

## After the Affordable Care Act – The National Health Service Corps Resurgent in North Carolina

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The National Health Service Corps (NHSC) is a federal program administered by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS). It was created in 1972 to encourage more health care providers to practice in health professional shortage areas (HPSA).

NHSC awards scholarships to students training to become health care providers and pays educational loans for current primary care, dental, and behavioral health providers who agree to practice in a HPSA for a certain length of time.

North Carolina's Office of Rural Health (ORH) was the first state rural office in the nation. ORH was created in 1973 and supports equitable access to health in rural and underserved communities. To achieve its mission, ORH works collaboratively to provide funding, training, and technical assistance. ORH supports the maintenance and growth of the state's safety net and rural communities' access to high-quality, innovative, accessible, cost-effective services. ORH is housed within the NC Department of Health and Human Services (NC DHHS). The role ORH serves within NC DHHS provides a unique and vital vantage

point enabling the team to fulfill its mission of increasing access to high-quality, cost-effective care for people who are uninsured, isolated, or medically vulnerable.

ORH is designated federally as the state's Primary Care Office (PCO). As the PCO, ORH provides technical assistance for both providers and sites located in North Carolina that are interested in applying for NHSC site certification or the NHSC loan repayment program. The purpose of the technical assistance is to support providers and sites in submitting successful NHSC applications. ORH has a well-established Placement Services team for this very purpose. The Placement Services team is also dedicated to addressing primary care, behavioral health, and dental workforce needs.

NHSC funding increased as a result of two pieces of legislation: the American Recovery and Reinvestment Act (ARRA) for FY 2009-2011 and the Affordable Care Act (ACA) funding introduced in FY 2011 and FY 2012 [1]. The ACA made funding for the NHSC mandatory. The funding for NHSC included recruitment and field costs. Under the ACA, North Carolina has seen an increase in awards and technical assistance. NHSC received a \$300 million sup-

plement through the ARRA to grant more loan repayment awards to providers who agreed to work in underserved areas from March 2009 to February 2011 [1]. During this time, North Carolina funded 66 providers through the use of NHSC dollars in 2009, 145 providers in 2010, and 184 providers in 2011 [1]. The upward trend during the early implementation period of the ACA continued for the number of providers serving in NHSC for North Carolina.

"Post-ACA, we recognized a significant increase in the number of NHSC Scholars interested in joining our rural health care team," shared Robert Spencer, CEO of Kintegra Health (personal phone and email communications with Shawanda K. Fields, July 2020). "We went from receiving one or no applicants to multiple applicants per year. This helped us build our team with highly qualified providers."

From 2012 to 2019, there were 241 providers per year serving in the NHSC on average, with a range of 230-266 providers per year, almost fourfold the number of active providers before the ACA in 2009 [1]. From 2005 to 2008, before the ACA, the national budget for the NHSC averaged \$126 million and ranged from \$123 million to \$131 million during those years [1]. The funding increased to \$360 million in 2009, almost tripling the previous budget [1]. From 2010 to 2019, the average national funding amount was \$325 million per year and ranged from \$254 million to \$430 million during that time [1]. In a personal communication, ORH Director Maggie Sauer shared: "The ACA profoundly impacted access to care in North Carolina by

expanding the provision of essential health care in rural communities. These providers not only build the foundation for a community's health, they are essential economic drivers as well. On average, a full-time physician has an annual economic impact of \$666,249 for a rural community in North Carolina they live and work in." *NCMJ*

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