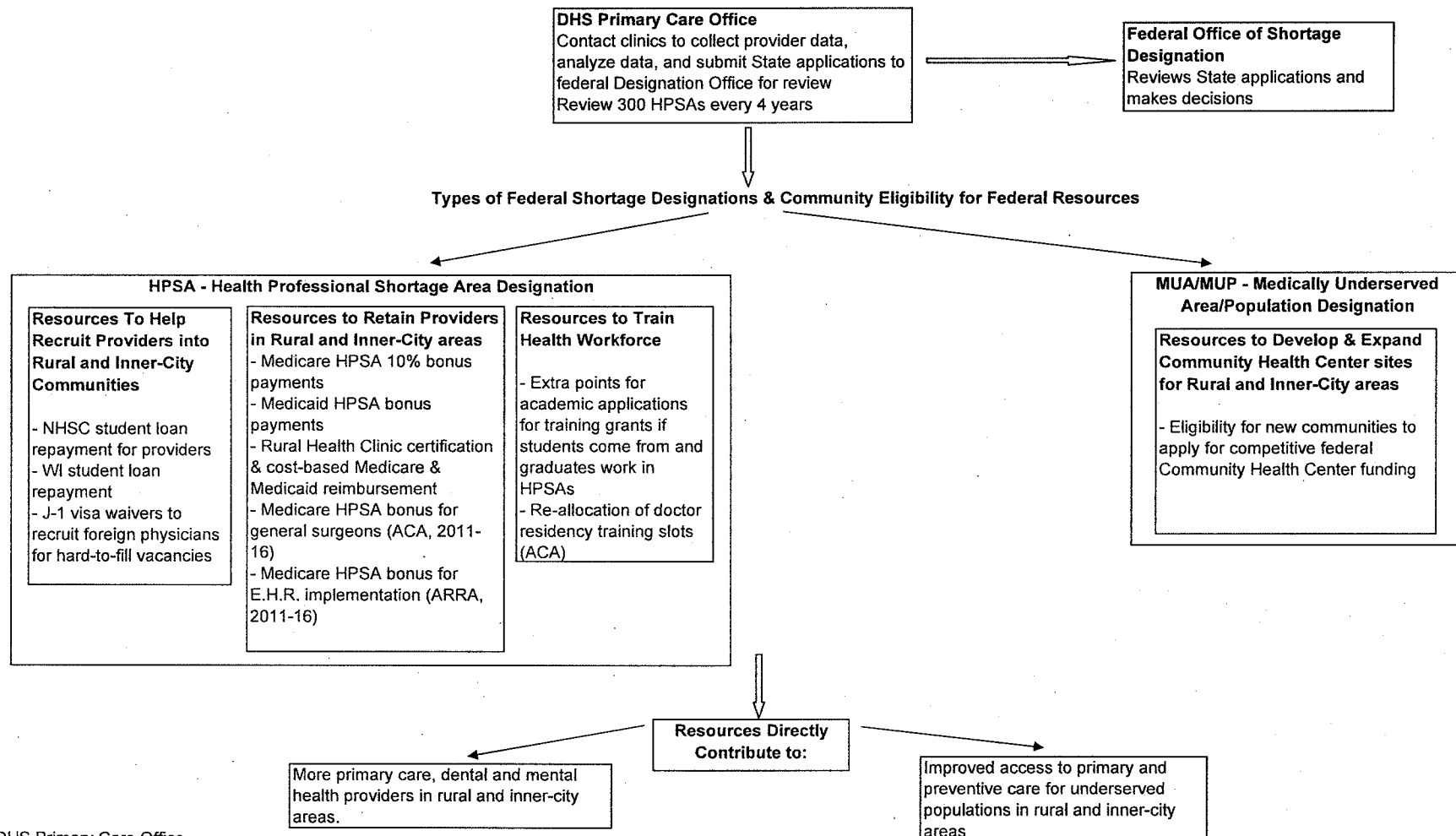


Federal Shortage Designations: Provide Access to Federal Resources & Improve Health Care Access



DHS Primary Care Office

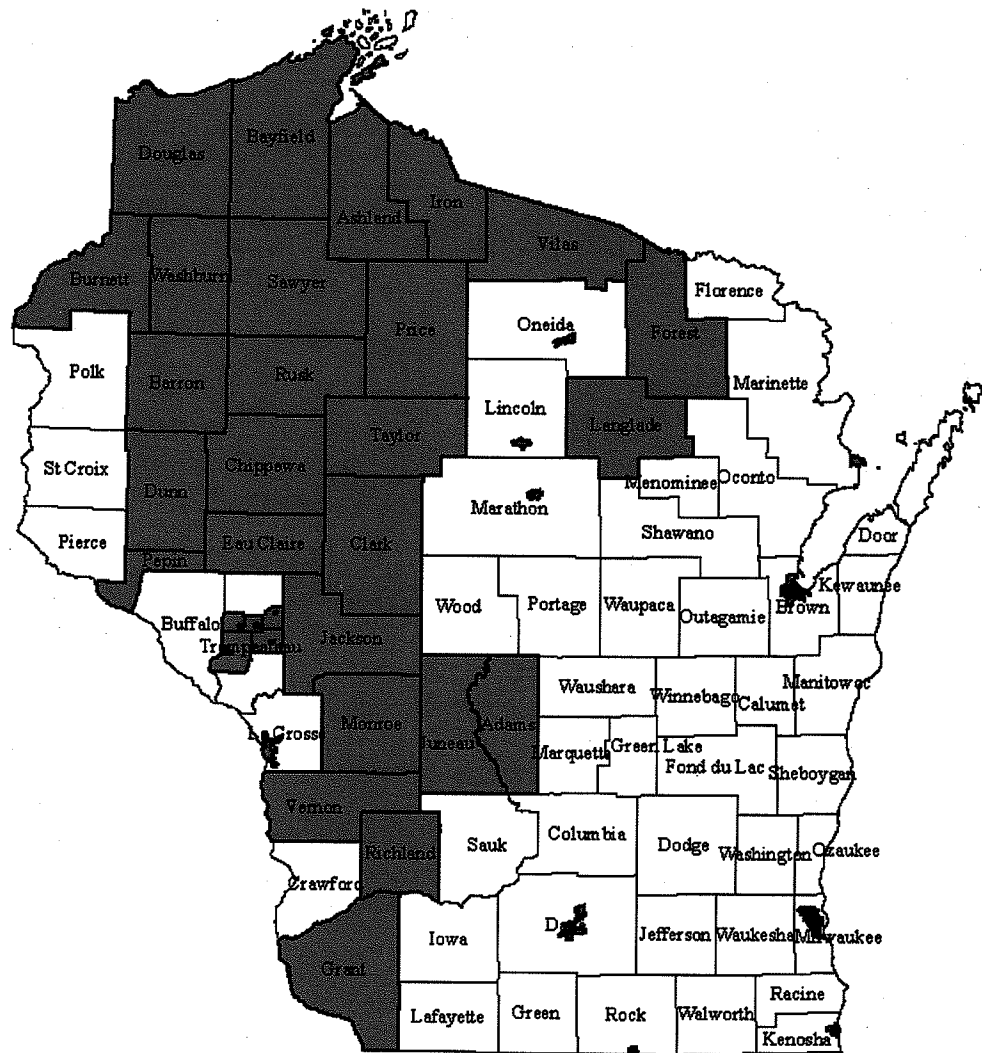
For more information, go to: <http://www.dhs.wisconsin.gov/health/primarycare/shortagedesignation.htm>

11/3/2010

Wisconsin Dental HPSAs

Federally Designated Health Professional Shortage Areas

Updated 3/12/10



Designated Dental HPSAs

(low-income population HPSAs)

Definitions and notes are on following page. See Primary Care Office web site for more information on shortage designations and linked benefits.

