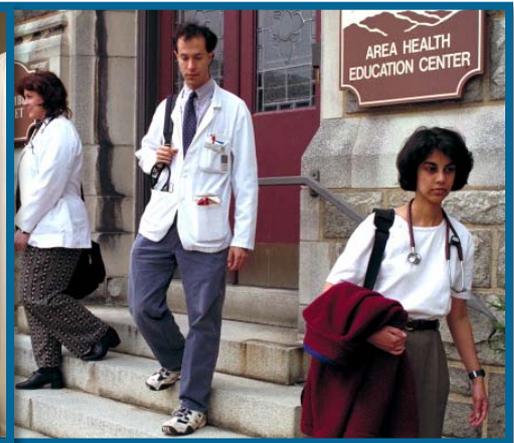


# Health Resources and Services Administration

*Healthy Communities, Healthy People*





# The Programs We Deliver

- ✓ Community Health Centers
- ✓ National Health Service Corps
- ✓ Workforce Training for Primary Care, Public Health, Medicine, Dentistry, Nursing, and Geriatrics
- ✓ Workforce Diversity
- ✓ Children's Hospital GME
- ✓ Practitioner Databanks
- ✓ Maternal and Child Health
- ✓ Healthy Start
- ✓ Stop Bullying Now!
- ✓ Poison Control
- ✓ Ryan White HIV/AIDS
- ✓ Rural Health Policy & Programs
- ✓ Telehealth
- ✓ Health Care for the Homeless
- ✓ Migrant Health Centers
- ✓ Native Hawaiian Health
- ✓ Vaccine Injury Compensation
- ✓ Hansen's Disease (Leprosy)
- ✓ 340B Drug Pricing
- ✓ Organ Donation & Transplantation
- ✓ And more...

# The People We Serve

- Nearly 19 million patients are served through HRSA-funded health centers, including 1 in 3 people with incomes below the poverty level.
- Over 500,000 people living with HIV/AIDS receive HRSA's Ryan White services. Two-thirds are members of minority groups.
- 34 million women, infants, children, and adolescents benefit from HRSA's maternal and child health programs.
- About 14,000 safety net providers participate in HRSA's 340B program that provides access to discount drug purchases.
- Currently more than 7,000 National Health Service Corps clinicians are (or will be) working in underserved areas in exchange for loan repayment or scholarships.





# HRSA and the Affordable Care Act



# HRSA and the Affordable Care Act

- Increasing Access to Primary Care Services
- Investing in the Health Care Workforce
- Supporting Maternal and Child Health
- Broadening Access to 340B Drug Discounts
- Prevention and Public Health Fund



# HRSA and the Affordable Care Act

- Expands access to health care by investing \$12.5 billion in Community Health Centers and the National Health Service Corps over the next 5 years.
  - Enabling us to serve 20 million more patients in the Community Health Center program.
- Invests in primary care training and development to make sure we have the providers we need.



