



National Conference of State Legislatures

444 North Capitol Street, N.W., Suite 515

Washington, D.C. 20001

SUMMARY OF THE STATE GRANT OPPORTUNITIES IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590
(May 24, 2010)

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Grant Program Title	Citation	Implementation Date	Funding	Matching Requirements	Summary
Insurance Reforms					
HEALTH INSURANCE CONSUMER INFORMATION.	Title I, Subtitle A, Sec. 1002	FY 2010	Appropriated \$30 million for the FY 2010. Additional funding is authorized to be appropriated as necessary for subsequent fiscal years.	None	<ul style="list-style-type: none"> • Authorizes grants to states for the establishment, expansion, and or provision of support for— <ol style="list-style-type: none"> 1. offices of health insurance consumer assistance; or 2. health insurance ombudsman programs. <p>ELIGIBILITY</p> <ul style="list-style-type: none"> • To be eligible a state must designate an independent office of health insurance consumer assistance, or ombudsman that receives and responds to inquiries and complaints concerning health insurance coverage with respect to federal health insurance requirements and under state law. • Programs must operate in compliance with criteria established by HHS. <p>DUTIES.</p> <p>The office of health insurance consumer assistance or health insurance ombudsman will:</p> <ul style="list-style-type: none"> • assist with the filing of complaints and appeals, including filing appeals with the internal appeal or grievance process of the group health plan or health insurance issuer involved and providing information about the external appeal process; • collect, track, and quantify problems and inquiries encountered by consumers; • educate consumers on their rights and responsibilities with respect to group health plans and health insurance coverage; • assist consumers with enrollment in a group health plan or health insurance coverage by providing information, • referral, and assistance; and • resolve problems with obtaining premium tax credits under section 36B of the Internal Revenue Code of 1986. <p>DATA COLLECTION.</p> <p>As a condition of receiving a grant an office of health insurance consumer assistance or ombudsman program will be required to collect and report data to HHS on the types of problems and inquiries encountered by consumers.</p>



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Insurance Reforms					
HEALTH INSURANCE CONSUMER INFORMATION (continued)	Title I, Subtitle A, Sec. 1002	FY 2010	Appropriated \$30 million for the FY 2010. Additional funding is authorized to be appropriated as necessary for subsequent fiscal years.	None	<p>DATA COLLECTION. HHS will use the data to identify areas where more enforcement action is necessary and share the information with the insurance regulators, the Secretary of Labor, and the Secretary of the Treasury for use in the enforcement activities of these agencies.</p> <p>CORRESPONDING INFORMATION</p> <ul style="list-style-type: none"> • Health Care Reform Insurance Web Portal Requirements. Interim final rules 45 CFR Part 159 published May 10, 2010. Comments will be accepted on the rule until June 4, 2010. The portal must be available for public use no later than July 1, 2010.
PREMIUM REVIEW GRANTS					
	Title I, Subtitle A, Sec. 1003	FY 2010	Appropriates \$250 million beginning FY 2010 through FY 2014. No eligible state will receive less than \$1 million or more than \$5 million for a grant year. Grant amounts will be determined through an HHS formula allocation.	None	<p>PREMIUM REVIEW GRANTS DURING 2010 THROUGH 2014. Authorizes the awarding of grants to states beginning with FY 2010 and over a five-year period to assist in carrying out the following:</p> <ul style="list-style-type: none"> • reviewing and approving premium increases for health insurance coverage; • providing information and recommendations to HHS; and • establishing centers to analyze and organize information, and to make the information available to the issuers, health care providers, health researchers, health care policy makers, and the general public. <p>MEDICAL REIMBURSEMENT DATA CENTERS A center must—</p> <ul style="list-style-type: none"> • develop fee schedules and other database tools that fairly and accurately reflect market rates for medical services and the geographic differences in those rates; • use the best available statistical methods and data processing technology to develop such fee schedules and other database tools; • regularly update such fee schedules and other database tools to reflect changes in charges for medical services; • make health care cost information readily available to the public through an Internet website that allows consumers to understand the amounts that health care providers in their area charge for particular medical services; and



