Questions for the Record for HRSA Administrator Carole Johnson
House Energy and Commerce Subcommittee on Health April 19, 2023
"Examining Existing Federal Programs to Build a Stronger Health Workforce and Improve Primary Care"

Questions for the Record from the Honorable Cathy McMorris Rodgers

1) Congress allocated $178 billion specifically for the purposes of relieving financial pressures on health care providers during the COVID-19 pandemic, but HHS has transferred billions to unrelated priorities.

a. How much money in total has been transferred, and what specifically was that money used for?

b. How much money is currently in the fund?

Response:

The CARES Act created the Provider Relief Fund (PRF) as a broad-based program to support the U.S. health care system overall. Over the life of the fund, resources were not transferred from the fund. To ensure that providers had a supply of COVID-19 vaccines to administer, both the Trump Administration and the Biden Administration have used PRF funds to purchase vaccines for providers and support vaccine administration by providers, a critical tool in preventing infection.

Of the $178 billion appropriated to the PRF, approximately 3.7 percent ($6.7 billion) remains unobligated.

[*Note: Subsequent to this hearing, in June 2023, the Fiscal Responsibility Act of 2023 was enacted which rescinded all provider relief funds, with the exception of $300 million to remain available for necessary expenses for program administration and oversight.*]

2) In a report published in December 2015, GAO reported that HHS had 72 workforce programs that were funded in FY14. In that report, GAO looked at the 12 programs with the highest obligations. 7 of those were at HRSA, including Children's Hospital Graduate Medical Education and National Health Service Corps.

a. How many workforce programs does HRSA currently administer?

b. Please provide the committee with an update of the list of these programs and basic funding and performance information, similar to what you provided to GAO to inform this report.

Response: HRSA supports nearly 50 workforce programs. However, the number can vary by year based on appropriations. Below is a list of HRSA programs with the FY 2023 enacted and FY 2024 President's Budget funding levels. Additional information about the programs as well

as performance measures is detailed in the HRSA Fiscal Year 2024 Justification of Estimates for Appropriations Committees.

Program Name	Health Professions	FY 2023 Enacted	FY 2024 President's Budget
National Health Service Corps (NHSC), including NHSC Scholarship Program, NHSC Loan Repayment Program; NHSC Substance Use Disorder Workforce Loan Repayment Program; NHSC Rural Community Loan Repayment Program; NHSC Students to Service Loan Repayment Program; State Loan Repayment Program	Scholarships and loan repayment in return for service commitments in designated Health Professional Shortage Areas; state grants for loan repayment programs for clinicians serving health care needs of residents. Primary medical care, dental, and behavioral health disciplines vary by program.	$417,930,000 (State Loan Repayment Program is American Rescue Plan Act-funded through FY 2024)	$965,600,000 (State Loan Repayment Program is American Rescue Plan Act-funded through FY 2024)
Faculty Loan Repayment	Loan repayment to grow health professions faculty	$2,310,000	$2,310,000
Centers of Excellence	Expand medicine, dentistry, pharmacy, mental health training pipeline	$28,422,000	$36,711,000

Program Name	Health Professions	FY 2023 Enacted	FY 2024 President's Budget
Scholarships for Disadvantaged Students	Programs to provide scholarships for students from disadvantaged backgrounds to support training in disciplines such as medicine, dentistry, nursing, pharmacy, and other health professions	$55,014,000	$55,014,000
Health Careers Opportunity Program	Skills development for students to prepare to apply for health professions school	$16,000,000	$18,500,000
Primary Care Training and Enhancement Program, including PCTE Residency Training in Primary Care Program; PCTE Physician Assistant Rural Training Program; PCTE Residency Training in Mental and Behavioral Health	Strengthen and grow the primary care workforce, including family medicine, general internal medicine, general pediatrics, combined internal medicine and pediatrics, and physician assistants	$49,924,000	$53,924,000

Program Name	Health Professions	FY 2023 Enacted	FY 2024 President's Budget
Oral Health Training Programs, including Predoctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene Program; Postdoctoral Oral Health Training Program in General, Pediatric and Public Health Dentistry; Dental Clinician Educator Career Development Program; Primary Care Dental Faculty Development Program; Dental Faculty Loan Repayment Program; State Oral Health Workforce Improvement Grant Program	Increase oral health care providers and provider training including general, pediatric and public health dentists	$42,673,000	$42,673,000
Medical Student Education	Supports graduate education for medical students preparing to become physicians	$60,000,000	$60,000,000
Area Health Education Centers	Support local networks to increase students entering primary care	$47,000,000	$47,000,000
Geriatrics Programs, including Geriatrics Workforce Enhancement Program; Geriatrics Academic Career Awards Program	Build a health workforce prepared to care for older adults including primary care, geriatrics, and direct service workers	$47,245,000	$47,245,000

