

Possible Opportunities for Collaboration in Health Care Reform

MEDICARE EXTENDERS

Part B Payments to Indian Hospitals and Clinics. (Sec. 2902) *Spends \$200 million over 10 years.* Section 630 of the *Medicare Prescription Drug, Improvement, and Modernization Act of 2003* (MMA), which expired on December 31, 2009, allowed Indian Health Service (IHS) facilities to bill for Medicare Part B services that were not previously covered. It also expanded the scope of items and services for which payment under Medicare Part B would be made to IHS providers, suppliers, physicians and other practitioners. The health care reform law permanently extends Section 630 of the MMA, retroactive to January 1, 2010.

PAYMENTS FOR EMERGENCY CARE/TRAUMA

Design and Implementation of Regionalized Systems for Emergency Care. (Sec. 3504) The law requires the HHS Assistant Secretary for Preparedness and Response to award at least four multi-year contracts or competitive grants to states and/or local governments, or to Indian tribes, to support pilot projects that design, implement and evaluate innovative models of regionalized, comprehensive and accountable emergency care and trauma systems. States awarded grants must make available nonfederal contributions, directly or through donations from public or private entities, in the amount of \$1 for every \$3 of federal funds provided. Awardees must report to the Secretary no later than 90 days after completion of a pilot project, and the Secretary must disseminate findings to the public and Congress, as appropriate. The law authorizes appropriations of \$24 million for each FY from 2010-2014.

The law also supports federal programs administered by the National Institutes of Health (NIH), Agency for Healthcare Research and Quality (AHRQ), Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC) and other agencies involved in improving the emergency care system to expand and accelerate research in emergency medical care systems and emergency medicine and pediatric emergency medical care systems and pediatric emergency medicine. In addition, the law supports research to determine the estimated economic impact of, and savings resulting from, the implementation of a coordinated emergency care system. The law authorizes such sums as are necessary to carry out this requirement for FYs 2010-2104.

Trauma Care Centers and Service Availability. (Sec. 3505) The law establishes three programs to award grants to qualified public, nonprofit IHS, Indian tribal, and urban Indian trauma centers. These programs would: (1) assist in defraying substantial uncompensated care costs; (2) further their core missions; and (3) provide up to four years of emergency relief to ensure continued and future availability of trauma services. For the purpose of carrying out this section, \$100 million is authorized to be appropriated for FY 2009 and such sums as may be necessary for each of FYs 2010 through 2015.

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The HHS Secretary also is required to provide funding to states to enable them to award grants to eligible entities for the purpose of promoting universal access to trauma care services provided by trauma centers and trauma-related physician specialties. Each state may award grants to eligible entities – defined as public or nonprofit trauma centers; safety-net public or nonprofit trauma centers or hospitals in underserved areas – that seek to undertake specified activities that support trauma care services in the state. The law authorizes appropriations for this program of \$100 million for each of FYs 2010-2015.

PAYMENTS TO OTHER PROVIDERS

Indian Health Care Improvement. (Sec. 10221) The law incorporates, with amendment S. 1790, “A bill to amend the *Indian Health Care Improvement Act* to revise and extend that Act, and for other purposes.” In doing so, the law reauthorizes the *Indian Health Care Improvement Act*, including programs to increase the Indian health care workforce, new programs for innovative care delivery models, behavioral health care services, new services for health promotion and disease prevention, efforts to improve access to health care services, construction of Indian health facilities, and an Indian youth suicide prevention grant program. There is an explicit prohibition on applying to the Indian Health Services any limitations on providing abortions.

INCREASING THE SUPPLY OF THE HEALTH CARE WORKFORCE (Sec. 5201-5210)

To help with critical workforce shortages, the law implements a number of policies to ease the financial burden of pursuing a career in health care.

Sec. 5201-5202 provide higher loan amounts and more flexible loan repayment programs for primary care physicians, nurses, allied health professionals and the public health workforce beginning in FY 2010. It also decreases the noncompliance provision to make primary care student loan programs more attractive to medical students.

Sec. 5203 establishes a pediatric subspecialty loan repayment program for qualifying individuals who agree to provide two years of pediatric medical subspecialty, pediatric surgical subspecialty, or child and adolescent mental and behavioral services in an area with a shortage of pediatric subspecialty services, a HPSA, a medically underserved area, or an area serving medically underserved populations. The loan amount is up to \$35,000 a year for each year of agreed-upon service, not to extend beyond three years. The law authorizes \$30 million for each of FYs 2010-2014 for pediatric medical and surgical subspecialists and \$20 million for each of FYs 2010-2014 for qualified health professionals in child and adolescent mental and behavioral health.

