

Health Care Reform Implications for Pediatric Academics and Researchers

President Obama signed the **Patient Protection and Affordable Care Act** (Public Law 111-148) into law on March 23, 2010. The law will extend health insurance to cover nearly thirty-two million more children, parents and other individuals. Health care reform will also impact pediatric academics and researchers by making significant new investments in workforce issues and medical research.

THE PATIENT PROTECTION AND AFFORDABLE CARE ACT:

- Increases **workforce supply and support training of health professionals** through scholarships and loans. The law supports primary care training and capacity-building and also provides state grants to providers in medically underserved areas. Provisions include training and recruiting providers to serve in rural areas, establishing a public health workforce loan repayment program, and also providing medical residents with training in preventive medicine and public health.
- **Authorizes the Title VII health professions program at an increased funding level of \$450.1 million** (and sums as necessary), which is to take effect during FY 2010. The new authorization language clarifies that the training program provide financial assistance in the form of traineeships and fellowships to physicians who are participants in any such programs and who plan to teach or conduct research in a family medicine, general internal medicine, or general pediatrics training program.
- Amends the current law for federally supported student loan funding by easing criteria for schools and students to qualify for loans, lower interest rates, shorten payback periods and ease the non-compliance provision.
- Establishes a **National Health Care Workforce Commission** to make recommendations and disseminate information on workforce priorities, goals and policies, including education and training, workforce supply and demand, and retention practices.
- Mandates the development of **national and regional centers for health workforce** analysis to collect and report data related to Title VII. The centers will collaborate with state and local agencies to collect labor and workforce statistical information and provide analysis and reports on Title VII programs to the National Health Care Workforce Commission.
- Reforms the **Graduate Medical Education (GME)** program to increase the supply, education and training of doctors, nurses and other health care workers, especially in pediatric, geriatric and

primary care fields. The health reform law increases the number of GME training positions by redistributing currently unused slots, with priorities given to primary care and general surgery and to states with the lowest resident physician-to-population ratios. It also increases flexibility in laws and regulations that govern GME funding to promote training in outpatient settings and ensure the availability of residency programs in rural and underserved areas.

- Establishes **Teaching Health Centers**, which are community-based, ambulatory patient care centers. These include federally qualified health centers and other federally funded health centers that are eligible for Medicare payments for the expenses associated with operating primary care residency programs.
- Creates a **loan repayment program for pediatric subspecialists** and providers of mental and behavioral health services for children and adolescents. The provision allocates a combined \$50 million per year for loan repayment to individuals who commit to pursuing full-time employment in pediatric medical subspecialties, pediatric surgical specialties, or child and adolescent mental and behavioral health care fields. Participants in this new program would be eligible for up to \$35,000 per year in loan repayment funds for three years.
- Authorizes a **Patient-Centered Outcomes Research Institute**. The Institute would assist patients, clinicians, purchasers, and policy makers in making informed health decisions by advancing the quality and relevance of clinical evidence through research and evidence synthesis. The Institute would identify national priorities for research, including attention to chronic conditions, gaps in evidence, quality of care, patient health and well-being, the effect on national expenditures associated with interventions or conditions, among other concerns. It would establish and update a research agenda and would require the Institute to enter into contracts with federal agencies as well as with appropriate academic, private sector research, or study-conducting entities for the management of funding and conduct of research. Authorizes \$10 million funding for FY 2010, \$50 million for FY 2011, and \$150 million for FY 2012.
- **Expands research** into depression, pain, postpartum depression, breast cancer in young women, emergency medicine, congenital heart disease, minority health, and women's health. Would also increase access to clinical trials and establish a Cures Acceleration Network.