



HRSA **HealthyGrants** WORKSHOP

HRSA Examined: The Healthcare Systems Bureau April 2019

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Health Resources and Services Administration (HRSA)



HRSA FY 2019 Funding: **\$11.7 Billion**

HRSA Program	FY 2018 Enacted	FY 2019 Enacted
Primary Health Care	\$5,511	\$5,627
HIV/AIDS	\$2,319	\$2,319
Health Workforce	\$1,516	\$1,552
Maternal and Child Health	\$1,293	\$1,333
Rural Health	\$291	\$318
Family Planning*	\$286	\$286
Program Management	\$155	\$155
Healthcare Systems	\$112	\$115
Vaccine Injury Compensation	\$9	\$9
TOTAL	\$11,492	\$11,714

**Administered by the HHS Office of the Assistant Secretary for Health, Office of Population Affairs*



HSB FY 2019 Budget

**FY 2019 Total Budget: \$115 million (Program Administration)
\$260 million (Mandatory for claims)**

	FY 2019 Enacted
Healthcare Systems Bureau Programs	
Organ Transplantation	26
National Cord Blood Inventory	16
C.W. Bill Young Cell Transplantation Program	24
Poison Control Program	23
Office of Pharmacy Affairs/340B Drug Pricing Program	10
National Hansen's Disease Program (includes buildings and facilities and Payment to Hawaii)	16
Total, Program Level	115
VICP Claims (Mandatory)	260
VICP Direct Operations	9

Note: All dollars in millions.



Organ Transplantation

FY 2019 Funding: \$26 million

- Division of Transplantation oversees the national organ matching and allocation system, the Organ Procurement and Transplantation Network (OPTN).
- HRSA-supported activities to increase the availability of organs include:
 - Organ Donation Public Awareness Program
 - Grants for research on ways to increase organ donation
 - Grants to support living organ donors
 - Partnerships with stakeholders such as Donate Life America, American Society of Transplantation, American Society of Transplant Surgeons, Association of Organ Procurement Organizations, NATCO – The Organization for Transplant Professionals, and United Network for Organ Sharing (UNOS)
- Need for organs outpaces availability: over **113,000** patients are currently in need of lifesaving transplants. On average, 20 people die each day waiting for transplants.
- Over **145 million** people are registered to be organ donors--an all-time high.
- In 2018, nearly **35,600** organ transplants were performed in the United States – more than any other year.



Organ Transplantation

FY 2019 Funding : Continued

- OPTN Contract is managed by United Network for Organ Sharing (UNOS) to provide administrative support to the OPTN (HRSA contract).
 - Maintains national organ waiting list
 - Operates IT system to match organs with patients
 - Collects transplant data and monitors system performance
 - Develops organ allocation policies
- Scientific Registry of Transplant Recipients is managed by Minneapolis Medical Research Foundation (HRSA contract).
 - Provides statistical and analytical support to OPTN
 - Produces modeling to improve organ allocation policy
 - Designs performance metrics to evaluate OPTN system performance
 - Carries out data and economic analyses



Reimbursement of Travel and Subsistence Expenses toward Living Organ Donation Grant

FY 2019 Funding: \$3.25 million

- The purpose of this grant program is to reduce financial disincentives to living organ donation by:
 - Operating the National Living Donor Assistance Center (NLDAC)
 - Providing financial assistance to people who wish to be living organ donors and might not otherwise be able to donate.
- Currently, qualified expenses include travel, lodging, and expenses related to donor evaluation, surgery, and follow-up visit(s).
- Eligibility is based on recipient and donor household income, with ability to pay based on 300 percent of the HHS Poverty Guidelines.



Lost Wages Support for Living Organ Donors Grant

FY 2019 Funding: \$2.0 million

The primary purpose of this grant program is to assess whether reimbursing lost wages increases individuals' willingness to become living organ donors.

- Funding for this project will:
 - Ascertain the effect of providing reimbursement of lost wages on individuals' decisions to initiate the process of becoming living donors by undergoing donor evaluation; and
 - Inform HRSA on the most effective way to provide this support to living donors.
- Eligible prospective living donors, regardless of income, will receive reimbursement of up to \$5,000 in lost wages for donor evaluation and surgical procedures.
- If the prospective donor is also eligible for reimbursement under the NLDAC, the combined reimbursement amount will not exceed \$8,000.



Organ Transplantation

Did you Know?