# HRSA and the Affordable Care Act

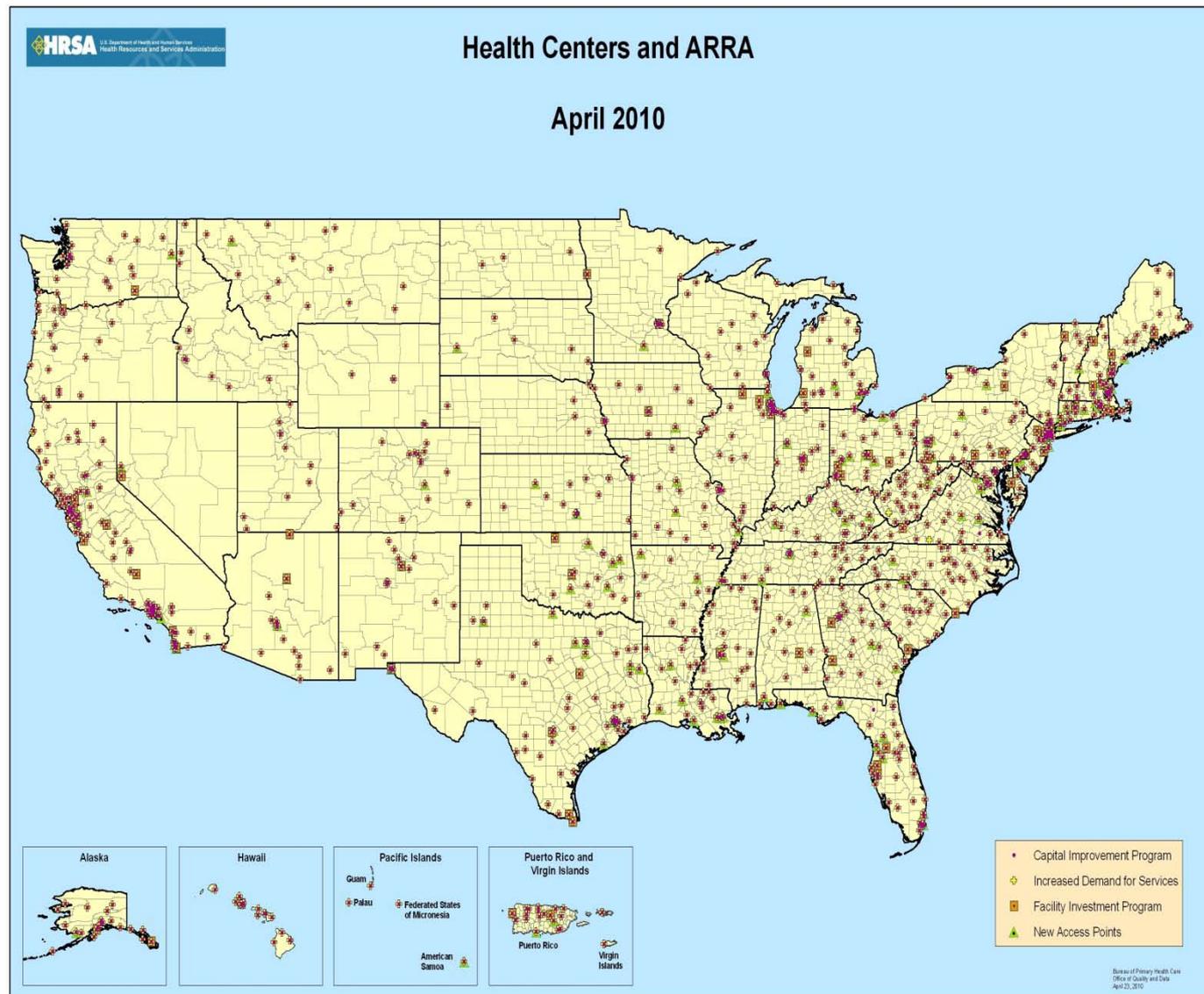
- HRSA has been identified as the lead for more than 50 provisions in the new law.
  - 30 of the provisions have activities to implement in FY2010.
  - 7 of these provisions are authorized and appropriated in the Affordable Care Act for FY2010.
- 36 of the provisions have authorization for activities in FY2011 and beyond.
- There are several provisions where HRSA has been identified as a key partner with other agencies.

# The Affordable Care Act Builds on HRSA Recovery Act Funding

**\$2 billion:**  
Community Health Centers

**\$300 million:**  
National Health Service Corps

**\$200 million:**  
Health Professions





# Increasing Access to Primary Care Services



# Community Health Centers

- The Affordable Care Act provides \$11 billion in funding over the next 5 years for the operation, expansion, and construction of health centers throughout the Nation.
- \$9.5 billion is targeted to:
  - Create new health center sites in medically underserved areas.
  - Expand preventive and primary health care services, including oral health, behavioral health, pharmacy, and/or enabling services, at existing health center sites.
- \$1.5 billion will support major construction and renovation projects at community health centers nationwide.
- This increased funding will enable health centers to nearly double the number of patients seen.



# School-Based Health Centers

## Establishment of School-Based Health Centers

- Appropriated \$200 million per year for FY2010 – 2013.
- Funds can be used for expenditures for facilities (including the acquisition or improvement of land, or the acquisition, construction, expansion, replacement, or other improvement of any building or other facility), equipment, or similar expenditures.
- No funds provided shall be used for expenditures for personnel or to provide health services.



