



National Conference of State Legislatures

444 North Capitol Street, N.W., Suite 515

Washington, D.C. 20001

**SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590
(March 2010)**

Rachel Morgan, Senior Health Policy Specialist

TABLE OF CONTENTS

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT H.R. 3590

ALLIED HEALTH PROFESSIONALS	4
<i>Allied Health Workforce Recruitment and Retention Programs</i>	4
<i>Training Opportunities for Direct Care Workers</i>	4
COMMUNITY HEALTH CENTERS	4
<i>Federally Qualified Health Centers (FQHCs)</i>	4
<i>Grants to Promote the Community Health Workforce</i>	5
<i>School-Based Health Clinic/ Center Grants (SBHCs)</i>	5
<i>Grants for the Operation of School-Based Health Centers (SBHCs)</i>	6
DENTAL CARE PROFESSIONALS	7
<i>Training in General, Pediatric, and Public Health Dentistry</i>	7
<i>Alternative Dental Health Care Providers Demonstration Project</i>	8
EMERGENCY CARE.....	8
<i>United States Public Health Sciences Track</i>	8
<i>Commissioned Corp and Ready Reserve Corps</i>	8
HEALTH PROFESSIONS DIVERSITY/ DIVERSITY EDUCATION	9
<i>Workforce Diversity Grants</i>	9
<i>Centers of Excellence Program</i>	9
<i>Health Professions Training for Diversity</i>	9
<i>Interdisciplinary Training Program</i>	10
HEALTH SYSTEMS CHANGE INITIATIVES.....	10
<i>Co-locating Primary and Specialty Care in Community-Based Mental Health Settings</i>	10
HEALTH WORKFORCE EVALUATION & ASSESSMENT.....	10
<i>National Health Care Workforce Commission</i>	10
<i>National Care Workforce Assessment</i>	10
HEALTH WORKFORCE RECRUITMENT, EDUCATION & RETENTION	11
<i>Demonstration Projects to Address Health Professions Workforce Needs</i>	11
<i>Continuing Educational Support for Health Professionals Serving in Underserved Communities</i>	11
<i>Area Health Education Centers</i>	11
<i>Nurse Retention Grants</i>	12
<i>State Health Care Workforce Development Grants</i>	13
MENTAL HEALTH/ SUBSTANCE ABUSE PROFESSIONALS	14
<i>Mental and Behavioral Health Education and Training Grants</i>	14
<i>Pediatric Specialty Loan Repayment Program</i>	14
NURSING	15
<i>Funding for Public Health Service Act Nursing Programs</i>	15
<i>Nurse Faculty Loan Program</i>	15

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590

<i>Advanced Nursing Education Grants</i>	15
<i>Geriatric Education</i>	15
<i>Nursing Student Loan Program</i>	16
<i>Nurse Managed Health Centers</i>	16
PHYSICIANS/OSTEOPATHS.....	16
<i>Medical Residency Training</i>	16
<i>Distribution of Additional Residency Positions</i>	16
<i>Pediatric Specialty Loan Repayment Program</i>	16
PRIMARY CARE WORKFORCE.....	17
<i>Primary Care Student Loan Funds</i>	18
<i>Primary Care Training and Enhancement</i>	18
<i>Capacity Building in Primary Care</i>	19
PUBLIC HEALTH.....	19
<i>Public Health Workforce Loan Repayment Program</i>	19
<i>Fellowship Training in Public Health</i>	19
SPECIALTY CARE	20
<i>Geriatric Workforce and Development</i>	20



SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT H.R. 3590

ISSUE	As Amended by the Senate
ALLIED HEALTH PROFESSIONALS	
Allied Health Workforce Recruitment and Retention Programs	<ul style="list-style-type: none"> ▪ Defines the term “allied health professional” as meaning an individuals who graduated with an allied health professions degree or certificate, and is employed as an allied health professional in a health care setting. <p>Training for Mid-Career Public and Allied Health Professionals</p> <ul style="list-style-type: none"> ▪ Authorizes grants for scholarships to eligible individuals to enroll in degree or professional training programs to enable mid-career professionals in public health and allied health workforce to receive additional training in the field of public and allied health. ▪ Eligible individuals include those who are employed in public and allied health positions at the federal, state. Tribal, or local level who are interested in retaining or upgrading their education. ▪ Authorizes the appropriations of \$60 million for fiscal years (FY) 2010 and any sums necessary for FY 2011 through 2015. Fifty percent of the appropriated funds will be allotted to public health professionals and 50 percent to allied health professionals.
Training Opportunities for Direct Care Workers	<ul style="list-style-type: none"> ▪ Establishes grants to provide new opportunities for direct care workers who are employed in long-term care settings such as nursing homes, assisted living facilities and skilled nursing facilities, intermediate care settings for individuals with mental retardation, and home and community based care settings. ▪ To be eligible to receive a grant an entity must be an institution of higher learning, be accredited by a nationally recognized accrediting agency, and have established a public-private educational partnership with a long-term care provider. ▪ Authorizes the appropriations of \$10 million for FY 2011 through 2013.
COMMUNITY HEALTH CENTERS	
Federally Qualified Health Centers (FQHCs)	<ul style="list-style-type: none"> ▪ Authorizes appropriations for FQHCs as follows: <ul style="list-style-type: none"> ▪ FY 2010, \$2,988,821,592,