Another record breaking year in organ transplantation

2018: More transplants than ever



More than
36,500*
transplants
6th consecutive
record breaking year.



There were more than
10,700 deceased
donors in 2018.
8th consecutive record
breaking year.

Nearly **6,900*** *living*
donor transplants in 2018.
Highest total since 2005.



*Based on OPTN data as of Jan. 8, 2019. Data subject to change based on future data submission or correction.

How Does it Work:

<https://optn.transplant.hrsa.gov/learn/about-donation/>



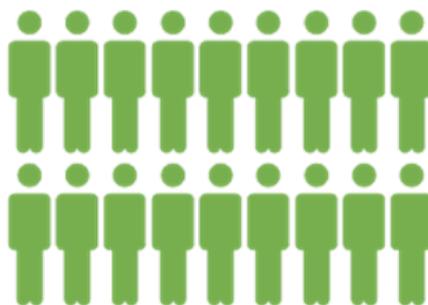
Organ Transplant

Did you Know?

Organ donation and transplantation can save lives



Every ten minutes, someone is added to the national transplant waiting list



On Average, 95 Transplants take place each day in the U.S.



One organ donor can save eight lives.

Sign Up to be an Organ Donor: <https://www.organdonor.gov/register.html>

Information can be found on: Organ Procurement and Transplantation Network
<https://optn.transplant.hrsa.gov/>



C.W. Bill Young Cell Transplantation

FY 2019 Funding: \$24 Million

- Increases the number of transplants for recipients suitably matched to biologically unrelated donors of bone marrow and cord blood.

- The program oversees the following five major activities:
 1. A coordinating center for bone marrow that recruits potential donors, works with transplant centers, and provides educational resources
 2. A coordinating center for cord blood that coordinates cord blood bank activities, and provides educational resources
 3. An electronic system for healthcare professionals to identify suitable blood stem cell products for patients in need of blood stem cell transplants
 4. Patient support and case management for individuals from the time of diagnosis through all stages after the transplant
 5. A stem cell therapeutic outcomes database that provides for research in outcomes of blood stem cell transplantation, and a repository that stores donor and patient samples for research



National Cord Blood Inventory

FY 2019 Funding: \$16 Million

- Contracts with cord blood banks across the country to build a public inventory of at least 150,000 new, high-quality, genetically diverse cord blood units (CBUs). At the end of FY 2018, the inventory contained over **96,997** units.
- Assures that donated CBUs not available for clinical transplantation are made available for research that has been reviewed and approved by experts in the field of transplant.
- Supports data collection on cord blood transplantation for inclusion in the stem cell therapeutics outcomes database.
- In FY 2018, **493** NCBI cord blood units were shipped for transplantation.



Poison Control Program

FY 2019 Funding: \$23 Million

- Maintains a single national toll free number to provide public access to poison center services; provides grant funds to support State poison center operations; and conducts national outreach to increase public awareness of the poison centers.
- In 2017, approximately **2.1 million** human poison exposure calls were made to the nations **55 poison centers**.
- Children 5 years and under represent almost half (**45 percent**) of the 2.1 million human exposure calls.
- It is estimated that every dollar invested in the poison center system saves **\$13.39** in medical costs and lost productivity, for a total savings of more than **\$1.8 billion** every year.



Poison Center Network Program Grant

FY 2019 Funding: (\$18.5 million)

- Eligible applicants are poison control centers (PCCs) that are accredited by a professional organization in the field of poison control and State governments. There are only 2 accredited bodies approved by the Secretary of HHS, the American Association of Poison Control Centers and the State of Mississippi.
- There are **52 grantees** that operate the **55 PCCs** that provide services to the U.S. and its territories.
- Purpose of the grant is to support PCC operations, this includes preventing and providing treatment recommendations for poisonings, complying with the operational requirements needed to sustain the accreditations of the centers, and improving and enhancing communications and response capability and capacity.
- HRSA grant funds represent **13 percent** of the cost to operate a PCC. The majority of funding comes from states.



Poison Control Program

Did you Know?