Map prepared by Traici Brockman

WI DHS DPH Primary Care Office <http://dhs.wisconsin.gov/health/primarycare/ShortageDesignation.htm>

Definition HPSAs – Health Professional Shortage Areas:

- Indicate a significant shortage of primary care physicians in an area.
- Divided into three types: a geographic area (county, cluster of towns or census tracts), a specific population within an area (low-income population), or a facility (state correctional or mental health).
- Federal requirements include: must be a rational service area, must have a significant shortage of provider full-time equivalents (FTEs) for the population size, and surrounding areas must have provider shortages or be excessively distant.
- Safety net clinics are eligible for “automatic HPSAs” (federally qualified health centers, tribal health centers, and certified rural health clinics).
- The State Health Department - Primary Care Office submits HPSA applications to the HRSA Office of Shortage Designation, and all HPSAs must be reviewed and re-designated every 4 years.

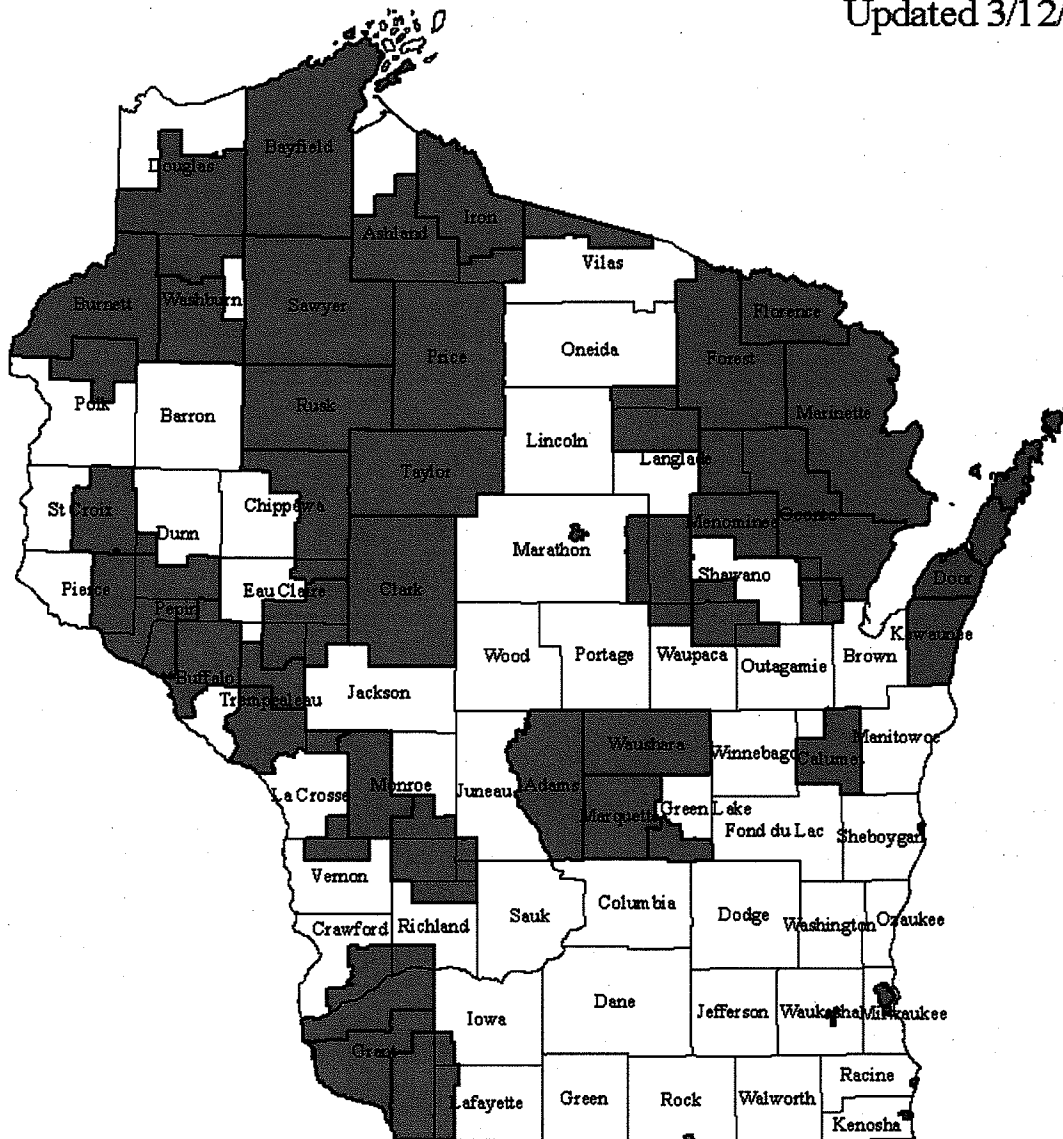
Map Notes:

- This map only includes geographic and low-income population HPSAs.
- The areas with HPSAs reflect areas which have requested a HPSA and meet all federal requirements.
- The complete list of all HPSAs in each county, including Facility and automatic safety net HPSAs, can be found at: <http://hpsafind.hrsa.gov/>
- Numerous federal and state programs use HPSA designations to help determine eligibility for benefits (student loan repayment, J-1 visa waivers, Medicare/Medicaid provider incentive payments, Rural Health Clinic certification). For information on the types of HPSAs and linked benefits, see the Wisconsin Primary Care Office web:
<http://dhs.wisconsin.gov/health/primarycare/ShortageDesignation.htm>

Wisconsin Primary Care HPSAs

Federally Designated Health Professional Shortage Areas

Updated 3/12/10



■ Designated Primary Care HPSAs

(geographic and low-income population HPSAs)

Definitions and notes are on following page. See Primary Care Office web site for more information on shortage designations and linked benefits.

Map prepared by Traici Brockman

Dental HPSA map

Definition HPSAs – Health Professional Shortage Areas:

- Indicate a significant shortage of dentists providing care to the low-income population (below 200% of the federal poverty level) in a service area (county, towns, and census tracts). Wisconsin does not have the detailed dentist FTE workforce data needed to meet federal criteria to designate geographic dental HPSAs (dentist shortages for the entire population).
- Federal HPSA requirements include: must be a rational service area, must have a significant shortage of provider full-time equivalents (FTEs) for the population size, and surrounding areas must have provider shortages or be excessively distant. Low-income population HPSAs must have at least 30% of the population below 200% of the federal poverty level.
- Safety net clinics are eligible for “automatic HPSAs” (federally qualified health centers and tribal health centers).
- The State Health Department - Primary Care Office submits HPSA applications to the HRSA Office of Shortage Designation, and all HPSAs must be reviewed and re-designated every 4 years.