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590

ISSUE	As Amended by the Senate
	<ul style="list-style-type: none"> ▪ FY 2011, \$3,862,107,440, ▪ FY 2012, \$4,990,553,440, ▪ FY 2013, \$6,448,713,307, ▪ FY 2014, \$7,332,924,155, ▪ FY 2015, \$8,332,924,155, and ▪ For FY 2016 and each subsequent fiscal year adjusted based on a prescribed formula.
<p>Grants to Promote the Community Health Workforce</p>	<ul style="list-style-type: none"> ▪ Establishes a grant program for states, public health departments, clinics, hospitals, federally qualified health centers and nonprofit organizations for the purpose of supporting community health workers to educate and provide outreach in community settings regarding health prevalent in medically underserved communities, particularly racial and ethnic minority populations; educating these communities regarding enrollment in health insurance; and provide home visitation services for maternal child health.. ▪ Authorizes the appropriations of sums as necessary for FY 2010 through 2014.
<p>School-Based Health Clinic/ Center Grants (SBHCs)</p>	<ul style="list-style-type: none"> ▪ Establishes a grant program for the establishment and operation of school-based health centers (SBHC). ▪ To be eligible for a grant an entity must: <ul style="list-style-type: none"> ▪ Be a SBHC or a sponsoring facility of an SBHC, and ▪ Submit an application containing information that awarded funds will only be used for authorized services or allowed by federal, state or local law. ▪ In awarding grants preference will be given to SBHC that serve a large population of children eligible for medical assistance or the state child health plan. ▪ Funds may be used for; <ul style="list-style-type: none"> ▪ Facilities including acquisition or improvement of land, acquisition, construction, expansion, replacement, or other improvements of any building or other facility, ▪ Equipment, or ▪ Similar expenditures. ▪ No funds may be used for personnel or to provide services.

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590

ISSUE	As Amended by the Senate
	<ul style="list-style-type: none"> ▪ Appropriates \$50 million for fiscal years 2010 through 2013 ▪ No matching funds requirement is imposed.
<p>Grants for the Operation of School-Based Health Centers (SBHCs)</p>	<ul style="list-style-type: none"> ▪ Establishes grants for the costs of the operation of SBHCs. ▪ To be eligible for a grant the entity must: <ul style="list-style-type: none"> ▪ Qualify as a SBHC as defined in the bill, ▪ Submit an application to the secretary of the Department of Health and Human Services demonstrating a local need for the services, ▪ Provide assurances that services will be provided by parental or guardian consent in accordance with federal, state, and local law, ▪ Establish and maintain collaborative relationships with other health care providers in the area, ▪ Provide on-site access to services during the academic day including 24-hour coverage through an on-call system and coordinate services with school personnel, ▪ Preference for grant awards will be given to communities with high per capita numbers of children and adolescents who are uninsured, underinsured, or enrolled in a public health insurance program, and populations who historically have difficulty accessing health services. ▪ Funds may be used for: <ul style="list-style-type: none"> ▪ Acquiring or leasing equipment, ▪ Providing training related to the provision of primary care services, ▪ Management and operation of health center programs, and ▪ Payment of salaries for physicians, nurses and other personnel of the SBHC. ▪ Prohibits the use of funds for abortions. ▪ Funds may also be authorized for use to expand or modernize facilities. ▪ Requires an eligible entity applying for grant funding to provide matching funds in an amount equal to 20 percent of the amount of the grant. The secretary may waive this requirement if it is determined that the matching requirement would result in a serious hardship or inability to carry out services.

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590

ISSUE	As Amended by the Senate
	<ul style="list-style-type: none"> ▪ Grant funds must be used to supplement and not supplant other federal or state funds. ▪ Prohibits an eligible entity receiving funds to provide services through the SBHC without consent of the parent or guardian of the individual. ▪ Authorizes the appropriations of sums as may be necessary for fiscal years 2010 through 2014.
DENTAL CARE PROFESSIONALS	
Training in General, Pediatric, and Public Health Dentistry	<p>Support and Development of Dental Training Programs</p> <ul style="list-style-type: none"> ▪ Establishes a grant program for dental training programs. ▪ Grants will be awarded to schools of dentistry, public or nonprofit hospitals, or a public private nonprofit entity to: <ul style="list-style-type: none"> ▪ Plan, develop, and operate an approved professional training program in the field of dentistry that emphasizes training for general, pediatric or public dentistry, ▪ Provide financial assistance to students, residents, practicing dentists, and dental hygiene students who plan to work in the areas of emphasis, ▪ Plan, develop, and operate a program for training of oral health care providers who plan to teach in the emphasized practice areas, ▪ Provide financial assistance in the form of traineeships and fellowships to dentists who plan to teach, ▪ Create a loan repayment program for faculty, ▪ Provide technical assistance to pediatric training programs, <p>Faculty Loan Repayment</p> <ul style="list-style-type: none"> ▪ Establishes a grant program for the purpose of planning, developing, and operating a loan repayment program for individuals who agree to serve full-time as faculty members. ▪ Upon completion of the first, second, third, fourth, and fifth years of service, the program will pay an amount equal to 10, 15, 20, 25 and 30 percent respectively, of the individual’s student loan balance as calculated based on principle and interest. ▪ Eligible entities are those that have programs in dental or dental hygiene schools, or approved residency or advanced education programs in the practice of general, pediatric or public dentistry. ▪ Priority will be given to applicants that propose collaborative projects between departments of primary care medicine and departments of general, pediatric or public dentistry; have a record of training the greatest percentage of providers who enter and remain in the emphasized areas of practice; have a record of training individuals from rural areas, disadvantaged background, or underrepresented minorities; conduct teaching programs targeting vulnerable populations; and include activities in cultural competence and health