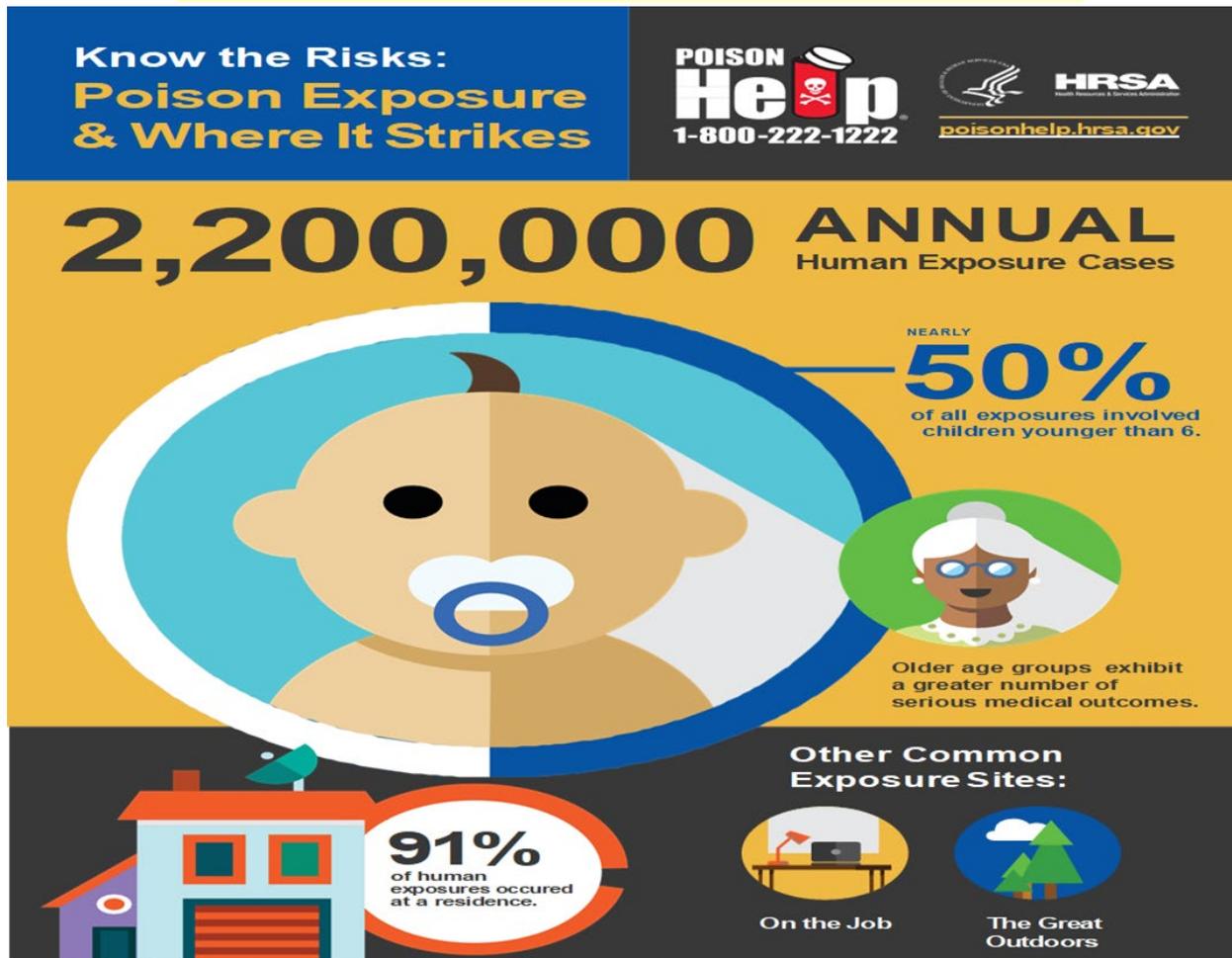
Data* reported from the American Association of Poison Control Centers' National Poison Data System (2014)**
* All data has been rounded to the nearest percentage point.
** Flawry JB, Spiller DR, Brooks DE, McMillan RY, Schauben JL. 2014 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS).

Poison Help Resources



Poison Control Program

Did you Know?



Data* reported from the American Association of Poison Control Centers' National Poison Data System (2014)**

* All data has been rounded to the nearest percentage point.

