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The National Health Service Corps

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SUMMARY

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The National Health Service Corps

The National Health Service Corps (NHSC) provides scholarships and loan repayments to health care providers in exchange for a period of service in a health professional shortage area (HPSA). The program places clinicians at facilities—generally not-for-profit or government-operated—that might otherwise have difficulties recruiting and retaining providers. The program's clinicians provided care to an estimated 23.6 million patients in 2021.

The NHSC is administered by the Health Resources and Services Administration (HRSA), within the Department of Health and Human Services (HHS). Congress created the NHSC in the Emergency Health Personnel Act of 1970 (P.L. 91-623), and its programs have been reauthorized and amended several times since then.

The Patient Protection and Affordable Care Act of 2010 (ACA; P.L. 111-148) permanently reauthorized the NHSC. Prior to the ACA, the NHSC had been funded with discretionary appropriations. The ACA created a new mandatory funding source for the NHSC, the Community Health Center Fund (CHCF), which was intended to supplement the program's annual appropriation. However, from FY2012 to FY2017, the CHCF entirely replaced the NHSC's discretionary appropriations. Beginning in FY2018, the program received discretionary appropriations again. These funds were appropriated for loan repayment for substance use disorder treatment providers, with some funds reserved for loan repayment for providers placed at rural facilities and at Indian Health Service facilities. In FY2021, the American Rescue Plan Act of 2021 (ARPA, P.L. 117-2) provided a one-time appropriation of $800 million to expand the number of scholarship and loan repayment awards the program can make. ARPA also reserved $100 million for states to make loan repayment awards.

Though the NHSC has received discretionary appropriations in recent years, the CHCF represents more than 70% of the program's annual funding. The CHCF is time-limited. At its outset, it was an appropriation for FY2011 through FY2015, but it has been extended several times, most recently through FY2023 in the Consolidated Appropriations Act, 2021 (P.L. 116-260).

From FY2011 through FY2020, the NHSC offered more than 48,000 loan repayment agreements and scholarship awards to individuals who have agreed to serve for a minimum of two years in a HPSAs. In FY2020, the NHSC offered more than 9,000 loan repayment agreements and scholarship awards. The number of awards the NHSC makes is only one component of program size, because not all awardees are currently serving as NHSC providers; some are still completing their training (e.g., scholarship award recipients). As such, the NHSC also measures its field strength: the number of NHSC providers who are fulfilling a service obligation in a HPSA in a given year. In FY2020, total NHSC field strength was 16,229. NHSC providers are currently serving in a variety of settings throughout the entire United States and its territories. The majority of NHSC providers serve in outpatient settings, most commonly at federally qualified health centers.

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Introduction

The National Health Service Corps (NHSC) is a clinician recruitment and retention program that aims to reduce health workforce shortages in underserved areas. The NHSC has three components: (1) a federal scholarships program, (2) a federal loan repayment program, and (3) a state-operated loan repayment program. Under each of these programs, health providers receive either scholarships or loan repayments in exchange for a service commitment at an NHSC-approved facility located in a federally designated health professional shortage area (HPSA, see text box).[1] Participants in the state loan repayment programs may also serve in state-designated shortage areas; federal program participants may not. NHSC-approved facilities are generally nonprofit or government-operated (federal, state, local, or tribal) organizations that provide care to patients without regard for the patient's ability to pay. The program's clinicians provided care to an estimated 23.6 million patients in calendar year 2021. This is an increase from FY2019, when the program estimated that its clinicians provided care to 13.7 million patients.[2]

The three NHSC programs are managed by the Bureau of Health Workforce (BHW) in the Health Resources and Service Administration (HRSA), an agency in the Department of Health and Human Services (HHS). The NHSC was created by the Emergency Health Personnel Act of 1970 to provide an adequate supply of trained health providers in federally designated HPSAs.[3] Since the program's inception, Congress has reauthorized and revised the program several

Health Professional Shortage Areas (HPSAs)

HPSAs are areas—rural or urban—with a shortage of primary medical care, dental, or mental health providers. Specific population groups (e.g., populations with unusually high needs for health services, as indicated by measures such as the poverty rate and the infant mortality rate) and specific facilities (e.g., a community health center, or a facility operated by the Indian Health Service) may also be designated as HPSAs.

The HPSA designation is made based on ratios of provider per population; the specified ratio may change, based on the type of HPSA (e.g., primary care or mental health). For example, an area may be designated a primary care HPSA if it has a full-time equivalent primary care physician ratio of at least 3,500 patients for each primary care physician, or has a ratio of between 3,000 to 3,500 patients for each primary care physician and has a population with high health care needs.

HPSA scores range from 0 to 25 (26 for dental HPSAs), with a higher score indicating greater shortages.

Source: Health Resources and Services Administration, Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations, at https://bhw.hrsa.gov/shortage-designation and CRS Infographic IG10015, *Health Professional Shortage Areas (HPSAs)*.

[1] NHSC providers supported by the federal programs must serve at an NHSC-approved service site; time spent at an unapproved site, even if that site is within a health professional shortage area (HPSA), does not count toward the clinician's service commitment. See U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), *National Health Service Corps Loan Repayment Program, Fiscal Year 2021, Application & Program Guidance, March 2021,* https://nhsc.hrsa.gov/sites/default/files/nhsc/loan-repayment/lrp-application-guidance.pdf, p. 44.

[2] HHS, "HHS Announces Record Health Care Workforce Awards in Rural and Underserved Communities" press release, November 22, 2021, https://www.hhs.gov/about/news/2021/11/22/hhs-announces-record-health-care-workforce-awards-in-rural-underserved-communities.html, and "HHS/HRSA, Report to Congress, National Health Service Corps for the Year 2019," Rockville, MD, 2019, https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/about-us/reports-to-congress/nhsc-report-congress-2019.pdf, p. 12.

[3] P.L. 91-623 was enacted on December 31, 1970. The NHSC is authorized in Sections 331-338 of the Public Health Service Act (PHSA) (42 U.S.C. §254d et. seq.). The federal regulation states the purpose of the loan repayment (42 C.F.R. §62.21) and the scholarship program (42 C.F.R. §62.1).

times, with the most recent reauthorization included in the Patient Protection and Affordable Care Act (P.L. 111-148, ACA). The ACA permanently reauthorized the NHSC, creating, among other things, a mandatory funding stream for the program and implementing a part-time option, which allows part-time service in exchange for an extended service commitment.[4]

This report provides an overview of the NHSC, including the program's funding, the number and types of providers the program supports, and the locations where they serve.

Program Overview

The NHSC consists of three programs: (1) a federal scholarship program; (2) a federal loan repayment program, which includes several temporary component loan repayment programs; and (3) a state-operated loan repayment program. The federal scholarship program provides scholarships in exchange for a service commitment at the end of a recipient's education, including any training required before licensure. The loan repayment programs provide clinicians with loan repayment in exchange for an immediate service commitment.[5] HRSA administers the federal scholarship and loan repayment programs and provides funds to states. States match these funds to operate state loan repayment programs.[6] The largest program—by funding and by participants—is the federal loan repayment program, followed by the state loan repayment program, and then the scholarship program.

The section below describes these three programs. The discussion focuses on program differences; however, the programs share a number of common elements. Specifically, the core programs generally require a minimum service commitment of two years in a HPSA.[7] Several of the component loan repayment programs require a three-year service commitment, including the substance use disorder loan repayment program, the rural community workforce loan repayment program, and the Student to Service loan repayment program (these programs are discussed below). All NHSC programs are restricted to U.S. citizens or U.S. nationals,[8] and all provide awards that are exempt from federal income and employment taxes. In addition, all three programs allow physicians,[9] dentists, physician assistants, nurse midwives, and nurse practitioners to participate, but the loan repayment programs also permit additional provider types to participate.[10] The three program types are described below; **Table 2** presents data on the number of awards made under each of these programs.