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590

ISSUE	As Amended by the Senate
	<p>literacy.</p> <ul style="list-style-type: none"> ▪ The duration of the award will be five years. ▪ Authorizes to be appropriated \$30 million for FY 2010 and amounts as necessary for FY 2011 and 2015.
<p>Alternative Dental Health Care Providers Demonstration Project</p>	<ul style="list-style-type: none"> ▪ Authorizes grants for 15 eligible entities for the purpose of establishing a demonstration project to establish training programs for alternative dental health care providers in order to increase access to dental health care services in rural areas and underserved communities. ▪ The term “alternative dental health care providers” includes community dental health coordinators; advance practice, independent, and supervised dental hygienists; primary care physicians; dental therapists; dental health aides; and any other health professional determined appropriate. ▪ Projects will begin no later than two years after the date of enactment and conclude in seven years. <p>Eligible Entity</p> <ul style="list-style-type: none"> ▪ Eligible entities include institutions of higher education, public private partnerships, a federally qualified health center, and Indian Health Services facility, a state or county public health clinic, or a public hospital or health system. ▪ Eligible entities must have a program accredited by the Commission on Dental Accreditation or within a dental education program. <p>Funding</p> <ul style="list-style-type: none"> ▪ Grant awards will be \$4 million for a five year period. ▪ Authorizes the appropriation of funds as necessary to carry out this provision. ▪ Requires compliance with state licensure requirements.
<p>EMERGENCY CARE</p>	
<p>United States Public Health Sciences Track</p>	<ul style="list-style-type: none"> ▪ Establishes the United States Public Health Sciences Track (Track) to train physicians, dentists, nurses, physician assistants, mental and behavioral health specialists, and public health professionals emphasizing team-based service, public health, epidemiology, and emergency preparedness and response in affiliated institutions. ▪ In exchange for tuition remission and a stipend participants are required to serve as Commission Corps Officers in the U.S. Public Health Service for two years of service for every year of school covered. ▪ Directs the secretary, beginning FY 2010, to transfer sums as necessary from the Public Health and Social Services Emergency Fund.
<p>Commissioned Corp and Ready Reserve Corps</p>	<ul style="list-style-type: none"> ▪ Establishes a Commissioned Corps and Ready Reserve Corps for services in the time of a national emergency.

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590

ISSUE	As Amended by the Senate
	<ul style="list-style-type: none"> ▪ All commissioned officers must be a citizen of the United States and appointed by the President. ▪ Officers and members of the Corps will be subject to a call to active duty by the Surgeon General, including active duty for the purpose of training. ▪ Warrant officers may be appointed to the service. ▪ Effective on the date of enactment of the Patient Protection and Affordable Care Act, all individuals classified as officers in the Reserve Corps and serving on active duty will be deemed to be commissioned officers of the Regular Corps. ▪ The Ready Reserve Corps will be available for involuntary calls to active duty during national emergencies and public health crises and will be available for service assignment in isolated, hardship, and medically underserved communities to improve access to health services. ▪ Authorizes to be appropriated \$5 million for FY 2010 through 2014 for recruitment and training and \$12.5 million for FY 2010 through 2014.
<p>HEALTH PROFESSIONS DIVERSITY/ DIVERSITY EDUCATION</p>	
<p>Workforce Diversity Grants</p>	<ul style="list-style-type: none"> ▪ Amends language in the Public Health Service pertaining to “workforce diversity grants” by adding to the nursing opportunities listed stipends for diploma or associate degree nurses to enter bridge or degree completion programs, student scholarships or stipends for accelerated nursing degree programs, pre-entry preparation, advanced education preparation, and retention activities. ▪ Adds to the list of suggested considerations for the secretary, recommendations from the National Advisory Council on Nurse Education and Practice and consultation with nursing associations such as the National Coalition of Ethnic Minority Nurse Associations.
<p>Centers of Excellence Program</p>	<ul style="list-style-type: none"> ▪ Reauthorizes the Centers of Excellence Program which develops a minority applicant pool to enhance recruitment, training, academic performance and other supports for minorities interested in careers in health. ▪ Authorizes the appropriations of \$50 million for FY 2010 through 2015 and sums as necessary for subsequent fiscal years
<p>Health Professions Training for Diversity</p>	<ul style="list-style-type: none"> ▪ Authorizes an increase in the allowable educational loan repayment by the federal government on behalf of individuals serving as a health professions faculty in exchange for repayment assistance from \$20,000 to \$30,000 for each year of service. ▪ Authorizes an increase in the appropriations for scholarships for disadvantaged students who commit to working in medically underserved areas from \$37 million to \$51 million for FY 2010 and sums as necessary for FY 2011 through 2014. ▪ Reauthorizes loan repayments for fellowships and authorizes an increase in appropriations from \$1.1 million to \$5 million for each of fiscal years 2010 through 2014.