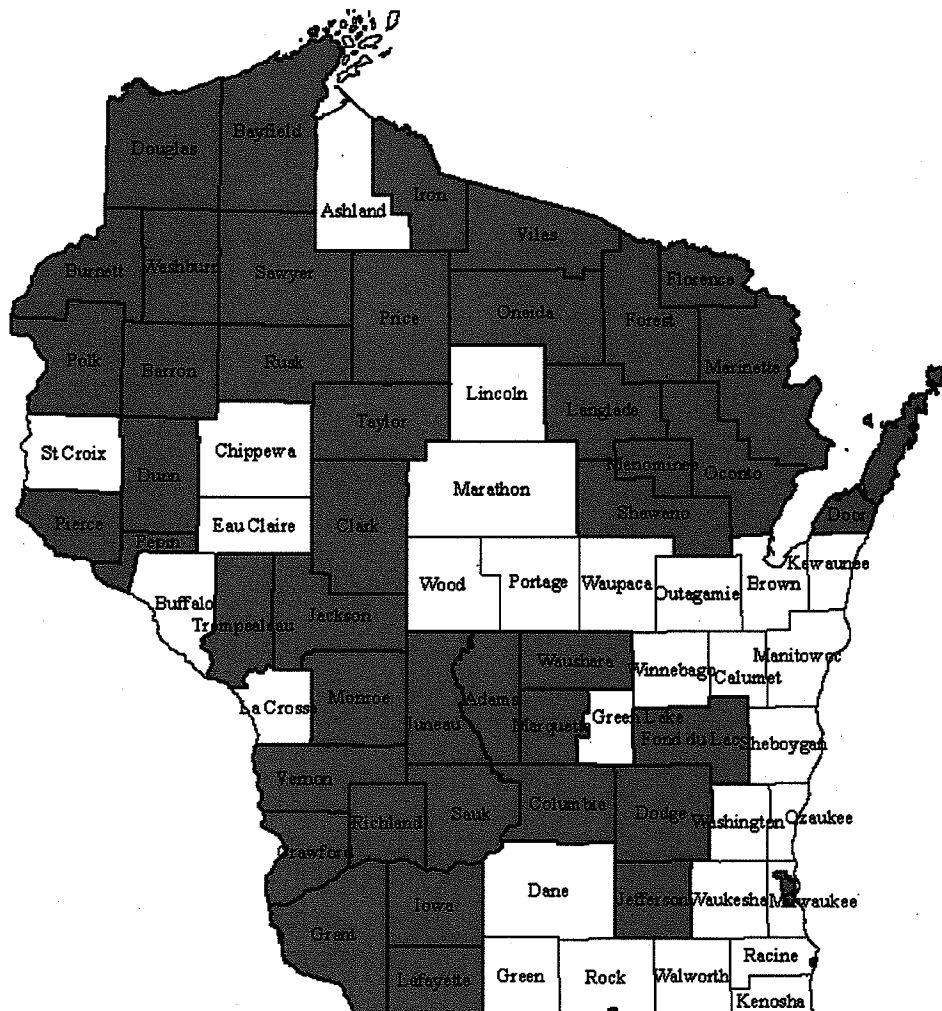
Map Notes:

- This map shows the currently designated low-income population dental HPSAs in the state (data are not available to designate geographic dental HPSAs).
- The areas with HPSAs reflect areas which have requested a HPSA and meet all federal requirements.
- The complete list of all HPSAs in each county, including automatic safety net HPSAs, can be found at: <http://hpsafind.hrsa.gov/>
- Numerous federal and state programs use HPSA designations to help determine eligibility for benefits (federal and state student loan repayment). For information on the types of HPSAs and linked benefits, see the Wisconsin Primary Care Office web: <http://dhs.wisconsin.gov/health/primarycare/ShortageDesignation.htm>

Wisconsin Mental Health Care HPSAs

Federally Designated Health Professional Shortage Areas

Updated 3/12/10



■ Designated Mental Health HPSAs

(geographic and low-income population HPSA)

Definitions and notes are on following page. See Primary Care Office web site for more information on shortage designations and linked benefits.

Map prepared by Traici Brockman

WI DHS DPH Primary Care Office <http://dhs.wisconsin.gov/health/primarycare/ShortageDesignation.htm>

MH HPSA map

Definition HPSAs – Health Professional Shortage Areas:

- Indicate a significant shortage of psychiatrists in an area.
- Divided into three types: a geographic area (county, cluster of towns or census tracts), a specific population within an area (low-income population), or a facility (state correctional or mental health).
- Federal requirements include: must be a rational service area, must have a significant shortage of provider full-time equivalents (FTEs) for the population size, and surrounding areas must have provider shortages or be excessively distant.
- Safety net clinics are eligible for “automatic HPSAs” (federally qualified health centers and tribal health centers).
- The State Health Department - Primary Care Office submits HPSA applications to the HRSA Office of Shortage Designation, and all HPSAs must be reviewed and re-designated every 4 years.

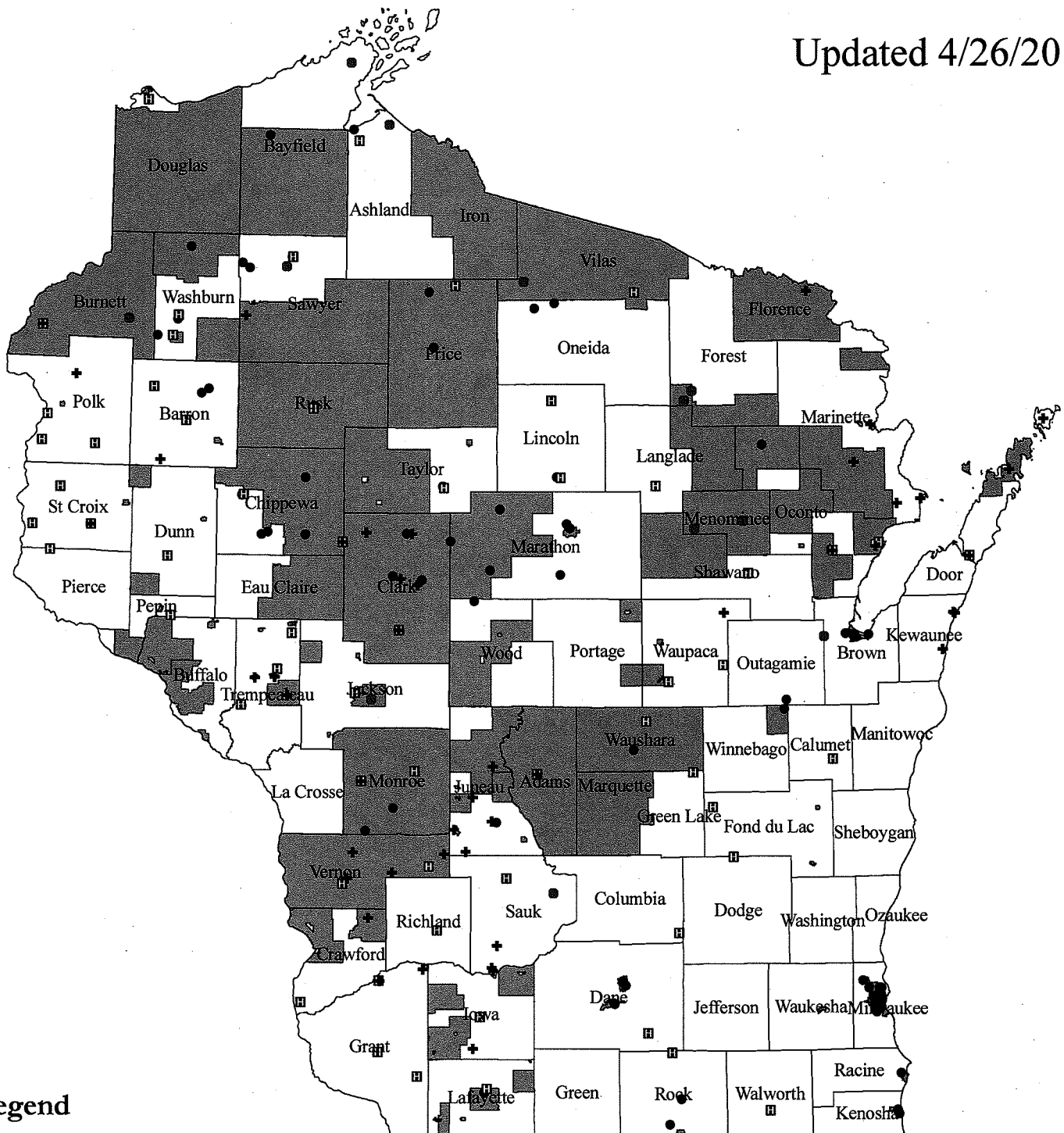
Map Notes:

