



## Side-by-side Comparison of AHEC Legislative Language Changes

### Previous Authorization and Patient Protection and Affordable Care Act (PPACA)

	Previous Authorization	New Authorization - PPACA
<b>Authorization</b>	Last authorized 1998	Presidential signature - March 26, 2010; authorized for 5 Years
<b>Funding</b>	Appropriation: \$34.5 million	Authorized (subject to appropriation): \$125 million
<b>Award Type Titles</b>	Basic/ Core AHEC Award	Infrastructure Development Award
	Model State-Supported AHEC Award	Point of Service Maintenance and Enhancement Award
<b>Distribution of Appropriation</b>		
Basic-Core/Infrastructure Development	Not more than 55% of appropriation	Not more than 35% of appropriation
Model/Point of Service Maintenance and Enhancement	Not less than 45% of appropriation	Not less than 60 % of appropriation
Grants and contracts to implement outcomes evaluation	No allocation	Not more than 1% of appropriation
Grants and contracts to provide technical assistance to AHECs	No allocation	Not more than 4% of appropriation
<b>Eligibility Entities</b>	Schools of medicine or osteopathic medicine and incorporated consortia of such schools, or the parent institutions of such a school	No change
	In a State with no AHEC program in operation, a school of nursing	No change
<b>Time Limitations on Receiving Funds</b>		

Basic/Core – Infrastructure Development	AHEC program – maximum of 12 years; Individual AHEC center – maximum of 6 years	No change
Model/Point of Service Maintenance and Enhancement	No limit on programs or centers	No change
<b>Dual Eligibility</b>	AHEC program not eligible to receive Basic/Core funding and model funding during the same fiscal year	AHEC program with centers eligible in both categories may be awarded both Infrastructure Development and Point of Service Maintenance and Enhancement; a center eligible for Infrastructure funding may not receive Point of Service funding
<b>Disciplines</b>	Involve 2 or more disciplines	No change
<b>Required Activities</b>		
	Improve the recruitment, distribution, supply, quality and efficiency of personnel providing health services in underserved areas . . .	No comparable statutory language
	Increase the number of primary care physicians and other primary care providers who provide services in underserved areas through an educational continuum of health career recruitment through clinical education . . . .	No comparable statutory language
	Carry out recruitment and health career awareness programs to recruit individuals from underserved areas and under-represented populations, including minority and other elementary or secondary students, into the health professions	Develop and implement strategies, <b>in coordination with the applicable one-stop delivery system under section 134(c) of the Workforce Investment Act of 1998</b> , to recruit individuals from underrepresented minority populations or from disadvantaged or rural backgrounds into health professions, and support such individuals in attaining such careers.
	Prepare individuals to more effectively provide health services to underserved areas or	Prepare individuals to more effectively provide health services to underserved

	underserved populations through field placements, preceptorships, the conduct of or support of community-based primary care residency programs, and agreements with community-based organizations such as community health centers, migrant health centers, Indian health centers, public health departments and others	areas and <b>health disparity populations</b> through field placements or preceptorships in conjunction with community-based organizations, <b>accredited primary care residency training programs</b> , Federally qualified health centers, <b>rural health clinics</b> , public health departments, or other appropriate facilities.
	Conduct health professions education and training activities for students of health professions schools and medical residents	Develop and implement strategies to foster and provide community-based training and education to individuals seeking careers in health professions within underserved areas . . . . <b>in collaboration with other Federal and State health care workforce development programs, the State workforce agency, and local workforce investment boards, and in health care safety net sites.</b>
	Provide information dissemination and educational support to reduce professional isolation, increase retention, enhance the practice environment, and improve health care through the timely dissemination of research findings using relevant resources	Deliver or facilitate continuing education and information dissemination programs for health care professionals, <b>with an emphasis on individuals providing care in underserved areas and for health disparity populations.</b>
	Comparable statutory language in center requirements	Conduct and participate in interdisciplinary training that involves physicians, physician assistants, nurse practitioners, nurse midwives, <b>dentists,</b>

		<b>psychologists, pharmacists, optometrists, community health workers, public and allied health professionals, or other health professionals, as practicable.</b>
	No comparable statutory language	Establish a <b>youth public health program</b> to expose and recruit high school students into health careers, with a focus on careers in public health
	No comparable statutory language	Propose and implement effective program and outcomes measurement
<b>Non-Required Activities</b>	No comparable statutory language	“Innovative Opportunities”: may use award for <ul style="list-style-type: none"> <li>• Developing innovative curricula in collaboration with safety net sites</li> <li>• Coordinating community-based research</li> <li>• Developing other strategies to address workforce needs</li> </ul>
<b>10% requirement</b>	10% of all required clinical education of medical students in community settings removed from primary teaching facility of medical school	No change for medical schools
	Same statutory language as for medical schools	Nursing schools – 10% for nursing students AND written agreement to place medical students in AHEC program area
<b>Center Requirements</b>	Encourage the regionalization of health professions schools through the establishment of partnerships with community-based organizations	Foster networking and collaboration among communities and between academic health centers and community-based centers
	Not in statutory language – in grant guidance	Be a public or private organization whose structure, governance, and operation is independent from the awardee and the

		parent institution of the awardee
	Not in statutory language – in grant guidance	Not be a medical school, the parent institution of such a school, or a branch campus or other subunit of a medical school or its parent institution, or a consortium of such entities
	Designate a geographic area or medically underserved population to be served by the center. Such area or population shall be in a location removed from the main location of the teaching facilities of the schools participating in the program with such center.	Same requirement PLUS does not duplicate, in whole or in part, the geographic area or population served by any other center
	Not in statutory language	Serves communities with a demonstrated need of health professionals in partnership with academic medical centers
	No comparable statutory language	Addresses the health care workforce needs of the communities served <b>in coordination with the public workforce investment system</b>
	Have an advisory board, at least 75 percent of the members of which shall be individuals, including both health service providers and consumers, from the area served by the center	Has a community-based governing or advisory board that reflects the diversity of the communities involved
	Assess the health personnel needs of the area to be served by the center . . . .	No comparable statutory language
	Arrange and support rotations for students and residents in family medicine, general internal medicine or general pediatrics, with at least one center in each program being affiliated with or conducting a rotating osteopathic	General language in program requirements – no specific disciplines mentioned – no residency requirement mentioned

	internship or medical residency training program in family medicine (including geriatrics), general internal medicine (including geriatrics), or general pediatrics in which no fewer than 4 individuals are enrolled in first-year positions	
	Conduct and participate in interdisciplinary training that involves physicians and other health personnel including, where practicable, public health professionals, physician assistants, nurse practitioners, nurse midwives, and behavioral and mental health providers	Moved to program requirements
<b>Matching Funds</b>	Non-federal cash equal to 100% of federal award	Same total requirement BUT only 25 % of non-federal contribution must be in cash.
<b>Matching funds waiver</b>	May apply for waiver of not more than 75% of matching fund amount for each of first 3 years of funding	No change
<b>75% - 25 % allocation split</b>	Not less than 75% of award must be allocated to the area health education centers; a new program may request a waiver for first 2 years	No change
<b>Award Amount</b>	Total award to a state may not exceed \$2,000,000 or \$250,000 times the total number of centers in the state, whichever is less	Award must be not less than \$250,000 per center included in the AHEC program; may be reduced if the appropriation is not sufficient; no limit on total award
<b>Carry Over Funds</b>	Carryover of funds from one year to the next allowed only with written approval from HRSA	May carry over funds from one fiscal year to the next without HRSA approval; funds may not be carried over for more than 3 years, unless approved by HRSA