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PREMIUM REVIEW GRANTS (continued)	Title I, Subtitle A, Sec. 1003	FY 2010	Appropriates \$250 million beginning FY 2010 through FY 2014. No eligible state will receive less than \$1 million or more than \$5 million for a grant year. Grant amounts will be determined through an HHS formula allocation.	None	<p>MEDICAL REIMBURSEMENT DATA CENTERS</p> <p>A center must—</p> <ul style="list-style-type: none"> regularly publish information concerning the statistical methodologies used by the center to analyze health charge data and make such data available to researchers and policy makers. adopt by-laws that ensure that the center is independent and free from all conflicts of interest and not controlled or influenced by and does not have any corporate relation to any individual or entity that may make or receive payments for health care services based on the centers analysis. <p>CORRESPONDING INFORMATION</p> <ul style="list-style-type: none"> States are required by Section 1003 of the Patient Protection and Affordable Care Act to work with the Secretary in establishing a process for the annual review of premium increases for health insurance coverage beginning with the 2010 plan year. HHS Request for information April 14, 2010, 45 CFR Parts 146 and 148.
ASSISTANCE TO STATES TO ESTABLISH AMERICAN HEALTH BENEFIT EXCHANGES—PLANNING AND ESTABLISHMENT GRANTS					
	Title I, Subtitle D, Part 2, Sec. 1311	FY 2011	As determined by the Secretary of Health and Human Services for each fiscal year.	None	<p>PLANNING AND ESTABLISHMENT GRANTS</p> <p>Appropriates funding for grants to states to support planning activities relating to the establishment of an American Health Benefit Exchange. Grants will be awarded within 1 year of the date of enactment of health reform legislation.</p> <p>The secretary may renew a grant if a state is making progress toward establishing an exchange; and implementing a consumer assistance program, a premium review process, and health insurance market reforms and is meeting the benchmarks the secretary has established.</p> <p>LIMITATION</p> <p>No grant may be awarded after January 1, 2015.</p>



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Insurance Reforms					
ASSISTANCE TO STATES TO ESTABLISH AMERICAN HEALTH BENEFIT EXCHANGES—PLANNING AND ESTABLISHMENT GRANTS (CONTINUED)	Title I, Subtitle D, Part 2, Sec. 1311	FY 2011	As determined by the Secretary of Health and Human Services for each fiscal year.	None	<p>CORRESPONDING INFORMATION</p> <ul style="list-style-type: none"> • States are required by Section 1311 of the Patient Protection and Affordable Care Act to establish an American Health Benefit Exchange by January 1, 2014 for the state that: <ol style="list-style-type: none"> 1. Facilitates the purchase of qualified health plans, 2. Provide for the establishment of a Small Business Health Option Program designed to assist small employers in the state in facilitating enrollment of their employees in a qualified health plan.



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Health Workforce					
School-Based Health Clinic/ Center Grants (SBHCs)	Title IV, Subtitle B, Sec. 4101	FY 2010	Appropriates \$50 million for fiscal years 2010 through 2013	None	<p>Establishes a grant program for the establishment and operation of school-based health centers (SBHC). To be eligible for a grant an entity must:</p> <ul style="list-style-type: none"> • Be a SBHC or a sponsoring facility of an SBHC, and • Submit an application containing information that awarded funds will only be used for authorized services or allowed by federal, state or local law. • In awarding grants preference will be given to SBHC that serve a large population of children eligible for medical assistance or the state child health plan. • Funds may be used for: <ol style="list-style-type: none"> 1. Facilities including acquisition or improvement of land, acquisition, construction, expansion, replacement, or other improvements of any building or other facility, 2. Equipment, or 3. Similar expenditures. • No funds may be used for personnel or to provide services.
Continuing Educational Support for Health Professionals Serving in Underserved Communities					
	Title V, Subtitle E, Sec. 5504	FY 2010	Authorizes \$5 million for FY 2010 through 2014 and such sums as necessary for subsequent fiscal years	None	Establishes grants for eligible entities including health professions schools, academic health centers, State or local governments , or other appropriate public or private nonprofit entities to support activities to enhance education through distance learning, continuing educational activities, collaborative conferences, and electronic and tele-learning activities, with priority for primary care.