** Nowiny JB, Spivker DA, Brooks DE, McMillan N, Schauben JL. 2014 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS); 31st Annual Report. Clin Toxicol (Phila). 2015



Office of Pharmacy/Affairs/340B Drug Pricing Program

FY2019 Funding: \$10 million

- Allows safety net health care providers, specified in statute, to obtain discounts on covered outpatient drugs from drug manufacturers.
 - Manufacturers participating in the Medicaid Drug Rebate Program agree to provide outpatient drugs to covered entities at significantly reduced prices.
- In FY 2014, funding was increased from **\$4.4 million** to \$10.2 million to enhance oversight of participating manufacturers and covered entities, and increase efficiencies using information technology.
- In 2017, covered entities purchased **\$19.3 billion** in 340B drugs and saved between 25-50% on outpatient drug expenditures, allowing them to reach more eligible patients and provide more comprehensive services.
- As of January 1, 2019, there are approximately 12,800 covered entities (e.g., safety net hospitals, clinics, health centers) with more than 31,900 associated sites and more than 600 drug manufacturers participating in the 340B Program.



Office of Pharmacy Affairs/340B Drug Pricing Program

Did you Know?

- Supports an integrated system of compliance tracking for covered entities and manufacturers, enabling enhanced communication across the Office of Pharmacy Affairs to ensure that all covered entities and manufacturers are in compliance with 340B program requirements.
- Qualified safety net organizations obtain a 25-50% discount on outpatient drugs with sales totaling **\$19 billion** in 2016.
- By participating in the 340B Drug Pricing Program, enrolled safety net providers may purchase certain medications at significant discounts for use with their eligible patients.



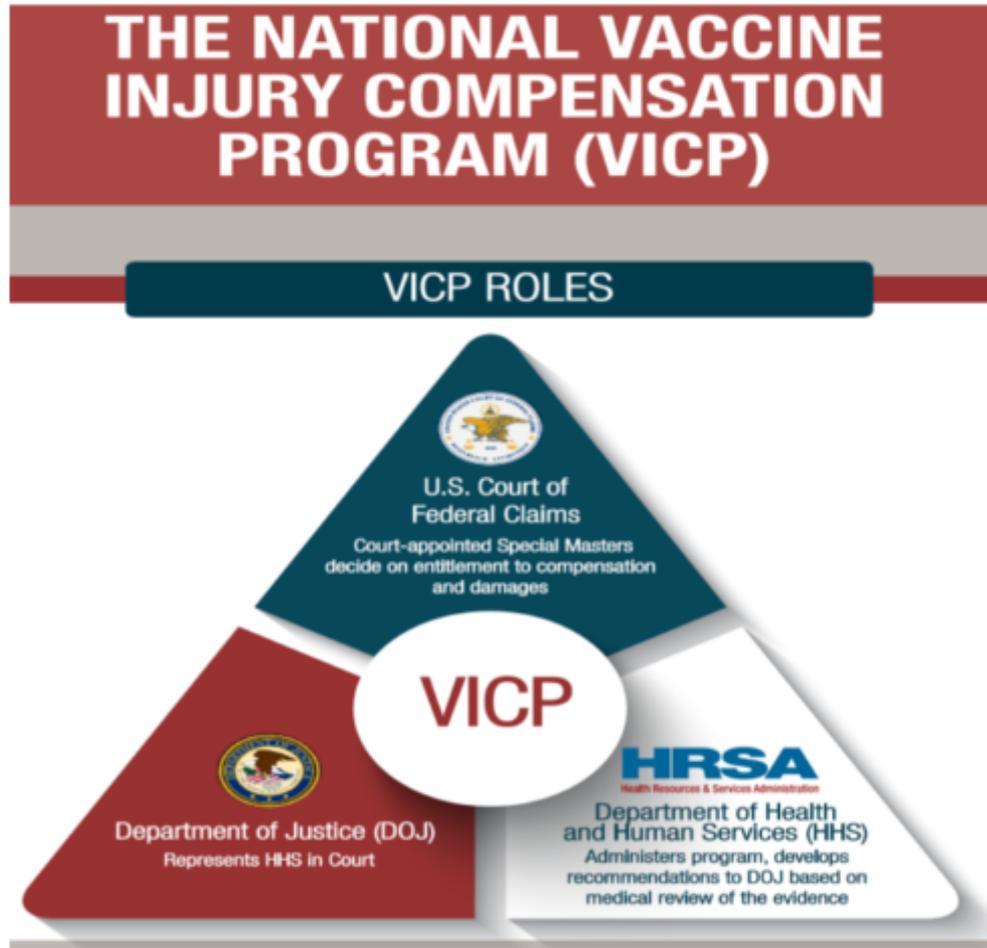
National Vaccine Injury Compensation Program (VICP)

**FY 2019 Funding: \$9.2 million - Program Administration
plus \$260 million (Mandatory for claims)**

- The program:
 - Ensures individuals injured by certain vaccines are provided with fair and efficient compensation
 - Assures a stable vaccine supply by limiting liability for vaccine manufacturers and administrators
- In FY 2018, **1,238 claims** were filed.
 - Represented nearly a 100% increase compared to 633 claims filed in FY 2014, and is the result of an increase in the number of claims filed alleging injuries from the seasonal influenza vaccine.
- As of January 2019, **\$3.8 billion** in compensation awarded to petitioners since the Program began in 1988.