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590

ISSUE	As Amended by the Senate
	<p>Educational assistance in health professions regarding individuals from disadvantaged backgrounds</p> <ul style="list-style-type: none"> ▪ Authorizes an increase in appropriations from \$29.4 million per fiscal year to \$60 million for FY 2010 and sums as necessary for FY 2011 through 2014.
<p>Interdisciplinary Training Program</p>	<p>Cultural Competency, Prevention, and Public Health and Individuals with Disability Grants</p> <ul style="list-style-type: none"> ▪ Amends an existing grant program for health professions education in health disparities and cultural competency by further defining the purpose of grant funds to include development, evaluation and dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, public health proficiency, reducing health disparities , and aptitude for working with individuals with disabilities training for use in health professional schools and continuing education programs. ▪ Authorizes the appropriation of sums as necessary for FY 2010 through 2015.
<p>HEALTH SYSTEMS CHANGE INITIATIVES</p>	
<p>Co-locating Primary and Specialty Care in Community-Based Mental Health Settings</p>	<ul style="list-style-type: none"> ▪ Establishes grants for the purpose of integrating services through the co-location of primary and specialty care in community-based mental and behavioral health settings. ▪ Authorizes the appropriations of \$50 million for this purpose.
<p>HEALTH WORKFORCE EVALUATION & ASSESSMENT</p>	
<p>National Health Care Workforce Commission</p>	<ul style="list-style-type: none"> ▪ Establishes the National Health Care Workforce Commission to serve as a national resource for the purpose of assessing if the demand for health care workers is being met, identify barriers to coordination between federal, state and local levels, and encourage innovations.
<p>National Care Workforce Assessment</p>	<p>National Center for Health Workforce Analysis</p> <ul style="list-style-type: none"> ▪ Establishes the National Center for Health Workforce Analysis for the purpose of working in cooperation with the National Health Care Workforce Commission to: <ul style="list-style-type: none"> ▪ Develop information describing and analyzing the health care workforce and workforce related issues, ▪ Implement those activities, ▪ Evaluate programs, and ▪ Establish and publicize a national internet registry of grant awards and a database to collect data from evaluations on performance measures. <p>State and Regional Centers for Health Workforce Analysis</p>

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590

ISSUE	As Amended by the Senate
	<ul style="list-style-type: none"> ▪ Establishes grants for eligible entities for the purpose of: <ul style="list-style-type: none"> ▪ Collecting and analyzing data regarding programs under the National Center, and ▪ To provide technical assistance other entities on the collection and analysis of data. ▪ Entities eligible for awards include: states; a state workforce investment board; public health or health professions school; an academic health center; or an appropriate public or private nonprofit entity. <p>Increase in Grants for Longitudinal Evaluations</p> <ul style="list-style-type: none"> ▪ Directs the secretary to increase the amount of awards to eligible entities for a longitudinal evaluation of individuals for the purpose of studying practice patterns and collecting data on performance measures. ▪ Eligible entities include those organizations awarded grants for longitudinal evaluations previously. <p>Funding</p> <ul style="list-style-type: none"> ▪ Authorizes the appropriations of: <ul style="list-style-type: none"> ▪ \$7.5 million for the National Center for fiscal years 2010 through 2014, ▪ \$4.5 for State and Regional Centers for fiscal years 2010 through 2014, and ▪ Any sums necessary for grants for the Longitudinal Evaluations for fiscal years 2010 through 2014.
<p>HEALTH WORKFORCE RECRUITMENT, EDUCATION & RETENTION</p>	
<p>Demonstration Projects to Address Health Professions Workforce Needs</p>	<ul style="list-style-type: none"> ▪ Establishes grants to conduct a demonstration project designed to provide low-income individuals with an opportunity to receive an education and training for occupations in the health care field. ▪ Eligible entities include states, Indian tribes or tribal organizations, institutions of higher education, a local workforce investment board, or a sponsor of an apprenticeship program.
<p>Continuing Educational Support for Health Professionals Serving in Underserved Communities</p>	<ul style="list-style-type: none"> ▪ Establishes grants for eligible entities including health professions schools, academic health centers, State or local governments, or other appropriate public or private nonprofit entities for the purpose of supportive activities to enhance education through distance learning, continuing educational activities, collaborative conferences, and electronic and tele-learning activities, with priority for primary care. ▪ Authorizes \$5 million for FY 2010 through 2014 and such sums as necessary for subsequent fiscal years.
<p>Area Health Education Centers</p>	<ul style="list-style-type: none"> ▪ Authorizes the funding of grants to support or establish health community-based training and education through Area Health