Program Name	Health Professions	FY 2023 Enacted	FY 2024 President's Budget
Behavioral Health Workforce Development Programs, including Graduate Psychology Education; Addiction Medicine Fellowship; Integrated Substance Use Disorder Training Program; Behavioral Health Workforce Education and Training Program for Professionals; Behavioral Health Workforce Education and Training Program for Paraprofessionals; Substance Use Disorder Treatment and Recovery Loan Repayment Program	Train more behavioral health providers including psychologists, psychiatrists, SUD treatment professionals and paraprofessionals, clinical social workers, and other behavioral health professionals and paraprofessionals. Through loan repayment assistance, recruit and retain providers of direct treatment/recovery support of patients with/in recovery from SUD at approved facilities.	$197,053,000	$387,374,000
Public Health Workforce Development, including Public Health Training Centers Program; Preventive Medicine Residency Program	Increase preventive medicine clinicians and public health professionals	$18,000,000	$18,000,000

Program Name	Health Professions	FY 2023 Enacted	FY 2024 President's Budget
Advanced Nursing Education, including Advanced Nursing Education Workforce Program; ANE – Sexual Assault Nurse Examiners Program; ANE– Nurse Practitioner Residency Program; ANE – Nurse Practitioner Residency Integration Program; Nurse Anesthetist Traineeship Program; Maternity Care Nursing Workforce Expansion Program	Increase the number of qualified nurses in primary care workforce by funding enhancements of training and practice of advanced nurses and traineeships for nursing students.	$95,581,000	$105,581,000
Nursing Workforce Diversity	Increase nursing education opportunities for individuals from disadvantaged backgrounds, including racial and ethnic minorities who are underrepresented among registered nurses	$24,343,000	$24,343,000

Program Name	Health Professions	FY 2023 Enacted	FY 2024 President's Budget
Nurse Education, Practice, Quality and Retention, including NEPQR – Simulation Education Training Program; NEPQR – Registered Nurse Training Program; NEPQR – Mobile Health Training Program; NEPQR – Clinical Faculty and Preceptor Academies; NEPQR – Pathway to Registered Nurse Program	Address national nursing needs and strengthen the nursing workforce capacity in education, practice and retention	$59,413,000	$69,413,000
Nurse Faculty Loan Program	Increase the number of qualified nursing faculty nationwide by providing low interest loans for individuals studying to become nurse faculty and loan cancelation for those who decide to work as faculty	$28,500,000	$28,500,000
Nurse Corps, including Nurse Corps Loan Repayment Program; Nurse Corps Scholarship Program	Provide scholarships supports or loan repayment assistance in return for nursing students' and professional nurses' service commitment to working in communities with inadequate access to care	$92,635,000	$92,635,000

Program Name	Health Professions	FY 2023 Enacted	FY 2024 President's Budget
Children's Hospitals Graduate Medical Education	Support graduate medical education for resident physicians and dentists at children's hospitals	$385,000,000	$385,000,000
Teaching Health Center Graduate Medical Education	Support graduate medical education for primary care physicians and dental residents in community-based settings	$119,290,000	$157,000,000
Teaching Health Center Planning and Development	Planning grants for primary care physician and dental resident training in teaching health centers	American Rescue Plan Act funded	
Promoting Resilience and Mental Health Among Health Professional Workforce	Support the health and well-being of health care workforce	American Rescue Plan Act funded	
Health and Public Safety Workforce Resiliency Training Program	Supporting the health and well-being of health workers and public safety workers through training	American Rescue Plan Act funded	

Program Name	Health Professions	FY 2023 Enacted	FY 2024 President's Budget
Community Health Worker Training Program	Trains individuals to become community health workers and enhances skills of existing community health workers	American Rescue Plan Act funded	
National Center for Health Workforce Analysis	Workforce projections for various health professions	$5,663,000	$5,663,000
National Practitioner Data Bank	Reduce fraud and improve quality through reporting/querying adverse actions of licensed providers and suppliers	$18,814,000 (does not receive appropriations to support operations; user-fee funded)	$18,814,000 (does not receive appropriations to support operations user-fee funded)
Pediatric Specialty Loan Repayment Program	Provides loan repayment assistance for pediatric specialists and child/adolescent behavioral health providers working in/serving identified shortage areas/populations	$10,000,000	$10,000,000

3) In 2019, GAO reported that between 2010 and 2017 community health centers saw an increase in revenue coming from insurance, both public and private pay.

a. How has health centers' revenue changed since 2017?

b. Does HRSA anticipate any further changes to the public and private revenue sources Health Centers receive?

