The following Patient Protection and Affordable Care Act (PPACA) provisions are designed to eliminate the shortage of public health workers and strengthen the capacity of the current public health workforce. **Unless otherwise specified, all funding amounts below are authorized only, subject to congressional appropriation and may not be distributed to state health agencies.**

**SUMMARY**

**Sec. 5101. National Health Care Workforce Commission**
Establishes a 15-member panel, appointed by the Comptroller General, of leading health industry experts to develop and commission evaluations; disseminate promising practices; make recommendations; monitor the state health care workforce1 development grant program; and review, align, and develop policies about the health care workforce. The commission serves as a resource to federal agencies, Congress and the President on workforce trends, barriers and innovations.

The commission will consult with federal, state, local, and tribal governmental agencies when developing reports and congressional recommendations. It will review workforce supply and demand projections; health care workforce education and training capacity; education loan and grant programs in titles VII and VIII of the Public Health Service Act; the implications of new and existing federal policies which affect the health care workforce; the health care workforce needs of special populations; recommendations creating or revising national loan repayment programs and scholarship programs.

*The provision authorizes such sums as may be necessary, but no appropriation has been made.*

**Sec. 5204. Public Health Workforce Recruitment and Retention Programs (FY10-FY15)**
Establishes a public health loan repayment program to eliminate critical worker shortages in governmental public health and aid agencies in attracting and retaining highly qualified public health graduates.

Loan repayment recipients must be accepted or employed full-time at a federal, state, local, and tribal governmental public health agency or in a related training fellowship and must participate in a three-year service obligation. Loan repayments are up to $35,000 for each year of obligated service, not to exceed the total eligible loan amount of $105,000 and are limited to tuition expenses only.

*195M is authorized for FY10, and such sums as may be necessary for FY11-15. These funds are subject to appropriation. Loan repayment by the federal government is also subject to appropriation.*

**Sec. 5206. Grants for State and Local Programs (FY10-FY15)**
Creates a program to strengthen the professional development and continuing education needs of the current public health workforce.

Establishes training grants to accredited educational institutions to provide mid-career public and allied health professionals employed by federal, state, tribal, or local public health agencies.

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1 The term “health care workforce” includes community health workers, behavioral health professionals, EMS workforce and public health professionals, including community health workers, national representatives of health professionals and schools of public health representatives.
$30M for public health and $30M for allied health are authorized for FY10 and such sums as may be necessary for FY11-FY15. These funds are subject to appropriation.

Sec. 5207. Funding for National Health Service Corps
The National Health Service Corps (NHSC) offers scholarship and loan repayment programs to medical, dental, and mental and behavioral health providers.

Reauthorized² the NHSC and appropriated the following sums:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY10</td>
<td>$304,619,254</td>
</tr>
<tr>
<td>FY11</td>
<td>$408,962,006</td>
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<tr>
<td>FY12</td>
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<td>FY14</td>
<td>$915,193,806</td>
</tr>
<tr>
<td>FY15</td>
<td>$1,166,000,006</td>
</tr>
</tbody>
</table>

Formula based on cost of education increase and health profession shortage.

Sec. 5209. Elimination of Cap on Commissioned Corps
Removes the cap on the U.S. Public Health Service Commissioned Corps (currently 2,800 members) to alleviate workforce shortages and created additional service offerings.

Section 5314. Fellowship Training in Public Health
Expands the number of existing CDC fellowship training programs to alleviate state and local health department shortages of professionals in applied public health epidemiology, public health lab science, and public health informatics.

Expands the Epidemiology Intelligence Service (EIS) by amendment to Part E of title VII of the Public Health Service Act (42 U.S.C.294n).

HHS may expand other applied epidemiology training programs and the CDC’s Public Health Informatics Fellowship Program.

$39.5M is authorized annually for FY10-FY13. This funding is subject to appropriation and must be allocated as follows:

- $5M Epidemiology fellowship training program activities
- $5M Laboratory fellowship training programs
- $24.5M Epidemic Intelligence Service
- $5M Public Health Informatics Fellowship Program

² Previous NHSC appropriations were $135M in FY 09, $142M in FY10 and $300M in the American Recovery and Reinvestment Act (ARRA).
**Section 5315. United States Public Health Sciences Track**

Establishes a Public Health Sciences Track to be located at existing and accredited academic health centers with affiliated health professions education training programs.

The following applies to participating students:

- Graduates will be awarded advanced degrees that emphasize team based service, public health, epidemiology, and emergency preparedness and response.
- All students will receive tuition remission and a stipend.
- Priority will be given to students from rural communities and underrepresented minorities.
- The track will graduate 150 medical, 100 dental, 250 nursing, 100 public health, 100 behavioral/mental health, and 50 pharmacy students each year.
- Graduates are accepted as Commissioned Corps officers and have a service commitment of two years for every year of school covered.
- Qualified faculty, students and graduates will be assigned to federal disaster preparedness teams.

The National Health Care Workforce Commission (Sec 5101) will advise on the tracks development including selecting participating institutions, identifying faculty and administrative staff, selecting of students, determining tuition remission and stipend rates, and developing the parameters of a high needs specialty residency.

*Beginning with FY10, HHS is authorized to transfer funding needed for the track from the Public Health and Social Services Emergency Fund.*

**5401. Centers of Excellence**

Reauthorizes the Centers of Excellence program. The program supports the increased supply underrepresented minorities in the health professions workforce.

Provides thresholds for HHS grants to eligible health professions schools.

*$50M annually is authorized for FY10-FY15 and sums as necessary for subsequent fiscal years. These funds are subject to appropriation.*

$24.6M was appropriated for the program in FY10.

The section also requires maintenance of effort. Grantees must maintain non-federal expenditures at no less than the fiscal year preceding grant receipt.

For questions regarding health reform, please contact infocenter@astho.org.