Sec. 5204 establishes the Public Health Workforce Loan Repayment Program for qualifying individuals who agree to provide at least three years of service in federal, state, local or tribal public health agencies. The loan amount is up to \$35,000 a year for

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each year of agreed-upon service, and is available to public health students and workers. The law authorizes \$195 million for FY 2010, and additional funding as necessary for each of FYs 2011-2015.

Sec. 5205 establishes the Allied Health Loan Forgiveness Program for certain allied health professionals employed in public health agencies and settings located in HPSAs, medically underserved areas, or settings serving medically underserved populations.

Sec. 5206 provides \$60 million in scholarships in FY 2010 (and funding necessary for each of FYs 2011-2015) for state and local programs to encourage mid-career public health and allied health professionals to receive additional training.

Sec. 5207 authorizes specific increased funding for the National Health Service Corps through FY 2015. For FY 2016 and beyond, it increases the funding amount by a formula that factors in the percentage increase based on the costs of health professions education and the number of individuals residing in HPSAs.

Sec. 5208 provides \$50 million for FY 2010, and additional funds as necessary for each of the FYs 2011-2014, for the development and operation of nurse managed health clinics.

Sec. 5209-5210 eliminate the cap on the number of Commissioned Corps members so that the Corps may expand to meet national public health needs. In doing so, it also establishes a Ready Reserve Corps within the Commissioned Corps for service in times of national emergency.

ENHANCING HEALTH CARE WORKFORCE EDUCATION AND TRAINING

(Selected Sec. 5301-5316)

Hospitals, schools of medicine and other public or private nonprofit entities will be eligible for various grants to develop, expand and enhance educational training programs in primary care, dentistry, geriatrics, mental and behavioral health, advanced nursing, nursing, public health and other health-related careers.

To support and develop primary care training programs, Sec. 5301 authorizes \$125 million for FY 2010 and funds as necessary for each of FYs 2011-2014 for grants and contracts to support training in family medicine, general internal medicine, or general pediatrics, as well as physician assistant training. Priority is given to programs that educate students in team-based approaches to care, including the patient-centered medical home. Fifteen percent of this amount for each fiscal year is specifically allocated to physician assistant training programs.

To support new training opportunities for direct care workers employed in long term settings, such as nursing homes and skilled nursing facilities, Sec. 5302 authorizes \$10

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million for FYs 2011-2013. Eligible individuals agree to work in the fields of geriatrics, disability services or chronic care management.

To support training in dentistry, Sec. 5303-5304 authorize \$30 million for FY 2010 and funds as necessary for each of FYs 2011-2015. In addition, it provides grants to 15 eligible entities (including a public hospital or health system) to establish a demonstration program to train or employ alternative dental health care providers to increase access to dental health services in rural, tribal, and underserved communities.

To support geriatric education and training, Sec. 5305 provides a variety of grants and awards, including \$10.8 million in grants for FYs 2011-2014 to create not more than 24 geriatric education centers and \$10 million in awards for FYs 2011-2013 to health professionals to foster greater interest in the field of geriatrics, long-term care and or chronic care management. As a condition of the award, the individual must agree to continue to teach or practice in the field of geriatrics, long-term care or chronic care management for a minimum of five years.

To support mental and behavioral health education and training, Sec. 5306 authorizes, for FY 2010-2013, \$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 in-service training to paraprofessionals in child and adolescent mental health.

To support cultural competency, prevention and public health and individuals with disability training, Sec. 5307 authorizes such sums as necessary for each of FYs 2010-2015. The funds will support the development, evaluation and dissemination of model curricula for cultural competency and other factors including aptitude for working with disabled individuals.