Response: Health centers served over 30 million patients in 2021. The largest source of revenue for health centers in 2021 was Medicaid, providing about 40 percent of health center revenue in 2021. Health Center Program funding awards were the second largest source of funding for health centers in 2021, comprising about 19 percent of health center revenue in 2021. Health centers also received revenue from Medicare, other public/private insurance (including Marketplace plans), sliding fee payments, and other federal and non-federal grants in 2021. The unwinding of the COVID-19 Public Health Emergency and the redetermination of Medicaid eligibility will impact health centers' revenue. HRSA estimates that health centers will see a loss in Medicaid revenue as individuals have their eligibility redetermined.

4) HRSA currently operates more than 90 programs with over 3,000 grantees. What metrics does HRSA use to measure success for all 90 of these programs?

Response: HRSA's annual Congressional Justification for the proposed President's Budget includes information on HRSA's programs and annually updated key performance measures for our programs.

5) HRSA tracks health care providers who participated in the National Health Service Corps for two years after their commitment period – does HRSA have data on how many NHSC providers practice in a health professional shortage area after those two years?

Response: According to HRSA's publicly available National Health Service Corps Alumni Clinician Dashboards, 87 percent of reporting National Health Service Corps providers who completed service between Fiscal Years 2012 and 2021 continue to practice in a Health Professional Shortage Area (HPSA) or have remained in the same community where they served for at least two years after the completion of their service commitment.

6) There is no requirement for a resident training through the Teaching Health Center Graduate Medical Education program to practice in a health professional shortage area or medically underserved area after their residency. Does HRSA collect data on how many THCGME participants practice in a HPSA or MUA?

Response: The majority of THCGME residents (96%) spent part of their training in medically underserved and/or rural communities, providing more than 1.1 million hours of patient care. Among graduates who completed their THCGME-supported residencies in Academic Year 2021-2022 and reported employment data, 45 percent were working in medically underserved or rural communities, including health centers, Critical Access Hospitals and Rural Health Clinics. Cumulative follow-up data of all reporting graduates since the program began show that 56 percent are currently practicing in a Medically Underserved Community or rural setting.

7) What percentage of HRSA employees are working in person five days per week? What percentage of meetings are held virtually versus in person?

Response: We value in-person collaboration for our HRSA team – HRSA senior leadership are in the office the majority of the time, most HRSA employees come into the office, and most senior leadership meetings take place in-person with virtual options made available as needed.

8) A stated aim of HRSA's Modernization Initiative is to accelerate progress in effective and accountable operations of the Organ Procurement & Transplantation Network (OPTN). The UNOS Heart Committee is considering policy changes to address concerns about the impact on patient care from heart transplant waitlist policy created in 2018. However, it may take UNOS several years to implement any policy changes. What will HRSA do to accelerate accountable operations at UNOS to ensure that any waitlist policy changes are made and implemented in a timely manner?

Response: The Organ Procurement and Transplantation Network (OPTN) develops and implements policies approved by the OPTN Board of Directors. On March 22, 2023, HRSA announced a multi-year OPTN Modernization Initiative designed to improve effectiveness across the organ donation, procurement, and transplantation system. The Initiative is intended to strengthen accountability, equity, and performance in the organ donation and transplantation system through five key areas with the following goals:

- Technology – ensure that the system is reliable, secure, patient-centered, user-friendly, and reflective of modern technology functionality. The Modernization Initiative is focused on improved IT system functionality and security, while ensuring continuity of services, protecting patient safety, and accelerating innovation in line with industry-leading standards.
- Data Transparency and Analytics – ensure data is accessible, user-friendly, and patient-oriented. The Modernization Initiative is prioritizing easily accessible, high-quality, and timely data to make informed patient, donor, and clinical decisions; measure and evaluate program performance; inform oversight and compliance activities; and support the advancement of scientific research.
- Governance – The Modernization Initiative intends to support an OPTN Board of Directors that is high-functioning and has greater independence; represents the diversity of communities; and delivers effective policy development.
- Operations – The Modernization Initiative is working to support an OPTN that is effective and accountable in its implementation of organ policy, patient safety and compliance monitoring, organ transport, OPTN member support, and education of patients, families, and the public.
- Quality Improvement and Innovation – The Modernization Initiative is focused on supporting an OPTN that promotes a culture of quality improvement and innovation across the network by leveraging timely data and performance feedback, collaborative learning, and strategic partnerships.

HRSA will continue to focus on meeting the needs of patients and families by strengthening and providing access to transplantation, improving safety and health outcomes, and empowering patients and providers with the data needed to make informed, shared decisions.