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Health Workforce					
Demonstration Projects to Address Health Professions Workforce Needs	Title V, Subtitle F, Sec. 5507	FY 2011	\$85,000,000 for each of fiscal years 2010 through 2014	None	<ul style="list-style-type: none"> • Establishes grants to conduct a demonstration project designed to provide low-income individuals with an opportunity to receive an education and training for occupations in the health care field. • Eligible entities include states, Indian tribes or tribal organizations, institutions of higher education, a local workforce investment board, or a sponsor of an apprenticeship program. • Within 18 months of enactment HHS in conjunction with the Department of Labor will award grants to six-states to conduct this demonstration project over a three-year period for purposes of developing core training competencies and certification programs for personal or home care aides. • The core training competencies for personal or home care aides include competencies with respect to the following areas: <ol style="list-style-type: none"> 1. The role of the personal or home care aide. 2. Consumer rights, ethics, and confidentiality. 3. Communication, cultural and linguistic competence and sensitivity, problem solving, behavior management, and relationship skills. 4. Personal care skills. 5. Health care support. 6. Nutritional support. 7. Infection control. 8. Safety and emergency training. 9. Training specific to an individual consumer's needs. 10. Self-care. <p>REQUIREMENTS FOR STATES</p> <p>Participating states will be required to</p> <ul style="list-style-type: none"> • implement the core training competencies, and • develop written materials and protocols for the core training competencies, including the development of a certification test for personal or home care aides who have completed the training competencies.



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Medicaid					
STATE OPTION TO PROVIDE HEALTH HOMES FOR ENROLLEES WITH CHRONIC CONDITIONS PLANNING GRANTS	Title I, Subtitle I, Sec. 2703 (a)	January 1, 2011	\$25 million. Funding will be available until expended.	States must contribute an amount equal to the State Medicaid match for each fiscal year the grant is awarded.	<p>PLANNING GRANTS</p> <ul style="list-style-type: none"> • Authorizes planning grants for states choosing to participate in the new Medicaid state plan option promoting health homes for enrollees with chronic conditions. • The term ‘health home’ means a designated provider (including a provider that operates in coordination with a team of health care professionals) or a health team selected by an eligible individual with chronic conditions to provide health home services. • Participants in the plan must be Medicaid enrollees with at least two chronic conditions or with one chronic condition and at risk of developing another chronic condition. • The designated provider or a team of health professionals will offer the following services: comprehensive care management; care coordination and health promotion; comprehensive transitional care, including appropriate follow-up, from inpatient to other settings; patient and family support; and referral to community and social support services, if relevant and as feasible use health information technology to link such services. • The plan option will provide an enhanced match of 90 percent FMAP for two years. • The state plan amendment must include a requirement for participating hospitals to establish procedures for referring participating beneficiaries who seek or need treatment in a hospital emergency department to designated providers. • Requires states to consult and coordinate with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among beneficiaries with chronic conditions. • State plan amendments must include: <ol style="list-style-type: none"> 1. a methodology for tracking avoidable hospital readmissions and calculating savings as a result of improved management, and 2. a proposal for use of health information technology in providing health home services, and improving service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).



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Medicaid					
PROGRAM FOR HEALTHY LIFESTYLES	Title IV, Subtitle B, Sec. 4108	January 1, 2011	\$100 million	None	<p>Sec. 4108 creates a grant program for states to provide incentives to Medicaid beneficiaries who participate in a program to develop a healthy lifestyle.</p> <p>These programs must be comprehensive and uniquely suited to address the needs of Medicaid eligible beneficiaries and must have demonstrated success in helping individuals lower or control cholesterol and/or blood pressure, lose weight, quit smoking and/or manage or prevent diabetes, and may address co-morbidities, such as depression, associated with these conditions.</p> <p>Grants will be awarded over a five-year period, and the program must be carried out by a State within a three-year period.</p>



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Medicare					
Program for Early Detection of Certain Medical Conditions Related to Environmental Health Hazards	Title X, Subtitle C, Sec. 10323	FY 2010	Appropriates \$23 million for FY2010 through 2014, and \$20 million for each five fiscal year period thereafter.	None	<ul style="list-style-type: none"> Establishes a program of competitive grants for the purpose of screening at-risk individuals for environmental health conditions, and Development and dissemination of public information concerning the availability of screening, treatment, and Medicare coverage under the program. <p>Eligible Entities</p> <ul style="list-style-type: none"> Entities eligible to apply for this grant include: <ol style="list-style-type: none"> A hospital or community health center, A federally qualified health center (FQHC), A facility of the Indian Health Service, A National Cancer Institute-designated cancer center, An agency of any state or local government, A nonprofit organization, and Any other entity the secretary determines appropriate.