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[4] For additional changes included in the Affordable Care Act, see CRS Report R41278, *Public Health, Workforce, Quality, and Related Provisions in ACA: Summary and Timeline*.

[5] PHSA Section 338G authorizes a fourth program that would provide a $25,000 loan to an NHSC member in exchange for two-years of service in a HPSA in private practice. This program has never been implemented.

[6] Funding included in the American Rescue Plan Act (ARPA) for the state loan repayment program waived the state matching requirement.

[7] Some individuals may serve more than two years. For example, some may serve part-time in exchange for an extended service commitment and some may extend their commitment upon receiving a continuation award, which entails additional scholarship or loan repayment in exchange for an extended commitment. See HHS, HRSA. "National Health Service Corps," http://nhsc.hrsa.gov/.

[8] U.S. nationals are individuals born in certain U.S. territories.

[9] Physicians include individuals who have graduated from allopathic medical schools, which award Medical Doctor (MD) degrees and osteopathic medical schools which grant Doctors of Osteopathy (DO) degrees. Graduates of foreign medical schools are not eligible for the NHSC.

[10] For example, the federal loan repayment program permits mental and behavioral health providers and dental hygienists to participate. The state loan repayment program allows these additional providers and permits states to designate additional provider types as eligible based on the state's workforce needs.

Generally, NHSC awards are made competitively, with scholarships awarded based on eligibility and a set of selection factors (e.g., the participant's commitment to primary care practice and the likelihood of remaining in a shortage area after the NHSC service commitment has ended).[11] Loan repayment awards are made based on the HPSA score of the site and on the loan repayment program's eligibility and selection factors.[12]

Federal Scholarship Program

The NHSC Scholarship Program is established in Section 338A of the Public Health Service Act (PHSA).[13] It provides scholarships—including tuition, reasonable education expenses, and a monthly living stipend—to individuals enrolled full-time in specified education programs at a fully accredited U.S. school.[14] Eligible schools/programs include medical schools (allopathic and osteopathic), physician assistant programs, dental schools, and advance practice nursing schools. Individuals must agree to complete their training (including residency training or required clinical hours, where applicable) in *primary care*.[15] For each year of scholarship support received (or partial year after the first year), students must agree to provide a year of service in a HPSA. For example, if a full-time service scholar receives three years of scholarship support the scholar would owe three years of full-time service at an approved facility. Scholars incur a minimum service commitment of two years. The number of school years of NHSC scholarship support received by the scholar may not exceed four school years.[16] As such, through the scholarship program, the maximum required years of full-time service at an approved facility is four years.

NHSC scholars begin their service commitment upon the completion of training, including any advance clinical training needed for licensure (e.g., primary care residency for physicians). Participants must also have obtained a professional license, certificate, or registration before beginning their service commitment. NHSC scholars must fulfill their service commitment on a full-time basis and are required to fulfill their service commitment in a HPSA of greatest need. Each year HRSA determines the HPSA score indicative of greatest need. This varies by provider type. For example, for class year 2022, NHSC scholars must work at NHSC-approved service sites with a HPSA score of 20 or above for primary care physicians or nurse practitioners, 14 or above for primary care physician assistants, and 10 or above for nurse midwives. Scores also vary for mental health HPSAs and dental HPSA providers.[17] Individuals participating in the federal loan repayment program may serve part-time and may serve in areas with lower HPSA scores, but scholars may not. At the end of their service commitment, scholars may apply for continuation

[11] HHS, HRSA, *NHSC Scholarship Program, School Year 2021-2022 Application & Program Guidance*, p. 8, https://nhsc.hrsa.gov/sites/default/files/nhsc/scholarships/scholarship-application-guidance.pdf.

[12] HHS, HRSA, *National Health Service Corps Loan Repayment Program, Fiscal Year 2021, Application & Program Guidance, March 2021*, https://nhsc.hrsa.gov/sites/default/files/nhsc/loan-repayment/lrp-application-guidance.pdf, p. 20-21.

[13] 42 U.S.C. §254l.

[14] Individuals who attend foreign medical schools are not eligible for the NHSC scholarship program.

[15] For physicians, this is defined as family medicine, general internal medicine, general pediatrics, obstetrics/gynecology, general psychiatry, and joint programs in a combination of these specialties (e.g., internal medicine/pediatrics). For nurses, this is defined as adult medicine, family medicine, geriatrics, primary care pediatrics, psychiatric-mental health, or women's health. For dentists, this is defined as general practice dentistry, advanced education in general dentistry, pediatric dentistry, and public health dentistry.

[16] HHS, HRSA, *NHSC Scholarship Program, School Year 2021-2022 Application & Program Guidance*, p. 5, https://nhsc.hrsa.gov/sites/default/files/nhsc/scholarships/scholarship-application-guidance.pdf.

[17] HRSA, NHSC, "Health Professional Shortage Area (HPSA) Score-Class Year 2022," https://nhsc.hrsa.gov/scholarships/requirements-compliance/jobs-and-site-search/hpsa-score-class-year.

awards through the loan repayment program if they still have educational debt remaining and are willing to continue service at an NHSC-approved facility. Generally, NHSC awards are made competitively, with scholarships awarded based on a set of eligibility and selection factors (e.g., the participant's commitment to primary care practice and the likelihood of remaining in a shortage area after the NHSC service commitment has ended).[18] In HRSA's 2019 report on NHSC to Congress, the agency disclosed that there were more than 1,800 scholarship applications for the 200 awards made.[19]

Federal Loan Repayment Program

The NHSC Federal Loan Repayment Program is authorized in PHSA Sections 331(i) and 338B.[20] In addition to the list of providers who may participate in the scholarship program, dental hygienists and behavioral/mental health providers may also receive loan repayment.[21] Loan repayment recipients must have a license or certificate needed to practice and must be employed or have accepted an offer to be employed at an NHSC-approved work site. Loan repayment is available only for *qualifying educational debt*, which means principal, interest, and related expenses of outstanding government and private student loans obtained for undergraduate or graduate education for tuition, along with reasonable educational and living expenses.[22] The section below discusses the main federal loan repayment program and additional specific loan repayment programs.

Main Loan Repayment Program

The main federal loan repayment program provides $50,000 for an initial two-year obligation.[23] Federal loan repayors have a two-year service commitment, which they may fulfill full-time for two years or part-time for four. Continuation awards are awarded in one-year intervals, and individuals may apply for and receive continuation awards as long as they have qualifying educational debt and remain employed at an NHSC-approved site.

Federal Students to Service (S2S) Loan Repayment Program

In 2012, HRSA used the authority in PHSA Section 338B[24] to establish a new program within the federal loan repayment program called the Students to Service (S2S) Loan Repayment Program.

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[18] HHS, HRSA, *NHSC Scholarship Program, School Year 2021-2022 Application & Program Guidance*, p. 9, https://nhsc.hrsa.gov/sites/default/files/nhsc/scholarships/scholarship-application-guidance.pdf.

[19] HHS/HRSA, *Report to Congress*, National Health Service Corps for the Year 2019, Rockville, MD, 2019, https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/about-us/reports-to-congress/nhsc-report-congress-2019.pdf, p. 10.

[20] 42 U.S.C. §254d(i), as amended, and 42 U.S.C. §254*l*-1, as amended, and respectively.

[21] A behavioral/mental health worker in the NHSC may be a licensed clinical social worker, licensed professional counselor, health service psychologist, marriage and family therapist, physician (e.g., a psychiatrist, including child and adolescent psychiatrists), nurse practitioner (i.e., a psychiatric nurse specialist), or physician assistant (e.g., mental health and psychiatry). See HHS, HRSA, *National Health Service Corps Loan Repayment Program, Fiscal Year 2021, Application & Program Guidance, March 2021*, https:/nhsc.hrsa.gov/sites/default/files/nhsc/loan-repayment/lrp-application-guidance.pdf, p. 10-11.