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590

ISSUE	As Amended by the Senate
	<p>Education Centers (AHECs) and Programs.</p> <ul style="list-style-type: none"> ▪ Awards will be provided for two programs: <ul style="list-style-type: none"> ▪ Infrastructure and Development-Eligible entities will receive awards to initiate health care workforce educational programs or to continue comparable programs, and ▪ Point of Service Maintenance and Enhancement Programs- Eligible entities will receive awards to maintain or improve the effectiveness capabilities of an existing AHEC. ▪ Eligible entities will be required to: <ul style="list-style-type: none"> ▪ Develop and implement strategies to recruit individuals from underrepresented minority populations or disadvantaged or rural backgrounds, ▪ Develop and implement strategies to foster and provide community-based training and education to individuals seeking careers in health professions within underserved areas, ▪ Conduct in interdisciplinary training that involves multiple disciplines, ▪ Deliver or facilitate continuing education, and ▪ Establish a youth public health program to expose and recruit high school students in health careers, with a focus on careers in public health. ▪ Defines specific requirements for AHECs. ▪ Requires a 50 percent contribution of matching funds with at least 25 percent of the total required being in cash. Entities may apply for a waiver of not more than 75 percent of the matching fund amount required for each of the first three years. ▪ Awards will be at \$250,000 annually with at least 75 percent of the total amount appropriated going to AHECs. ▪ Authorizes the appropriations of \$125 million for FY 2010 through 2014.
<p>Nurse Retention Grants</p>	<ul style="list-style-type: none"> ▪ Establishes a grant program for the purpose of enhancing the nursing workforce by initiating and maintaining nurse retention programs. <p>Grants for Career Ladder Program</p> <ul style="list-style-type: none"> ▪ Authorizes the awarding of grants for the purpose of creating the following type of programs: <ul style="list-style-type: none"> ▪ To promote career advancement for individuals including licensed practical nurses (LPNs), licensed vocational nurses (LVNs), certified nurse assistants (CNAs), home health aides (HHAs), diploma degree or associate degree nurses to become baccalaureate

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590

ISSUE	As Amended by the Senate
	<p>prepared registered nurses or advanced education nurses,</p> <ul style="list-style-type: none"> ▪ Developing and implementing internships and residency programs, and ▪ To assist individuals in obtaining education and training to enter the nursing field. <p>Enhancing Patient Care Delivery Systems</p> <ul style="list-style-type: none"> ▪ Authorizes grants for the purpose of improving retention of nurses and enhance patient care directly related to nursing activities by enhancing collaborative communication among health disciplines. ▪ Eligible entities include accredited schools of nursing, health care facilities or a partnership of the two groups. ▪ Authorizes for appropriations sums as necessary for fiscal years 2010 through 2012.
<p>State Health Care Workforce Development Grants</p>	<ul style="list-style-type: none"> ▪ Establishes a competitive health care workforce development grant program to enable states to develop partnerships in order to develop comprehensive plans and to carry out those development strategies. <p>Funds</p> <ul style="list-style-type: none"> ▪ Planning grants may be awarded for a period of one year at a maximum award of \$150,000. <p>Eligibility</p> <ul style="list-style-type: none"> ▪ Eligible entities for planning grants include state workforce investment boards that include in their membership a representative of health employers; labor organizations; a public two-year institution of higher education; the recognized state federation of labor; the state public secondary education agency; the state P-16 or P-20 Council if one exists; and a philanthropic organization actively engaged in promoting careers in health care. ▪ Entities eligible for implementation grants must have received a planning grant and completed all requirements of that grant. <p>Required Activities</p> <ul style="list-style-type: none"> ▪ Planning grant recipients will be required to; (1) analyze the state labor market in order to create a health care career pathways for students and adults, including dislocated workers; (2) identify existing resources to recruit, educate, train, and retain a skilled health care workforce; (3) describe academic and health care industry skill standards for high school graduation, for entry into postsecondary education and for various credentials and licensure; (4) describe state education and training policies, models or practices for the health care sector; identify federal and state policies or rules to which pose as barriers and provide a plan of resolution. ▪ Implementation grant recipients must; (1) identify and convene regional leadership to discuss opportunities for statewide health workforce development planning and the potential use of grant funding; (2) take appropriate steps to eliminate federal, state, or local barriers to a comprehensive strategy; (3) develop a preliminary strategy with key stakeholders addressing short and long-term health care workforce development supply versus demand; (4) convene members regularly; (5) and assess data on performance benchmarks .

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590

ISSUE	As Amended by the Senate
	<p>Matching Requirement</p> <ul style="list-style-type: none"> ▪ Requires planning grant recipients to provide matching funds of not less than 15 percent of the amount of the grant. ▪ Implementation grant recipients must provide matching funds in cash or kind of not less than 25 percent of the grant award. <p>Appropriations</p> <ul style="list-style-type: none"> ▪ Authorizes the appropriation of \$8 million for fiscal year 2010, and any sums necessary for subsequent years to fund planning grants. ▪ Authorizes the appropriation of \$150 million for fiscal year 2010 and any sums necessary for subsequent fiscal years to fund implementation grants.
<p>MENTAL HEALTH/ SUBSTANCE ABUSE PROFESSIONALS</p>	
<p>Mental and Behavioral Health Education and Training Grants</p>	<ul style="list-style-type: none"> ▪ Establishes grants for institutions of higher education with the purpose of supporting the recruitment of students for, education and clinical experience of the students in: ▪ Programs of social work inclusive of the development of faculty in social work. ▪ Accredited programs of psychology for the development and implementation of interdisciplinary training of psychology graduate students for providing behavioral and mental health services, including substance abuse prevention and treatment services. ▪ Programs that are establishing or expanding internships in child and adolescent mental health, ▪ State-licensed mental health nonprofit and for-profit organizations to enable such organizations to pay for programs for preservice or in-service training of paraprofessionals child and adolescent mental health workers. ▪ To be eligible for a grant award an institution must demonstrate participation in the institution of a diverse group of individuals. ▪ Requires that at least four of the recipients be historically black colleges and universities or other minority-serving institutions. ▪ Authorizes appropriations for FY 2010 through 2013 as follows: <ul style="list-style-type: none"> ▪ \$8 million for training in social work, ▪ \$12 million for training in graduate psychology, ▪ \$10 million for training in professional child and adolescent mental health, and ▪ \$5 million for training in paraprofessional child and adolescent work.
<p>Pediatric Specialty Loan Repayment</p>	<ul style="list-style-type: none"> ▪ Establishes a pediatric specialty loan repayment program.