- This map only includes geographic and low-income population HPSAs.
- The areas with HPSAs reflect areas which have requested a HPSA and meet all federal requirements.
- The complete list of all HPSAs in each county, including Facility and automatic safety net HPSAs, can be found at: <http://hpsafind.hrsa.gov/>
- Numerous federal and state programs use HPSA designations to help determine eligibility for benefits (student loan repayment, J-1 visa waivers, Medicare provider incentive payments). For information on the types of HPSAs and linked benefits, see the Wisconsin Primary Care Office web: <http://dhs.wisconsin.gov/health/primarycare/ShortageDesignation.htm>

Wisconsin MUAs and MUPs

And All Safety Net Provider Sites

Updated 4/26/2010



Legend

■ Designated Medically Underserved Areas/Populations

- CHC Service Delivery Sites
- Critical Access Hospitals
- + Rural Health Clinics
- Tribal Health Centers

Map prepared by Traici Brockman
WI DHS DPH Primary Care Office

<http://dhs.wisconsin.gov/health/primarycare/ShortageDesignation.htm>

MUA/MUP & Safety Net Provider Sites Map

Definitions:

- MUA - *Medically Underserved Area* designation indicates that there is a significant shortage of primary health care services for residents in a community.
- MUP - *Medically Underserved Population* designation indicates that there is a significant shortage of primary health care services for a specific population in a community that has economic, cultural or linguistic barriers to care. This includes Governor recommended MUPs which do not meet requirements for a MUA/MUP, but which have additional unusual local conditions which increase access to care barriers.
- MUA/MUPs are reviewed based on an *Index of Medical Underservice* (IMU), which measures the lack of access to care. The IMU is calculated by combining weighted values for four indicators of access to care barriers: population below the federal poverty level, population age 65 or older, infant mortality rate, and population to provider ratio (provider shortage).
- *Community Health Center service delivery sites (CHCs)* – comprehensive community health centers and their satellite clinic sites that receive federal funding to increase access to care for underserved communities and populations.
- *Critical Access Hospitals* – a voluntary option for rural acute care facilities that provides 24-hour emergency services, short-term inpatient care, and swing-bed care. This designation provides more flexible staffing options and enhanced federal/state reimbursement.
- *Rural Health Clinics (RHCs)* - are facilities that meet the requirements of the federal Medicare RHC program, increase access to outpatient primary care and first response services in rural areas, and are eligible for enhanced federal/state reimbursement.
- *Tribal Health Centers (THCs)* – each of Wisconsin's 11 sovereign Indian governments are responsible for providing health services to tribal members and operate a health center, which is eligible for enhanced federal/state reimbursement.

Notes:

- This map shows the currently designated Medically Underserved Areas and Populations in the state (MUAs, MUPs and Governor Recommended MUPs).
- These are the areas which have requested this designation and met all federal requirements for designation. Other areas may be eligible for this designation.
- The detailed list of all communities located within a designated MUA or MUP can be found at: <http://muafind.hrsa.gov/>
- For more information on the safety net provider types, go to:
Wisconsin Primary Care Programs – RHCs and CHCs,
<http://dhs.wisconsin.gov/health/primarycare/OtherResources.htm>
Wisconsin Office of Rural Health – CAHs,
<http://www.worh.org/CAH-info>
Wisconsin Primary Health Care Association – CHCs,
<http://www.wphca.org/>
Great Lakes Inter-Tribal Council - THCs
<http://www.glitc.org/web-content/index.php>