Questions for the Record from the Honorable Greg Pence

Administrator Johnson, Health care facilities are struggling to maintain existing staff and rising salaries, let alone find enough qualified individuals to fill open positions. The Interstate Medical

and Nurse Licensure Compacts are voluntary agreements to allow medical professionals to practice across state lines without requiring additional licenses. Indiana's membership for both nurses and physicians incentivize health care professionals to practice medicine in the Hoosier State by giving them increased flexibility and opportunity.

1) Do you think duplicative provider credentialing is a barrier for recruiting trained and qualified medical professionals, particularly in rural communities and medically underserved areas?

Response: HRSA supports state licensure compacts, which are a key resource for reducing barriers to recruiting qualified medical professionals and increasing health care access in rural and underserved areas and also help to facilitate service provision via telehealth. HRSA's Licensure Portability Grant Program provides support for state professional licensing boards to work together to advance compacts. Through this program, the Federation of State Medical Boards developed the Provider Bridge to provide key information for health care professionals across various disciplines and make it easier for professionals to practice across state lines, with over 145,000 providers registered to use the platform.

2) How can HRSA support and partner with participating states to expand the expedited licensing process for other health care providers, such as nurse practitioners, physician assistants, dentists, and EMS personnel?

Response: HRSA's Licensure Portability Grant program provides support for state professional licensing boards to work together. Through this program, the Federation of State Medical Boards developed the Provider Bridge to make it easier for professionals to practice across state lines. Over 145,000 providers registered to use the platform. We welcome the opportunity to work with you on this important issue.

Questions for the Record from the Honorable H. Morgan Griffith

1) In your testimony, you mention only six percent of estimated demand for substance use disorder services are being met at community health centers. What is the biggest barrier these centers are facing to expand access to substance use disorder services?

a. Are there any tools Congress can provide community health centers that would allow them to expand access to these services?

b. Would community health centers be assisted in treating substance use disorders by having more access or reimbursement to telehealth services?

Response: Thank you for your attention to this important issue. We welcome the opportunity to work with you to help community health centers expand access to substance use disorder services. Specifically, the President's Fiscal Year 2024 Budget proposes to require that all health centers provide mental health and substance use disorder services under Section 330 of the Public Health Service Act and provides the funding needed to help implement this provision. Currently, health centers are meeting approximately 27 percent of the estimated demand for mental health services and approximately six percent of the estimated demand for substance use disorder services among their patients. The Budget includes a new $700 million investment to support requiring that behavioral health services be offered through the 1,400 existing health

centers across the country, and includes a legislative proposal to require that all health centers provide mental health and substance use disorder services. Health centers have reported significant increases in the demand for and provision of substance use disorder services via telehealth over the past few years.

2) In a March 22, 2023, HRSA launched the Organ Procurement and Transplantation Network (OPTN) Modernization Initiative which aims to modernize and improve accountability of the OPTN. One of the steps in this initiative is to split contracts or allow for multiple contractors.

a. Does HRSA expect to need more resources so the United States Digital Service could be of assistance in ensuring a seamless transition with this modernization initiative?

b. Are you committed to working and collaborating with any new technologies that come to market that keep organs viable for longer and allow for greater ease of transportation?

Response: The President's Fiscal Year 2024 Budget proposes a $67 million investment in our organ work, which is a $36 million increase over Fiscal Year 2023. These resources are key to implementing the OPTN Modernization Initiative we outlined in March, including moving toward more agile contracting. HRSA has and will continue its ongoing engagement with the United States Digital Service (USDS) to leverage the technical expertise needed to modernize the OPTN. In partnership with USDS, HRSA will continue its engagement with a diverse group of stakeholders, including technology entities to inform the development of the upcoming contract solicitations to modernize the OPTN. This includes market research that is currently being conducted and an Industry Day for interested parties and vendors.

3) Were there any vulnerabilities that HRSA realized during the SolarWinds cybersecurity attack by the Russian Foreign Intelligence Service?

Response: HRSA is continuously working with the current vendor to ensure the security of the system.

4) In a recent investigation by the Senate Finance Committee on failures in the organ transplant system, they found organs were abandoned at airports and/or were never picked up, which resulted in organs having to be discarded. Do you believe competitive contracts can lead to lower costs and increase the success of the OPTN?

Response:
HRSA expects that increased competition in this space will aid in securing best-in-class vendors for the various critical functions of the OPTN to increase accountability and transparency.

5) HRSA ran an $18 billion COVID-19 Uninsured Program that paid providers for providing testing, treatment, and vaccines to uninsured Americans. Unfortunately, HRSA failed to institute controls on the program.

a. The Office of Inspector General has a completion date of FY23 for their audit of the HRSA Uninsured Program. Has HRSA sent any form or letters to health care providers who billed or received reimbursements under this program seeking repayment?

b. If so, are these considered audit letters to examine if there was any misuse in the funds by the provider?

c. Looking back, if you could recreate the uninsured program, what would you do differently?