To support nurse education and retention, Sec. 5308-5309 reinstitute the nurse retention grants from 2003-2007 under Section 831 of the *Public Health Service Act* (PHSA) and appropriates such sums as necessary for each of FYs 2010-2012. These grants are available to accredited schools of nursing, health care facilities, or partnerships between schools and facilities. The grants must be used to: 1) promote career advancement for individuals (including licensed practical nurses and other members of the health care workforce) to become baccalaureate-prepared registered nurses or advanced practice nurses; 2) to encourage mentoring and the development of nursing specialties; or 3) to provide individuals with the education and training necessary to enter the nursing profession and advance within the profession. The HHS Secretary is required to submit a report to Congress on the grants awarded under this section before the end of each fiscal year. In addition, Sec. 5310 allows faculty at nursing schools to be eligible individuals for loan repayment and scholarship programs.

To increase the number of qualified nurse faculty, Sec. 5311 provides loans not to exceed \$10,000 per calendar year for individuals who have completed a master's (or equivalent) degree in nursing and not to exceed \$20,000 per calendar year for individuals who have completed a doctorate (or equivalent degree) in nursing and agree

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to serve as full-time faculty in an accredited school of nursing for at least four years. Total payments may not exceed \$40,000 during FYs 2010-2011 for individuals with a master's degree, and may not exceed \$80,000 during FY 2010-2011 for individuals with a doctorate degree. The law authorizes the appropriations of such sums as necessary for each of FYs 2010-2014 to carry out this section.

To support the community health workforce, Sec. 5313 authorizes the Director of the CDC in collaboration with the HHS Secretary to award grants to eligible entities, including hospitals, to promote positive health behaviors and outcomes for populations in medically underserved communities. Grants will be used to support community health workers that help connect underserved populations with the most appropriate services at the most appropriate time. Priority will be given to geographic areas with a high percentage of uninsured or underinsured residents, those with a high percentage of chronic disease, or those with a high infant mortality rate. The law authorizes such sums as necessary for each of FYs 2011-2014.

To support training in public health, Sec. 5314 authorizes \$39.5 million for each of FYs 2010-2013 to expand the existing fellowship programs operated through the CDC to alleviate shortages in the areas of applied public health epidemiology, public health laboratory science and public health informatics, and to expand the Epidemic Intelligence Service.

To provide new nurse practitioners with clinical training to enable them to serve as primary care providers in FQHCs and nurse-managed health clinics, Sec. 5316 establishes a training demonstration program for family nurse practitioners. The law authorizes such sums as necessary for each of FYs 2011-2014 to carry out this program.

U.S. PUBLIC HEALTH SCIENCE TRACK (Sec. 5315)

Beginning with FY 2010, the law directs the Surgeon General to establish a U.S. Public Health Sciences Track to train a specific number of physicians, dentists, nurses, physician assistants, nurse practitioners, behavioral and mental health professionals and public health professionals annually. The track will emphasize team-based service, public health, epidemiology and emergency preparedness, and will be located at existing health professions education training programs at academic health centers. Students will receive tuition (or tuition remission) and a stipend to serve for a period of time within the Commissioned Corps of the Public Health Services, with a two-year service commitment for each year of school covered. The HHS Secretary will transfer funds as necessary from the Public Health and Social Services Emergency Fund to carry out this section.

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GRADUATE MEDICAL EDUCATION

Teaching Health Centers' GME Programs. (Sec. 5508) *Spends \$200 million over 10 years.* The law amends title VII of the *Public Health Service Act* to allow the HHS Secretary to provide grants to eligible "teaching health centers" from FY 2010-2012 to establish new or expand existing accredited primary care residency programs in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general and pediatric dentistry, and geriatrics. Teaching health centers include federally qualified health centers, community mental health centers, rural health clinics, and health centers operated by the Indian Health Service.

The law also provides \$230 million from FY 2011-2015 to reimburse qualified teaching health centers for their DGME and IME costs, using a methodology to be determined by the Secretary. This amount is in addition to any graduate medical education payments made under the *Social Security Act* to teaching hospitals. The Secretary is given extensive auditing authority and may reduce payments to teaching health centers for failure to submit complete and accurate information.

