

Changes to Primary Care Training Programs - Title VII, Section 747

Section 747 of Title VII of the Public Health Service Act provides grants to or contracts with accredited public or nonprofit private hospitals, medical schools, or other public or private nonprofit entities, or affiliated physician assistant training programs, for a variety of programs and activities to support training programs in primary care.

In 2010, the Patient Protection and Accountable Care Act (ACA) amended the Title VII primary care medicine programs (Sec. 747) to authorize primary care medicine programs distinctly from primary care dentistry programs. It also authorized grant/contract payments for five years (instead of three years). In addition, it eliminated the ratable reduction, a formula in the statute that secured a proportion of funding for a specific specialty, to ensure allocation of training funds on the basis of national need and merit.

What types of grants or contracts are awarded?

Grants are given to, or contracts will be entered into with eligible entities that propose:

- To plan, develop, operate, or participate in an accredited professional training program, including an accredited residency or internship program in the field of family medicine, general internal medicine, or general pediatrics for medical students, interns, residents, or practicing physicians as defined by the Secretary;
- To provide need-based financial assistance in the form of traineeships and fellowships to medical students, interns, residents, practicing physicians, or other medical personnel, who are participants in any such program, and who plan to specialize or work in the practice of the fields, as defined in the law;
- To plan, develop, and operate a program for the training of physicians who plan to teach in family medicine, general internal medicine, or general pediatrics training programs;
- To plan, develop, and operate a program for the training of physicians teaching in community-based settings;
- To provide financial assistance in the form of traineeships and fellowships to physicians who are participants in any such programs and who plan to teach or conduct research in a family medicine, general internal medicine, or general pediatrics training program;
- To plan, develop, and operate joint degree programs to provide interdisciplinary and inter-professional graduate training in public health and other health professions to provide training in environmental health, infectious disease control, disease prevention and health promotion, epidemiological studies and injury control;
- To plan, develop, and operate a physician assistant education program, and for the training of individuals who will teach in programs to provide such training;
- To plan, develop, and operate a demonstration program that provides training in new competencies, as recommended by the Advisory Committee on Training in Primary Care Medicine and Dentistry and the National Health Care Workforce Commission established in section 5101 of the Patient Protection and Affordable Care Act, which may include—
 - Providing training to primary care physicians relevant to providing care through patient-Centered medical homes (as defined by the Secretary for purposes of this section);
 - Developing tools and curricula relevant to patient-centered medical homes; and
 - Providing continuing education to primary care physicians relevant to patient-centered medical homes.

Capacity Building Grants

The ACA also authorized five year “capacity building” grants to medical schools to establish, maintain, or improve academic units or programs that improve clinical teaching and research in family medicine, general internal medicine, or general pediatrics; or programs that integrate academic administrative units (AAU) in such fields to enhance interdisciplinary recruitment, training, and faculty development.

What are the priorities in awarding “capacity building” grants?

Priority for awards goes to applicants who:

- Propose a collaborative project between academic administrative units of primary care;
- Propose innovative approaches to clinical teaching using models of primary care, such as the patient centered medical home, team management of chronic disease, and inter-professional integrated models of health care that incorporate transitions in health care settings and integration physical and mental health provision;
- Have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers trained, who enter and remain in primary care practice;
- Have a record of training individuals who are from underrepresented minority groups or from a rural or disadvantaged background;
- Provide training in the care of vulnerable populations such as children, older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance-related disorders, individuals with HIV/AIDS, and individuals with disabilities;
- Establish formal relationships and submit joint applications with federally qualified health centers, rural health clinics, area health education centers, or clinics located in underserved areas or that serve underserved populations;
- Teach trainees the skills to provide inter-professional, integrated care through collaboration among health professionals;
- Provide training in enhanced communication with patients, evidence-based practice, chronic disease management, preventive care, health information technology, or other competencies as recommended by the Advisory Committee on Training in Primary Care Medicine and Dentistry and the National Health Care Workforce Commission established in section 5101 of the Patient Protection and Affordable Care Act; or
- Provide training in cultural competency and health literacy.

How much funding has been authorized for Title VII, Section 747 Programs?

The ACA authorized \$125 million in FY 2010 and such sums as may be necessary for each of FYs 2011 through 2014, for all programs under this section except integrating AAUs. For integrating AAUs, the law authorized \$750,000 for each of FYs 2010 through 2014.

How much funding has been appropriated by Congress for Title VII, Section 747 Programs?

In FY 2013, the program received \$36.5 million in congressional appropriations.

What is the difference between an authorization bill versus an appropriation bill?

Authorization bills fall under the jurisdiction of a committee other than the House and Senate Appropriations Committees. And, in the case of health care issues, those authorization committees include: the Senate Finance

Committee, the Senate Health, Education, Labor, and Pensions Committee, the House Energy and Commerce Committee, and the House Ways and Means Committee. A program authorization establishes or continues the operation of a federal program or agency, either indefinitely or for a specified period (typically five years). Basically, the authorizing committees provide the authority for a federal program to exist but they do not provide the dollars to fund the program or agency. The ACA was an authorization bill.

The next step is for the Appropriations Committee to provide the funds for the authorized program, which is done through the annual appropriations process in Congress each year. The House and Senate Appropriations Committees write annual appropriations bills, in which money is given to each program in order for the program to operate. Typically, programs are funded at specific levels, and the committee may provide additional instructions on how the funds can be used.

Is Title VII, Section 747 funding mandatory or discretionary?

Unlike the National Health Service Corps and Community Health Centers, Title VII did not receive mandatory funding in addition to traditional discretionary funding and is subject solely to discretionary authorization by Congress.

What is the difference between “mandatory” and “discretionary” spending?

Mandatory spending is also known as entitlement spending and goes to programs such as Social Security, Medicare and Medicaid. Discretionary spending must be approved by the Congress every year in the appropriations process and, unlike most mandatory spending, is subject to a predetermined limit—as established in the authorizing legislation—each year. So, for instance, the ACA “authorized” \$125 million in FY 2010 for the Title VII primary care medicine programs (Sec. 747) described above, but Congress has the power to decide whether to provide discretionary funding up to that full amount authorized or it could provide a lesser amount.

How can I find out about funding opportunities and application deadlines?

Health professions funding opportunity announcements will be posted at:

<http://www.hrsa.gov/grants/index.html#Health Professions Open Opportunities>