Response: The Program began in April 2020 and was administratively designed to be responsive to the pandemic's unprecedented impact and scale while expeditiously reimbursing providers serving uninsured patients. The Uninsured Program required providers to attest that they checked for health care coverage eligibility and confirmed that the patient was uninsured. HRSA implemented numerous program integrity and fraud prevention measures as part of the Uninsured Program. To participate, providers had to undergo multiple verification steps, including submitting their National Provider Identifier and their Tax Identification Number for validation and to be checked against several provider compliance and exclusion lists to assess whether they were in good standing. Specifically, HHS excluded providers who were: excluded from participation in Medicare, Medicaid, or other federal health care programs; included on the List of Excluded Individuals/Entities from HHS's Office of the Inspector General (OIG); terminated from participation in Medicare or precluded from receiving payment through Medicare Advantage or Medicare Part D; and/or had their Medicare billing privileges revoked.

HRSA then conducted ongoing monitoring and evaluation to identify suspicious or potentially fraudulent claims activity. HRSA uses a number of post-payment program integrity measures, ranging from audits and assessments to verify proper use of funds to data analysis to detect potential fraud. Providers suspected to be or found to be out of compliance with the terms and conditions of the Uninsured Program can be subject to post-payment reviews, recovery of funds, and referral to law enforcement as appropriate. HRSA refers cases of suspected fraud schemes identified by our program integrity efforts to our partners at the HHS OIG. In addition, HRSA works closely with OIG and the Department of Justice to assist in investigations of fraud and abuse and has contributed critical subject matter consultation, research and data to support these law enforcement actions. HRSA is committed to timely and effective oversight and will continue to take appropriate action to ensure good stewardship of federal resources.

6) How many outstanding, unpaid claims exist for vaccines, testing, and treatment for the uninsured for services rendered prior to the closing of the HRSA COVID-19 Uninsured Program in March/April 2022?

a. What is the total dollar amount of those unpaid claims?

Response: At this time, HRSA has processed and paid all eligible claims submitted to the COVID-19 Uninsured Program with the exception of a discrete group of claims that require administrative action or program integrity review.

Questions for the Record for the Honorable Troy Balderson

1) I strongly support telehealth and other innovative care delivery systems, like remote physiological monitoring or RPM, for the convenience they offer to patients and physicians alike. This is particularly beneficial for my constituents in rural and Appalachia Ohio. This technology and remote monitoring will reduce provider workload while improving patient outcomes, especially in terms of identifying and catching problems early. Last week, Muskingum Valley Health Centers (MVHC) told my office that telehealth is now only about 11

percent of their appointments, down from a high of over 70 percent in winter of 2021. We must ensure that federal policy is not holding back the expansion of telehealth. Congress extended Medicare flexibilities for FQHCs past the public health emergency, but we need to better understand how care is being delivered across the board.

What percentage of current FQHC services are delivered through telehealth? How does the telehealth versus in-person breakdown compare across different payers – Medicare, Medicaid, uninsured, and private?

Response: In 2021, 21 percent of all health center patient encounters were virtual. HRSA does not currently collect payer-level data by in-person or telehealth visits.

2) I'm looking forward to reintroducing my bill from last Congress, the Analyzing the Duration of Remote Monitoring Services Act. This bill extends the waiver for remote patient monitoring (RPM) under Medicare, and I would like to work to make sure these services are covered under FQHCs. Some FQHCs have worked to integrate RPM into their care delivery, but many have reported challenges. Do you have data on current utilization of RPM by FQHCS? What more can Congress do to expand RPM?

Response: HRSA does not routinely collect data on the utilization of remote patient monitoring (RPM) by health centers. However, in January 2021 HRSA partnered with the HHS Office of Minority Health and the American Heart Association on a national initiative to address health disparities among racial and ethnic minority populations with hypertension. HRSA awarded $89.5 million to 496 health centers to increase provider and staff engagement in implementing evidence-based practices, including using advanced self-measured blood pressure technology like RPM, to increase the number of adult patients with controlled hypertension in HRSA-funded health centers.

Questions for the Record for the Honorable Michael Burgess

1) [340B] Is there regular reporting required from hospitals and other covered entities?

