

September 12, 2017

TO: Members, Subcommittee on Health

FROM: Committee Majority Staff

RE: Hearing entitled “Supporting Tomorrow’s Health Providers: Examining Workforce Programs Under the Public Health Service Act”

I. INTRODUCTION

The Subcommittee on Health will hold a hearing on Thursday, September 14, 2017, at 10:00 a.m. in 2123 Rayburn House Office Building. The hearing is entitled “Supporting Tomorrow’s Health Providers: Examining Workforce Programs Under the Public Health Service Act.”

II. WITNESSES

- Neil S. Calman, MD, FAAFP, President and CEO, Institute for Family Health; Chair, Department of Family Medicine and Community Health, Icahn School of Medicine at Mount Sinai/Mount Sinai Hospital; President, American Association of Teaching Health Centers;
- Adrian Billings, MD, PhD, FAAFP, Chief Medical Officer, Preventative Care Health Services; Associate Professor, Department of Family and Community Medicine, Texas Tech University Health Sciences;
- Janice A. Knebl, DO, MBA, Dallas Southwest Osteopathic Physicians Endowed Chair and Professor in Geriatrics, University of North Texas Health Science Center; Medical Director, James L. West Presbyterian Special Care Center; and
- Juliann G. Sebastian, PhD, RN, FAAN, Dean and Professor, College of Nursing, University of Nebraska Medical Center.

III. BACKGROUND

The federal government has played a long-time role in educating and training health professionals. The Public Health Service Act (PHSA) authorizes several programs intended to increase the health workforce, especially in underserved areas. The purpose of this hearing is to examine the extension of funding for two primary care workforce programs, the National Health Service Corps (NHSC) and the Teaching Health Center Graduate Medical Education (THCGME) program. The hearing will also review legislation that reauthorizes PHSA Title VII health workforce and Title VIII nursing workforce education and training programs.

Teaching Health Center Graduate Medical Education

According to the Government Accountability Office (GAO), Medicare accounts for 85 percent of funding for graduate medical education (GME). Medicaid, the Health Resources and Services Administration (HRSA), the Department of Veterans Affairs, and the Department of Defense support the remaining 15 percent of GME. Because residency training has traditionally been hospital-based under the THCGME program, HRSA provides payments to outpatient facilities, such as community health centers, to support training in primary care for medical and dental residents. THCGME was created by the Patient Protection and Affordable Care Act (ACA), which provided a five-year mandatory appropriation of \$240 million. The first class of residents began their three-year training programs in 2011. The Medicare Access and CHIP Reauthorization Act (MACRA) extended the funding for two years at \$60 million annually for fiscal years 2016 and 2017.

There are currently 59 THCGME programs training approximately 732 residents. Using MACRA funds, HRSA continued its support of existing training programs, but did not expand the program to new teaching health centers (THCs). Funding for THCs is misaligned because the academic year (AY) starts on July 1st, and section 340H(b)(2) of the PHSA currently limits the total payments in a fiscal year to no more than the amount appropriated for that fiscal year, which starts on October 1st. Because HRSA is unable to utilize recovered or remaining funds for AY 2017 to 2018, which began in July, if the program is not reauthorized, THCs may reduce the number of available training slots and some may cease operations entirely. Current residents in these affected THCs would need to transfer to another program or have their medical education disrupted.

National Health Service Corps

Since the 1970s, the NHSC has helped address the primary health care shortage in underserved communities by helping them to recruit and retain qualified health practitioners. Currently, 10,400 NHSC members provide care to more than 11 million people in the U.S., regardless of their ability to pay. In exchange for a commitment to work in a Health Professional Shortage Area (HPSA), the program provides scholarships to students training in primary care to cover tuition, fees, other educational costs, and student loan repayments of up to \$50,000 a year to primary care and mental health clinicians. To receive a scholarship, a student must agree to two to four years of service in an NHSC-approved site in a HPSA. Loan repayments are for primary care, dental, and mental health clinicians who agree to at least two years of service in an NHSC-approved site in a HPSA. The intent is to encourage Corps members to remain in underserved communities after their service commitment has ended.

This program last received discretionary appropriations in fiscal year 2011. The ACA provided a total of \$1.5 billion to the Community Health Center Fund (CHCF) over the period fiscal years 2011 through 2015 for the NHSC. Since 2011, CHCF funds have been the sole source of NHSC funding. MACRA provided \$310 million for each of fiscal years 2016 and 2017. Although current NHSC participants would still be required to fulfill existing commitments, in the absence of additional funding for the next fiscal year, no new NHSC service

and continuation contracts would be awarded after September 30, 2017. Like the THCGME program, the NHSC partners with health centers to expand access to primary care.

IV. LEGISLATION

During this hearing, the Subcommittee will discuss the following legislation:

H.R. 3728, Educating Medical Professionals and Optimizing Workforce Efficiency Readiness (EMPOWER) Act of 2017

Title VII of the PHSA includes a number of programs to support loan repayment and provider training experiences in primary care, dentistry, rural or underserved areas, and in community-based settings. Title VII also includes programs to encourage racial and ethnic diversity in the health care workforce. Over the years, most of these programs have expired, yet continued to receive funding. H.R. 3728, introduced by Rep. Michael Burgess (R-TX) amends Title VII of the PHSA to reauthorize the health professions workforce programs. These programs include the Centers of Excellence, the Health Professions Training for Diversity Program, Primary Care Training and Enhancement grants, Training in General Pediatric and Public Health Dentistry grants, Area Health Education Centers, the National Center for Healthcare Workforce Analysis, and Public Health Workforce grants. The bill also restructures the geriatric health professional grant program to reflect changes that HRSA has pursued to enhance outcomes for geriatric patients.

H.R. 959, Title VIII Nursing Workforce Reauthorization Act of 2017

Title VIII of the PHSA supports nursing workforce development programs, which support the recruitment, retention, and advanced education of skilled nursing professionals. H.R. 959, introduced by Rep. David Joyce (R-OH) amends Title VIII of the PHSA reauthorize these nursing workforce programs. The bill extends advanced education nursing grants to support clinical nurse specialists and clinical nurse leaders, defines nurse-managed health clinics, adds clinical nurse specialists to the National Advisory Council on Nurse Education, and reauthorizes loan repayments, scholarships, and grants for education, practice, quality and retention.

V. STAFF CONTACTS

If you have any questions regarding this hearing, please contact Kristen Shatynski of the Committee staff at (202) 225-2927.