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590

ISSUE	As Amended by the Senate
Program	<ul style="list-style-type: none"> ▪ Eligible recipients must agree to be employed full-time for a period of not less than two years providing pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent mental and behavioral health care, including substance abuse prevention and treatment services. ▪ Services will be provided in an area with a shortage of the specified services but with a sufficient pediatric population to support the subspecialty. ▪ Payments will be made on behalf of the recipient by the Department of Health and Human Services on the principle and interest of undergraduate, graduate, or graduate medical education loans of not more than \$35,000 per year for each year of service for a period of not more than three years. ▪ Preference will be given to applicants who are or will be working in a school setting, have familiarity with evidence-based methods, and cultural and linguistic competence health care services, and demonstrate a financial need. ▪ Authorizes the appropriation of \$30 million for fiscal years (FY) 2010 through 2014 for applicants in a pediatric medical subspecialty, pediatric surgical specialty, and \$20 million for FY 2010 through 2013 for applicants in child and adolescent mental and behavioral health care, including substance abuse prevention and treatment services.
NURSING	
Funding for Public Health Service Act Nursing Programs	<ul style="list-style-type: none"> ▪ Authorizes \$338 million for FY 2010 and sums as necessary for fiscal years 2011 through 2016 to fund the Public Health Service Act nursing development programs.
Nurse Faculty Loan Program	<ul style="list-style-type: none"> ▪ Establishes a federally-funded student loan repayment program for nurses with outstanding debt who pursue careers in nurse education. ▪ Nurses participating in the program must agree to teach at an accredited school of nursing for at least four years within a six year period. ▪ Authorizes the appropriation of sums as required to carry out these provisions.
Advanced Nursing Education Grants	<ul style="list-style-type: none"> ▪ Amends existing law pertaining to advanced nursing education grants by changing provisions addressing nurse-midwifery programs. ▪ Requires that midwifery programs in order to be eligible for support must have as their objective the education of midwives, and be accredited by the American College of Nurse-Midwives Accreditation Commission for Mid-wifery Education.
Geriatric Education	<p>Comprehensive Geriatric Education</p> <ul style="list-style-type: none"> ▪ Amends the Comprehensive Geriatric Education program by adding to the required use of grant funding the establishment of traineeships for individuals preparing for advanced education nursing degrees in geriatric nursing, long-term care, gero-psychiatric nursing or other nursing fields

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590

ISSUE	As Amended by the Senate
	<ul style="list-style-type: none"> ▪ Extends the program from FY 2010 through 2014.
Nursing Student Loan Program	<ul style="list-style-type: none"> ▪ Raises the cap on the maximum annual loan amount each student may receive from \$2,500 to \$3,300, loan amounts for the final two academic years from \$4,000 to \$5,200, and raises the overall aggregate amount to \$17,000 from \$13,000 beginning in FY 2010 and 2011. After fiscal year 2011, the amounts will be adjusted to provide for a cost-of-attendance increase for the yearly loan rate
Nurse Managed Health Centers	<ul style="list-style-type: none"> ▪ Establishes grants for the cost of the operation of nurse managed health clinics (NMHC). ▪ To be eligible for the grant, the entity must: <ul style="list-style-type: none"> ▪ Be an NMHC, ▪ Submit an application that contains: <ul style="list-style-type: none"> ▪ Assurances that nurses are the primary providers of service, ▪ That the NMHC will continue to provide primary health care services or wellness services without regard to income or insurance status, ▪ An assurance that, not later than 90 days of receiving the grant funds, the NMHC will appoint a community advisory committee, and ▪ Authorizes for appropriations \$50 million for FY 2010 and sums as necessary for FY 2011 through 2014.
PHYSICIANS/OSTEOPATHS	
Medical Residency Training	<ul style="list-style-type: none"> ▪ Modifies rules governing when hospitals can receive indirect medical education (IME) and direct graduate medical education (DGME) funding for residents who train in a non-provider setting. ▪ Modifies current law to allow hospitals to count resident time spent in didactic conference to IME costs in the provider setting and toward DGME in the non-provider setting. ▪ Directs the secretary to redistribute medical residency slots from a hospital that closes on or after the date that is two years before enactment of health reform legislation.
Distribution of Additional Residency Positions	<ul style="list-style-type: none"> ▪ Beginning July 1, 2011, the secretary is directed to redistribute unfilled residency positions allotted for payment under the graduate medical education program, if they have been unfilled for three cost reports, and convert them for training of primary care physicians. ▪ Grants an exception to hospitals in rural areas with fewer than 250 acute care inpatient beds and hospitals that are part of a qualifying entity which had a voluntary residency reduction plan approved.
Pediatric Specialty Loan Repayment Program	<ul style="list-style-type: none"> ▪ Establishes a pediatric specialty loan repayment program.