Response: Currently, HRSA collects data from 340B Program covered entities at various points within the year, including through eligibility checks for the Program at registration and annual recertification, quarterly program integrity checks, and additional data collection from covered entities that are audited to assess compliance with 340B statutory requirements. For example, in covered entity audits, HRSA collects an entity's 340B dispensing records, policies and procedures, and Medicaid billing information. The Fiscal Year 2024 President's Budget proposes to enhance program integrity by requiring covered entities to annually report to HRSA how savings achieved through the program benefit the communities they serve and provide HRSA with regulatory authority to implement this requirement.

2) What oversight abilities does HRSA currently have over the 340B program?

Response: HRSA places the highest priority on the integrity of the 340B Program and continually works to strengthen oversight of the Program within its current authority. HRSA employs a number of approaches to oversee compliance in the 340B Program. For covered entities, our compliance work includes: (1) ensuring only eligible entities are registered for the program; (2) annual recertification to ensure compliance with program requirements; (3) quarterly program integrity checks; and (4) audits to identify and address potential compliance issues. For manufacturers, HRSA (1) ensures compliance with the manufacturer's pharmaceutical pricing agreement, as applicable; (2) reviews all allegations of non-compliance; (3) conducts audits to identify and address potential compliance issues; and (4) requires refunds/credits when a covered entity is overcharged. For any disputes that arise, stakeholders can file a claim through the 340B Administrative Dispute Resolution process. Final audit results for both covered entities and manufacturers, including the status of corrective actions, are also available on HRSA's website.

3) What could Congress do, not to change or disrupt the good work of the 340B program, but to allow HRSA to ensure the integrity of the 340B program?

Response: The Fiscal Year 2024 President's Budget proposes to enhance program integrity by requiring covered entities to annually report to HRSA how savings achieved through the program benefit the communities they serve and provide HRSA with regulatory authority to implement this requirement.

Questions for the Record for the Honorable Dan Crenshaw

NHSC

1) How long does the average National Health Services Corps participant practice in a shortage area after their obligation is complete?

Response:

Per HRSA's publicly available Alumni Clinician Dashboards, 87 percent of National Health Service Corps reporting providers who completed service between Fiscal Years 2012 and 2021 continue to practice in a Health Professional Shortage Area (HPSA) or have remained in the same community where they served for at least 2 years beyond the completion their service commitment.

2) What metrics does HRSA use to evaluate effectiveness of the program?

Response: Annually, the National Health Service Corps tracks the program field strength or number of participants in service practicing in Health Professional Shortage Areas; the number of individuals served by National Health Service Corps clinicians; the short-term and long-term rates that clinicians continue to work in Health Professional Shortage Areas beyond their service obligation; and the default rate of NHSC Scholarship and Loan Repayment Program participants. HRSA also conducts the National Health Service Corps Participant Satisfaction Survey.

Organ Donation

1) Will you commit to releasing data on "lost organs"? Organs that didn't reach the patient in need.

Response: Yes. As part of our OPTN Modernization Initiative, HRSA released new data dashboards. Data on 'non-used' organs is currently publicly available. Through the Modernization Initiative, HRSA aims to ensure transparency of detailed data on organs that are matched with a transplant candidate but that do not reach the intended recipient due to a transportation issue.

2) How would the transplant legislation we are discussing today help support HRSA in making the United States a leader on organ donation system transparency?

Response: H.R. 2544, the Securing the U.S. Organ Procurement and Transplantation Network Act includes key statutory reforms requested in the President's Fiscal Year 2024 Budget to improve accountability and oversight in the organ procurement and transplant system, including by expressly allowing for multiple awardees to support the critical functions of the OPTN.

Questions for the Record for the Honorable Frank Pallone, Jr.

1) The Teaching Health Center Graduate Medical Program has used a unique model to do so. It brings primary care training directly into communities, including high-need communities across the nation. Is there a demand for this program on the physician side? In other words, do Teaching Health Centers receive a significant number of applications for residency slots?

Response: Interest in, and growth of, the THCGME Program continues each year. Applicants continue to seek to launch new community-based residency programs and to expand the number of full-time equivalent positions offered by programs. Further, HRSA saw considerable demand for the recent funding opportunities for planning and development grants to help community-based ambulatory patient care centers establish accredited residency programs.

To meet this growing demand and community need for more primary care providers, the President's Fiscal Year 2024 budget includes $157 million in mandatory funding for the Teaching Health Center Graduate Medical Education program to support over 1,400 resident full-time equivalent slots in community-based ambulatory settings.

2) What do we see in terms of outcomes for this program? Do physicians in this program often stay in the communities they train in?

Response: Among graduates who completed their THCGME-supported residencies in Academic Year 2021-2022 and reported employment data, 45 percent were working in medically underserved or rural communities, including health centers, Critical Access Hospitals and Rural Health Clinics. Cumulative follow-up data of all reporting graduates since the program began show that 56 percent are currently practicing in a Medically Underserved Community or rural setting.

