

Access to Frontline Health Care Act (H.R. 702)

Overview

Our nation is facing a severe shortage of healthcare workers. By 2020, for instance, there will likely be a shortage of up to 200,000 physicians and 1 million nurses.¹ Rural and other historically-underserved areas are expected to be the most vulnerable to the growing shortage of healthcare workers.

Lack of access to health and nutrition services caused by workforce shortages can result in higher health care costs. In 2007, research by the Government Accountability Office (GAO) linked poverty to adverse health outcomes, indicating that these outcomes, in part, are due to limited or no access to proper healthcare services.² Unfortunately, the average student graduating from college emerges with over \$26,000 in debt,³ which may deter these individuals from pursuing careers in health care fields like nutrition and dietetics, and may further dissuade healthcare workers from practicing in underserved areas of the country.

Healthcare Workforce Shortages and Chronic Diseases

Chronic diseases account for seven out of ten deaths among Americans each year,⁴ and many of these chronic diseases could be prevented entirely with modest changes in diet and lifestyle.⁵ Providing healthcare, specifically nutrition services, not only increases the health of underserved Americans but it can also reduce the overall cost to our system. For example, in 2007, diabetes-related health care costs totaled \$174 billion, including \$58 billion in lost productivity.⁶ Research suggests that poorer Americans with little or no access to healthcare and nutrition care may be more at risk of developing diabetes.⁷ With access to proper nutrition and diet information provided by a registered dietitian, people in need can work to prevent developing this and other costly chronic illnesses.

The Bill: Access to Frontline Health Care Act (H.R. 702)

The Access to Frontline Health Care Act (introduced by Congressman Bruce Braley, D-IA, on February 14, 2013) will help address the healthcare workforce shortage by placing health care personnel in underserved areas, while preserving flexibility for States to bring health care providers to specific areas of need. This will ensure that previously underserved communities have access to a wide array of health care services.

Key Takeaways

- Our nation is facing a severe shortage in healthcare workers. Rural and historically-underserved areas are likely to be hardest hit by this shortage.
- Research shows that when people have reliable and consistent access to health care, they are more likely to receive screenings, timely diagnosis, and appropriate treatment of chronic diseases and conditions.
- A diverse health care workforce both helps to increase access to quality care and addresses disparities in health care that affect certain racial and ethnic populations.
- H.R. 702, the Frontline Access to Health Care Act, will incentivize qualified RDs to practice in underserved areas, increasing the availability of nutrition services among traditionally-underserved populations.



¹ Cooper, R.A. et al. (2002). Economic and Demographic Trends Signal an Impending Physician Shortage. *Health Affairs*. Vol 2 (1):140-152.

² Government Accountability Office (2007). Poverty in America: Consequences for Individuals and the Economy. Statement of Sigurd R. Nilsen. Testimony before the Chairman, Committee on Ways and Means, House of Representatives. Retrieved February 12, 2013 from <http://www.gao.gov/new.items/d07343t.pdf>.

³ Institute for College Access and Success (2012). Student Debt and the Class of 2011. Retrieved February 12, 2013 from <http://projectonstudentdebt.org/files/pub/classof2011.pdf>.

⁴ Kung, H.C., Hoyert, D.L., Xu, J.Q., Murphy, S.L. (2008). Deaths: final data for 2005. *National Vital Statistics Reports*. Vol. 56(10).

⁵ Willett, W.C., Koplan, J.P., Nugent, R., Dusenbury, C., Puska, P., Gaziano, T.A. (2006). "Prevention of chronic disease by means of diet and lifestyle changes." In *Disease Control Priorities in Developing Countries*, 2nd Edition. Jamison D.T., Breman J.G., Measham A.R., et al., Eds. Washington (DC): World Bank.

⁶ American Diabetes Association (2008). Economic Costs of Diabetes in the U.S. in 2007. *Diabetes Care*. Vol 31(3):596-615.

⁷ Government Accountability Office (2007).

To help alleviate the burden of student loans for healthcare workers while encouraging young providers to practice in underserved areas, this legislation would create a new Frontline Providers Loan Repayment Program which will provide student loan repayment in exchange for a commitment to practice in a region with a scarcity of “frontline health services.” Frontline health services are defined as services in the fields of general surgery, chiropractic, optometry, ophthalmology, physical therapy, audiology, speech language pathology, pharmacy, public health, podiatric medicine, **dietetics**, occupational therapy, general pediatrics, respiratory therapy, medical technology, otolaryngology, and radiologic technology. The loan assistance that this legislation provides will encourage individuals who are passionate about caring for underserved communities to enter and complete dietetic (or other health professional) training that might otherwise be unaffordable to them.



H.R. 702 and Health Disparities

Research has shown that when people have reliable and consistent access to health care, they are more likely to receive screenings, timely diagnosis, and appropriate treatment of chronic diseases and conditions.⁸ Unfortunately, racial and ethnic minorities are disproportionately more likely than white Americans to lack such consistent access to care; although racial minorities comprise one-third of the total U.S. population, they consist of 52 percent of the uninsured population.⁹ Such disparities are also manifested in health outcomes: African Americans are twice as likely to have diabetes than white Americans, and the prevalence of diabetes among older American Indians/Alaska Natives is nearly three times the national rate.^{10,11}

We know that a diverse health care workforce both helps to increase access to quality care and addresses disparities in health care that affect certain racial and ethnic populations.¹² Still, while minorities comprise 25 percent of the U.S. population, individuals from these racial and ethnic groups represent only 10 percent of the health professions.¹³ H.R. 702 will encourage young people to pursue a career in healthcare fields that they might otherwise not have been in a financial position to enter, such as dietetics. Thus, this legislation will both augment and diversify our healthcare workforce, and in so doing will reduce health disparities.

View of the Academy of Nutrition and Dietetics on H.R. 702

The Academy of Nutrition and Dietetics supports the Access to Frontline Health Care Act, and is urging members of Congress to co-sponsor and/or pass the bill. By co-sponsoring and voting for H.R. 702, members of Congress would:

- Incentivize qualified registered dietitians and other care providers to practice in underserved populations;
- Increase the availability of needed care to those who currently go without treatment;
- Help to improve the health of millions of Americans; and
- Help to reduce healthcare costs by focusing on prevention and primary care.

8 Families U.S.A. (2013). Quick Facts about Disparities. Accessed February 28, 2013 at <http://www.familiesusa.org/issues/health-equity/health-equity-quick-facts.html>.

9 *Ibid.*

10 U.S. Department of Health and Human Services (2013). Diabetes Data/Statistics. Accessed February 28, 2013 at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=3&lvlid=62>.

11 National Indian Council on Aging (2012). The Prevalence of Diabetes in American Indian Elders. Accessed February 28, 2013 at <http://nicoa.org/information/diabetes-education/>.

12 Robert Wood Johnson Foundation (2011). Issue Brief: How will the Affordable Care Act help diversify the health care workforce? Accessed February 28, 2013 at http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf71998.

13 American Public Health Association (2006). Issue Brief: The Public Health Workforce: Left Unchecked, Will We Be Protected? Accessed February 28, 2013 at <http://www.apha.org/NR/rdonlyres/8B9EBDF5-8BE8-482D-A779-7F637456A7C3/0/workforcebrief.pdf>.