[22] HHS, HRSA, *National Health Service Corps Loan Repayment Program, Fiscal Year 2021, Application & Program Guidance, March 2021*, https:/nhsc.hrsa.gov/sites/default/files/nhsc/loan-repayment/lrp-application-guidance.pdf.

[23] Ibid.

[24] 42 U.S.C. §254*l*1(a)(2) requires the Secretary to establish an NHSC loan repayment program to recruit health professionals as needed.

The S2S program provides assistance of up to $120,000 to providers in their last year of training. At its outset, this program was for medical students (allopathic and osteopathic) in their final year of medical school; however, the program has since expanded to include individuals in their last year of dental school, nurse practitioner training, nurse midwifery training, and physician assistant training. In return, S2S program recipients must complete an approved primary care residency (if applicable)[25] and undertake their required NHSC service in a HPSA of greatest need for at least three years (full-time) or six years (half-time).[26] S2S repayors may also complete certain fellowships that may be one or two years. These include one-year fellowships in geriatrics or obstetrics/gynecology, two-year child psychiatry fellowships, and one or two-year addiction medicine fellowships.[27]

Substance Use Disorder Repayment Program

Beginning in FY2018, HRSA received discretionary funding to provide loan repayments to behavioral health professionals who are providing substance use disorder treatment (SUD) in HPSAs. Language included in appropriations acts waives parts of the NHSC statute, which therefore permits a broader range of health professionals and service sites to be included in the program.[28] This program is not permanently authorized in statute; as such, it may continue only if similar language is included in annual (or supplemental) appropriations laws.

The program's purpose is to expand evidence-based SUD treatment and counseling available in HPSAs. Under this program, HRSA makes loan repayment to behavioral health providers, some of whom are not otherwise eligible for the NHSC loan repayment program (e.g., pharmacists).[29] It also permits program participants to fulfill their service commitment in behavioral health treatment sites. Generally, NHSC sites are primary care focused, and, as such, facilities that focus exclusively on substance use treatment, such as opioid use disorder treatment programs, would not otherwise be eligible to receive NHSC clinicians. Because part of the program's focus is on increasing access to opioid use disorder treatment, the program prioritizes awards to providers who have a DATA 2000 waiver that permits them to treat individuals with opioid use disorder with medication assisted treatment (MAT).[30] The SUD workforce loan repayment program

[25] Students must complete a residency in family practice, general internal medicine, general pediatrics, psychiatry, obstetrics-gynecology, internal medicine/family practice, or internal medicine/pediatrics. HHS, HRSA, *National Health Service Corps, Students to Service Loan Repayment Program, FY2022*, https://nhsc.hrsa.gov/sites/default/files/nhsc/loan-repayment/nhsc-students2service-lrp-application-program-guidance.pdf, p. 8.

[26] In FY2022, for the S2S Program, sites with HPSAs scores of 14 or above are determined to be of high-need. See HHS, HRSA, *National Health Service Corps, Students to Service Loan Repayment Program, FY2022*, https://nhsc.hrsa.gov/sites/default/files/nhsc/loan-repayment/nhsc-students2service-lrp-application-program-guidance.pdf, p. 22.

[27] Ibid., p. 19.

[28] For example, the language appropriating FY2021 funds in P.L. 116-260, was as follows: That $120,000,000 shall remain available until expended for the purposes of providing primary health services, assigning National Health Service Corps ("NHSC") members to expand the delivery of substance use disorder treatment services, notwithstanding the assignment priorities and limitations under Sections 333(a)(1)(D), 333(b), and 333A(a)(1)(B)(ii) of the PHS Act, and making payments under the NHSC Loan Repayment Program under Section 338B of such act. For FY2022, the federal government is operating under a continuing resolution. This generally continues the programs that were included in the FY2021 appropriations laws at the FY2021 funding level. See Division A of P.L. 117-43.

[29] HHS, HRSA, National Health Service Corps, Substance Use Disorder Workforce Loan Repayment Program, FY2021, Application and Program Guidance, March 2021, https://nhsc.hrsa.gov/sites/default/files/nhsc/loan-repayment/sud-lrp-application-guidance.pdf, p. 6.

[30] Ibid., p. 9. For information about medication assisted treatment and DATA 2000 waivers, see CRS In Focus IF10219, *Opioid Treatment Programs and Related Federal Regulations*.

provides $75,000 in loan repayment in exchange for a three-year full-time service commitment in a designated mental health or primary medical care HPSA. It provides $37,500 in loan repayment for a three-year half-time service commitment.

Rural Community Loan Repayment Program

The Rural Community Loan Repayment program is similar to the SUD loan repayment program with regard to eligible providers and sites. Like that program, the Rural Community Loan Repayment program focuses on increasing access to opioid use disorder treatment. As such, the program includes awarding priority to providers who have a DATA 2000 waiver for MAT.[31] Since FY2018, the program has been funded using a portion of the discretionary appropriations provided for SUD loan repayment. This program provides $100,000 for a three-year full-time service commitment for SUD treatment providers in rural areas.[32] It also provides $50,000 for half-time clinical practice.[33]

State Loan Repayment Program

The state loan repayment program is authorized in PHSA Section 338I.[34] The program is similar to the Federal Loan Repayment Program, except that (1) it is a matching grant between the state and the NHSC,[35] (2) states may choose to expand or contract the types of clinicians who are eligible to participate in their program, and (3) states may require more than two years of service in exchange for loan repayment. For example, states have the option of addressing their unique workforce needs by making additional types of professionals eligible, such as registered nurses and pharmacists, although neither of these provider types are eligible to participate in the main federal loan repayment program. State loan repayors must provide care in a HPSA in exchange for their award, but states determine the approved service sites (i.e., facility types) for their programs. State loan repayment participants must also serve two years as an initial commitment, but states may require longer minimum service commitments or may vary the service commitment length by provider type. State loan repayment recipients may fulfill their service commitments on a full- or part-time basis.

[31] HHS, HRSA, *National Health Service Corps, Rural Community Loan Repayment Program, FY2021, Application and Program Guidance, March 2021*, https://nhsc.hrsa.gov/sites/default/files/nhsc/loan-repayment/rural-lrp-application-guidance.pdf, p. 10. For information about medication assisted treatment and DATA 2000 waivers, see CRS In Focus IF10219, *Opioid Treatment Programs and Related Federal Regulations*, and CRS Report R45279, *Buprenorphine and the Opioid Crisis: A Primer for Congress*. DATA 2000 waivers are also known as "x" waivers.

[32] HHS, HRSA, *National Health Service Corps, Rural Community Loan Repayment Program, FY2021, Application and Program Guidance, March 2021*, https://nhsc.hrsa.gov/sites/default/files/nhsc/loan-repayment/rural-lrp-application-guidance.pdf, p. 7.

[33] Ibid.

[34] PHSA Section 338I(a)(2) (42 U.S.C. §254q–1) authorizes the Secretary to make grants to states for the NHSC State Loan Repayment program provided that a state agency agrees to administer the program. Within 42 C.F.R. §62.54, the state agencies administering the State Loan Repayment Program must comply with regulations to ensure that their health workforce meets requirements for training, placement in medically underserved areas, and comparability to the NHSC Federal Loan Repayment Program, among other things. For program guidance, see HHS, *State Loan Repayment Contacts*, http://nhsc.hrsa.gov/loanrepayment/stateloanrepaymentprogram/contacts.html.

[35] Funding included in the American Rescue Plan Act of 2021 for the state loan repayment program waived the state matching requirement.