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590

ISSUE	As Amended by the Senate
	<ul style="list-style-type: none"> ▪ Eligible recipients must agree to be employed full-time for a period of not less than two years providing pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent mental and behavioral health care, including substance abuse prevention and treatment services. ▪ Services will be provided in an area with a shortage of the specified services but with a sufficient pediatric population to support the subspecialty. ▪ Payments will be made on behalf of the recipient by the Department of Health and Human Services on the principle and interest of undergraduate, graduate, or graduate medical education loans of not more than \$35,000 per year for each year of service for a period of not more than three years. ▪ Preference will be given to applicants who are or will be working in a school setting, have familiarity with evidence-based methods, and cultural and linguistic competence health care services, and demonstrate a financial need. ▪ Authorizes the appropriation of \$30 million for fiscal years (FY) 2010 through 2014 for applicants in a pediatric medical subspecialty, pediatric surgical specialty, and \$20 million for FY 2010 through 2013 for applicants in child and adolescent mental and behavioral health care, including substance abuse prevention and treatment services.
PRIMARY CARE WORKFORCE	
Primary Care Residency Programs	<ul style="list-style-type: none"> ▪ Establishes a grant program to support new or expanded primary care residency programs at teaching health centers. ▪ Grant awards may not exceed \$500,000 for a three year period. ▪ Funds may be used for the purpose of: curriculum development; recruitment, training and retention of residents and faculty; accreditation; faculty salaries during the development phase; and technical assistance. ▪ Authorizes the appropriations of \$25 million for FY 2010, \$50 million for FY 2011 and 2012 and sums as necessary thereafter.
Primary Care Extension Program	<ul style="list-style-type: none"> ▪ Establishes a Primary Care Extension Program for the purpose of providing support and assistance to primary care providers to educate providers about preventive medicine, health promotion, chronic disease management, mental and behavioral health services, and evidence-based medicine and evidence-informed therapies and techniques to enable providers to incorporate these practices in caring for their patients. <p>Primary Care Extension Program Grants</p> <ul style="list-style-type: none"> ▪ Provides planning and program grants to states in order to establish state or multi-level primary care Primary Care Extension Program State Hubs (Hubs) consisting of at minimum the state health department, the state Medicaid program, the state entity responsible for administering the Medicare program, and the departments of one or more health professions schools training primary care providers. ▪ Hubs will be required to assist primary care providers in implementing patient-centered medical homes; develop and support primary care learning communities to enhance dissemination of evidence-based research information and other practice improvements;

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590

ISSUE	As Amended by the Senate
	<p>participate in a national network of Hubs; and develop a plan for sustainability which provides for a reduction of federal funds.</p> <ul style="list-style-type: none"> ▪ Authorizes the appropriations of \$120 million for FY 2011 and 2012 and sums as necessary for FY 2013 through 2014.
National Health Service Corps	<p>Funding for the National Health Service Corps</p> <ul style="list-style-type: none"> ▪ Authorizes the appropriation of funds to support the National Health Service Corps as follows: <ul style="list-style-type: none"> ▪ FY 2010, \$320,461,631, ▪ FY 2011, \$414,095,394, ▪ FY 2012, \$535,087,442, ▪ FY 2013, \$691,431,432, ▪ FY 2014, \$893,456,433, ▪ FY 2015, \$1,154,510,336, ▪ FY 2016, and each subsequent fiscal year, the amount appropriated for the preceding fiscal year adjusted by the product of one plus the average percentage increase in the costs of health professions education during the prior fiscal year, and ▪ One plus the average percentage change in the number of individuals residing in health professions shortage areas during the prior fiscal year, relative to the number of individuals residing in the areas during the previous year.
Primary Care Student Loan Funds	<ul style="list-style-type: none"> ▪ Amends existing agreement requirements of a federally supported student loan to include an option for repayment by a recipient to practice for 10 years, including residency training in primary health care, or until the date the loan has been repaid. ▪ Establishes a payment penalty interest rate of two percent per year for noncompliance with the original agreement. ▪ Revises current student loan guidelines pertaining to submission of parental financial information for an independent student to determine financial need to allow the determination of need to be at the discretion of the applicable school loan officer.
Primary Care Training and Enhancement	<ul style="list-style-type: none"> ▪ Establishes primary care training and enhancement grants. ▪ Eligible entities include accredited public or nonprofit private hospitals; schools of medicine or osteopathic medicine; academically affiliated physician assistant training programs; or a public or private nonprofit entity as determine by the Secretary. ▪ Authorizes the Secretary to award grants to, or enter into contracts with eligible entities for the purpose of; <ul style="list-style-type: none"> ▪ Planning, development, operation or participation in an accredited residency or internship program in the field of family medicine, general internal medicine, general pediatrics, or geriatrics for medical students, interns, residents, or practicing physicians,

