13.1	6	11.7	16	6.5	2	13.6	1	261.9	47	1.3
VA	48	32.4	24	11.0	32	0.2	23	7.4	40	2.3	40	3.7	50	1.0	51	4.8	38	1.9
WA	27	64.4	25	10.5	33	0.2	17	9.6	26	3.5	46	3.1	25	3.6	20	30.1	17	3.6
WV	36	49.1	48	3.3	2	1.9	9	14.9	20	4.5	20	5.6	8	6.4	40	9.3	19	3.3
WI	26	65.5	11	22.7	44	0.1	36	5.0	32	2.6	22	5.4	20	4.1	24	21.0	9	4.6
WY	21	73.1	50	1.9	9	0.9	2	23.0	28	2.9	2	28.4	11	5.5	42	8.6	37	2.0
US		**59.4**		**18.6**		**0.7**		**6.5**		**3.0**		**5.2**		**2.7**		**20.2**		**2.6**

Source: Kaiser Family Foundation, ACA Federal Funds Tracker. December 2012. http://healthreform.kff.org/federal-funds-tracker.aspx#. Accessed December 10, 2012.

[1]Data are current as of December 3, 2012.

Appendix C. Grants Authorized by the Affordable Care Act by Funding Category and Section Number

Funding Category	Sec.
Employers – Business	
Therapeutic Research & Development Tax Credits & Grants*	9023(e)
Early Retiree Reinsurance Program*	1102
National Healthy Worksite Program	4303
Health Care Facilities & Clinics	
Grants for Operation of School-Based Health Centers*	4101
Infrastructure to Expand Access to Care	10502
Grants to Nurse-Managed Health Clinics	5208
Health Centers	
Health Center - Capital Development Grants*	4101
Health Center Expanded Services Supplemental Funding*	10503
Maternal – Pregnancy	
PREP - Innovative Strategies Grant & Personal Responsibility Education Grant*	2953
Pregnancy Assistance Fund	10212
Maternal, Infant, & Early Childhood Home Visitation Grant Program*	2951
Tribal Maternal, Infant, & Early Childhood Home Visitation Grant Program	2951
Maternal, Infant, & Early Childhood Home Visiting Research Programs	2951
Medicare & Medicaid	
Aging & Disability Resource Centers	2405
Medicare Prescription Drug Program - Additional Funding for Outreach & Assistance for Low-Income Programs (MIPPA)*	3306
Incentives for Prevention of Chronic Diseases in Medicaid	4108
Medicare Part D Donut Hole Gap - $250 Rebate*	3315
Dual Eligible Care Integration State Demonstration Design Contracts	3021
Health Care Innovation Awards	3021
Prevention & Public Health	
Extension of Family-to-Family Health Information Centers*	5507
Strengthening Public Health Infrastructure for Improved Health Outcomes*	4002
Communities Putting Prevention to Work (CPPW) State Competitive Supplemental Funding for Behavioral Risk Factor Surveillance System	4002
Epidemiology - Laboratory Capacity Grants*	4304
Prevention Center for Healthy Weight	4002
HIV Prevention & Public Health Fund Activities*	4002
Capacity Building Assistance to Strengthen Public Health Infrastructure & Performance	4002
Community Transformation Grants*	4201
Enhanced Surveillance For New Vaccine Preventable Diseases	4002
Program for Early Detection of Certain Medical Conditions Related to Environmental Health Hazards	10323
Childhood Obesity Demonstration Program	4306
National Environmental Public Health Tracking Program - Network Implementation	4002
Capacity Building Assistance to Strengthen Public Health Immunizations*	4002
Streamlined surveillance for ventilator-associated pneumonia: Reducing burden & demonstrating preventability	4002
Racial & Ethnic Approaches to Community Health REACH	4201
Health Promotion & Disease Prevention Research Centers: Special Interest Project Competitive Supplements (SIPS)	4002
Consolidated Chronic Disease Grant Program*	4002
The Patient Protection & Nutrition, Physical Activity & Obesity Program*	4201
Preparedness & Emergency Response Learning Centers	4002
Preparedness & Emergency Response Research Centers: A Public Health Systems Approach	4002
Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents*	3021
Private Insurance – Exchange	
Grants to States for Health Insurance Premium Reviews*	1003
Health Insurance Consumer Assistance Grants	1002
Early Innovator Grants/Planning Grants/ Establishment Grants*	1311
PCIP*	1101
Consumer Operated & Oriented Plans (CO-OP)	1322
Workforce & Training	
Demonstration Project to Provide Low-Income Individuals with Opportunities to Address Health Professions Workforce Needs*	5507(a)
Nurse Anesthetist Traineeships*	5308
Nursing Workforce Diversity	5404
Advanced Education Nursing Grant Program*	5308
Nurse Faculty Loan Program*	5311
Advanced Education Nursing Traineeships*	5308
Nurse Education, Practice & Retention Grants*	5309
Nursing & Home Health Aides Training Program	5309
Nationwide Program for National & State Background Check on Direct Patient Access Employees of Long-Term Care Facilities	6201
State Workforce Development Grants	5102
Primary Care Residence Expansion Program	1003
Demonstration Project to Develop Training & Certification Program for Personal or Home Care Aides	5507(b)
Advanced Nursing Education Expansion Program	5308
Expansion of Physician Assistant Training Program*	5301
Public Health Training Center*	4002
Graduate Medical Education Program - Payments to Teaching Health Centers	5508
National Health Service Corps: NHSC Loan Repayment Program, NCSC Scholarship Program, Students to Service Program, State Loan Repayment Program	5207/ 10501
Coordinating Center for Interprofessional Education & Collaborative Practice	5301/ 5309
Mental & Behavioral Health Education & Training Grant	5306/ 4002
Prevention & Public Health Fund Public Health Traineeships	5206
Grants for Geriatric Education Centers	5305

