Summary of the Bipartisan Primary Care and Health Workforce Act
September 19, 2023

TITLE I. EXTENSION FOR COMMUNITY HEALTH CENTERS, NATIONAL HEALTH SERVICE CORPS, AND TEACHING HEALTH CENTERS THAT OPERATE GME PROGRAMS

Section 101 – Teaching Health Center Graduate Medical Education: Reauthorizes the mandatory program at $300 million per year through FY2028, totaling $1.5 billion. In addition, the provision requires the Health Resources and Services Administration (HRSA) to provide a minimum level of funding per resident to stabilize programs, templates for developing a Teaching Health Center, and reporting of retention rates for program graduates. Funding would establish more than 700 new primary care residency slots, resulting in up to 2,800 additional doctors by 2031. This program increases the number of primary care physicians and dental residents trained in community-based settings. In the academic year 2021-2022, the program funded more than 930 individual primary care medical and dental residents. These clinicians provided more than 1.1 million hours of patient care to more than 800,000 patients in medically underserved and rural areas.

Section 102 – Community Health Centers: Reauthorizes the Community Health Center Fund for three years, through FY2026. Mandatory levels are increased to $5.8 billion per year of the authorizing period, totaling $17.4 billion. Authorizing discretionary levels are also amended to $2.2 billion per year through FY2026, totaling $6.6 billion. Increased funding levels are allocated towards a 15% base adjustment, the first adjustment made since 2015. In addition, the provision directs the Secretary of Health and Human Services (HHS) to prioritize funds for certain activities including extended hours of operation and school-based services. The provision also establishes a one-time, mandatory investment of $3 billion to support construction, renovation, and other capital projects at health centers, with priority given to dental and behavioral health projects. HHS is directed to create a strategic plan to improve health outcomes through nutrition for populations with diet-related chronic conditions. Health centers will be newly required to provide nutrition services.

Section 103 – National Health Service Corps: Reauthorizes the mandatory program at $950 million per year from FY2024 to FY2026, totaling $2.85 billion. Increased funding is estimated to support 20,000 new loan repayment awards and 2,100 scholarship awards per year to qualified health care providers working in underserved urban, rural, and tribal areas. Today more than 20,000 primary care medical, dental, mental and behavioral health providers are participating in this program across more than 20,000 sites including health centers, rural health clinics, American Indian and Alaska Native health clinics, school-based clinics, and community mental health centers.

Section 104 – Government Accountability Office Report: Instructs the Government Accountability Office to study and report on the effectiveness of the National Health Service Corps at attracting health care professionals to Health Professional Shortage Areas (HPSA), and requires an evaluation of HPSA calculation.

Section 105 – **Office of the Inspector General Report:** Instructs the Office of the Inspector General to report on how HRSA monitors health centers' collaborative relationships with health care providers, care quality, and financial responsibility.

Section 106 – Application of Provisions: Applies the Hyde Amendment language included in past reauthorizations which prohibits covered funds from being expended for abortions or to provide health benefits coverage that includes abortion to mandatory programs including Community Health Centers, Teaching Health Center Graduate Medical Education, and the National Health Service Corps programs.

TITLE II: SUPPORTING THE HEALTH CARE WORKFORCE

Section 201 – Rural Residency Planning and Development Program: Reauthorizes the discretionary program through FY2026 and increases funding levels from $12.5 million in FY2023 to $13 million in FY2024, $13.5 million in FY2025, and $14 million in FY2026. Expands the number of rural residency training programs and increases the number of physicians training and practicing in rural areas. From 2018 to 2022, this program supported 31 new residency programs with 418 new approved residency positions.

Section 202 – Primary Care Training and Enhancement Program: Reauthorizes the discretionary program FY2024 – FY2026, totaling $148.75 million. Increased funding is allocated to support training for future primary care clinicians and faculty including those in rural and underserved areas. In addition, increased funds will support innovative training programs that integrate behavioral health into primary care, training primary care physicians in maternal health clinical services, focusing on training Physician Assistants and clinical preceptors to expand access to primary care nationally, and enhancing accredited residency programs in family medicine, general pediatrics, and general internal medicine. In 2021-2022, this program trained more than 12,000 health professionals, residents, students, and faculty, and nearly 3,000 graduated or completed their training programs.

Section 203 – Telehealth Technology-Enabled Learning (Project ECHO): Reauthorizes the discretionary program at $11 million per year for each of FY2026 through FY2028.