APPENDIX F: HRSA FUNDING BY STATE

FY 2009 HRSA Grants to States by Key Program Area (Selected Programs)							
State	Health Professions	HIV/AIDS	Maternal & Child Health	Primary Health Care	HRSA Total (All Programs)	HRSA Per Capita Total (All Programs)	HRSA Per Capita Ranking
Alabama	\$17,887,316	\$27,200,468	\$17,863,948	\$65,775,648	\$146,000,990	\$31.32	15
Alaska	\$4,859,019	\$2,053,339	\$2,445,016	\$48,862,663	\$69,568,707	\$101.37	1
Arizona	\$7,803,885	\$25,937,848	\$9,961,405	\$64,930,782	\$113,469,684	\$17.46	44
Arkansas	\$6,424,835	\$9,143,546	\$9,685,435	\$38,956,981	\$71,795,871	\$25.14	24
California	\$61,579,057	\$276,151,551	\$60,594,334	\$402,207,436	\$828,785,701	\$22.55	31
Colorado	\$11,265,041	\$25,443,555	\$12,041,684	\$83,624,160	\$149,795,128	\$30.33	17
Connecticut	\$3,467,479	\$33,564,899	\$9,306,159	\$44,879,478	\$94,512,593	\$26.99	21
Delaware	\$2,848,610	\$6,548,476	\$2,977,005	\$10,556,344	\$25,950,830	\$29.72	18
D.C.	\$12,208,431	\$69,177,272	\$26,089,323	\$17,740,808	\$126,582,889	*NA	*NA
Florida	\$22,751,060	\$218,308,556	\$26,781,823	\$167,861,082	\$447,569,679	\$24.42	26
Georgia	\$15,290,943	\$77,608,584	\$23,322,387	\$71,851,555	\$196,284,115	\$20.27	37
Hawaii	\$6,329,544	\$3,995,786	\$4,910,960	\$39,104,593	\$58,510,695	\$45.42	6
Idaho	\$1,164,939	\$2,118,836	\$4,325,004	\$28,814,593	\$39,124,606	\$25.68	23
Illinois	\$16,480,455	\$80,854,272	\$38,035,276	\$149,825,682	\$301,438,369	\$23.36	29
Indiana	\$5,008,842	\$17,851,335	\$17,137,923	\$42,879,878	\$87,574,768	\$13.73	50
Iowa	\$5,979,659	\$4,536,083	\$9,360,613	\$31,481,922	\$67,598,929	\$22.51	32
Kansas	\$4,462,418	\$4,918,753	\$7,792,800	\$23,443,727	\$47,272,806	\$16.87	46
Kentucky	\$6,220,077	\$12,270,145	\$13,869,777	\$50,707,351	\$102,733,027	\$24.06	28
Louisiana	\$10,344,607	\$46,317,813	\$17,657,913	\$54,007,869	\$136,295,005	\$30.90	16
Maine	\$1,306,245	\$2,662,033	\$6,065,730	\$31,881,052	\$55,142,830	\$41.89	7
Maryland	\$6,730,193	\$181,415,406	\$22,469,398	\$49,076,220	\$266,708,506	\$47.34	5
Massachusetts	\$28,598,577	\$107,751,856	\$26,159,359	\$93,322,161	\$266,076,012	\$40.95	9
Michigan	\$16,977,211	\$30,515,469	\$28,640,855	\$25,108,800	\$171,724,452	\$17.17	45
Minnesota	\$8,717,203	\$14,135,117	\$13,353,249	\$32,079,646	\$83,418,373	\$15.98	48
Mississippi	\$4,869,689	\$19,065,979	\$11,192,465	\$65,027,363	\$144,703,630	\$49.24	4
Missouri	\$11,959,861	\$29,749,917	\$18,557,913	\$70,179,341	\$143,123,466	\$24.21	27
Montana	\$4,450,325	\$1,654,237	\$3,441,770	\$29,421,226	\$50,898,803	\$52.61	3
Nebraska	\$5,060,705	\$3,209,458	\$8,157,558	\$12,828,622	\$34,172,717	\$19.16	39
Nevada	\$3,417,418	\$16,230,328	\$3,417,316	\$14,641,523	\$47,976,911	\$18.45	42
New Hampshire	\$1,800,493	\$2,249,732	\$4,114,802	\$16,069,465	\$28,529,073	\$21.68	33
New Jersey	\$11,943,592	\$84,629,791	\$15,991,645	\$61,190,929	\$181,718,164	\$20.93	35
New Mexico	\$3,643,662	\$5,835,787	\$8,971,075	\$56,695,331	\$82,562,069	\$41.61	8
New York	\$33,647,258	\$354,913,033	\$54,950,287	\$190,734,628	\$657,945,894	\$33.76	13
North Carolina	\$15,021,373	\$50,309,931	\$25,187,204	\$87,409,841	\$188,660,250	\$20.46	36
North Dakota	\$2,715,500	\$350,440	\$2,849,774	\$5,023,712	\$15,778,265	\$24.60	25
Ohio	\$24,368,751	\$30,597,904	\$29,314,125	\$85,919,488	\$181,528,894	\$15.80	49
Oklahoma	\$3,736,257	\$11,433,159	\$10,893,899	\$38,876,100	\$68,748,942	\$18.87	41
Oregon	\$6,743,900	\$12,988,897	\$10,915,788	\$61,144,212	\$108,463,928	\$28.62	20
Pennsylvania	\$35,536,677	\$71,664,720	\$37,000,827	\$99,155,736	\$264,627,298	\$21.26	34
Rhode Island	\$2,277,273	\$5,568,092	\$2,901,042	\$22,579,925	\$38,645,857	\$36.78	11
South Carolina	\$4,194,110	\$37,876,965	\$15,165,396	\$68,406,858	\$129,670,548	\$28.95	19
South Dakota	\$2,740,003	\$1,218,780	\$5,166,556	\$14,595,496	\$28,279,980	\$35.17	12
Tennessee	\$19,168,602	\$34,082,021	\$16,310,932	\$64,321,704	\$141,875,380	\$22.83	30
Texas	\$32,235,241	\$156,444,661	\$43,668,676	\$199,851,900	\$461,532,444	\$18.97	40
Utah	\$3,987,142	\$5,551,028	\$14,023,411	\$24,106,203	\$52,598,645	\$19.22	38
Vermont	\$1,061,850	\$1,493,512	\$3,313,407	\$14,255,197	\$23,305,106	\$37.51	10
Virginia	\$8,984,266	\$38,648,370	\$16,698,171	\$64,373,084	\$136,570,120	\$17.58	43
Washington	\$16,247,328	\$79,423,101	\$12,896,776	\$94,795,673	\$214,104,710	\$32.69	14
West Virginia	\$3,126,354	\$3,299,806	\$8,996,416	\$54,373,030	\$99,699,209	\$54.95	2
Wisconsin	\$11,660,515	\$12,907,986	\$16,672,150	\$32,975,493	\$91,955,264	\$16.34	47
Wyoming	\$834,545	\$876,233	\$2,104,888	\$7,288,402	\$13,839,969	\$25.98	22
U.S. TOTAL	\$560,138,336	\$2,352,754,866	\$813,721,645	\$3,202,622,913	\$7,585,450,101	NA**	NA**

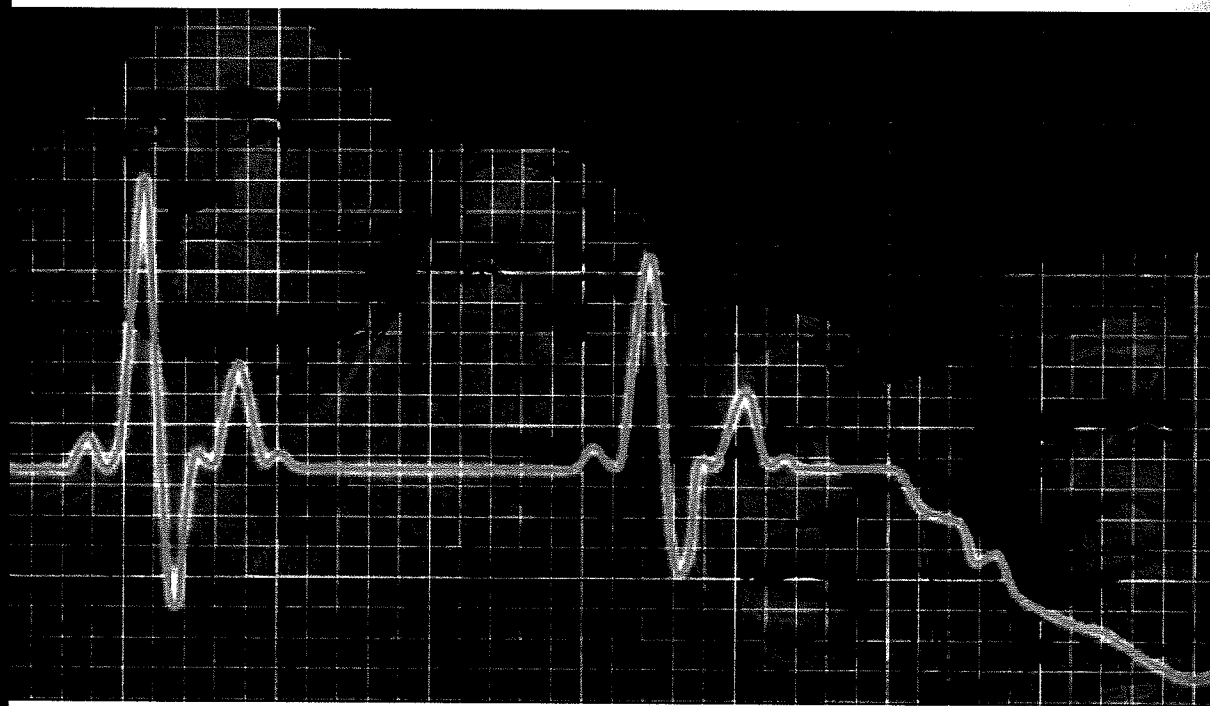
*D.C. was not included in the per capita rankings because total funding for D.C. includes funds for a number of national organizations.

