

## Capacity: Ensuring an Adequate and Well-Trained Workforce

The Affordable Care Act (ACA, P.L. 111-148) includes numerous policies to support training of more primary care physicians and increase the supply of primary care physicians, which Congress should fully fund at no less than the authorized levels set by the ACA to ensure a sufficient and well-trained primary care workforce. These policies include but are not limited to:

**National Health Service Corps** (Sections 5207 and 10503(b)(2) of the ACA): provides incentives to primary care physicians through scholarship and loan repayment programs to practice in Health Professional Shortage Areas to ensure access to care to millions of Americans. The ACA provides an authorization increases from \$320 million in FY2010 to \$1.15 billion in FY2015. While the NHSC received mandatory funding of \$290 million for FY2011; \$295 million for FY2012; \$300 million for FY2013; \$305 million for FY2014; and \$310 million for FY2015, Congress should supplement the mandatory funding stream with discretionary appropriations as recommended by the National Advisory Council on the NHSC. The Council has recommended that Congress double the appropriations for the NHSC to more than double its field strength to 10,000 primary care clinicians in underserved areas.

**Title VII of the Public Health Safety Act, Health Professions Programs:** support the training and education of the primary care health professionals, enhancing the supply, diversity, and distribution of the workforce and filling the gaps in the supply of health professionals not met by traditional market forces. These programs include but are not limited to:

- Reauthorization of the **Section 747, Training in Family Medicine, General Internal Medicine, General Pediatrics, and Physician Assistantship** program (Section 5301 of the ACA), which is currently the only federal support for primary care training and education; institutions are provided grants to plan, develop, or operate accredited professional training programs, including residency or internship programs in primary care specialties for medical students, interns, residents, or practicing physicians. Grants may also be used to provide training to primary care physicians relevant to providing care through patient-centered medical homes, developing tools and curricula relevant to patient-centered medical homes and providing continuing education to primary care physicians relevant to patient-centered medical homes. The ACA establishes a reauthorization of \$125 million for FY2010 and such sums as necessary through FY2014;
- Establishment of **Teaching Health Centers** (THC, Section 5508(a) of the ACA) for training of primary care residents in Community Health Centers and other ambulatory settings. Developing residency programs within community-based ambulatory primary care settings, with the appropriate infrastructure investment, will help strengthen the primary care workforce. The evidence suggests that residents who spend increased time in outpatient settings opposed to the hospital deliver a higher quality of care and maintained a higher degree of satisfaction from their work. THCs are authorized at \$25 million for FY2010, \$50 million per year for both FY2011 and FY2012 and then such sums as necessary for development grants;
- Establishing **Rural Physician Training Grants** (Section 10501(I) of the ACA), a new grant program for medical schools to establish, improve or expand rural focused education and training, with an authorization of \$4 million per year for FY2010 through FY2013;
- Establishing a **Public Health Workforce Loan Repayment Program** (Section 5204 of the ACA), a student loan repayment program that pays up to \$35,000 a year, or one-third of the total debt, whichever is less, to increase the supply of public health professionals, authorized at \$195 million for FY2010 and such sums as necessary from FY2011 through FY2015;

- Reauthorization of various diversity programs (Section 5402 of the ACA). **Scholarships for disadvantaged students** is reauthorized at \$51 million for FY2010 and such sums as necessary for FY2011 through FY2014. **Faculty loan repayments and fellowships program** is reauthorized at \$5 million per year for FY2010 through FY2014. **Educational assistance for individuals from disadvantaged backgrounds** is authorized at \$60 million for FY2010 and such sums as necessary for FY2011 through FY2014; and
- Reauthorization of the **Area Health Education Centers** (AHEC, Section 5403(a) of the ACA), which provide grants to plan, develop, and operate AHEC programs, and to maintain and improve the effectiveness of the existing AHEC programs. The Centers are reauthorized at \$125 million per year for FY2010 through FY2014.

**National Health Care Workforce Commission** (Section 5101 of the ACA): Beginning in 2010, the 15 member Commission must develop and commission evaluations of education and training activities to determine whether the demand for health care workers is being met; to identify barriers to improved coordination at the federal, state, and local levels and recommend ways to address such barriers; and to encourage innovations to address population needs, constant changes in technology, and other environmental factors. The Commission is to analyze and make recommendations to Congress and the Administration for eliminating barriers to entering and staying in careers in primary care, including physician compensation. The Commission is authorized at such sums as may be necessary.

**State Health Care Workforce Development Grants** (Section 5102 of the ACA): is a competitive grant program for the purpose of enabling state partnerships to complete comprehensive planning and to carry out activities leading to coherent and comprehensive health care workforce development strategies at the state and local levels. Planning grants are authorized at \$8 million for FY2010 and such sums as may be necessary for each subsequent fiscal year; implementation grants, \$150 million for FY2010 and such sums as may be necessary for each subsequent fiscal year.

**Health Care Workforce Program Assessment** (Section 5103 of the ACA): establishes a National Center for Health Workforce Analysis at the Department of Health and Human Services (HHS) charged with data collection, analysis, and reporting on workforce programs and establishes state and regional centers for health workforce analysis. The National Center is authorized at \$7.5 million per year through FY2014. The ACA also establishes state and regional centers, authorized at \$4.5 million per year through FY2014.

**Primary Care Extension Program** (Section 5405 of the ACA): established through the Agency for Health Research and Quality, provides grants to state hubs to support local primary care physicians with the implementation of the patient-centered medical home, evidenced based medicine and improved community health. The program is authorized at \$120 million per year for FY2011 and 2012 and such sums as necessary in FY 2013 and 2014.

**Community Health Team Grants** (Section 3502 of the ACA): requires the Secretary to award grants to or enter into contracts with eligible entities to support community-based interdisciplinary, interprofessional health teams in assisting primary care practices in support of the patient-centered medical home. The authorized funding of such sums as may be necessary must be used to establish the health teams and to provide capitated payments to the providers.

Congress should fully support these programs, as well as the payment and delivery system reforms discussed in the separate fact sheet entitled “Bending the Health Care Cost Curve.” Further steps will likely need to be taken to ensure a supply of well-trained primary care physicians and other specialties facing shortages, including further payment and delivery reforms to reduce the barriers to primary care. In addition, Congress should begin to explore ways to extend the primary care Medicaid pay parity provision beyond its expiration after 2014.