From Council Recommendation to Program Implementation: The Process
National Advisory Council on the National Health Service Corps

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Vision: Healthy Communities, Healthy People
Overview

1. National Health Service Corps Legislative History
2. Overview of National Advisory Council on NHSC (NACNHSC) Charge
3. Drafting Recommendations
4. Turning Recommendations into Policy
Legislative History

- **1970**: Emergency Health Personnel Act
- **1972**: Emergency Health Personnel Act Amendments
- **1976**: Health Professional Education Assistance Act
- **1987**: NHSC Loan Repayment Program Authorized
- **1990**: NHSC Reauthorized
- **2002**: NHSC Reauthorized
- **2004**: American Jobs Creation Act
- **2010**: Affordable Care Act
Program Authorities

Legislation:
Section 331 *et seq* of the Public Health Service Act (as amended).

**Appropriation Acts:**
The Consolidated Appropriations Act of 2018
The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019
The Continuing Appropriations Act, 2019

**Regulation:**
42 C.F.R. 62
42 C.F.R. 23

**Policy:**
Application and Program Guidance(s)
Site Reference Guide
BHW Investments – NHSC

- NHSC Scholarship Program
- NHSC Loan Repayment Program (LRP)
- NHSC Substance Use Disorder (SUD) Workforce LRP
- NHSC Rural Community LRP
- NHSC Students to Service (S2S) Program
- State Loan Repayment Program
NACNHSC Authorization

The National Advisory Council on National Health Service Corps (NACNHSC) is authorized by Section 337 of the Public Health Service Act as amended by Public Law 111-148:

“The Council shall consult with, advise, and make recommendations to, the Secretary with respect to his responsibilities in carrying out this subpart (other than section 254r [1] of this title), and shall review and comment upon regulations promulgated by the Secretary under this subpart.”
NACNHSC Charge

• Serve as a forum to identify the priorities for the NHSC and bring forward and anticipate future program issues and concerns.

• Functions as a sounding board for proposed policy changes by using the varying levels of expertise represented on the Council to advise on specific program areas.

• Develops and distribute white papers and briefs that clearly state issues and/or concerns relating to the NHSC with specific recommendations for necessary policy revisions.
Committee Recommendations

The Committee is strongest when considering areas where HHS and the Secretary have the authority to make a change in either program or allocated resources.

Things to consider:

• Is this a legislative or policy recommendation?
• Does HHS have authority to make the change?
• Who is the appropriate audience (i.e., Secretary, Congress, public)?
• What is the appropriate vehicle to share recommendations?
Strong recommendations are those that have a precise action that can be directly tied to a specific change that the Secretary can make.

Precise action items

vs.

General considerations
Past Recommendations

• December 2016
  National Advisory Council on the National Health Service Corps: Priorities and Recommendations for the future of the National Health Service Corps (PDF - 193 KB)

• March 2007
  National Advisory Council on the National Health Service Corps: Priorities for Reauthorization and Legislative Updates (PDF - 1.45 MB)

• January 2000
  A National Health Service Corps for the 21st Century (PDF - 168 KB)
Turning Recommendations into Action

Legislative

• Letters to Congress
• A-19 process
  (https://www.whitehouse.gov/omb/circulars_a019/)
337 (b)(1) Members of the Council shall be appointed for a term of three years, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which the member’s predecessor was appointed shall be appointed for the remainder of such term. No member shall be removed, except for cause. 

*Members may not be reappointed to the Council.*
A-19 Process – The Proposal

Health Resources and Services Administration
DHHS Fiscal Year 2009 Legislative Proposal
National Health Service Corps

Provide the Secretary the option of reappointing any member of the Council for one additional three-year term
A-19 Process – The Result

• SEC. 10501 of the ACA:
  • AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT, THE SOCIAL SECURITY ACT, AND TITLE V OF THIS ACT.

• (3) Section 337(b)(1) of the Public Health Service Act (42 U.S.C. 254j(b)(1)) is amended by striking “Members may not be reappointed to the Council.”.

• Current Law:

• 337 (b)(1) Members of the Council shall be appointed for a term of three years, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which the member’s predecessor was appointed shall be appointed for the remainder of such term. No member shall be removed, except for cause.
Turning Recommendations into Action

Legislative:
For both scholars and loan repayers, extend the duration of the service commitment to allow fulfillment through less-than-full-time practice (LTFT). [“A National Health Service Corps for the 21st Century (JAN 2000)]

Health Care Safety Net Amendments of 2002:
331(i)(1) In carrying out subpart III, the Secretary may, in accordance with this subsection, carry out demonstration projects in which individuals who have entered into a contract for obligated service under the Loan Repayment Program receive waivers under which the individuals are authorized to satisfy the requirement of obligated service through providing clinical service that is not full-time.*

*NOTE: ACA in 2010 added NHSC SP and changed ‘not full-time’ to “half-time” defined as minimum 20 hours / week.
Questions
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