**The U.S. total reflects HRSA grants to all 50 states and D.C.

ISSUE REPORT

Shortchanging America's Health

A STATE-BY-STATE LOOK AT HOW PUBLIC
HEALTH DOLLARS ARE SPENT AND KEY
STATE HEALTH FACTS



PREVENTING EPIDEMICS.
PROTECTING PEOPLE.

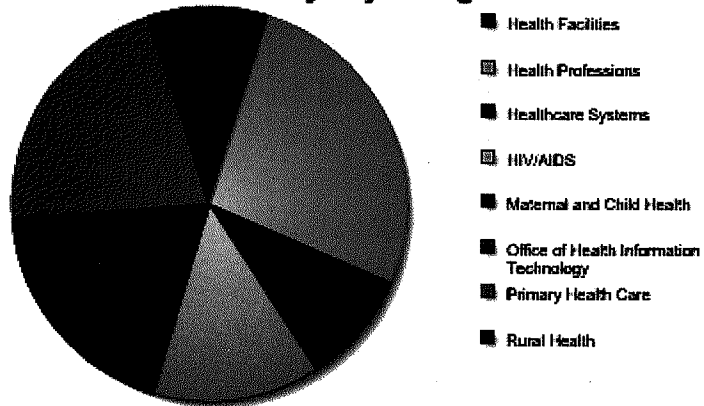


Robert Wood Johnson Foundation

HRSA Grant Awards by Major Program or State

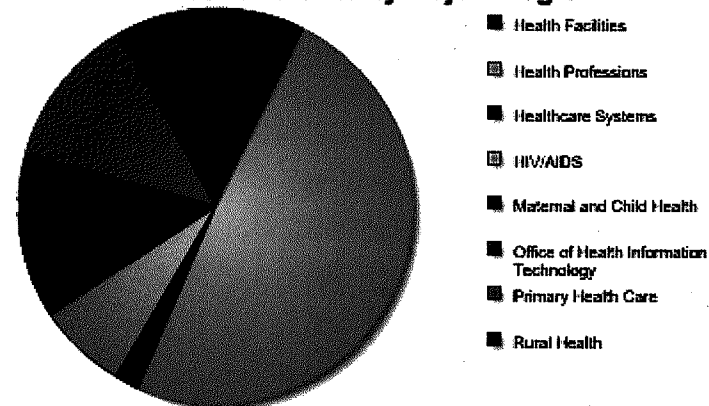
In Fiscal Year 2010, the most recent year for which complete data are available, HRSA awarded 149 grants totalling \$93.52 million dollars in Wisconsin.

FY 2010 Grant Dollars by Major Program



Show Total Grant Funding

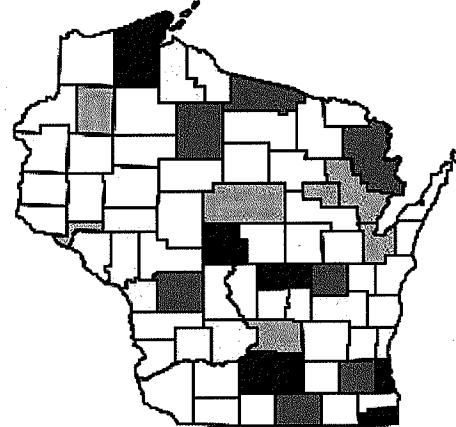
FY 2010 Number of Grants by Major Program



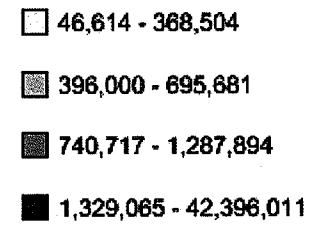
Show Total Number of Grants

Click on a section of a pie chart for detailed information on grant awards within that major program across Wisconsin.

FY 2010 Grant Dollars for Wisconsin



Total Funding for 2010



d

NOTE: White colored counties indicate no funding. Such counties may still receive funding from a block / formula grant, which is shown in the county of the state capital.

* Descriptions offered below mirror the information provided in the legislation, grants announced under these sections may differ from the initial language in the legislation					
** This list contains all academic partnership opportunities as have been identified in the PPACA (where the State will not be taking a lead role). There may be provisions listed below that will be of interest to your organization that have not been specifically identified for you by the State.					
ID	PPACA Section**	Related Professions	Description*	Expected Implementation	Comments
Health Care Quality Improvements					
1	3508	health professions school, a school of public health, a school of social work, a school of nursing, school of pharmacy, an institution with a graduate medical education program, or a school of health care administration	<u>Demonstration Program to Integrate Quality Improvement and Patient Safety Training into Clinical Education of Health Professionals</u> <ul style="list-style-type: none"> Establishes a program at AHRQ to give grants to academic institutions to develop and implement academic curricula that integrate quality improvement and patient safety into health professionals' clinical education. 	Prior to 3/23/2012 (first report due by this date)	To check the status of this initiative, go to http://www.ahrq.gov/fund/
Increasing the Supply of the Health Care Workforce					
2	5201	medical doctors	<u>Federally Supported Student Loan Funds</u> <ul style="list-style-type: none"> Eases current criteria for schools and students to qualify for loans, shorten payback periods, and decreases the non-compliance provision to make the primary care student loan program more attractive to medical students. 	January 1, 2010	More information on this program can be found at http://www.hrsa.gov/loanscholarships/index.html
3	5202	Nursing	<u>Nursing Student Loan Program</u> <ul style="list-style-type: none"> Increases loan amounts and updates the years for nursing schools to establish and maintain student loan funds. 	2010	Notification in the Federal Register on June 25th. Access at http://frwebgate3.access.gpo.gov/cgi-bin/TEXTgate.cgi?WAISdocID=ldxb4l/0/1/0&WAISection=retrieve
4	5203	pediatric specialists - including mental and behavioral health specialists	<u>Health Care Workforce Loan Repayment Programs</u> <ul style="list-style-type: none"> Establishes a loan repayment program for pediatric sub specialists and providers of mental and behavioral health services to children and adolescents who are or will be working in a Health Professional Shortage Area, Medically Underserved Area, or with a Medically Underserved Population. Contracts are with individuals - Academic role is to disseminate information about and promote the program. 	2010	Check the following site for the status of this opportunity http://www.hrsa.gov/grants/index.html

