

National Health Care Workforce Commission

The Patient Protection and Affordable Care Act (ACA) included the establishment of a National Health Care Workforce Commission, a multi-stakeholder workforce advisory committee charged with developing a national health care workforce strategy beginning in 2010. However, as of October, 2013, Congress had not provided the necessary funding for the Commission to be convened.

What are the objectives of the Commission?

- Provide recommendations to Congress and Administration on national health workforce priorities, goals, and policies.
- Review current and projected health care workforce supply and demand (in consultation with relevant Federal, State and local entities).
- Review implementation/performance of a separate State Health Care Workforce Development Grant Program also created by the ACA.
- Assess education and training activities to determine whether demand for health care workers is being met.
- Study effective mechanisms for financing education and training for careers in health care
- Analyze, and make recommendations for, eliminating the barriers to entering and staying in primary care, including provider compensation.
- Submit to Congress and the Administration an annual report due by October 1 each year (starting in 2011) that includes:
 - Current supply/demand data and projections;
 - Health care workforce education and training capacity and projections;
 - Implications of Federal policies affecting workforce;
 - Workforce needs of special populations underserved;
 - Recommendations for Title VII and VIII loan repayment and scholarship programs and programs for low income, minority medical students.
- Submit to Congress and the Administration a second separate annual report due by April 1 of each year (starting in 2011) on choice of specified “high priority” areas or other areas as required by the Commission or Congress in the future.

How many members are on the Commission?

Once funded, the Commission would consist of 15 members and those members are appointed for staggered 3 year terms.

Who is represented on the Commission?

The law dictates that the majority of members should not be directly involved in health professions education or practice. The Commission is comprised of at least 1 representative from each of the following:

- Health care workforce and health professionals
- Educational institutions (elementary or higher)
- Employers
- Third-party payers
- Individuals skilled in health care services and health economics research
- Representatives of consumers
- Labor unions

- State or local workforce investment boards

Additional membership requirements:

- Combination of professional perspectives
- Broad geographic representation
- Balance of rural/urban/suburban/frontier perspectives

The President has announced the appointees to the Commission, but they have not been able to meet because Congress has not provided the necessary funding.

When will the Commission begin its work?

The Commission will not be able to meet and carry out its statutory responsibilities until such time as Congress provides funding. Funding to staff and facilitate the activities of the Commission is subject to discretionary appropriations, and Congress has yet to provide the \$3 million necessary, as authorized under the ACA, for the Commission.

Who will staff the Commission?

An Executive Director (and other staff as may be required) is to be appointed but has not yet due to lack of funding. He/she will seek assistance and support from appropriate Federal departments and agencies, work closely with the National Center for Health Workforce Analysis, use existing data but may conduct and award grants/contracts for original research when available data is inadequate, can submit independent requests for appropriations; and enter into contracts. The ACA authorizes “such sums as may be necessary.”

HEALTH WORKFORCE DATA, ANALYSIS AND PLANNING

State Health Care Workforce Development Grants

Beginning in 2010, the ACA established a competitive state health care workforce development grants program to enable state partnerships to plan and implement activities leading to workforce development strategies at the state and local levels.

Who administers the grants?

The program is administered by the Health Resources and Services Administration (HRSA) within the Department of Health and Human Services. (HHS in consultation with National Health Care Workforce Commission)

Who can apply for grants?

Eligible entities are state workforce investment boards that include or modify their memberships to include at least one representative from each of the following:

- Health care employer
- Labor organization
- A public 2-year institution of higher education
- A public 4-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
- A philanthropic organization engaged in providing learning, mentoring and work opportunities to recruit, educate and train individuals in health care careers.

What types of grants are available?

One year planning grants of up to \$150,000 with a 15 percent matching requirement to states to analyze health care labor markets; identify current and projected needs; and identify short and long-term workforce development strategies; identify existing Federal, State, and private resources for health workforce recruitment, education, training, and retention (authorized at \$8M). Up to 2 year implementation grants with a 25 percent State match for previous planning grant awardees to encourage regional partnerships and promote innovative workforce pathway activities. The ACA authorized \$150M for FY 2010 and such sums as necessary in subsequent years.

HRSA awarded 25 planning grants and one implementation grant in 2010 but none since then.

How can a state workforce investment board apply for a grant?

There have been no grants available since 2010 due to lack of funding.

Additional Resources

- *FAQ's prepared by HRSA on the grants.*

<http://bhpr.hrsa.gov/grants/statehealthfaq.pdf>

HEALTH WORKFORCE PROGRAM ASSESSMENT

The law establishes a National Center for Health Workforce Analysis to develop information describing and analyzing the health care workforce and related issues, oversee the state health care workforce development grant program, develop performance measures, and establishes a national Internet registry of grants awarded. The National Center will include three advisory groups: 1) The Advisory Committee on Training in Primary Care Medicine and Dentistry; 2) The Advisory Committee on Interdisciplinary Community-based Linkages; and 3) The Council on Graduate Medical Education.

The National Center for Health Workforce Analysis has been funded and staffed. Reports produced by the Center can be found at: <http://bhpr.hrsa.gov/healthworkforce/>.

The law also creates grants for state and regional centers for health workforce analysis. Entities eligible for these state workforce grants are a state workforce investment board, public health or health professions school, academic health center, or appropriate public or private nonprofit entity. Grants for longitudinal health workforce studies are also increased by the law.

How much funding is available?

To date, the National Center has received:

FY2010 - \$2,826,000

FY2011 - \$2,815,000
FY2012 - \$2,782,000
FY2013 - \$2,635,000