

Meeting Minutes
National Advisory Council on the National Health Service Corps
March 21, 2023

Council Members Present

Charmaine Chan, DO, Chair

Andrea Anderson, MD, FAAFP

Tara Brandner, DNP, FNP-C

Sandra Garbely-Kerkovich, DMD

Kareem Khozaim, MD, FACOG

Elias Villarreal, Jr., MPAS, DMSc, PA-C, DFAAPA

Health Resources and Services Administration Staff Present

Diane Fabiyi-King, Designated Federal Official

Keisha Robinson, Management Analyst, Division of National Health Service Corps

Kim Huffman, Director, Advisory Council Office

Zuleika Bouzeid, Management Analyst, Advisory Council Office

Janet Robinson, Management Analyst, Advisory Council Office

Overview

The National Advisory Council on the National Health Service Corps (NACNHSC or Council) met March 21, 2023, via teleconference. The NACNHSC is a group of health care providers and administrators who are experts in the issues faced by communities with a shortage of primary care health professionals. The Council serves as a key source of information to the National Health Service Corps (NHSC) senior management, the Secretary of the U.S. Department of Health and Human Services (HHS) and, by designation, the Administrator of the Health Resources and Services Administration (HRSA). The NACNHSC was established under 42 USC 254j (Section 337 of the Public Health Service Act), as amended by Section 10501 of the Affordable Care Act. The Council is governed by provisions of Public Law 92-463 (5 USC App.2), which sets forth standards for the formation and use of advisory committees. NACNHSC

responsibilities are specified under Subpart II, Part D, of Title III of the Public Health Service Act.

Opening and Welcome Remarks

Designated Federal Official (DFO) Diane Fabiyi-King opened the meeting at 9:03 a.m., Eastern time, and called the roll. HRSA staff member Janet Robinson provided instructions for meeting participation. HRSA staff member Keisha Robinson gave an overview of the agenda.

Council Chair Charmaine Chan, DO, welcomed the participants and expressed appreciation to Ms. Fabiyi-King and Ms. Keisha Robinson for helping her make the transition from Council member to Chair. Dr. Chan pointed out that federal supplemental funding provided in response to the outbreak of the COVID-19 pandemic is ending, and concerns have been raised about potential cuts to Medicaid funding. Congress is currently reviewing President Joseph Biden's proposed federal budget for fiscal year (FY) 2024. NHSC Director Luis Padilla, MD, FAAFP, charged the NACNHSC with offering its perspectives on continued federal funding of NHSC to improve health services for people who are geographically isolated, economically at risk, and medically underserved. Therefore, Dr. Chan said, NACNHSC will draft a letter to HHS Secretary Xavier Becerra addressing the budget issue.

Dr. Chan said the Council would also use this meeting to refine its areas of focus for the coming year. She pointed out that the number of slots available for residents in primary care reached an all-time high this year, but not all positions have been filled, indicating that more work is needed to promote primary care and help meet the need for primary care professionals.

Presentation: NHSC Update

Israil Ali, MPA, Director, Division of NHSC, Bureau of Health Workforce (BHW), HRSA, HHS

Israil Ali, MPA, outlined how BHW supports HRSA's effort to improve the health of marginalized populations by connecting skilled professionals with communities in need. For example, BHW's data dashboards illustrate the supply of U.S. health care professionals, which helps inform a deeper understanding of workforce challenges. Programs such as NHSC support

training and improve the distribution of health care professionals. BHW programs and data contribute to HRSA's goals of supporting clinician well-being and amplifying the impact of HRSA's work. BHW makes workforce data publicly available [online](#). Its new, interactive [Footprint Map](#) provides a comprehensive view of BHW programs, sites, and participants that can be tailored to the user's interests and is updated daily.

Mr. Ali noted that in FY 2022, NHSC successfully mobilized many primary and behavioral health care professionals in response to the COVID-19 pandemic, fully obligating the \$800 million received in supplemental funding and the \$100 million allocated for the State Loan Repayment Program, all thanks to the American Rescue Plan Act of March 2021. NHSC was able to fund far more scholarships and loan applications than in pre-pandemic years, which means that NHSC helped increase the supply of health care professionals rapidly during the public health emergency. As a result of the increased funding, NHSC's profile was raised, and BHW increased the transparency of NHSC data. Through ongoing regional workshops, NHSC is gathering more information directly from states about their workforce needs and challenges.