ID	PPACA Section*	Related Professions	Description*	Expected Implementation	Comments
5	5204	public/allied health government employees and prospective employees	<u>Public Health Workforce Recruitment And Retention Program</u> • Offers loan repayment to public health students and workers in exchange for working at least 3 years at a federal, state, local, or tribal public health agency.	2010	
6	5205	Health care professionals other than physicians, nurses, and dentists - see Public Health Service Act Sec 799B(5) for a complete definition	<u>Allied Health Workforce Recruitment and Retention Program</u> • Offers loan repayment to allied health professionals employed at public health agencies or in settings providing health care to patients, including acute care facilities, ambulatory care facilities, residences, and other settings located in Health Professional Shortage Areas, Medically Underserved Areas, or serving Medically Underserved Populations.	2010	
7	5206	Current public/allied health government employees	<u>Grants for States and Local Programs</u> • Awards scholarships to mid-career public and allied health professionals employed in public and allied health positions at the Federal, State, tribal, or local level to receive additional training in public or allied health fields.	2010	
Enhancing Health Care Workforce Education and Training					
8	5301	medical doctors, physician assistants	<u>Training in Family Medicine, General Internal Medicine, General Pediatrics, and Physician Assistantship</u> • Provides grants to develop and operate training programs, provide financial assistance to trainees and faculty, enhance faculty development in primary care and physician assistant programs, and to establish, maintain, and improve academic units in primary care. • Priority is given to programs that educate students in team-based approaches to care, including the patient-centered medical home.	2010	Part of this could be funded under the newly established Prevention and Public Health Fund. More details available at http://www.hhs.gov and www.hrsa.gov/grants/healthprofessions/epatfaqs.pdf
9	5302	direct care workers in long-term care facilities. Grants eligible to higher education institutions that have a partnership with a long-term care facility - possibly work with LTC on communicating this information?	<u>Training Opportunities for Direct Care Workers</u> • Authorizes funding over three years to establish new training opportunities for direct care workers providing long-term care services and supports.	2011	Additional information about Opportunities for Direct Care Workers can be found at: http://www.directcareclearinghouse.org/l_art_det.jsp?res_id=302010
10	5303	Dentistry	<u>Training in General, Pediatric, and Public Health Dentistry</u> • Reinstates a separate line of dental funding in Title VII of the Public Health Service Act. • Allows dental schools and education programs to use grants for pre-doctoral training, faculty development, dental faculty loan repayment, and academic administrative units.	2010	Follow updates about this initiative at http://www.hhs.gov/

ID	PPACA Section	Related Professions	Description	Expected Implementation	Comments
11	5304	Dentistry, dental hygienists, WTCS	<u>Alternative Dental Health Care Provider Demonstration Project</u> <ul style="list-style-type: none"> • Authorizes the Secretary to award grants to establish training programs for alternative dental health care providers to increase access to dental health care services in rural, tribal, and underserved communities. 	2011	
12	5305	Schools of Allopathic Medicine, Veterinary Medicine, Dentistry, Public Health, Osteopathic Medicine, Chiropractic, Pharmacy, Physician Assistant, Optometry, Allied Health, Podiatric Medicine, Nursing	<u>Geriatric Education and Training; Career Awards; Comprehensive Geriatric Education</u> <ul style="list-style-type: none"> • Authorizes funding to geriatric education centers to support training in geriatrics, chronic care management, and long-term care for faculty in health professions schools and family caregivers; develop curricula and best practices in geriatrics; expand the geriatric career awards to advanced practice nurses, clinical social workers, pharmacists, and psychologists; and establish traineeships for individuals who are preparing for advanced education nursing degrees in geriatric nursing. • Eligible applicants: Schools of Allopathic Medicine, Veterinary Medicine, Dentistry, Public Health, Osteopathic Medicine, Chiropractic, Pharmacy, Physician Assistant, Optometry, Allied Health, Podiatric Medicine, Nursing 	3/26/2010 - CFDA 93.969	FY2010 Funding Announcement: Grant Application
13	5306	mental health professionals	<u>Mental and Behavioral Health Education and Training Grants</u> <ul style="list-style-type: none"> • Awards grants to schools for the development, expansion, or enhancement of training programs in social work, graduate psychology, professional training in child and adolescent mental health, and pre-service or in-service training to paraprofessionals in child and adolescent mental health. • Eligible applicants: existing grantees applying for continuation funding as well as schools of medicine, schools of osteopathic medicine, teaching hospitals, and graduate medical education programs. 	FY 2010 - Released 3/23/2010 - Due 4/30/2010 HRSA-10-044	FY2010 Funding Announcement: Grant Application
14	5307	All health professions schools - this is more an opportunity for the development of the curricula in terms of input from stakeholders.	<u>Cultural Competency, Prevention, and Public Health and Individuals with Disabilities Training</u> <ul style="list-style-type: none"> • 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. 	2010	Follow updates about this initiative at http://www.hhs.gov/
15	5308	Nursing	<u>Advanced Nursing Education Grants</u> <ul style="list-style-type: none"> • Strengthens language for accredited Nurse Midwifery programs to receive advanced nurse education grants in Title VIII of the Public Health Service Act. 	2010	Check the following site for the status of this opportunity http://www.hrsa.gov/grants/index.html

ID	PPACA Section**	Related Professions	Description*	Expected Implementation	Comments
16	5309	Nursing	<u>Nurse Education, Practice, and Retention Grants</u> • Awards grants to nursing schools to strengthen nurse education and training programs and to improve nurse retention.	2010	Check the following site for the status of this opportunity http://www.hrsa.gov/grants/index.html
17	5310	Nursing	<u>Loan Repayment and Scholarship Program</u> • Adds faculty at nursing schools as eligible individuals for loan repayment and scholarship programs.	2010	Check the following site for the status of this opportunity http://www.hrsa.gov/loanscholarships/index.html
18	5311	Nursing	<u>Nurse Faculty Loan Program</u> • Establishes a Federally-funded student loan repayment program for nurses with outstanding debt who pursue careers in nurse education. • Nurses agree to teach at an accredited school of nursing for at least 4 years within a 6-year period.	Released April 16, 2010 Due on May 05, 2010	FY2010 Funding Announcement: <u>Grant Application</u>
19	5314	public health epidemiology and public health laboratory science and informatics professionals	<u>Fellowship Training in Public Health</u> • Authorizes the Secretary to address workforce shortages in State and local health departments in applied public health epidemiology and public health laboratory science and informatics.	2010	Follow updates about this initiative at http://www.hhs.gov/
20	5315	physicians, dentists, nurses, physician assistants, mental and behavior health specialists, and public health professionals	<u>United States Public Health Sciences Track</u> • Directs the Surgeon General to establish a U.S. Public Health Sciences Track to train physicians, dentists, nurses, physician assistants, mental and behavior health specialists, and public health professionals emphasizing team-based service, public health, epidemiology, and emergency preparedness and response in affiliated institutions. • Students receive tuition remission and a stipend and are accepted as Commission Corps officers in the U.S. Public Health Service with a 2-year service commitment for each year of school covered.	2010	Follow progress on this initiative at http://www.surgeongeneral.gov/v/
21	5316 (added under Sec. 10501)	Nursing	<u>Demonstration Grants for Family Nurse Practitioner Training Programs</u> • Establishes a training demonstration program that supports recent Family Nurse Practitioner graduates in primary care for a twelve month period in Federally Qualified Health Centers (FQHCs) and nurse-managed health clinics. The demonstration is authorized from 2011 through 2014.	2011	Follow updates about this initiative at http://www.hhs.gov/