NHSC Funding

The amount of total funds that the NHSC receives determines the number of awards that the program can make. Historically, the NHSC had been exclusively funded as part of HRSA's discretionary appropriation. However, that is no longer completely the case, as the program is now primarily funded by the mandatory Community Health Center Fund (CHCF). The CHCF is time-limited. At its outset, it was an appropriation from FY2011 through FY2015, but it has been extended several times, most recently in the Consolidated Appropriations Act, 2021 (P.L. 116-260), which extended funding through FY2023.[36]

The CHCF was intended to supplement NHSC appropriations. However, from FY2012 to FY2017, the CHCF entirely replaced the NHSC's discretionary appropriation. Beginning in FY2018, the program received discretionary appropriations again, though these funds have been appropriated for loan repayment substance use disorder treatment providers with some funds reserved for loan repayment for providers placed at Indian Health Service facilities. Though the NHSC has received discretionary appropriations in recent years, the CHCF represents more than 70% of the program's annual funding. In FY2021, the American Rescue Plan Act of 2021 provided a one-time appropriation of $800 million to temporarily expand the number of awards the program can make.[37]

Table 1 presents funding provided for the program between FY2011 and FY2021. The table also shows the percentage of funding that comes from discretionary and mandatory sources.

Table 1. National Health Service Corps (NHSC) Funding for FY2011-FY2021

(Dollars in millions)

	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Discretionary	$25[a]	—	—	—	—	—	—	$105[b]	$120[c]	$120[d]	$120[c]
Mandatory (CHCF)	$290	$295	$300[e]	$305[f]	$310[g]	$310[h]	$310[i]	$310[j]	$310[j]	$310[k]	$310[l]
Mandatory (ARPA)											$800[m]
Final	**$315**	**$295**	**$285**	**$283**	**$287**	**$310**	**$289**	**$415**	**$430**	**$430**	**$1,230[n]**
% Mandatory	92%	100%	100%	100%	100%	100%	100%	75%	72%	72%	90%[o]

Sources: Table prepared by CRS based on information from U.S. Department of Health and Human Services, Health Resources and Services Administration, *Justification of Estimations for Appropriations Committees,* Rockville, MD, *volumes* FY2013 through FY2022.

Notes: Abbreviations in the table notes: ACA = Patient Protection and Affordable Care Act of 2010 (P.L. 111-148, as amended); ARPA= American Rescue Plan Act of 2021(P.L. 117-2); ARRA = American Recovery and Reinvestment Act of 2009 (P.L. 111-5); BBA 2018 = Bipartisan Budget Act of 2018 (P.L. 115-123); BBEDCA = Balanced Budget and Emergency Deficit Control Act of 1985(P.L. 112-25); CARES Act=Coronavirus Aid, Relief, and Economic Security Act (P.L. 116-136); CHCF = Community Health Center Fund; FY=fiscal year; NHSC = National Health Service Corps; MACRA = Medicare Access and CHIP Reauthorization Act of 2015 (P.L. 114-10);

[36] For more information, see CRS Report R46818, *Health Care-Related Expiring Provisions of the 117th Congress, First Session*. For information on differences between discretionary and mandatory spending, see CRS Report R44582, *Overview of Funding Mechanisms in the Federal Budget Process, and Selected Examples*.

[37] HHS, "HHS Announces Record Health Care Workforce Awards in Rural and Underserved Communities" press release, November 22, 2021, https://www.hhs.gov/about/news/2021/11/22/hhs-announces-record-health-care-workforce-awards-in-rural-underserved-communities.html.

and Office of Management and Budget (OMB); TBD = to be determined. Funding levels for FY2011-FY2021 are as enacted or adjusted for sequestration, where applicable. For FY2022, the NHSC is receiving discretionary appropriations at the FY2021 level under continuing appropriations under P.L. 117-43 and P.L. 117-70. The Consolidated Appropriations Act, 2021 (P.L. 116-260), provided $310 million to the CHCF for FY2022.

a. ARRA represented a source of discretionary funds that were appropriated to the NHSC in FY2009, but those funds are not considered to be an FY2011 appropriation. Still, they were reflected in the FY2011 budget. ARRA contributed $57 million (not shown in the table) for federal loan repayments. See *Justification of Estimations for Appropriations Committees,* Rockville, MD, *vol.* FY2013, p. 76.

b. P.L. 115-141 included $105 million for loan repayment for substance use disorder provider; $30 million of the amount appropriated ($105 million) was reserved for a new Rural Communities Opioid Response Initiative administered by the Federal Office of Rural Health Policy in HRSA.

c. P.L. 115-245 included $105 million for loan repayment for substance use disorder providers and reserved $15 million of that amount to place these providers at Indian Health Service, tribally operated, and Urban Indian organization facilities.

d. P.L. 116-94 included $105 million for loan repayment for substance use disorder providers and reserved $15 million of that amount to place these providers at Indian Health Service, tribally operated, and Urban Indian organization facilities.

e. ACA appropriated $300 million in mandatory funding for the NHSC to be used in FY2013. However, this amount was subject to the 5.1% mandatory spending sequestration, resulting in a total of $284.7 million for FY2013. The sequestration order was issued pursuant to the BBEDCA, as amended.

f. ACA appropriated $305 million in mandatory funding for the NHSC to be used in FY2014. However, this amount was subject to the 7.2% mandatory spending sequestration, resulting in $283 million for FY2014.

g. ACA appropriated $310 million in mandatory funding for the NHSC to be used in FY2015. However, this amount was subject to the 7.3% mandatory spending sequestration, resulting in $287 million for FY2015.

h. MACRA extended mandatory funding for the NHSC, as part of the CHCF, for FY2016 and FY2017, at $310 million in mandatory funding each fiscal year. However, this funding extension was enacted after the mandatory spending sequester for FY2016 was calculated by OMB. As a consequence, OMB did not include the FY2016 funding in the sequester calculation, and thus no sequester was ordered for the NHSC funding in FY2016. (See *OMB Report to Congress on the Joint Committee Reductions for Fiscal Year 2016*, February 2, 2015, available at https://obamawhitehouse.archives.gov/sites/default/files/omb/assets/legislative_reports/sequestration/2016_jc_sequestration_report_speaker.pdf.). P.L. 114-223 provided $6 million in supplemental NHSC funding for Zika response. See discussion in CRS Report R44460, *Zika Response Funding: Request and Congressional Action*.

i. MACRA appropriated $310 million in mandatory funding for the NHSC to be used in FY2017. However, this amount is subject to the 6.9% mandatory spending sequestration, resulting in $289 million.

j. BBA 2018 appropriated $310 million in mandatory funding for the NHSC for each of FY2018 and FY2019. These funds were appropriated after OMB had calculated the mandatory amounts to be sequestered in these fiscal years. As a result, no sequestration was applied to these mandatory NHSC funds.

k. ARPA provided $800 million to remain available until expended. It reserved $100 million for the state loan repayment program but waived the requirement that states match the funds they receive. The law required that states use no more than 10% of the ARPA funds they receive to administer their state loan repayment programs.

l. P.L. 116-260 appropriated $310 million in mandatory funding for the NHSC for each of FY2021 through FY2023.

m. The CARES Act appropriated $310 million in mandatory funding for the NHSC for FY2020. These funds were appropriated after OMB had calculated the mandatory amounts to be sequestered in these fiscal years. As a result, no sequestration was applied to these mandatory NHSC funds.

n. ARPA funds are available until expended, as such, these funds may not all be expended in FY2021. The amount that was appropriated for exclusive use in FY2021 is $430 million.

o. If only calculating funds that are exclusively available for FY2021, the percentage mandatory would have been 72%.