National Vaccine Injury Compensation Program (VICP)



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National Vaccine Injury Compensation Program (VICP)

Did you know?

- According to the CDC, from 2006 to 2017 over **3.4 billion** doses of covered vaccines were distributed in the U.S. For petitions filed in this time period, 5,589 petitions were adjudicated by the Court, and of those 3,794 were compensated. This means for every 1 million doses of vaccine that were distributed, 1 individual was compensated.
- Since 1988, over 20,215 petitions have been filed with the VICP. Over that 30-year time period, 17,627 petitions have been resolved, with 6,358 of those determined to be compensable, while 11,269 were dismissed. Total compensation paid over the life of the program is approximately **\$4.0 billion**.
- Being awarded compensation for a petition does not necessarily mean that the vaccine caused the alleged injury. Almost 80% of all compensation awarded by the VICP comes as result of a negotiated settlement between the parties in which HHS has not concluded, based upon review of the evidence, that the alleged vaccine(s) caused the alleged injury.
- Attorneys are eligible for reasonable attorneys' fees, whether or not the petitioner is awarded compensation by the Court, if certain minimal requirements are met. Attorneys are paid by the VICP directly and may not charge any other fee, including a contingency fee, for services **in representing a petitioner in the VICP.**



Countermeasures Injury Compensation Program (CICP)

FY 2019 Funding: Funding Pending

- Provides compensation to individuals for serious physical injuries or deaths from pandemic, epidemic, or security countermeasures identified by the Secretary of Health and Human Services in declarations published under the Public Readiness and Emergency Preparedness Act of 2005.
- Covered countermeasures treat, prevent and diagnose influenza A viruses, anthrax, smallpox, botulism, acute radiation syndrome, Ebola, Zika, and nerve agent and insecticide poisoning.
- As of FY 2019, the CICP awarded compensation totaling more than **\$5.5 million** since 2009.
- Funding for the program is derived from the Public Health and Social Services Emergency Fund appropriated by the Supplemental Appropriations Act of 2009.



Medical Claims Review Panel (MCRP)

- MCRP is an HHS/Office of the Assistant Secretary of Health function supported by HRSA:
 - Assists HHS in meeting its responsibility to provide quality health care in its facilities and by its practitioners
 - Reviews medical malpractice claims for HHS OPDIVs after the settlement and/or judgment and make quality improvement recommendations
- Determines if the standard of care was met and determines if the practitioner will be named in a medical malpractice payment report to the National Practitioner Data Bank (NPDB).
 - Each OPDIV is responsible for reporting practitioners named by the MCRP to the NPDB.
- In FY 2018, the MCRP reviewed **149 claims** involving 311 clinicians, and the total amount paid by OPDIVs for claims reviewed by the MCRP during FY 2018 was **\$130 million.**



National Hansen's Disease Program (includes Hawaii)

FY 2019 Funding: \$16 million

- The [National Hansen's Disease Program](#) (NHDP) has cared for people with Hansen's Disease (leprosy) and related conditions since 1894.
 - NHDP provides medical care to any patient living in the United States or its territories through direct patient care at its facilities in Louisiana, contracted inpatient services in Hawaii, and 11 contracted regional outpatient clinics.
 - The program is also a crucial source of continuing education for providers who diagnose and treat Hansen's Disease in the United States, the Marshall Islands, Micronesia, Samoa, and Guam. In FY 2018, 661 health care professionals within the continental United States were trained through videoconference and in-person lectures.
 - Early diagnosis and treatment are the keys to blocking or arresting the trajectory of Hansen's Disease-related disability and deformity. In FY 2018, 36% of patients treated through NHDP had a grade 1 or 2 disability rating, exceeding the target of maintaining disability ratings below 50 percent.