As of the end of FY 2022, NHSC had about 20,000 NHSC members providing service to nearly 21 million people in the United States. Almost half (47 percent) were behavioral health professionals, reflecting HRSA efforts to promote the behavioral health workforce through increased discretionary funding and to support integration of behavioral health into primary care. Mr. Ali anticipated that the trend of more professionals providing both behavioral and primary health care would continue. He added that the public and Congress may not be aware of the high demand for primary health care professionals or the large number of applications NHSC receives (and is typically unable to fund with usual resources), both of which are illustrated by BHW's publicly available data. For FY 2023, NHSC is supporting five loan repayment programs and its scholarship awards with a budget of \$417 million, which is significantly less than previous years.

Also in FY 2023, HRSA established the Maternity Care Health Professional Target Areas (MCTAs) to better distribute maternal health professionals within primary care Health Professional Shortage Areas (HPSAs). Eligible maternal health professionals are obstetrician-gynecologists, certified nurse-midwives, and family medicine physicians who practice obstetrics.

In determining program awards, NHSC will compare an applicant's primary care HPSA and MCTA scores to dedicate maternal health care professionals to areas where they are most needed, but applicants are not required to serve in the areas of greatest need.

The Empowering Clinicians for Resiliency and Transformative Care program highlights NHSC's continued interest in promoting well-being among clinicians. It provides tools and resources on developing resilience, assessing and coping with burnout, working in multidisciplinary teams, and understanding health inequities and social determinants of health, among many other topics. In response to feedback from NHSC members, NHSC created resources to help new participants better understand the communities where they serve. Mr. Ali pointed out that NHSC aims to address stress and burnout at the clinician level but also offers guidance to organizations on how to mitigate burnout and improve resilience.

Although the number of NHSC awards for FY 2023 is not yet known, Mr. Ali said NHSC predicts a sharp decrease in field strength by the end of 2023, as health care professionals complete their service obligations. He anticipated that more than 6,000 health care professionals would leave the program. With the end of supplemental funding for COVID-19 and a total budget of \$417 million for FY 2023, Mr. Ali said NHSC will not have enough funding to replace those 6,000-plus people. However, President Biden's proposed budget requested mandatory and discretionary funding totaling \$960 million for NHSC in FY 2024. Mr. Ali was optimistic that Congress would appreciate NHSC's efforts to maintain primary health care services.

Discussion

Mr. Ali assured the Council that all current commitments are fully funded, despite the decrease in NHSC's budget for FY 2023. Kareem Khozaim, MD, FACOG, asked which data might be most compelling in making the case to Congress for increased funding. Mr. Ali responded that NHSC's record on retention demonstrates that the access to care established through the program has lasting impact. About 80 percent of NHSC participants remain in the communities they serve after they complete their service obligation.

Sandra Garbely-Kerkovich, DMD, observed that awareness of NHSC among oral health care professionals and trainees remains low, and retaining oral health professionals is a constant challenge. Mr. Ali praised NHSC efforts to work with professional associations and dental schools but recognized that there are opportunities to improve. Dr. Garbely-Kerkovich said state and national oral health professional associations are not focused on public health; she proposed that NHSC increase outreach to dental schools. Students often take on substantial debt, which spurs them to go into private practice on graduation rather than pursue residencies or public health careers. Mr. Ali said competition is strong for NHSC scholarships in all specialties, including oral health. He hoped the recent increase in health scholarships, thanks to supplemental funding, would result in a visible increase in field strength in oral health in coming years.

Dr. Khozaim asked how NHSC scholars who are maternal health care professionals would be affected by the new MCTA program. Mr. Ali clarified that all MCTAs are located within a primary care HPSA. All scholars are required to serve in a primary care HPSA, which remains the case. The MCTA program will not affect the placement score required by the program.