Program Size

NHSC program size is measured in three ways: (1) funding, discussed above; (2) recruitment, which is the number of awards in different categories; and (3) field strength, which is the number of NHSC clinicians currently fulfilling their service commitments. Recruitment in a given year is generally smaller than the program's field strength because the latter includes loan repayors who are currently fulfilling their service commitments, including those who are fulfilling a second year of their service commitment, and individuals who received scholarships or S2S agreements in earlier years who have completed their required training and are currently fulfilling their service commitments. The section below discusses recruitment and field strength.

Recruitment

From FY2011 through FY2020, the most recent year of final data available, the NHSC provided more than 54,000 loan repayment agreements and scholarship awards to individuals who have agreed to serve for a minimum of two years in a HPSA. The resumption of discretionary appropriations for loan repayments in FY2018 increased the number of loan repayment awards that the program was able to make. **Table 2** shows NHSC clinician recruitment activity for the NHSC's active programs, by type of award, from FY2011 through FY2020.

Table 2. National Health Service Corps (NHSC) Recruitment, FY2011-FY2020

(by number of awards or agreements, except for states, by number of participants)

Program	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Scholarship Awards (New)	253	212	180	190	196	205	181	222	200	251
Scholarship Awards (Continuing)	9	10	16	7	11	8	7	7	11	12
Total Scholarship Awards (New and Continuing)	**262**	**222**	**196**	**197**	**207**	**213**	**188**	**229**	**211**	**263**
Federal Loan Repayment Agreements (New)	4,113	2,342	2,106	2,775	2,934	3,079	2,554	3,262[a]	4,012[a]	5,963[a]
Federal Loan Repayment Agreements (Continuing)	1,305	1,925	2,399	2,105	1,841	2,111	2,259	2,384	2,385	2,355
Total Federal Loan Repayment (New and Continuing)	**5,418**	**4,267**	**4,505**	**4,880**	**4,775**	**5,190**	**4,813**	**5,646**	**6,397**	**8,318**
Total Students to Service Loan Repayment Agreements		**69**	**78**	**79**	**96**	**92**	**175**	**162**	**127**	**148**

Program	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Total State Loan Repayment Agreements (Number of Participants)	**394**	**281**	**447**	**464**	**620**	**634**	**535**	**625**	**812**	**712**
Total Awards (all types)	**6,074**	**4,839**	**5,226**	**5,620**	**5,698**	**6,129**	**5,801**	**6,662**	**7,547**	**9,441**

Source: Prepared by CRS, based on data in U.S. Department of Health and Human Services, Health Resources and Services Administration, *Justification of Estimations for Appropriations Committees, FY2022* Rockville, MD, p. 90.

a. Includes individuals who received loan repayment for providing substance use disorder treatment services, and those receiving awards through rural community loan repayment program.

Field Strength

The number of awards the NHSC makes at any point in time is only one component of program size, as not all awardees are currently serving as NHSC providers. Specifically, NHSC scholars and S2S program participants are still completing their training. As such, the NHSC also measures its field strength, which is the number of NHSC providers who are fulfilling a service obligation in a HPSA in a given year.[38] In FY2020, total NHSC field strength was 16,229.[39] Field strength is a measure of both the NHSC appropriation, which affects the number of awards that can be made, and the relative balance between scholarships and loan repayment, both in the current fiscal year and in the past.[40] The NHSC field strength has increased in recent years as the number of awards made has increased (see **Figure 1**). The majority of these individuals (10,237) were in the main loan repayment program, which reflects the NHSC's prioritization of clinicians who will undertake their service commitment immediately in HPSAs.[41] In contrast, HRSA makes scholarship awards in an earlier year, so the funding investment is not realized until after the scholars complete their schooling and required training.

Despite increased field strength, more sites are eligible to receive an NHSC provider than there are NHSC providers. Specifically, in December 2021, there were more than 1,500 open NHSC positions that could not be filled because the NHSC field strength (which is driven by the program's appropriation and its ability to make awards) was not sufficient to meet the needs of every NHSC site.[42]

[38] National Advisory Council on the National Health Service Corps, *Meeting Minutes Summary*, HHS, Rockville, MD, 2012, p. 2, https://nhsc.hrsa.gov/corpsexperience/aboutus/nationaladvisorycouncil/meetingsummaries/011912minutes.pdf.

[39] U.S. Department of Health and Human Services, Health Resources and Services Administration, *Justification of Estimations for Appropriations Committees, FY2022*, Rockville, MD, p. 85. In addition to currently obligated NHSC clinicians, some NHSC alumni may remain as providers in a HPSA. These individuals are not included in NHSC field strength data. In FY2021, HHS estimated that the current program's field strength with awards provided under the American Rescue Plan is approximately 22,000. This figure was included in a press release and does not provide more detailed program data; as such, it is not used in **Figure 1**. See HHS, "HHS Announces Record Health Care Workforce Awards in Rural and Underserved Communities" press release, November 22, 2021, https://www.hhs.gov/about/news/2021/11/22/hhs-announces-record-health-care-workforce-awards-in-rural-underserved-communities.html.

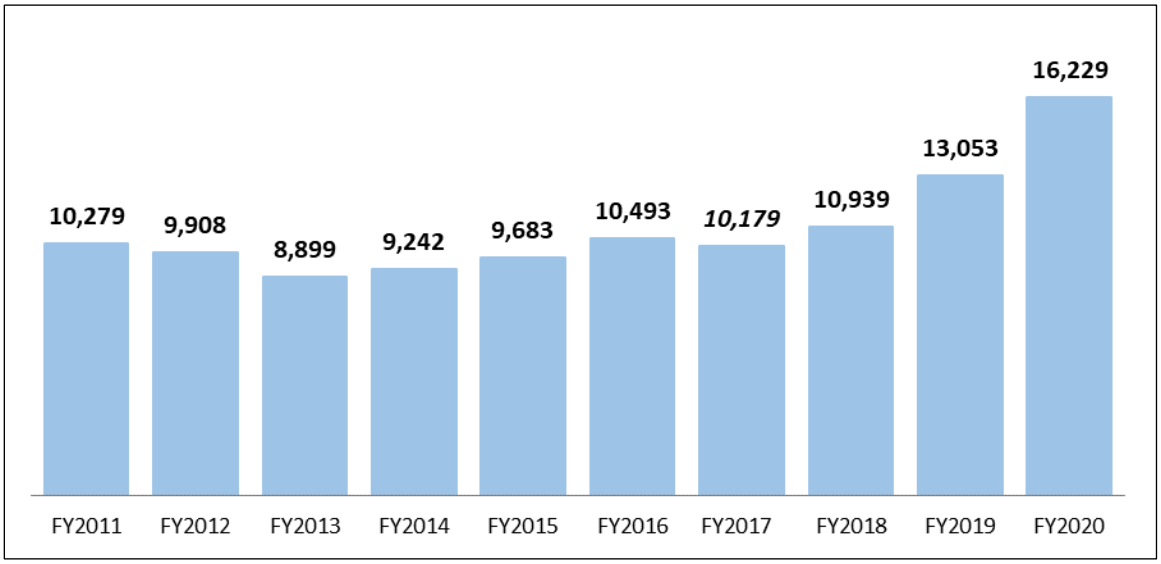
[40] See section on "NHSC Funding" for a detailed discussion of NHSC funding sources.

[41] Ibid.

[42] data.HRSA.gov, "National Health Service Corps," https://data.hrsa.gov/tools/data-explorer?paramServiceId=HPOL.

Figure 1. Trends in National Health Service Corps (NHSC) Field Strength

(FY2011-FY2020, by number of providers who are fulfilling a service obligation in a HPSA in a given year)



Source: Prepared by CRS, based on data in U.S. Department of Health and Human Services, Health Resources and Services Administration, *Justification of Estimations for Appropriations Committees, FY2022*, Rockville, MD, p. 91.

