

*…*keeping families at the center of children’s health care

**FAMILY-TO-FAMILY HEALTH INFORMATION CENTERS (F2Fs)**

The Bipartisan Budget Act of 2018 extended funding for Family-to-Family Health Information Centers (F2Fs) and authorized additional F2Fs to serve families whose children have special health care needs in the US territories and tribes. That law:

* **Extended F2F funding for two more years** (through federal FY 2019);
* **Increased funding** for the program from $5 million to $6 million annually;
* Required the development of F2Fs in five **US territories** (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the US Virgin Islands); and
* Required the development of at least one F2F for **Indian tribes**.

Currently, there is an F2F grantee in each state and territory and the District of Columbia. Grants were also awarded to organizations in Alaska, Arizona, and New Mexico to serve American Indian and Alaska Native families whose children have special health care needs.

Each grantee will receive $96,750, about the same amount as in previous years.

**Funding for the F2F grant program is needed beyond FY 2019** to ensure that families of children with special health care needs continue to receive the valuable guidance that F2Fs provide about how to obtain and finance timely, appropriate and quality care for their children.

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*(12/04/18)*

**FUNDING HISTORY FOR**

**FAMILY-TO-FAMILY HEALTH INFORMATION CENTERS**

**1999-2006:** Family-to-Family Health Information Centers were developed in some states with the support of Family Voices and funding from the Robert Wood Johnson Foundation, the Maternal Child Health Bureau (MCHB), and the Centers for Medicare and Medicaid Services (CMS).

**FYs 2007-present:** The Family Opportunity Act (part of the Deficit Reduction Act of 2005), *as amended* *subsequently* (see table below), has authorized and funded F2Fs. After a phase-in period, one grant has been awarded in each state and DC since 2009. Through FY 2017 total program spending was $5 million per year. Beginning in 2018, an F2F will be established in each of the US territories (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the US Virgin Islands) and three be established to serve Indian tribes. Funding is automatic (not appropriated) once authorization is extended. Total program funding for FYs 2018-19 will be $6 million per year.

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| **Law** | **Federal Fiscal Year funded (10/1-9/30)** | **Grant cycle funded****(June 1-May 31)** | **Amount****(per Federal FY)** |
| Family Opportunity Act (FOA)/Deficit Reduction Act of 2005 (2/8/06) Grassley/Barton  | FFYs 2007, 2008, 2009 | Through May 2010 | FFY 2007 - $3 million FFY 2008 - $4 millionFFY 2009 - $5 million |
| Affordable Care Act (ACA) (3/23/10)Baucus/Waxman | FFYs 2010, 2011, 2012 | Through May 2013 | FFY 2010 - $5 millionFFY 2011 - $5 millionFFY 2012 - $5 million  |
| American Taxpayer Relief Act of 2012 (ATRA) (1/1/13) Baucus/Upton | FFY 2013 | Through May 2014 | $5 million  |
| Bipartisan Budget Act of 2013 (BBA) (12/26/13) Baucus/Upton | “Portion of FY 2014 before April 1, 2014” (first half FFY 2014) | Through November 2014 | $2.5 million |
| Protecting Access to Medicare Act of 2014 (4/1/14) Wyden/Upton | “Portion of FY 2014 on or after April 1, 2014” (2nd half FFY 2014) **+**“Portion of FY 2015 before April 1, 2015” (first half FFY 2015) | Through May 2015Through November 2015 | $2.5 million**+**$2.5 million |
| The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) (4/16/15) Hatch/Upton | FFYs 2015, 2016, 2017 | Through May 2018  | FFY 2015 - $5 M (total)FFY 2016 - $5 MFFY 2017 - $5 M |
| The “AdvancingChronic Care, Extenders, and Social Services (ACCESS) Act” within the Bipartisan Budget Act of 2018 (Sec. 50101) (2/9/18) Hatch/Walden | FFYs 2018 and 2019 | Through May 2020 | FFY 2018 - $6 million FFY 2019 - $6 million + amendment to develop at least one F2F for Indian tribes and an F2F in each of 5 US territories (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, US Virgin Islands) |

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