# School-Based Health Centers (cont.)

## Grants for the Operation of School-Based Health Centers

- Authorizes but does not yet appropriate funds for operation of school-based health centers including:
  - acquiring and leasing equipment
  - providing training related to the provision of required comprehensive primary health services and additional health services
  - the management and operation of health center programs
  - the payment of salaries for physicians, nurses, and other personnel of the SBHC
  - costs associated with expanding and modernizing existing buildings for use as an SBHC, including the purchase of trailers or manufactured buildings to install on the school property.



# Community-Based Collaborative Care Networks

- Authorizes but does not yet appropriate funds for grants to develop networks of providers to deliver coordinated care to low-income populations through community-based collaborative care networks.
- Grants may be used to help low-income individuals access health services, provide case management, perform health outreach, provide transportation, expand capacity, and provide direct patient care services.



# Investing in the Health Care Workforce



# National Health Service Corps

The Affordable Care Act Builds on:

## Significant Program Expansion

- \$300 million in expansion funds for the NHSC from the Recovery Act
- More than 6,700 clinicians presently serving
- 7,358 Primary Care Providers estimated in 2010 vs. 4,760 in 2009
- Over 8,600 NHSC-Approved sites; 46% Community Health Centers

## Recent Program Improvements

- Simplifying the NHSC site application and approval process.
- Examining NHSC disciplines to ensure the primary care workforce needs are supported.
- Assessing NHSC program implementation with the goal of driving more people into primary health care careers to meet public needs.



# National Health Service Corps and the Affordable Care Act

- Over 2,800 new Loan Repayment awards and over 200 scholarships are expected in FY 2011.
- Authorizes and appropriates \$1.5 billion for the NHSC through 2015.
  - FY2011: \$290 million
  - FY2012: \$295 million
  - FY2013: \$300 million
  - FY2014: \$305 million
  - FY2015: \$310 million



# National Health Service Corps and the Affordable Care Act

- Reauthorizes the National Health Service Corps through 2015.
  - Increases the maximum annual loan repayment award from \$35,000 to up to \$50,000.
  - Establishes permanent half-time service opportunities for NHSC scholars and loan repayers with the creation of 2- and 4-year contracts for the Loan Repayment Program.
  - NHSC participants may now receive up to 20 percent service credit for teaching (and up to 50 percent in future Teaching Health Centers).



# Health Professions Education and Training

- Primary Care Training: Title VII, Sec 747
  - Develop and operate family, general internal, pediatric medicine, and physician assistant programs; research; need-based fellowships/traineeships; new interdisciplinary joint degree program and community-based training for faculty.
- Oral Health Training: Title VII, Sec 748
  - Program development, financial assistance; new faculty loan repayment program; expands programs to public health dentistry and dental hygienists.
- New rural physician training grant program
  - Published this past summer as an Interim Final Rule defining “underserved rural community” for this program.



# Support and Incentives for Student and Providers

- Area Health Education Centers - program name change; activities to educate and recruit high school students; innovative activities; reduces match requirement.
- Geriatrics - expanded career incentives and discipline eligibility for current programs, traineeships for advanced education nurses.
- Diversity programs - expands workforce diversity efforts by increasing authorized appropriations for Centers of Excellence and Scholarships for Disadvantaged Students programs.
- Preventive medicine residency program expanded eligibility.
- Nursing - training advance practice nurses and family nurse practitioners; enrollment of disadvantaged students; retention, stipends, loans.



# Loan Repayment Programs in the Affordable Care Act

- Nurse Faculty are now eligible for Nursing Education Loan Repayment Program
  - Studies show that the capacity to produce nurses is limited by training opportunities and the related shortage of nursing faculty.
- Authorizes Pediatric Specialty Loan Program
  - Addresses shortages in specialist trained to treat children, such as pediatric rheumatologists
  - Requires 2-year Service Obligation
  - Requires new Pediatric Subspecialty Shortage Area Designation



# Delivery System Provisions

- Nurse Managed Health Centers
  - Establishes funding for community-based clinical sites administered by advance practices nurses and increases primary care sites.
- Patient Navigator and Chronic Diseases Outreach Grant
  - Program requirement for minimum core proficiency standards
  - Includes \$5 million in FY2010 to fund community workers trained to assist patients and families in managing chronic conditions such as diabetes and cancer.
- Teaching Health Center Grants
  - Expands community-based training for primary care physicians.
  - FY2011 – 2016 \$230 million.