Note: NHSC field strength is the number of NHSC clinicians or providers who are fulfilling a service obligation in a Health Professional Shortage Area (HPSA) in exchange for a scholarship or loan repayment agreement.

Types of NHSC Providers

The NHSC is made up of an increasingly diverse set of health professionals. In FY2009, physicians accounted for nearly 35% of providers and were the largest group of providers in the NHSC. In contrast, in FY2016, they made up 21%, and behavioral/mental health providers had become the largest provider type, at 30% of all providers in that year.[43] In FY2018, the SUD workforce loan repayment program began, further increasing the number and type of behavioral/mental health providers in the program. In FY2020, 44% of providers were behavioral/mental health providers.[44] Nurse practitioners and then physicians were the next largest groups of providers. Combined with behavioral/mental health providers, these three provider types made up 77% of the NHSC in 2020.

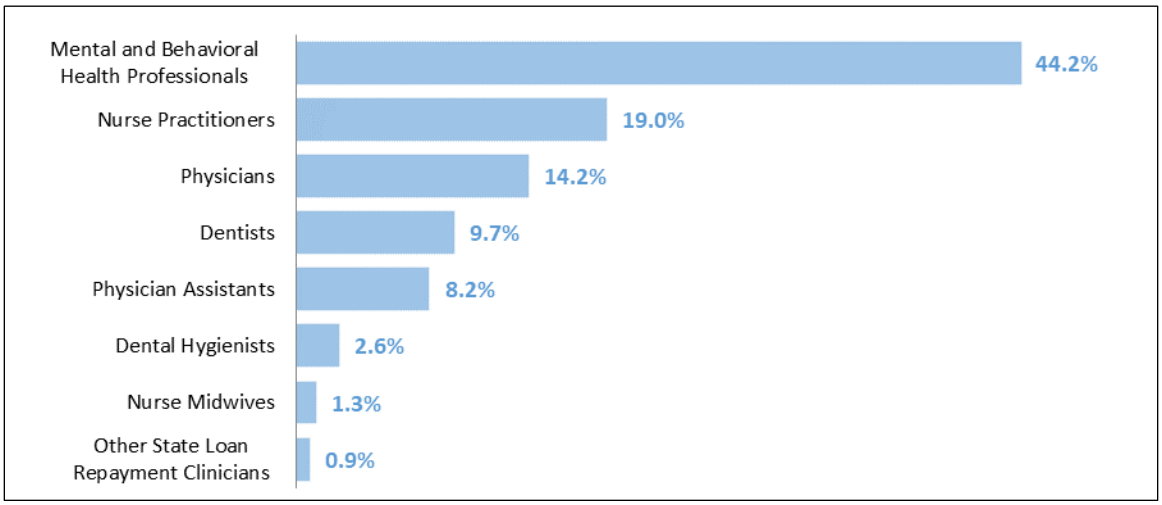
Figure 2 shows the NHSC's workforce by provider types in FY2020, the most recent year for which complete data are available.

[43] HHS, HRSA, *Justification of Estimates for Appropriations Committees, FY2011*, p. 69.

[44] HHS, HRSA, *Justification of Estimates for Appropriations Committees, FY2022*, p. 86.

Figure 2. National Health Service Corps Field Strength, by Discipline

(September 2020)



Source: Prepared by CRS, based on data in U.S. Department of Health and Human Services, Health Resources and Services Administration, *Justification of Estimations for Appropriations Committees, FY2022*, Rockville, MD, p. 86.

Notes: Total providers = 16,229. Physicians include both allopathic physicians who hold a Doctor of Medicine (MD) degree and osteopathic physicians who hold a Doctor of Osteopathic Medicine (DO) degree. "Other State Loan Repayment Clinicians" may include registered nurses and pharmacists, among others.

NHSC Provider Locations

NHSC providers may serve at a number of facility types that generally focus on providing outpatient primary care to patients regardless of their ability to pay. In addition, some NHSC provider sites generally focus on primary care, such as federal health centers, while others may target behavioral health, such as community mental health centers. As mentioned, these facilities must be located in HPSAs. NHSC eligible sites include[45]

- community mental health centers,
- correctional facilities,
- critical access hospitals,
- facilities funded by the Indian Health Service (including those operated by Indian Tribes, Tribal Organizations, and Urban Indian Organizations),
- federal health centers (i.e., Federally Qualified Health Centers [FQHCs]),
- FQHC look-alikes,
- free clinics,
- rural health clinics, and
- school-based health centers.

[45] Under limited circumstances, NHSC providers may also fulfill their service commitment by working in a private practice in a HPSA. For more information about these facility types, see CRS Report R43937, *Federal Health Centers: An Overview* for description of health centers and Appendix A for description of other NHSC eligible facility types. Indian Health Service facilities are also described in CRS Report R43330, *The Indian Health Service (IHS): An Overview*.

NHSC providers can be placed at facilities operated by not-for-profit organizations and by government entities (including state, local, tribal, and federally operated facilities). In addition, HRSA requires that NHSC sites are part of a system of care (e.g., have referral arrangements for specialty care and after-hours arrangements for patient care); have a documented record of sound fiscal management; have a history of using NHSC providers appropriately and efficiently; accept beneficiaries from Medicare, Medicaid, and CHIP; have a sliding scale discount schedule; and have general community support for assigning NHSC providers to the facility.[46]

For the SUD Loan repayment program, HRSA made additional sites eligible. These include outpatient Opioid Treatment Programs (OTPs) certified by the Substance Abuse and Mental Health Services Administration (SAMHSA),[47] office-based opioid treatment facilities (OBOTs), and non-opioid SUD treatment facilities.[48]

Over 60% of all NHSC providers serve at federally qualified health centers (FQHCs), which provide outpatient—generally primary and behavioral—health care to disadvantaged populations regardless of patients' ability to pay.[49] NHSC providers also increasingly provide care at facilities funded by the Indian Health Service, including federal, tribal, and urban Indian health facilities; this is particularly true with funds appropriated in FY2019-FY2021 to place NHSC providers at IHS-funded facilities.[50] As mentioned, NHSC providers generally fulfill their service commitment in outpatient settings. However, some may serve at IHS-funded hospitals, and in recent years, some have fulfilled part of their service commitment (up to 24 hours per week) at critical access hospitals (CAHs), which are small hospitals located in rural areas. As of September 30, 2019, 66 NHSC providers were serving at CAHs.[51] HRSA requires that these providers split their time between inpatient services at the CAH (up to 24 hours per week) and outpatient services at CAH affiliated-outpatient clinics (not less than 16 hours per week).[52]

NHSC providers are located at HPSAs throughout the United States and its territories (see **Figure 3**). According to 2019 data, 36% of all NHSC providers served in rural areas.[53]

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[46] HHS/HRSA, *Report to Congress*, National Health Service Corps for the Year 2019, Rockville, MD, 2019, https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/about-us/reports-to-congress/nhsc-report-congress-2019.pdf, p. 5.

[47] HHS, Substance Abuse and Mental Health Services Administration, "Certified Opioid Treatment Program," https://www.samhsa.gov/medication-assisted-treatment/become-accredited-opioid-treatment-program. These are facilities that are permitted to administer and dispense medication assisted treatment (MAT) for treatment of opioid use disorders.

[48] HHS, HRSA, National Health Service Corps, Substance Use Disorder Workforce Loan Repayment Program, FY2021, Application and Program Guidance, March 2021, https://nhsc.hrsa.gov/sites/default/files/nhsc/loan-repayment/sud-lrp-application-guidance.pdf, pp. 26-27.

[49] For more information, see CRS Report R43937, *Federal Health Centers: An Overview*.

[50] For more information, see CRS Report R43330, *The Indian Health Service (IHS): An Overview*.