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22	10501(l)	medical doctors	<u>Rural physician Training Grants</u> <ul style="list-style-type: none"> Establishes a grant program for medical schools to recruit and train medical students to practice medicine in underserved rural communities. 	2011	There have been interim rules released as they relate to these grants: http://edocket.access.gpo.gov/2010/2010-12557.htm
23	10501(m)	medical doctors	<u>Preventive Medicine and Public Health Training Grant Program</u> <ul style="list-style-type: none"> Grants awarded to eligible entities to provide training to graduate medical residents in preventive medicine specialties. Eligible entities include accredited public health or medical schools, hospitals, State, local or tribal health departments, or a consortium of the aforementioned entities. \$43 million is authorized to be appropriated in 2011, and then additional funds as necessary through 2015. 	2011	Check the following site for the status of this opportunity http://www.hrsa.gov/grants/index.html
Supporting the Existing Health Care Workforce					
24	5401	health professions schools with a significant number of under-represented minorities	<u>Centers of Excellence</u> <ul style="list-style-type: none"> The Centers of Excellence program, which develops a minority applicant pool to enhance recruitment, training, academic performance and other supports for minorities interested in careers in health, is reauthorized at 150 percent of 2005 appropriations, \$50 million. 	2010	More information about this program can be found at http://bhpr.hrsa.gov/grants/diversity.htm
25	5402	Schools of nursing, medicine, dentistry, pharmacy, allied health, optometry, veterinary medicine, or public health, or schools offering graduate programs in behavioral and mental health. Additionally for disadvantaged students: programs for the training of physician assistants, and other public or private nonprofit health or educational entities	<u>Health Professions Training for Diversity</u> <ul style="list-style-type: none"> Provides scholarships for disadvantaged students who commit to work in medically underserved areas as primary care providers, and expands loan repayments for individuals who will serve as faculty in eligible institutions. Funding is increased from \$37 to \$51 million for 2009 through 2013. 	2010 HCOP grants announced 4/12/10	FY2010 Funding Announcement: <u>Grant Application - HCOP</u>
26	5403	medical schools, AHEC	<u>Interdisciplinary, Community-Based Linkages</u> <ul style="list-style-type: none"> Authorizes funding to establish community-based training and education grants for Area Health Education Centers (AHECs) and Programs. Two programs are supported - Infrastructure Development Awards and Points of Service Enhancement and Maintenance Awards - targeting individuals seeking careers in the health professions from urban and rural medically underserved communities. 	2010 - CFDA 93.824 and 93.107	Both announced 4/26/10, due on 5/26/2010. To view information on these grants, go to https://grants.hrsa.gov/webExternal/fundingOpp.asp

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27	5404	Nursing	<u>Workforce Diversity Grants</u> <ul style="list-style-type: none"> Expands the allowable uses of nursing diversity grants to include completion of associate degrees, bridge or degree completion program, or advanced degrees in nursing, as well as pre-entry preparation, advanced education preparation, and retention activities. 	2010	Check the following site for the status of this opportunity http://www.hrsa.gov/grants/index.html
Strengthening Primary Care and Other Workforce Improvements					
28	5503	medical doctors - residency programs	<u>Distribution of Additional Residency Positions</u> <ul style="list-style-type: none"> Beginning July 1, 2011, directs the Secretary to redistribute residency positions that have been unfilled for the prior three cost reports and directs those slots for training of primary care physicians. In distributing the residency slots under this section, special preference will be given to programs located in States with a low physician resident to general population ratio and to programs located in States with the highest ratio of population living in a health professional shortage area (HPSA) relative to the general population. 	July 1, 2011	Follow updates about this initiative at http://www.hhs.gov/
29	5504	medical doctors - residency programs	<u>Counting Resident Time in Outpatient Settings and Allowing Flexibility for Jointly Operated Residency Training Programs</u> <ul style="list-style-type: none"> Modifies rules governing when hospitals can receive indirect medical education (IME) and direct graduate medical education (DGME) funding for residents who train in a non-provider setting so that any time spent by the resident in a non-provider setting shall be counted toward DGME and IME if the hospital incurs the costs of the stipends and fringe benefits. 	2010 - check provision for specific date ranges	FYI for medical schools
30	5505	medical doctors - residency programs	<u>Rules for Counting Resident Time for Didactic and Scholarly Activities and Other Activities</u> <ul style="list-style-type: none"> Modifies current law to allow hospitals to count resident time spent in didactic conferences toward IME costs in the provider (i.e., hospital) setting and toward DGME in the non-provider (i.e., non-hospital) setting. 	applies to cost reporting periods beginning on or after January 1, 1983.	FYI for medical schools
31	5506	medical doctors - residency programs	<u>Preservation of Resident Cap Positions from Closed Hospitals</u> <ul style="list-style-type: none"> Directs the Secretary to redistribute medical residency slots from a hospital that closes on or after the date that is two years before enactment of the this legislation based on certain criteria. Federal guidance will be issued as it relates to the establishment of a process 	3/23/2008 and after	FYI for medical schools, follow announcements about federal guidance at http://www.regulations.gov

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32	5508	teaching health centers, residency programs - medical doctors	<u>Increasing Teaching Capacity</u> <ul style="list-style-type: none"> • Directs the Secretary to establish a grant program to support new or expanded primary care residency programs at teaching health centers and authorizes \$25 million for FY2010, \$50 million for FY2011 and FY2012 and such sums as may be necessary for each fiscal year thereafter to carry out such program. • Also provides \$230 million in funding under the Public Health Service Act to cover the indirect and direct expenses of qualifying teaching health centers related to training primary care residents in certain expanded or new programs. 	2010	Check the following site for the status of this opportunity http://www.hrsa.gov/grants/index.html
33	5509	Nursing	<u>Graduate Nurse Education Demonstration Program</u> <ul style="list-style-type: none"> • This provision directs the Secretary to establish a demonstration program to increase graduate nurse education training under Medicare and authorizes \$50 million to be appropriated from the Medicare Hospital Insurance Trust Fund for each of the fiscal years 2012 through 2015 for such purpose. 	2012	Follow updates about this initiative at http://www.hhs.gov/
Long-Term Care Initiatives					
34	6703	institutions of higher education with demonstrated expertise in forensics or commitment to preventing or treating elder abuse, neglect, or exploitation	<u>Elder Justice</u> <ul style="list-style-type: none"> • This section contains several provisions as added to the Social Security Act. While tribes are mentioned within this addition, it is not clear as to whether tribes are eligible entities to apply for some of the grant funding established under this section. • Specifically for academic institutions, grant funding will be made available for the establishment and support of elder abuse, neglect and exploitation forensic centers 	2011	Follow updates about this initiative at http://www.hhs.gov/
Mental Health Provisions					
35	10410	Institutions of higher education	<u>Centers of Excellence for Depression</u> <ul style="list-style-type: none"> • Provides grants to establish Centers of Excellence for Depressive Disorders that will develop treatments for these diseases. • No effective date is given, but grants are funded 2011 through 2020. • At least 20 centers must be created within one year of enactment. 	2010	Informative PDF from SAMHSA http://www.nasadad.org/resources.php?vv_edit=1&vv_int=1&base_id=2209
Prevention Focused Research Provisions					

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36	4301	Institute for Clinical and Translational Research	<u>Research on Optimizing the Delivery of Public Health Services</u> <ul style="list-style-type: none"> • The Secretary, acting through the Director of CDC, shall provide funding for research in the area of public health services and systems. • This research shall include examining best practices relating to prevention, analyzing the translation of interventions from academic institutions to clinics and communities, and identifying effective strategies for delivering public health services in real world settings. CDC shall annually report research findings to Congress. 	Date not Specified	For updates on this initiative go to http://www.cdc.gov/
37	4305	Pain Care Research Centers	<u>Advancing Research and Treatment for Pain Care Management</u> <ul style="list-style-type: none"> • Authorizes an Institute of Medicine Conference on Pain Care to evaluate the adequacy of pain assessment, treatment, and management; identify and address barriers to appropriate pain care; increase awareness; and report to Congress on findings and recommendations. • Also authorizes the Pain Consortium at the National Institutes of Health to enhance and coordinate clinical research on pain causes and treatments. • Establishes a grant program to improve health professionals' understanding and ability to assess and appropriately treat pain. 	2010	For updates on this initiative go to http://grants.nih.gov/grants/oe.htm