Source: Kaiser Family Foundation, ACA Federal Funds Tracker, Grant Category Listing. http://healthreform.kff.org/~/media/Files/KHS/FFT/Grant%20Category%20Listing_9_2012.pdf, retrieved on September 9, 2012.

*Grants for which Nebraska has received funding.

Appendix D. State Government or Agency Eligible Affordable Care Grants

State Government or Agency Eligible ACA Grants	Range of Funding Awards[a]	Total Nebraska Funding[b]
Employers – Business		
Early Retiree Reinsurance Program	$15,000 – 90,000	$15,854,690[1]
Maternal – Pregnancy		
PREP – Innovative Strategies Grant & Personal Responsibility Education Grant	$250,000–5,400,000	$2,737,346[1,3]
Pregnancy Assistance Fund[4]	$500,000–2,000,000	$0
Maternal, Infant, & Early Childhood Home Visitation Grant Program	$3,000,000–9,400,000	$4,303,266[1]
Medicare & Medicaid		
Aging & Disability Resource Centers[5]	Up to $500,000	$0
Medicare Prescription Drug Program – Additional Funding for Outreach & Assistance for Low-Income Programs (MIPPA)	Formula Based range for awards	$89,065[1]
Medicaid Incentives for Prevention of Chronic Disease Demonstration Project[4]	$5,000,000–10,000,000	$0
Dual Eligible Care Integration State Demonstration Design Contracts[5]	Up to $1,000,000	$0
Prevention & Public Health		
Strengthening Public Health Infrastructure for Improved Health Outcomes	$1,100,000–3,100,000	$2,515,200[1]
Epidemiology – Laboratory Capacity Grants	$150,000–2,500,000	$1,669,962[1]
HIV Prevention & Public Health Fund Activities	$85,000–1,700,000	$67,735[1]
Community Transformation Grants	$500,000–10,000,000	$1,020,398[2]
Childhood Obesity Demonstration Program (components A and B)[5]	(A)$1,750,000/(B)$1,000,000	$0
Capacity Building Assistance to Strengthen Public Health Immunizations	$100,000–3,000,000	$492,300[1]
Racial & Ethnic Approaches to Community Health (REACH)[4]	$200,000–850,000	$0
Consolidated Chronic Disease Grant Program[4]	$200,000–1,800,000	$535,440[1]
Nutrition, Physical Activity & Obesity Program	N/A	$1,378,931[1]
Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents	$5,000,000–30,000,000	$1,286,900[3]
Private Insurance – Exchange		
States for Health Insurance Premium Review Grants	$1,000,000	$1,000,000[1]
Health Insurance Consumer Assistance Grants[4]	Min. $200,000	$0
Early Innovator Grants/Planning Grants/Establishment Grants	No min/max	$6,376,913[1]
Pre-Existing Condition Insurance Program	N/A	$11,580,424[1]
Workforce & Training		
Nursing Workforce Diversity[4]	Avg. 1st year award: $3,254,616	$0
Advanced Education Nursing Grant Program	$106,931–600,931	$254,215[2]
Nurse Education, Practice & Retention Grants	$30,000–300,000	$868,288[2]
Nationwide Program for National/State Background Check on Direct Patient Access Employees of Long-Term Care Facilities[4]	$1,500,000–3,000,000	$0
State Workforce Development Grants – Planning (P) and Implementation (I)[5]	(P)$150,000 max/(I)$2,500,000 avg.	$0
Demonstration Project to Develop Training & Certification Program for Personal or Home Care Aides[5]	$578,745–750,000	$0

Sources: [a]Executive Office of the President, Office of Management and Budget, and US General Services Administration. *2012 Catalogue of Federal Domestic Assistance*. Washington DC; 2012; [b]Kaiser Family Foundation, ACA Federal Funds Tracker, Grant Category Listing. http://healthreform.kff.org/~/media/Files/KHS/FFT/Grant%20Category%20Listing_9_2012.pdf, retrieved September 9, 2012.

[1]Funding went to state government grantees.
[2]Funding went to other government grantees.
[3]Funding went to private grantees.
[4]Future funding appropriations are probable.
[5]Funding opportunity has either passed or no further appropriations have been confirmed.