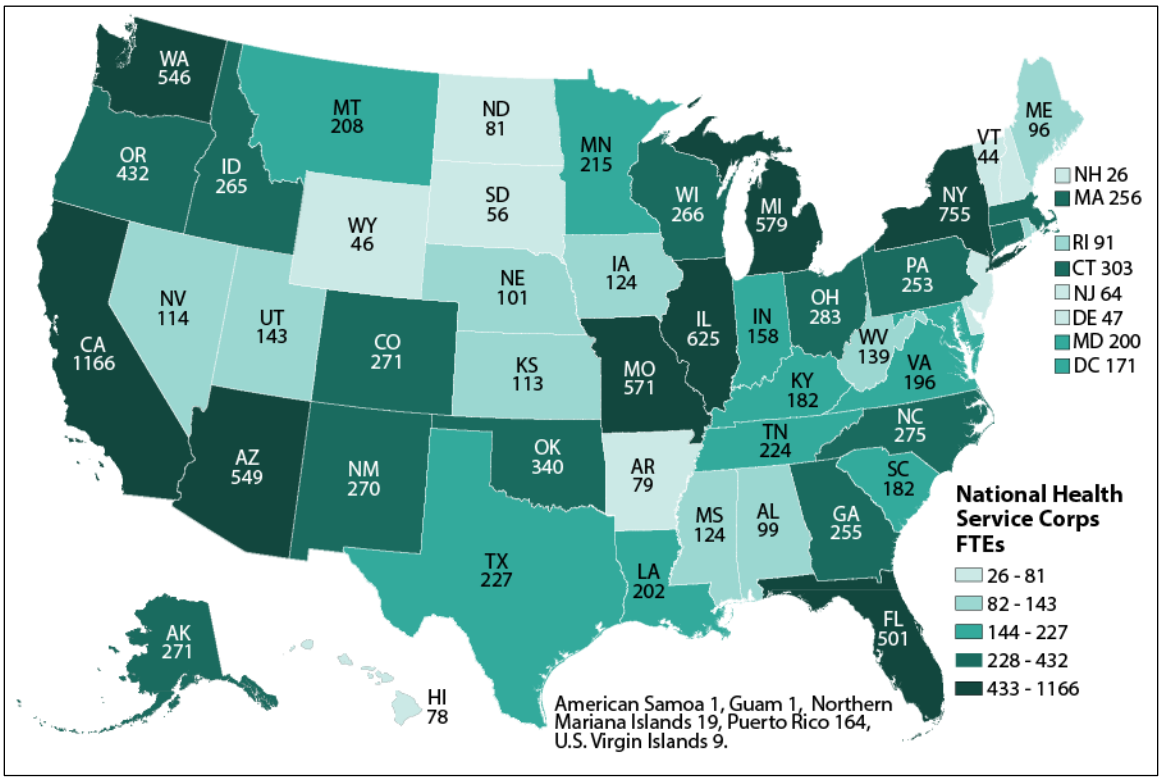
[51] HHS/HRSA, *Report to Congress*, National Health Service Corps for the Year 2019, Rockville, MD, 2019, https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/about-us/reports-to-congress/nhsc-report-congress-2019.pdf, p. 3.

[52] Ibid.

[53] HHS/HRSA, *Report to Congress*, National Health Service Corps for the Year 2019, Rockville, MD, 2019, https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/about-us/reports-to-congress/nhsc-report-congress-2019.pdf. In its FY2021 report on HPSA designations approximately 60% of primary care HPSAs were rural (similar percentages of dental and mental health HPSAs were also considered rural). See Bureau of Health Workforce, HRSA, HHS, *Designated Health Professional Shortage Areas*, Fourth Quarter of Fiscal Year 2021 Designated HPSA Quarterly Summary, Rockville, MD, September 30, 2021, https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport.

Figure 3. NHSC Providers by State, Territory

(FY2019)



Source: CRS Analysis of HHS/HRSA, *Report to Congress*, *National Health Service Corps for the Year 2019*, Rockville, MD, 2019, https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/about-us/reports-to-congress/nhsc-report-congress-2019.pdf, p. 16.

Provider Retention

The NHSC collects data on the retention of NHSC clinicians. In 2019, the NHSC measured long-term retention as those who remained at their site or in a HPSA after completing their service commitment between 2012 and 2018.[54] Under that measure, in 2019, 85% of NHSC clinicians were retained. The program measured short-term retention in 2019, as clinicians who remained at their practice site after completing their service commitment in the past year (i.e., 2018). More than 80% of recently finished NHSC corps members remained at their practice site in 2019. Note that members who finished in 2018 may be included in both measures. HRSA also modernized its data systems to better track its alumni starting in FY2019, which may provide additional insights into the program.

Legislative Proposals Related to the NHSC

This section discusses some common types of legislative proposals that would amend the NHSC and discusses how the new NHSC SUD loan repayment program (including the rural component)

[54] Information in this paragraph is drawn from HHS/HRSA, *Report to Congress*, *National Health Service Corps for the Year 2019*, Rockville, MD, 2019, https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/about-us/reports-to-congress/nhsc-report-congress-2019.pdf, p. 13.

and a new separate loan repayment program for substance abuse providers interact with proposed legislation.

In general, legislative proposals for the NHSC have sought to expand the types of providers and service locations that are eligible for the program. For example, legislation in the 117th Congress (H.R. 3759 and S. 2676) would make physical therapists eligible for the federal loan repayment program.[55] Although legislation has been used to modify the list of eligible disciplines, the HHS Secretary has some authority to add disciplines without new laws being enacted.[56] For example, in prior requests from appropriations committees about including pharmacists in the program, the HHS Secretary has declined to do so based on an interpretation that pharmacy and chiropractor services would be outside of the core intent of the NHSC to provide "primary health services."[57] Similar conversations have occurred between HHS and the House Appropriations Committee regarding optometry.[58] At present, pharmacists are included in the SUD loan repayment program (including the rural component) and states can elect to include them in their loan repayment programs. Optometrists are not eligible for the federal NHSC loan repayment programs.

In general, HHS has not agreed to expand the list of the main loan repayment program's eligible provider types out of concern that doing so would shift the program away from its traditional focus of providing primary care to underserved populations. HHS also emphasized that the program is currently competitive and that adding new eligible disciplines could redirect NHSC funds away from already identified clinical shortage areas (and thus potentially create new ones).[59] Another concern is that adding new provider types may limit the total number of individuals served by the NHSC, because the new provider types (e.g., physical therapists) generally serve a narrower subset of the population than do primary care providers.

Despite debates on expanding the clinicians eligible for the NHSC, Congress has at times clarified the range of eligible providers. For example, in 2016, the 21st Century Cures Act (P.L. 114-255) clarified that adolescent and child psychiatrists are eligible to participate in the federal loan repayment program.[60] Generally, the NHSC does not include subspecialists (which child and

[55] Other bills in the 117th and 116th Congresses also propose adding additional types of providers to the program. See, for example, H.R. 3912 and S. 1676 in the 116th Congress, which would have added nephrologists to the program.

[56] For information on prior types of health provider expansions considered, see U.S. Congress, Senate Committee on Appropriations, Subcommittee on Departments of Labor, Health and Human Services, and Education, and Related Agencies, *Departments Labor, Health and Human Services, and Education, and Related Agencies Appropriation Bill, 2012, To Accompany S. 1599*, 112th Cong., 1st sess., September 22, 2011, S.Rept. 112-84 (Washington: GPO, 2012), p. 40.