# Workforce Planning, and Assessment

- National Health Care Workforce Commission
  - An independent entity to develop a national strategic plan for the health care workforce.
- National Center for Health Care Workforce and Analysis
  - A national center to provide analysis, modeling, and data collection to project current and future workforce demands to inform policy making.
- Grants to States for Workforce Planning and Implementation
  - Funding to assist States in developing and implementing innovative plans to meet current and projected workforce needs.



# Shortage Designation

- Instructs HRSA to redesign the Medically Underserved Areas (MUA) and Health Professional Shortage Areas (HPSA) designation process through negotiated rulemaking.
- HRSA Published a Federal Register Notice on May 11, 2010 seeking public input on whether HRSA has:
  - Properly identified the key issues in this designation rulemaking effort;
  - Adequately identified key sources of subject matter technical expertise relevant to defining underservice and shortage and designating underserved areas and populations; and
  - Identified appropriate representatives of the various stakeholders/interests that will be affected by the final designation rules.
- The Negotiated Rulemaking Committee was appointed on July 9, 2010 and includes 29 members from various backgrounds and organizations that have a stake in the rulemaking process.



## Improved Data Banks: Increasing Transparency and Accountability

- Merges and eliminates the duplication between the Healthcare Integrity and Protection Data Bank (HIPDB) and the National Practitioner Data Bank (NPDB) to expand access to data.
- These data banks serve as important flagging systems intended to facilitate a more comprehensive review of health care practitioners, providers, and suppliers who have been disciplined or named in a medical malpractice settlement.



# New Workforce Programs Authorized

- Mid-career scholarships
- Public health loan repayment
- Cultural competency, prevention and public health and individuals with disabilities training
- Expanded public health training fellowships
- Geriatric workforce development fellowships
- New program for individuals to apply for and receive loan repayments if serving as nurse faculty
- Develop and implement programs to provide education and training in pain management
- Family and direct caregiver training
- Alternative dental health care providers demonstration project
- Mental and behavioral health education and training



# Supporting Maternal and Child Health



# Maternal, Infant, and Early Childhood Home Visiting Program

- The Affordable Care Act creates a Maternal, Infant, and Early Childhood Home Visiting Program to fund States to provide evidence-based home visitation services to improve outcomes for children and families who reside in at-risk communities.
- \$1.5 billion has been appropriated over the next 5 years.
  - Funding in FY2010 is \$100 million.
- Home visiting is a strategy that has been used by public health and human services programs to foster child development and address problems such as infant mortality.
- HRSA and the Administration for Children and Families are working collaboratively on this program.



# Preventive Health Guidelines for Infants, Children and Adolescents

- The Affordable Care Act requires coverage for evidence-informed preventive care and screenings guidelines for infants, children and adolescents.
- Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Third Edition, was developed under cooperative agreements from HRSA to the American Academy of Pediatrics through a multi-year process involving interdisciplinary expert panels.
- Bright Futures has been adopted by the American Academy of Pediatrics as the national standard for well child care.



# Emergency Medical Services for Children

- The Emergency Medical Services for Children Program, established in 1984, is the only federal program specifically focused on improving pediatric emergency care to reduce childhood morbidity and mortality due to severe illness and/or injury.
- The Affordable Care Act reauthorizes the Program through FY2014; includes the option to lengthen grant cycles; and authorizes \$25 million in FY2010, increasing to \$30.4 million in FY2014.
- This will ensure continued improvements in the Emergency Medical Services for Children and “the right care when it counts” for millions of the Nation’s children.



# Family-to-Family Health Information Centers

- HRSA grants support Family-to-Family Health Information Centers -- non-profit organizations that help families of children and youth with special health care needs and the professionals who serve them.
- The Affordable Care Act extends the Family-to-Family Health Information Centers program by appropriating \$5 million each year through FY2012. Funding helps families:
  - Learn about and secure adequate insurance coverage and benefits
  - Navigate the health care system
  - Understand the information needed to discuss needs with their health care providers.



# Broadening Access to 340B Drug Pricing and Other HRSA Programs



# 340B Drug Pricing Program

- The Affordable Care Act amends the 340B program to add the following to the list of covered entities that are entitled to discounted drug prices:
  - Certain children's and freestanding cancer hospitals excluded from the Medicare prospective payment system
  - Critical access and sole community hospitals
  - Rural referral centers
- Enrollment of newly eligible entities for the 340B discount drug program began electronically on August 2, 2010.
  - An estimated 1,400 new organizations (5,000 sites) under the Act are expected to participate in the program.