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590

ISSUE	As Amended by the Senate
	<ul style="list-style-type: none"> ▪ Providing financial assistance in the form of traineeships and fellowships to medical students, interns, residents, or practicing physicians participating in the program, ▪ To plan, develop, operate, or participate in an accredited program for the training of physicians who plan to teach in family, general internal, pediatric or geriatric medicine training programs including community-based settings, ▪ Providing financial assistance to practicing physicians who plan to teach in these areas of medicine, and ▪ Provide support to physician assistant programs in similar areas of training. ▪ The duration of the award will be five years.
<p>Capacity Building in Primary Care</p>	<ul style="list-style-type: none"> ▪ Authorizes the Secretary to award grants to accredited units of programs that improve clinical teaching and research, programs for integration of academic administrative units. ▪ Preference will be given in awarding grants to programs in the field of family medicine, general internal medicine, or general pediatrics for medical students, interns, residents, or practicing physicians. ▪ Priority will be given to applicants that; propose a collaborative project between academic administrations; innovative approaches to clinical teaching using models of primary care such as patient centered medical home; have a record of training the greatest number of providers and individuals from underrepresented minority groups or from rural areas; provide training in the care of vulnerable populations such as HIV/AIDS; provide training in enhanced communication with patients or cultural competency. ▪ The duration of all awards will be 5 years. ▪ Authorizes for appropriations \$125 million for FY 2010, and amounts as necessary for FY 2011 through 2014. ▪ Requires that 15 percent of fund appropriated be reserved for physician assistant training programs. ▪ Authorizes the appropriation of \$750,000 for FY 2010 through 2014 for the purpose of integrating academic administrative units.
<p>PUBLIC HEALTH</p>	
<p>Public Health Workforce Loan Repayment Program</p>	<ul style="list-style-type: none"> ▪ Establishes the Public Health Workforce Loan Repayment Program for eligible entities in exchange for three years of obligated service. ▪ Eligible individuals must either have graduated or be enrolled in a public health or health professions degree or certificate during the preceding 10-year period. ▪ For each year of obligated service \$35,000 will be paid on behalf of the individual on principle and interest of their loans. For individuals whose loans are less than \$105,000, payments will be made in an amount that does not exceed 1/3 of the eligible loan balance for each year of service.

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590

ISSUE	As Amended by the Senate
	<ul style="list-style-type: none"> ▪ Authorizes the appropriation of \$195 million for FY 2010 and such sums as necessary for fiscal years 2011 through 2015
Fellowship Training in Public Health	<ul style="list-style-type: none"> ▪ Expands the number of existing fellowship programs operated through the Center for Disease Control and Prevention in order to alleviate shortages of professionals in the applied public health epidemiology and public health laboratory science and informatics disciplines. ▪ Authorizes the appropriations of \$39.5 million for each of FY 2010 through 2013 with a requirement for allotment of specific sums for the various disciplines.
SPECIALTY CARE	
Geriatric Workforce and Development	<p>Geriatric Education Center Grants</p> <ul style="list-style-type: none"> ▪ Establishes a grant program for the purpose of operating geriatric education centers. ▪ Awards will be used to carry out a fellowship program with short-term intensive courses focusing on geriatrics, chronic care management, and long-term care that provide supplemental training to faculty members in medical schools and other health professions schools. Fellowships will be open to current faculty, volunteer faculty and practitioners who do not have formal training in the area. ▪ Requires that courses be accepted for Continuing Medical Education credits. ▪ A geriatric education center must carry out additional activities including family caregiver and direct care provider training, and to incorporate best practices in their program. ▪ Awards will be given in an amount of \$150,000 for 24 geriatric education centers total. ▪ Imposes a maintenance-of-effort requirement on recipients of an award that funds will supplement and not supplant other funds. ▪ Authorizes the appropriation of \$10.8 million for FY 2011 through 2014. <p>Geriatric Career Incentive Awards</p> <ul style="list-style-type: none"> ▪ Establishes grants to foster greater interest among a variety of health professionals in entering the field of geriatrics, long-term care, and chronic care management. ▪ Eligible individuals include advance practice nurses, clinical social workers, pharmacists, students of psychology who is pursuing a doctorate or other advanced degree in geriatrics or a related field, ▪ As a condition of the award an individual must agree to teach or practice in the field of geriatrics, long-term care, or chronic care management for a minimum of five years. ▪ Authorizes the appropriations of \$10 million for FY 2011 through 2013.

SUMMARY OF THE HEALTH WORKFORCE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: H.R. 3590

ISSUE	As Amended by the Senate
	<p>Expansion of Eligibility for Geriatric Academic Career Awards</p> <ul style="list-style-type: none"> ▪ Expands eligibility for the Geriatric Academic Career Awards by expanding eligibility to include individuals board certified in internal medicine, family practice, psychiatry or licensed dentistry, or have completed any required training in a discipline and employed in an accredited health professions school approved by the secretary; has completed a fellowship program in geriatrics or specialty training; and has a junior faculty appointment at an accredited health professions school. ▪ Contains a maintenance-of-effort that an individual receiving the award that the funds will not be used to supplant other funding. ▪ Payments will be made to the institution directly.

NCSL Federal Health Policy website at: <http://www.ncsl.org/statefed/health/fedhealthissues.htm>.

NCSL Staff Contacts: Joy Johnson Wilson, Health Policy Director (joy.wilson@ncsl.org); Rachel Morgan, R.N., Senior Health Policy Specialist (rachel.morgan@ncsl.org)