

## **The Access to Frontline Care Act (H.R. 531)**

### **Situation**

The Access to Frontline Care Act (HR 531) was introduced into the House of Representatives on February 2, 2011 by Congressman Bruce Braley (D-IA). On February 15, 2011 it was referred to the Subcommittee on Health within the Committee on Energy and Commerce. The Bill has no scheduled hearings or votes and currently has 5 co-sponsors which include: Brown (FL), Michaud (ME), Holmes-Norton (DC), Rahall (WV) and Tierney (MA).

### **Overview of the Act**

HR 531 - Directs the Secretary of HHS to establish a Frontline Providers Loan Repayment Program where the Secretary will make student loan repayments in exchange for providing services for two years in a frontline care scarcity area. "Frontline care services" is defined as health care services in the fields of general surgery, optometry, ophthalmology, chiropractic, physical therapy, audiology, speech language pathology, pharmacies, public health, podiatric medicine, **dietetics**, occupational therapy, general pediatrics, respiratory therapy, medical technology, otolaryngology, or radiologic technology. In 2010 the average student graduating from college was left with \$23,000 in debt.

### **Bottom Line:**

The bill offers significant support to new dietitians by allowing them to practice in underserved areas and at the same time having their student loans repaid. Registered dietitians will be covered under this legislation as eligible for loan repayment.

### **Talking Points for Visits**

#### **Introduction: Who You Are**

Registered dietitians work to improve the health of Americans through access to healthy foods and nutrition services. The American Dietetic Association represents more than 70,000 members, the world's largest organization of food and nutrition professionals.

#### **What:**

Our purpose today is to ask for support through co-sponsorship and/or passage of the Access to Frontline Care Act.

#### **The Problem**

The Problem – Remember, a Medically Underserved Area (MUA) is defined by the US Department of Health and Human Services as: *"May being a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services."*

Lack of access to nutrition services found in MUA's can result in higher health care costs. Seven out of the top ten chronic diseases are nutrition related. Giving persons in underserved areas access to nutrition services will reduce health disparities. They will empower people with the knowledge to make healthy food choices and contribute to reducing increasing healthcare costs.

## Talking Points

- As of 2008, XX% of my state is considered underserved.<sup>1</sup>
- 22% of Americans over the age of 20 living 200% or lower below the poverty line were diagnosed with diabetes in 2008. The fact is that poorer Americans with little to no access to healthcare and nutrition care are more at risk to be diagnosed with diabetes.<sup>2</sup>
- A 2007 GAO report linked poverty to adverse health outcomes and that these outcomes, in part, are due to limited or no access to proper healthcare. *Essentially a lack of proper healthcare is contributing to America's problem with poverty, and vice versa.*<sup>3</sup>
- Providing healthcare, specifically nutrition services, not only improves the health of underserved Americans but it also reduces the overall cost to our healthcare system. For example, in 2007 diabetes cost America \$174 billion; which included \$58 billion in lost productivity.<sup>4</sup> With access to proper nutrition and MNT - provided by an RD – individuals can maximize their quality of life.

## The Solution

- HR 531 creates a new Frontline Providers Loan Repayment Program. It is a process similar to the National Health Service Corps – a provider signs a commitment to practice in an underserved area (as defined by the legislation) for two years in exchange for student loan repayment.
- The Secretary of HHS will determine the amount of loan repayment while individuals with interdisciplinary studies will be given preference for acceptance into the program.
- The Provider pledges to practice in a “Frontline Scarcity Area” which can either be:
  - A Health Profession Shortage Area (HPSA).
  - An area designated by the state in which the area is located as having a shortage of “frontline care services”.
- The goal of this legislation is to better serve the health and nutrition needs of those who live in underserved areas and to encourage more medical students and allied health providers, including RD’s – to practice in underserved areas.

## Setting the Stage for the Ask: Why Nutrition and Why Us?

- Proper nutrition and healthy eating helps to make it possible to maintain good health and positively impacts the quality of life for all Americans.
- Having access to MNT provided by registered dietitians gives Americans the tools they need live healthier lives while also helping to manage against nutrition-related illnesses such as: diabetes, obesity, heart disease and certain types of cancers.
- There are a high number of underserved areas in America where healthcare and nutrition services are severely lacking. Not having access to credible nutrition information and MNT on the benefits of breastfeeding puts children at risk for developing more costly illnesses. Not having access to reliable nutrition information on how to manage diabetes puts people at risk for more costly complications associated with the disease, Not having access to reliable nutrition information puts older Americans at risk for maintaining their independence.

## For more information on the language of the bill visit:

<http://thomas.loc.gov/cgi-bin/thomas>

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<sup>1</sup> <http://www.statehealthfacts.org/comparemaptable.jsp?ind=682&cat=8>

<sup>2</sup> <http://www.gao.gov/new.items/d07343t.pdf>

<sup>3</sup> <http://www.gao.gov/new.items/d07343t.pdf>

<sup>4</sup> <http://www.diabetes.org/advocate/resources/cost-of-diabetes.html>