Section 204 – Expanding the Number of Primary Care Doctors: Provides a one-time, $300 million mandatory supplemental to increase the number of primary care doctors. Funds are allocated to increase class sizes at medical schools that have at least one-third of their graduates practicing primary care. Not less than 20 percent of the funds will be provided to Minority Serving Institutions, including medical schools at historically black institutions. Funding is estimated to support 2,000 primary care physicians by 2032.

Section 205 – Nurse Education Practice, Quality, and Retention Program: Reauthorizes the discretionary program at $59.4 million per year for each of FY2024 through FY2026. Provides $240 million per year through FY2028 through a one-time mandatory supplemental, totaling $1.2 billion. Funding is allocated to not-for-profit community colleges and state universities to increase the number of students enrolled in accredited, two-year registered nursing programs. Requires schools receiving these awards to expand class sizes and grow the number of 2-year

nurses trained nationwide. In addition, funds may be used to expand the number of qualified preceptors at clinical rotation sites, provide direct support for students, support partnerships with health facilities for clinical training (including health centers), purchase distance learning technology and simulation equipment, and other capital projects. Overall funding is expected to train up to 60,000 additional 2-year nurses.

Section 206 – Nurse Faculty Loan Program: Provides $28.5 million in annual discretionary appropriations in FY2024 through FY2026, as well as $57 million per year for three years through a one-time mandatory supplemental. This funding would support approximately 1,000 new nurse faculty entering the workforce each year. After three years, more than 3,000 graduates with the intent to teach will have entered the workforce as a result of this provision.

Section 207 – Nurse Faculty Demonstration Program: Authorizes a demonstration program with $15 million in annual discretionary appropriations in FY2024 and FY2025, for grants to nursing schools to close the salary gap between nursing faculty and nurse clinicians.

Section 208 –Nurse Corps Scholarship and Loan Repayment Program: Reauthorizes the program through FY2026 and increases discretionary funding levels from $93 million in FY2023 to $93.6 million in FY2024, $94.6 million in FY2025 and $95.6 million in FY2026. Last year, the program funded 264 scholarships for new nurses and more than 1,200 loan repayment awards.

Section 209 – Primary Care Nurse Residency Training Programs: These programs, funded at $30 million in FY2023, would be funded at $30 million per year from FY2024 through FY2026. This funding would support 30 one-time awards per year of $1 million per health center. Each award would allow a health center to train four nurse practitioners, resulting in over 350 more primary care nurse practitioners specifically trained for a career caring for underserved populations.

Section 210 – State Oral Health Workforce Improvement Grant Program: Reauthorizes expiring funding for this program through FY2026 and increases discretionary funding levels from $14.9 million in FY2023 to $15.2 million in FY2024, $15.5 million in 2025, and $15.8 million in FY2026. It provides funding to states to increase access to and quality of oral health care in dental professional shortage areas.

Section 211 – Oral Health Training Programs: Reauthorizes the discretionary program at $28.5 million through FY2026. It funds training in general, pediatric, and public health dentistry and dental hygiene as well as dental faculty loan repayment.

Section 212 – Allied Health Professionals: Invests $300 million ($100 million for each of FY2024 through FY2026) for workforce innovation grants for community health centers and rural health clinics to carry out innovative, community-driven models to educate and train a wide range of allied health professionals, including through partnerships with high schools, community colleges, and other entities. Priority will be given to models that train individuals from underserved and disadvantaged communities and demonstrate the potential to be replicated and scaled. In addition, amends existing law to authorize the Secretary to award grants and

contracts to provide allied health training opportunities for high school students. This change would allow allied health training programs to inform high school students of these careers (e.g. medical and dental assistants and pharmacy technicians) and available financial aid.

TITLE III: REDUCING HEALTH CARE COSTS FOR PATIENTS

Section 301 – Banning anticompetitive terms in facility and insurance contracts that limit access to higher quality, lower cost care: Prevents hospitals from using anticompetitive contracting practices when they negotiate prices with commercial insurance companies.

Section 302 – Requiring a separate identification number and an attestation for each off-campus outpatient department of a provider: Requires off-campus hospital outpatient departments to bill under a separate National Provider Identifier.

Section 303 – Banning facility fees for certain services: Prohibits hospitals from billing facility fees for telehealth services and for evaluation and management health care services.

Section 304 – Prevention and Public Health Fund: Reduces the Prevention and Public Health Fund by $980 million.