National Hansen's Disease Program

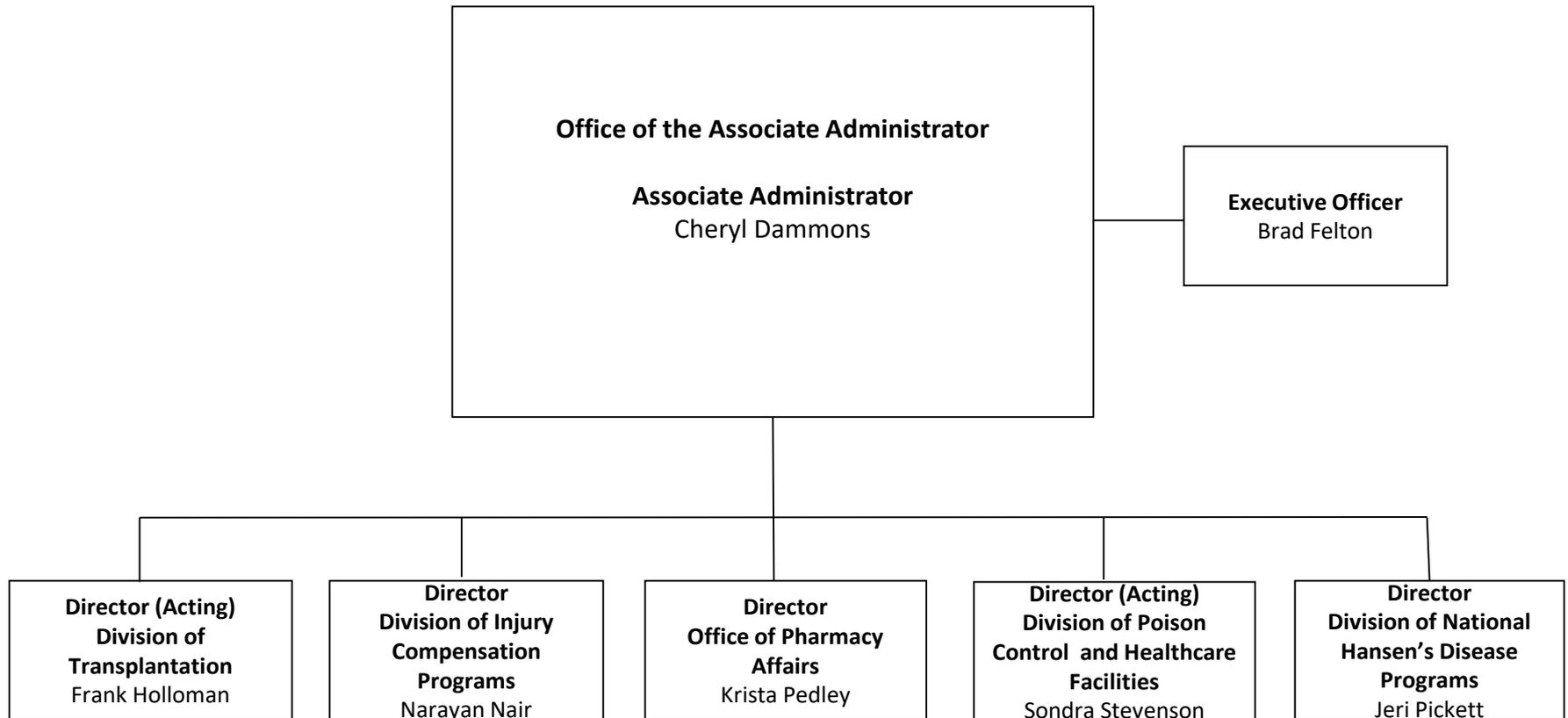
Did you Know?

- Most (**95%**) of the human population is not susceptible to infection with *M. leprae*, the bacteria that causes Hansen's disease (leprosy).
- Treatment with standard antibiotic drugs is very effective.
- Patients become noninfectious after taking only a few doses of medication and need not be isolated from family and friends.
- Diagnosis in the U.S. is often delayed because health care providers are unaware of Hansen's.
- **181 new cases** were reported in the U.S. in 2018 (the most recent year for which data are available).
- Most (**134 or 74%**) of these new cases were reported in
 - Arkansas
 - California
 - Florida
 - Hawaii
 - Louisiana
 - New York
 - Texas



HSB Organizational Structure

Healthcare Systems Bureau



Questions?



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