[57] Primary health services are defined as health services regarding family medicine, internal medicine, pediatrics, obstetrics and gynecology, dentistry, or mental health that are provided by physicians or other health professionals. HHS, HRSA, *Justification of Estimates for Appropriations Committees, FY2013*, p. 371, http://www.hrsa.gov/about/budget/budgetjustification2013.pdf. In P.L. 107-251, Health Care Safety Net Amendments of 2001 (enacted on October 26, 2002), Congress required the Secretary to implement a "Chiropractic/Pharmacist Demonstration Project" under Section 338B of the PHSA (or the NHSC's Federal Loan Repayment Program). Following a general notice (68 *Federal Register* 112; 34981; June 11, 2003), the Secretary implemented the program but discontinued it after initial demonstrations were completed. Source: CRS email communication HHS, Office of Legislative Affairs, August 2016.

[58] H.Rept. 114-699, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, 2017, to accompany H.R. 5926, p. 28.

[59] HHS, HRSA, *Justification of Estimates for Appropriations Committees, FY2017*, p. 427, http://www.hrsa.gov/about/budget/budgetjustification2017.pdf. In the 2018 Budget Justification, HRSA also declined to broaden the eligible disciplines for the NHSC. See Department of Health and Human Services, Health Resources and Services Administration, *Justification of Estimations for Appropriations Committees, FY2018*, Rockville, MD, p. 331.

[60] See discussion of Section 9023 in CRS Report R44718, *The Helping Families in Mental Health Crisis Reform Act of 2016 (Division B of P.L. 114-255)*.

adolescent psychiatrists would be considered to be); as such, it was not clear that these providers were eligible. This law, however, did not expand the list of NHSC providers. Instead, it sought to clarify that, within the existing group of NHSC-eligible psychiatrists, those who specialize in child and adolescent psychiatry are eligible to participate in the NHSC.

Congress has also expanded the NHSC provider types through the SUD loan repayment program. The SUD loan repayment program was first enacted in the Consolidated Appropriations Act, 2018 (P.L. 115-141), and has received discretionary appropriations in subsequent years, most recently in the Consolidated Appropriations Act, 2021 (P.L. 116-260). This program expanded eligibility for the NHSC loan repayment program to substance use disorder counselors and pharmacists, among others. These laws also increased NHSC funding and specified that this funding be used to support awards to substance use disorder providers. These specifications in the law increased the overall size of the NHSC and added provider types with these additional funds. Adding additional funding, and not drawing from the NHSC funding otherwise available, may have averted a number of the displacement concerns that HHS has noted in prior efforts to expand the NHSC (i.e., that new providers added to the program have not reduced the number of primary care providers participating the in the program).

Legislation has also sought to add additional types of facilities as sites eligible to receive NHSC providers.[61] For example, H.R. 5157 would permit primary care providers working through direct primary care practice (where a patient pays a fee to access the practice) as eligible for NHSC scholarships or loan repayment if the practice is located in a HPSA. In the 116th Congress, H.R. 6979 would have added facilities operated by the Department of Veterans Affairs as eligible for NHSC clinicians. Adding addition facility types raises a number of the same displacement concerns as does adding additional provider types. Currently, the number of sites eligible for the NHSC exceeds the number of clinicians that the program can fund. Adding new site types could increase the number of sites with unfilled positions and could create more competition between sites for providers. For the VA example, the agency has its own scholarship and loan repayment programs to recruit and retain providers. Should VA facilities be added as eligible for the NHSC, there may be a need for coordination across these programs.[62]

In addition to proposals to expand the scope of the NHSC program, some legislation has sought to create new demonstration programs within the NHSC. For example, H.R. 2130 and S. 924 would create a demonstration program that would provide loan repayment in exchange for a five-year service commitment in a rural HPSA. NHSC loan repayment is a two-year service commitment in exchange for a one-time payment amount. In contrast, this program would require a five-year commitment and would pay one-fifth of a clinician's loan balance in exchange for each year of service. These proposals are under consideration in the 117th Congress; however, the NHSC had a rural community loan repayment program as a component of the SUD loan repayment program in recent years. In addition, the NHSC does place providers in rural areas under the current program. Specifically, in its FY2019 annual report, HRSA reported that 36% of its clinicians served in rural areas. This percentage is higher than the overall size of the U.S. population that resides in rural areas (20%) but is lower than the percentage of HPSAs that are considered to be rural (approximately 60% of all types).[63] The model of a longer-term service

[61] See also S. 1688 in the 116th Congress, which would have added pediatric inpatient mental health facilities as eligible NHSC sites.

[62] For information on the Department of Veterans Affairs program, see Department of Veteran Affairs, "Health Care Professionals: Hiring Incentives," https://www.vacareers.va.gov/Benefits/HiringProgramsInitiatives/#professionals.

[63] HHS/HRSA, *Report to Congress, National Health Service Corps for the Year 2019*, Rockville, MD, 2019, https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/about-us/reports-to-congress/nhsc-report-congress-

commitment in exchange for a percentage of loan balance repaid (as opposed to a lump sum) has also been proposed in H.R. 4285, which seeks to create longer service terms as a way of increasing provider stability in HPSAs.

A longer loan repayment term is part of a new loan repayment program s being implemented in FY2020 and FY2021. The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (P.L. 115-271, the SUPPORT for Patients and Communities Act, or the SUPPORT Act) included a new loan repayment program in Section 7701 that is called the Substance Use Disorder Treatment and Recovery Loan Repayment program (or STAR LRP).[64] This new program will provide one-sixth of a provider's loan repayment balance per year for a six-year full-time service commitment at a qualified facility, including a number of inpatient facilities that are not eligible sites for the NHSC.[65] This program is making its first set of awards in 2021; as such, it is not yet known whether the six-year service commitment will be a barrier to recruitment or retention. This program also permits a broader set of facilities to be eligible as service sites (e.g., inpatient psychiatric treatment facilities). A longer loan repayment period may be challenging because it could increase participants defaulting on their service commitment. This new program may be a way of determining whether some of the proposed demonstration projects within the NHSC (e.g., longer loan repayment, additional providers, and additional sites) are feasible.

Some recent bills have also proposed to use NHSC clinicians as a way of augmenting the health workforce in emergencies. The Coronavirus Disease 2019 (COVID-19) pandemic raised issues related to health workforce availability. As one option offered in the 117th Congress, S. 54 (similar to S. 4055 in the 116th Congress) would establish a demonstration program that would permit NHSC clinicians to be deployed in emergency circumstances as part of the National Disaster Medical System (NDMS) in exchange for additional loan repayment. The NDMS includes volunteer medical personnel who may be deployed temporarily, at a state's request, to respond to a disaster. The program would also permit NHSC alumni to participate in exchange for additional loan repayment. This bill would provide additional funding for this purpose, which removes concerns that it would reduce the number of awards that the NHSC could make. However, NHSC clinicians provide care in HPSAs, which by definition have a shortage of providers that the program seeks to ameliorate. Deploying active NHSC clinicians may create concerns about health care availability in HPSAs. The bill also includes additional loan repayment for NHSC alumni, which may entail fewer concerns about provider availability in HPSAs.

2019.pdf. In its FY2021 report on HPSA designations approximately 60% of primary care HPSAs were rural (similar percent of dental and mental health HPSAs were also considered rural). See Bureau of Health Workforce, HRSA, HHS, *Designated Health Professional Shortage Areas, Fourth Quarter of Fiscal Year 2021 Designated HPSA Quarterly Summary*, Rockville, MD, September 30, 2021, https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport.

[64] CRS Report R45423, *Public Health and Other Related Provisions in P.L 115-271, the SUPPORT for Patients and Communities Act*.

[65] HHS, HRSA, "Substance Use Disorder Treatment and Recovery Loan Repayment Program," https://bhw.hrsa.gov/funding/apply-loan-repayment/star-lrp.

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Bernice Reyes-Akinbileje, former CRS analyst in Health Resources and Services, authored a prior report on the National Health Service Corps, and Calvin C. DeSouza, CRS geographic information specialist, prepared the map included in this report.

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