Dr. Chan appreciated the resources to support resilience. She asked how NHSC was preparing to support participants practicing in states enacting barriers to abortion and women's health care. Mr. Ali noted that NHSC can consider how to integrate the challenges that women's health care professionals are facing into its materials. Dr. Khozaim pointed out that many NHSC participants practice in federally qualified health centers, which have long been prohibited from performing abortions.

Dr. Chan raised concerns that the increasing number of rural hospitals closing could increase the workload for primary care professionals, who may see more patients who do not have access to safety-net hospitals. Mr. Ali said NHSC is working with a number of partners to ensure its resilience and empowerment materials reflect the current challenges of delivering care.

Mr. Ali asked the Council for observations on specific workforce challenges or areas of need that NHSC should consider. Dr. Garbely-Kerkovich said Maryland has identified a dire need to restore the auxiliary health care workforce (e.g., medical and dental assistants and independent

dental therapists) to previous levels. Mr. Ali noted that NHSC has considered supporting dental therapists and has some mechanisms that promote paraprofessionals.

Andrea Anderson, MD, FAAFP, requested that NHSC make available up-to-date videos or slide presentations that alumni can use to promote NHSC—for example, as part of the orientation for new medical students. She urged NHSC to increase outreach efforts via NHSC alumni. Mr. Ali said the stakeholder [promotional toolkits](#) provide a lot of helpful resources. A number of alumni videos developed in celebration of NHSC’s 50th anniversary in 2022 are available [online](#).

Letter Writing: Maintaining Funding Priorities for NHSC

Charmaine Chan, DO, Chair, NACNHSC

Dr. Chan reiterated that Dr. Padilla suggested the Council make the case for continued funding of NHSC. Writing a letter that Sec. Becerra can use in his interaction with Congress is faster and easier than developing a report, she noted. Council members identified key points to emphasize in its letter to the Secretary, which included the following:

- Supplemental funding enabled NHSC to boost the number of primary health care professionals; without a higher budget, NHSC will not be able to fund enough scholarships or loan repayments to make up for the more than 6,000 providers expected to leave the program by the end of 2023.
- There are insufficient numbers of students in training to fill the current number of primary care residency positions.
- Fewer health professional trainees are choosing to provide care in rural areas.
- Proposed cuts to Medicaid and Medicare would have a profound effect on rural health care professionals, who are already facing low reimbursement rates.
- The spike in NHSC loan repayment awards in FY 2021 and FY 2022 rapidly expanded the number of health care professionals serving in areas of high need, which makes the case for continued funding support for NHSC at the same level.
- After 50 years, NHSC has many alumni who strongly support the program, and those alumni vote.

- BHW’s data projections for the national health care workforce focus on integrated care; data on how integration (e.g., multidisciplinary team care) improves outcomes are helpful.
- The COVID-19 pandemic exposed and exacerbated disparities in health care, demonstrating the need to boost the primary care workforce now.
- Primary care professionals play a role in disaster response, especially in underserved rural areas, and are a crucial component of a community’s long-term response to a crisis. For example, primary care professionals provide care in safety-net facilities and federally qualified health centers, linking state health departments with local clinicians.
- The percentage of current NHSC participants by discipline is notable, as is the fact that 80 percent of NHSC participants remain in the same communities after their service.
- More NHSC funding is needed for more competitive reimbursement/compensation of health care professionals and support for clinician well-being.

Council members agreed to draw some language about NHSC and the Council from previous letters to the HHS Secretary. The Council can also incorporate some data from its recent report, [The National Health Service Corps at 50: Accomplishments, Adaptations, and Aspirations](#).

Council members discussed what level of funding the program should have. Dr. Anderson noted that the letter to the Secretary should make a convincing case that increased funding for NHSC is more important than ever before. Dr. Garbely-Kerkovich added that NHSC must keep up with technology in the field so that professionals in training see it as a viable training ground. The Council asked the DFO to check with BHW’s Policy Office experts for data and funding amounts that could be shared. Dr. Garbely-Kerkovich suggested calculating the amount of money that would be needed to decrease and eventually eliminate HPSAs. Dr. Chan added that the NHSC budget should include an annual increase for the program to meet the growing need for health services. She said the immediate goal is to restore the level of funding provided during the public health emergency as a result of the American Rescue Plan Act.