3) Have you found the current per resident allocation of $160,000 to be sufficient to support these programs?

Response: As a result of American Rescue Plan Act funding, the THCGME Program provided a per resident amount of $160,000, an increase of $10,000 over the prior amount. While research suggests costs are higher, we continue to see robust applications for the program.

4) This program provides grants to establish new accredited community-based primary care residency programs. This is important as it requires resources to recruit teaching faculty and other necessary components for residency programs. We understand that this year, HRSA has again awarded nearly 50 Planning and Development grants to help healthcare organizations around the nation to begin their investment in seeking Teaching Health Center residency designation. Over what period of time would you expect some of these grantees to pursue and receive such a designation?

Response: A new residency program can take more than two years of planning and work to meet accreditation standards. We expect to begin to see Planning and Development awardees achieve accreditation and apply for THCGME awards in either FY 2024 or FY 2025.

5) Can you explain how stable and increased funding would allow more of these grantees to become fully accredited programs on a more expedited basis?

Response: Stable and increased funding would allow all program participants greater certainty in pursing and securing accreditation, recruiting residents, and advancing residents through training. Stable funding is important to successful recruitment, as residents want to have the confidence that they will be able to complete their training in the setting where they began.

Questions for the Record for the Honorable Ann Kuster

Thank you for your leadership in bringing much-needed transparency and reform to the organ procurement transplantation network.

I support the bipartisan bill introduced by my colleagues - Representatives Larry Bucshon and Robin Kelly - because patients deserve to be served by the best of the best in each field, through an open and competitive contracting process, and that includes knowing that their highly sensitive personal health information is safe and secure.

The technology and security failures of the current national organ donation contractor raise deeply troubling concerns. The Washington Post detailed alarms raised by our colleagues in the Senate Finance Committee "that they had 'no confidence in the security of the transplant network'", and "asked the White House to intervene to protect it from hackers."

Such potentially vulnerable patient information includes HIV status; sexual orientation and records of their sexual history and contacts; mental health history, including drug or alcohol abuse; and their next of kin and personal identifiers, including names, phone numbers and email addresses.

1) How will the provisions of the Secure the U.S. OPTN Act - including facilitating a first-ever competitive cycle for OPTN functions - help ensure highly sensitive patient information is protected?

Response: H.R. 2544, the Securing the U.S. Organ Procurement and Transplantation Network Act includes key statutory reforms proposed in the President's Fiscal Year 2024 Budget to improve accountability and oversight in the organ procurement and transplant system, particularly with respect to increasing competition and securing best-in-class vendors for key functions like information technology. HRSA is committed to security and privacy and intends to use the new tools included in H.R. 2544 to both improve the user experience and ensure the privacy and security of patient information.

As you know, the Countermeasures Injury Compensation Program (CICP), which HRSA administers, covers COVID-19 vaccines until October 1, 2024, or if HHS rescinds the PREP Act declaration sooner. At that point, there should be coverage in place for COVID-19 vaccines under the gold standard National Vaccine Injury Compensation Program (VICP), but we haven't heard about such a transition.

1) Given that HRSA oversees these liability programs, what is your plan to transition the vaccine from coverage under CICP to VICP?

Response: By statute, for a category of vaccines to be covered by the National Vaccine Injury Compensation Program (VICP), the category of vaccines must meet certain criteria, including being subject to an excise tax. Such a tax has not yet been enacted by Congress for COVID-19 vaccines. If Congress were to enact a tax, HRSA will work diligently to implement the law consistent with statutory and regulatory requirements.

2) Will there be a plan to share this information with interested stakeholders?

Response: If Congress acts to enact an excise tax for COVID-19 vaccines and COVID-19 vaccines are added to the National Vaccine Injury Compensation Program, HRSA will work diligently to implement the law, including through engagement with the stakeholder community.

Questions for the Record for the Honorable Lori Trahan

Administrator Johnson, in your testimony you highlight the significant needs that THCGME programs meet for communities. These programs work to retain physicians in the community upon completion of their residencies, and have been shown to attract residents from rural and disadvantaged backgrounds.

Through the COVID-19 pandemic we saw how critical it is to building public trust when a physician looks like the community they are serving. THCGME residents often go on to work in community-based health care settings similar to those they train in, which you mention is vital to growing and diversifying the health care workforce in areas of most need.

On April 13th of this year JAMA (Jamma) Network Open published a study that for the first time linked a higher prevalence of Black doctors to longer life expectancy and lower mortality in Black populations. Other studies have shown that when Black patients are treated by Black

doctors, they are more satisfied with their health care and more likely to have received preventive care.