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Grant Program Title	Citation	Implementation Date	Funding	Matching Requirements	Summary
QUALITY, PREVENTION & WELLNESS					
Grants for Early Childhood Home Visitation Programs	Title I, IV, Sec. 2951	September 2010	Appropriates \$100 million for fiscal year (FY) 2010, \$250 million for FY 2011, \$350 million for FY 2012, \$400 million for FY 2013, and \$400 million for FY 2014. Reserves three percent of available funding for grants to Indian tribes.	None	<ul style="list-style-type: none"> ▪ Authorizes the secretary to award grants to states for the purpose of establishing an early childhood home visitation program to promote the following: <ol style="list-style-type: none"> 1. Improvements in maternal and prenatal health, 2. Infant health, 3. Child health and development, 4. Parenting related to child development outcomes, and 5. School readiness in child abuse, neglect and injuries ▪ Authorizes grant awardees to use funds in the initial six month period for the purpose of planning and implementation activities to assist with the establishment of the program. ▪ Program requirements include: <ol style="list-style-type: none"> 1. Quantifiable, measurable improvements in benchmark areas for eligible families participating in the program in each of the following areas: <ul style="list-style-type: none"> ▪ Improved maternal newborn health, ▪ Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits, ▪ Improvement in school readiness and achievement, ▪ Reduction in crime or domestic violence, ▪ Improvements in the coordination and referral of community resources and supports. ▪ Awardees are expected to develop and implement a plan to improve outcomes in each of the areas listed. ▪ Directs states to file a report with the secretary information demonstrating improvements in at least four of these areas after the end of the first three year period. Failure to comply or demonstrate improvement will result in termination of the grant. ▪ Requires submission of a final report to the secretary no later than December 31, 2015.

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Quality, Prevention & Wellness					
Grants for Early Childhood Home Visitation Programs	Sec. 2951	September 2010	Appropriates \$100 million for fiscal year (FY) 2010, \$250 million for FY 2011, \$350 million for FY 2012, \$400 million for FY 2013, and \$400 million for FY 2014. Reserves three percent of available funding for grants to Indian tribes.	None	<p>Sec. 2951 (continued) Grants for Early Childhood Home Visitation Programs</p> <p>▪ Core Program Components</p> <ol style="list-style-type: none"> 1. Service Delivery Model or Models <ul style="list-style-type: none"> ▪ Requires that the model conforms to a clear consistent home visitation model that has been in existence for at least three years and is researched-based, grounded in empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education with quality home visitation program standards, with demonstrated positive outcomes, or ▪ The model conforms to a promising and new approach to achieve the benchmark areas specified and the participant outcomes and has been developed or identified by a national organization or institute of higher education, and will be evaluated through a well-designed and rigorous process. 2. Majority of grant funding is used for evidence-based models. Prohibits the use of more than 25 percent of awarded funding to in a given fiscal year for operation of the service delivery model program. 3. Criteria for evidence of effectiveness of models. Directs the secretary to establish criteria for evidence of effectiveness of the service delivery models. <p>▪ Requires that the program employ well-trained staff such as nurses, social workers, educators, and child development specialists.</p>