CREATING HEALTHIER COMMUNITIES

Community Transformation Grants to state and local government agencies and community-based organizations for evidence-based community preventive health activities to improve individual and community health, reduce the incidence of chronic disease, create healthier school environments and reduce racial and ethnic disparities. The law requires that at least 20 percent of the grants go to rural and frontier areas. (Sec. 4201)

Demonstration programs for individualized wellness plans for at-risk populations at 10 community health centers to test the impact of wellness plans on reducing risk factors for preventable conditions. The plans may include nutritional counseling, stress management or alcohol/smoking cessation services. (Sec. 4206)

MINORITY HEALTH AND REDUCING HEALTH DISPARITIES

(Sec. 4201, 4302, 5307, 10333, 10334, 10403) *Spends \$200 million over 10 years for Sec. 4302 (costs of other provisions are subsumed under broader sections or have no change in expenditures).*

Minority health and reducing health disparities provisions are incorporated throughout the new law. Some provisions are indirect and others are direct and specifically targeted. For example, the expansion of coverage, especially to low-income populations, is likely to have a significant effect on reducing health disparities. The coverage provisions also include several provisions to ensure that the information provided by insurance exchanges and the plans offered through them are culturally

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appropriate to the populations being served. Furthermore, the quality incentive program for health plans under the insurance exchanges will include incentives for the implementation of activities to reduce health and health care disparities, such as the use of language services, community outreach and cultural competency training.

Similarly, there are a variety of broader provisions in the bill that require attention to disparities (among other things) in their execution, such as the development of a national strategy to improve health care quality, the establishment of the national health care workforce commission, improvements to the maternal, infant and early childhood home visiting programs, the establishment of community health teams to support patient-centered medical homes, comparative effectiveness research, and funding priority for school-based health center grantees that serve large populations of medically underserved children.

There are a variety of health professions education and other workforce provisions focused on diversity and improving access to care in underserved areas. For example:

Sec. 5307 reauthorizes and expands programs to support the development, evaluation, and dissemination of model curricula for cultural competency, prevention, and public health proficiency and aptitude for working with individuals with disabilities training for use in health professions schools and continuing education programs.

Sec. 5401 raises the funding levels for The Centers of Excellence program, which develops a minority application pool to enhance recruitment, training, and other support for minorities.

Sec. 5402 reauthorizes and increases funding for diversity in health professions training, including scholarships for disadvantaged students who commit to work in medically underserved areas as primary care providers, and loan repayment assistance and fellowships for faculty positions.

Sec. 5403 amends the Area Health Education Centers to expand grant authorizations to support interdisciplinary, community-based linkages that target underrepresented minorities and individuals from urban and rural medically underserved communities seeking careers in the health professions.

Sec. 5404 expands the allowable uses of nursing diversity grants to include completion of associate degrees, bridge or degree completion programs or advanced degrees in nursing.

Other provisions focus directly on minority health and reducing health disparities. Specifically:

Sec. 10334 elevates the Office of Minority Health (currently within the Office of Public Health and Science within the Public Health Service) to the HHS Secretary's office, to be headed by a new Deputy Assistant Secretary for Minority Health reporting directly to

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the HHS Secretary. It also establishes a network of new minority health offices in agencies under HHS. These offices will monitor health, health care trends, and quality of care among minority patients and evaluate the success of minority health programs and initiatives. A similar elevation will move minority health at the NIH from a Center to an Institute.

Sec. 4302 requires that all federally funded data collection efforts on health care or public health include collection of data on race, ethnicity, primary language, sex, disability and any other indicator of disparity to better understand disparities. The HHS Secretary is required to develop standards for data collection; for race and ethnicity, the Secretary is required to use Office of Management and Budget standards. HHS also is required to collect access and treatment data for people with disabilities. Public reporting of health care quality data by race, ethnicity, primary language, gender and disability is required. Federally funded studies and surveys are required to collect sufficient data to yield statistically reliable results, and HHS is required to share health disparities data, measures and analyses with other relevant agencies.

Sec. 4201 and Sec. 10403 provide Community Transformation Grants to state and local governments and community organizations for evidence-based community preventive health activities. These grants will be used to help reduce the incidence of chronic disease and develop strategies to reduce racial and ethnic disparities, including social, economic and geographic determinants of health. The law requires that at least 20 percent of the grants go to rural and frontier areas.

Sec. 10333 provides assistance to minority populations through grant funding to community-based collaborative care networks that provide comprehensive, coordinated and integrated health care services to low-income populations. Entities eligible for grants are consortia of providers with joint governance structures, DSH hospitals and FQHCs. The funds must be used to support efforts to help low-income individuals access appropriate services, enroll in health coverage programs and obtain a regular primary care provider or medical home. Funds also can be used to provide case management and care management, perform health outreach, provide transportation, and expand capacity through such approaches as telehealth, after-hours services or urgent care, and other direct patient care services.