Administrator Johnson, I understand that this year, HRSA has again awarded nearly 50 Planning and Development grants to help healthcare organizations around the nation begin their investment in seeking a Teaching Health Center residency designation.

Last month Lowell Community Health Center - a health center in my hometown - received a grant to plan and develop a new THC primary care residency training program in family medicine.

While HRSA awarded more than 90 Planning and Development grants over the past three years, I understand that there are challenges to get to THC status.

1) What are the barriers that planning & development grantees face in seeking accreditation?

Response: The Teaching Health Center Planning and Development Program supports the planning of community-based residency training programs in primary care disciplines of family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, and geriatrics. Planning and development funds are intended to assist grantees with the work of building a residency program, which includes recruitment of leadership, development of a training curriculum, recruitment of clinical faculty, retooling workflow to integrate residents, orienting staff to the work of training residents, and achieving accreditation. The accreditation process assesses compliance with established training standards to support the development of residents to care for patients. Building and launching a residency program is a time-consuming commitment that requires resources and staffing.

2) Thank you, Administrator Johnson. It's clear that planning and development grants are just the first step to establishing a THC program. What additional resources can grantees tap into to build upon planning & development?

Response: In response to program and stakeholder feedback, HRSA funded a Technical Assistance Center to assist programs in navigating the accreditation process. The Technical Assistance Center hosts monthly webinars covering topics of mutual interest and capacity building (such as State Initiatives and Partnerships and Financial Agreements) and operates a resource website for all Teaching Health Center Planning and Development Program prospective applicants and recipients.

3) Administrator Johnson, can you explain how stable and increased funding would allow more of these grantees to become fully accredited THC programs on a more expedited basis?

Response: Stable and increased funding would allow all program participants greater certainty in pursing and securing accreditation, recruiting residents, and advancing residents through

training. Stable funding is important to successful recruitment, as residents want to have the confidence that they will be able to complete their training in the setting where they began.

I commend HRSA for pursuing its initiative to modernize our national Organ Procurement and Transplantation Network (OPTN). In addition to focusing on kidney transplants, I am also interested in improving utilization of non-renal organs – hearts, lungs, and livers. According to OPTN data, in 2021, there were 13,863 deceased donors in the U.S. that agreed to donate their organs for transplant, of which, only 3,817 hearts, 2,524 lungs, and 8,667 livers were transplanted. These statistics are troubling – particularly involving medical conditions where there exists a significant need to increase transplantation.

> 4) How does HRSA's modernization initiative propose to address this important area? Has the agency considered an approach to focus explicitly on non-renal organs such as hearts, lungs, and livers?

Response:

On March 22, 2023, HRSA announced a multi-year OPTN Modernization Initiative designed to improve effectiveness across the organ donation, procurement, and transplantation system for all organ types. The Initiative is intended to strengthen accountability, equity, and performance in the organ donation and transplantation system through five key areas with the following goals:

- Technology – ensure that the system is reliable, secure, patient-centered, user-friendly, and reflective of modern technology functionality. The Modernization Initiative is focused on improved IT system functionality and security, while ensuring continuity of services, protecting patient safety, and accelerating innovation in line with industry-leading standards.
- Data Transparency and Analytics – ensure data is accessible, user-friendly, and patient-oriented. The Modernization Initiative is prioritizing easily accessible, high-quality, and timely data to make informed patient, donor, and clinical decisions; measure and evaluate program performance; inform oversight and compliance activities; and support the advancement of scientific research.
- Governance – The Modernization Initiative intends to support an OPTN Board of Directors that is high-functioning and has greater independence; represents the diversity of communities; and delivers effective policy development.
- Operations – The Modernization Initiative is working to support an OPTN that is effective and accountable in its implementation of organ policy, patient safety and compliance monitoring, organ transport, OPTN member support, and education of patients, families, and the public.
- Quality Improvement and Innovation – The Modernization Initiative is focused on supporting an OPTN that promotes a culture of quality improvement and innovation across the network by leveraging timely data and performance feedback, collaborative learning, and strategic partnerships.

HRSA will continue to focus on meeting the needs of patients and families by strengthening and providing access to transplantation, improving safety and health outcomes, and empowering patients and providers with the data needed to make informed, shared decisions.

5) How is HRSA planning to leverage these new FDA-approved technologies into its modernization initiative, to move the needle on organ transplantation?

Response: The OPTN Modernization Initiative will focus on key areas of reform in a manner that puts patients first, prioritizes information flow to clinicians, promotes innovation through continuous competition, and enhances transparency and accountability. The Initiative is focused on promoting a culture of quality improvement and innovation across the network by leveraging timely data and performance feedback, collaborative learning, and strategic partnerships, which could include new technologies to improve system performance.

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