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Quality, Prevention & Wellness					
Grants for Early Childhood Home Visitation Programs	Sec. 2951	September 2010	Appropriates \$100 million for fiscal year (FY) 2010, \$250 million for FY 2011, \$350 million for FY 2012, \$400 million for FY 2013, and \$400 million for FY 2014. Reserves three percent of available funding for grants to Indian tribes.	None	<ul style="list-style-type: none"> ▪ Service Priorities <ol style="list-style-type: none"> 1. Eligible families in the community in need of services as identified by the state needs assessment, 2. Low-income families, 3. Families including those, <ul style="list-style-type: none"> ▪ who are pregnant women under age 21, ▪ with a history of child abuse or neglect, ▪ with a history of substance abuse, ▪ who are users of tobacco products at home, ▪ have children with low student achievement, ▪ have children with developmental delays, and ▪ include individuals who are serving or have formerly served in the Armed Forces. ▪ Maintenance of Effort Requirement—requires states to maintain funding for other sources for early childhood home visitation programs and initiatives. <p>Eligible entities are defined as meaning a state, an Indian tribe, tribal organization, or urban Indian organization, Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands, and American Samoa.</p>
ESTABLISHMENT OF PREGNANCY ASSISTANCE FUND					
	Title X, Subtitle B, Part 2, Sec. 10212	FY 2010	\$25,000,000 for each of fiscal years 2010 through 2019.	None	<ul style="list-style-type: none"> • Directs the Secretary of Health and Human Services (HHS) in coordination with the Secretary of Education to establish a Pregnancy Assistance Fund to be administered by HHS and to award competitive grants to states for the purpose of assisting pregnant and parenting teens and women. • States may provide grant funding to eligible institutions of higher education to support the establishment, maintenance, and operation of pregnant and parenting student services. • Funding must be used to supplement and not supplant existing funds for these services. • In order to be eligible for funding, it requires that institutions of higher education provide matching support equal to 25 percent of the federal funds provided.



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Quality, Prevention & Wellness					
ESTABLISHMENT OF PREGNANCY ASSISTANCE FUND (continued)	Title X, Subtitle B, Part 2, Sec. 10212	FY 2010	\$25,000,000 for each of fiscal years 2010 through 2019.	None	<ul style="list-style-type: none"> • Funding must be used for the following programs and activities: <ol style="list-style-type: none"> 1. Conduct a needs assessment on campus and within the local community, <ul style="list-style-type: none"> ▪ to assess pregnancy and parenting resources, located on the campus or within the local community, that are available to meet the; and ▪ to set goals for, <ul style="list-style-type: none"> • improving the resources for pregnant, parenting, and prospective parenting students; and • improving access to the resources. ▪ Conduct an annual assessment of the institutions of higher education on their performance in meeting the following needs of students: <ul style="list-style-type: none"> • The inclusion of maternity coverage and the availability of riders for additional family members in student health care. • Family housing. • Child care. • Flexible or alternative academic scheduling, such as telecommuting programs, to enable pregnant or parenting students to continue their education or stay in school. (v) • Education to improve parenting skills for mothers and fathers and to strengthen marriages. • Maternity and baby clothing, baby food (including formula), baby furniture, and similar items to assist parents and prospective parents in meeting the material needs of their children. • Post-partum counseling. 2. Identify public and private service providers, located on the campus of the institution or within the local community that is qualified to meet the needs identified, and establishes programs with qualified providers to address them. 3. Assist pregnant and parenting students, fathers or spouses in locating and obtaining needed services.



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Quality, Prevention & Wellness					
ESTABLISHMENT OF PREGNANCY ASSISTANCE FUND (continued)	Title X, Subtitle B, Part 2, Sec. 10212	FY 2010	\$25,000,000 for each of fiscal years 2010 through 2019.	None	<p>4. If appropriate, provide referrals for prenatal care and delivery, infant or foster care, or adoption, to a student who requests the information. Referrals may only be made to providers that service the following:</p> <ul style="list-style-type: none"> ▪ Parents. ▪ Prospective parents awaiting adoption. ▪ Women who are pregnant and plan on parenting or placing the child for adoption. ▪ Parenting or prospective parenting couples. <ul style="list-style-type: none"> • States will be required to report annually on the institutions receiving funds and the number of students served by service. • States may make funding available to high schools and community service centers for the same purpose funds are awarded to institutions of higher education with all the same conditions and requirements imposed. • States may also provide funding to their attorney general to assist statewide offices in providing intervention services, accompaniment, and supportive social services for eligible pregnant women who are victims of domestic violence, sexual violence, sexual assault, or stalking. Funding may also be used to provide technical assistance and training relating to violence against eligible pregnant women to be made available to law enforcement agencies, and courts: professionals working in legal, social service, and health care settings; nonprofit organizations; and faith-based organizations. • Funding for state attorneys general must be provided by application through the state.

