Background Highlights

- Prior to 2005, funding distributed based on historical funding levels without regard to changing trends of the epidemiology or any other factors.
- Because of the changing demographics of the disease in the US, there was a large spread in funding based a per case basis.
- DTBE developed a formula and began distributing funds based on the formula in 2005 with a phase in approach whereby an increase portion of funds would be distributed based on formula while a decrease portion would be distributed based on historical funding levels. The formula set aside a group of “hold harmless” funded areas which were receiving lower funding amounts and did not apply the formula to them.
- DTBE invited NTCA into a partnership in 2008 to review the funding formula and funding structure in preparation for the 2010 Cooperative Agreement cycle.
- Minutes and other documents related to the work of the DTBE/NTCA work group are posted on the NTCA website for your review.
- The final formula decision from the work group was the following:
  - Incident cases 30%
  - US-born minorities/Foreign-born 35%
  - Smear Positive Pulmonary 15%
  - HIV co-infection 5%
  - MDR TB 5%
  - Substance abuse 5%
  - Homeless 5%
- Big Cities and Hold Harmless status did not change as a result of the work of the work group, though both were discussed.