Public Health Workforce Training and Capacity Building Initiatives
To help address workforce shortages in state and local health departments, the ACA contains a number of provisions designed to strengthen the public health workforce. These initiatives include loan repayment programs, funding for public health related training, as well as efforts to assess public health workforce needs. For more information, see the Investments in Local Public Health Workforce Training section.

The ACA also establishes a National Health Care Workforce Commission to assess whether the demand for healthcare workers is being met, provide recommendations on improving intergovernmental coordination and ways to encourage innovations to address population needs. For more information, see: http://www.gao.gov/hcac/nat_hewc.html and http://www.gao.gov/press/nhcwc_2010sep30.html. Additionally, the National Health Service Corps, which provides scholarships and loan repayments for medical professionals who serve for a specified number of years in a Health Professional Shortage Area, is permanently reauthorized through the ACA, and funding for the program is enhanced to help bring primary care providers to areas where there is a shortage of health care providers.

Health Care Workforce Program Assessment
The ACA contains a provision directing the HHS Secretary to create a National Center for Health Workforce Analysis. The provision also calls for the establishment of state and regional centers for health workforce analysis, and these along with the federal level center will collect, analyze and report on health workforce data. Additionally, the provision increases funding for longitudinal evaluations of certain individuals who have received education, training, or financial assistance from programs under Public Health Service Act Title VII.

Entities eligible for funding include state and regional centers for health workforce analysis, states, state workforce investment boards, public health or health professions schools, academic health centers or other appropriate public or private nonprofit entities. Funding is authorized but not appropriated. For each year from FY2010 through FY2014, the law authorizes $7.5 million for the National Center. For the state and regional centers, for each year from FY2010 through FY2014, the law authorizes $4.5 million. For more information, see: http://bhpr.hrsa.gov/healthworkforce/

State Health Workforce Development Grants
The ACA authorizes competitive planning and implementation grants for states to support workforce data collection and analysis. Specifically, the planning and implementation grants would support state partnerships and planning efforts designed to strengthen the state and local health care workforce and develop and coordinate state and local health care workforce development strategies. The grant program will be administered by the Health Resources and Services Administration, in coordination with the National Health Care Workforce Commission.

1 This is not a comprehensive listing of all healthcare workforce provisions in the ACA; these are only ones that primarily focus on building the public health workforce.
2 PPACA Section 5103
3 PPACA Section 5102
Eligible entities are state workforce investment boards. Funding is authorized but not appropriated. The ACA authorized $8 million in planning grants for FY2010, and such sums as necessary for future years. For the implementation grants, the law authorized $150 million for FY2010 and such sums as necessary for subsequent years.

---

**Public Health Workforce Loan Repayment Program**

The health reform law creates a loan repayment program for individuals receiving public health training if they commit to work in a federal, state, local or tribal public health agency for at least three years after graduation. The goal of the program is to increase the supply of public health professionals. The yearly loan repayment rate would be limited to the lesser amount of either $35,000 per individual or one-third of total debt. Funding is authorized but not appropriated, and for FY2010, the ACA authorized $195 million, as well as necessary sums for FY2011 through FY2015.

---

**Allied Health Workforce Recruitment and Retention Program**

The ACA establishes a loan repayment program for individuals employed as allied health professionals who are working in a federal, state, local, or tribal public health agency, or in acute care facilities, ambulatory care facilities and other facilities located in Health Professional Shortage Areas, Medically Underserved Areas or in areas serving Medically Underserved Populations.

---

**Fellowship Training in Public Health**

To address state and local health department workforce shortages in the areas of applied public health epidemiology and public health laboratory science and informatics, the ACA authorizes the expansion of current public health training fellowships offered through the Centers for Disease Control and Prevention.

Specifically, the law authorizes the expansion of fellowships that focus on epidemiology, laboratory science, and informatics, as well as the Epidemic Intelligence Service (EIS) and other related training programs. Individuals participating in the fellowships could be placed in state or local health agencies, and for loan repayment programs for these participants, states may receive federal assistance.

Funding is authorized but not appropriated. The health reform law authorizes from FY2010 to FY2013 annual amounts of $24.5 million for EIS fellowships and $5 million for each fellowship program in epidemiology, laboratory and informatics, for a total of $39.5 million each fiscal year.

---

5 PPACA Section 5204
7 PPACA Section 5205
8 Allied health professionals are individuals practicing in health professions that are distinct from medicine, dentistry, physiotherapy, and nursing that provide a range of diagnostic, technical, therapeutic and direct patient care and support services.
9 PPACA Section 5314
Public Health Workforce Grants for State and Local Programs\textsuperscript{10}

The law authorizes funding for training scholarships in the areas of public health and allied health for mid-career professionals. The law does not specify the specific amount of the scholarships, and eligible individuals are health professionals employed at the federal, state, local or tribal level.

Eligible educational entities will provide the training scholarships, and they include accredited institutions that offer public health and allied health training programs. Funding is authorized but not appropriated. For FY2010, \$60 million was authorized, and the law further authorizes such sums as necessary for FY2011 through FY2015. Any appropriated funds are required to be distributed equally between programs for public health professionals and allied health professionals.

United States Public Health Sciences Track\textsuperscript{11}

The ACA creates a public health sciences track at certain academic health centers selected by the HHS Secretary for degrees that focus on team-based service, public health, epidemiology and emergency preparedness and response. This training track will be established in existing accredited academic health centers, and the Surgeon General will determine the appropriateness of these locations, establish program requirements and will consult with the National Health Care Workforce Commission established by the law. Preference will be given to students from rural communities and underrepresented minority groups.

Funding is authorized but not appropriated. The ACA stipulates that the HHS Secretary must transfer such sums as necessary from the Public Health and Social Services Emergency Fund for FY2010 and for subsequent fiscal years.

U.S. Public Health Service Ready Reserve\textsuperscript{12}

Another provision in the ACA designed to strengthen the public health workforce is the establishment of Ready Reserve Corps of officers from the U.S. Public Health Service Commissioned Corps. The Ready Reserve Corps is intended to be used to respond to public health crises, other national emergencies and fill other critical public health positions. Funding is authorized but not appropriated. For each year from FY2010 to FY2014, \$17.5 million is authorized.

Research on Optimizing Public Health Service Delivery\textsuperscript{13}

The ACA mandates that the HHS Secretary provide funding through the Director of the Centers for Disease Control and Prevention to support public health services and systems research initiatives. These efforts will focus on best practices in prevention and public health service delivery.

\textsuperscript{10} PPACA Section 5206
\textsuperscript{11} PPACA Section 5315
\textsuperscript{12} PPACA Section 5210
\textsuperscript{13} PPACA Section 4301