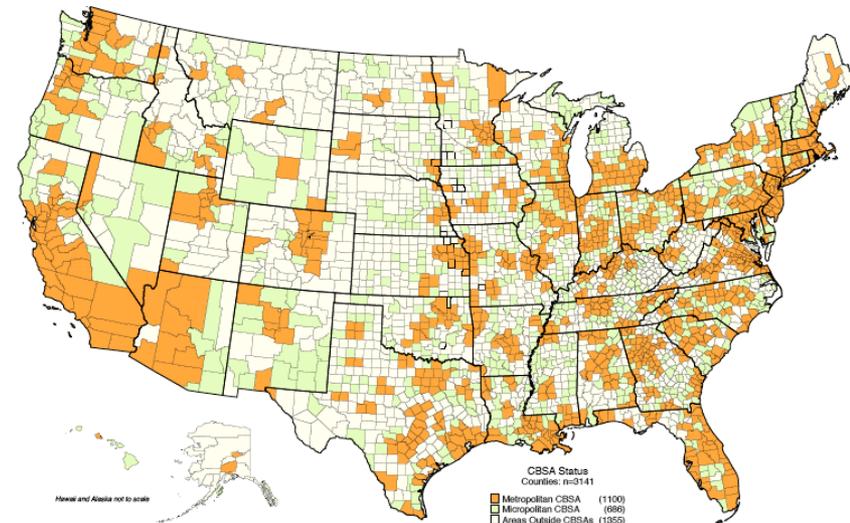
# Trauma Care

- The Affordable Care Act adds the new trauma care programs.
  - \$100 million authorized for three programs to award grants to qualified public, nonprofit Indian Health Service, Indian tribal, and urban Indian trauma centers.
- The Affordable Care Act also authorizes \$100 million to establish a program of grants to States to promote universal access to trauma care services provided by trauma centers and trauma-related physician specialties.

# Rural Programs and the Affordable Care Act

## Supporting the Rural Infrastructure

- Payment Extensions
- 340B Changes
- Value-Based Purchasing Demonstration for Critical Access Hospitals
- Low-Reimbursed Rural Hospital Payments
- Frontier Wage Index & Practice Expense Floor
- Low-Volume Adjustment Changes
- Medicare-Dependent Hospital Extension
- Expansion of the Regional Extension Assistance Center for HIT (REACH) Demonstration





# The Affordable Care Act and People Living with HIV/AIDS

- **Access:** Eliminates discrimination based on pre-existing medical conditions.
- **Exchanges:** A competitive marketplace for easy-to-compare, one-stop shopping of health insurance plans.
- **Affordability:** Premium tax credits for people less than 400% of poverty level (\$88,200 income for a family of four today) when purchasing insurance through the exchange
- **Immediate Consumer Protections:** No lifetime and restricted annual limits, prohibition on rescissions, and temporary high risk pool program for people who are uninsured and have a pre-existing condition.



# The Affordable Care Act and People Living with HIV/AIDS (cont.)

## Medicare

- Eliminates cost sharing for recommended preventive services
- Part D donut hole closed by 2020
  - \$250 rebate in donut hole (only in 2010)
  - 50% brand-name discount (beginning 2011)

## Medicaid

- Expands the Medicaid program to more Americans. This expansion will increase access to care for low-income adults including many people living with HIV/AIDS.



# Prevention and Public Health Fund



# Prevention and Public Health Fund

## Primary Care, Prevention, and Wellness Workforce and Public Health Training

- Public Health Training Centers Program
- Advanced Nursing Education Expansion Program
- Expansion of Physician Assistant Training Program
- Primary Care Residency Expansion
- Nurse Managed Health Clinics
- State Health Care Workforce Planning Grants
- State Health Care Workforce Implementation Grants

## Obesity Prevention and Fitness

- Healthy Weight Collaborative
- Nutrition, Physical Activity and Screen Time in Child Care Settings



# For More Information

On the Affordable Care Act, please visit:

[www.healthreform.gov](http://www.healthreform.gov)

On HRSA, please visit:

[www.hrsa.gov](http://www.hrsa.gov)