Action Items

- The Council’s technical writer will draft a letter to the Secretary that reflects the Council’s stated priorities.
- HRSA staff will review and circulate the letter to Council members for additional input.
- HRSA staff will gather insights from colleagues on how to calculate a specific request for NHSC funding.

Goals, Strategic Development, and Planning for FY 2023–2024

Charmaine Chan, DO, Chair, NACNHSC

Linking BHW Advisory Groups

Council members revisited a proposal made in 2022 to increase communication across HRSA BHW advisory groups—specifically the NACNHSC; the Advisory Committee on Interdisciplinary, Community-Based Linkages; the Advisory Committee on Training in Primary Care Medicine and Dentistry; and the Council on Graduate Medical Education. It had been suggested previously that NACNHSC members attend meetings of these other groups in an informal liaison capacity. Council members agreed that it would be helpful for individual Council members to interact periodically with one of the other advisory groups and to invite representatives of those groups to attend and possibly even present at NACNHSC meetings.

Action Items

- HRSA staff will send the Council members a list of all the scheduled public meetings of the BHW advisory groups, and members will indicate their interest and availability to attend.
- HRSA staff will create a standard template to assist Council members with reporting back to NACNHSC about what they learned from other advisory groups.

Topics for Future NACNHSC Reports and Recommendations

Dr. Chan presented a list of discussion topics generated at the November 2022 Council meeting. Council members suggested further revisions and identified some priorities.

Dr. Chan noted that the NACNHSC was planning to focus its next meeting on substance use disorders, on the basis of priorities identified in 2022. Elias Villarreal, Jr., MPAS, DMSc, PA-C, DFAAPA, suggested that the Council look at other areas of need in addition to behavioral health.

Priority Topics

- Telehealth:
 - Maintaining the broad access that emerged in response to the COVID-19 pandemic
 - Increasing and improving clinician training on using telehealth
 - Advocating for better infrastructure to support the growing use of telehealth, especially in rural areas
- Interdisciplinary collaboration:
 - NHSC support for various disciplines, including substance use disorder treatment
 - Encouraging and supporting multidisciplinary care teams
- Clinician support and professional development:
 - Mentorship
 - Training, including leadership training
 - Ensuring a robust pipeline of future health care professionals, including advocating for HRSA grant funding that allows sites to develop pipeline programs
 - Role of area health education centers
 - Preventing and managing burnout
 - How to be a member of a team
- Access to services:
 - Telehealth (see topics above)
 - Health equity, including justice, equity, diversity, and inclusion
 - Surgical and dental care, especially in rural and underserved communities
 - Behavioral health
 - Women's health services
 - Communicating the impact of Medicare and Medicaid policies on access in individual states
 - School-based health care programs

Additional Topics

- Innovations in practice
- Support for sites, such as providing performance improvement tools and other knowledge dissemination
- How to implement recommendations within the NHSC framework
- Regular review of application program guidance documents
- Issues around health care for migrants and refugees
- Supporting nurse practitioners and physician assistants in practicing to the full extent of their capacity, as deemed by state licensing, to help fill the gap in primary health care
- Raising awareness about NHSC, increasing NHSC recruitment and retention, and encouraging students to pursue primary care

The DFO, Ms. Fabiyi-King, said that the Council could have an update presentation on the current activities of the NHSC Empowering Clinicians for Resiliency and Transformative Care program, which aims to support incoming clinicians as well as those in the field at NHSC sites. Dr. Chan suggested prioritizing the presentation of this new program for the Council.

Action Item

- HRSA staff will work with Dr. Chan to refine the list of topics and will ask Council members for input on how to focus the next two NACNHSC meetings.

Public Comment

No public comments were offered.

Closing Remarks from the Chair

Charmaine Chan, DO, Chair, NACNHSC

Dr. Chan said the conversation was invigorating, and she appreciated the substantial input of the Council members throughout the day. She thanked HRSA staff for their work behind the scenes. The meeting adjourned at 3:10 p.m.