



Legislative Summary: American Recovery and Reinvestment Act

President Obama recently signed H.R. 1, the [American Recovery and Reinvestment Act](#), to help stimulate the economy, and preserve or create up to four million jobs. The Congressional Budget Office estimates the cost of the stimulus package to be \$787 billion over 10 years (2009-2019). There are a number of provisions in the Act that are of interest to pharmacists practicing in hospitals and health systems.

➤ **Health Professions Training**

Funding for the Department of Health and Human Services (HHS) includes \$500 million for health professions training programs; \$300 million for National Health Service Corps recruitment and field activities and the remaining \$200 million for scholarship and loan repayment programs under Titles VII and VIII of the Public Health Service Act. The funding is set aside to provide education and training for health professions and to alleviate the shortage of primary care providers.

Pharmacists are not specifically listed as eligible for these programs. ASHP urged members of the [Conference Committee](#) to adopt language making pharmacists eligible for loan forgiveness under the National Health Service Corps, and to have a portion of funds allocated to the Health Resources and Services Administration (HRSA) go toward funding for pharmacy residency programs.

Restoring funding for pharmacy residency programs and addressing workforce challenges through loan forgiveness continue to be priority issues for ASHP. Ensuring an adequate supply of well trained pharmacists is essential to meeting the demographic challenges of an aging society and addressing access to care in rural and underserved areas. ASHP will continue to promote these issues as a component of [health care reform](#) that addresses the workforce.

➤ **Comparative Effectiveness Research**

More than \$1 billion is included for comparative effectiveness research to be divided among the Agency for Healthcare Research and Quality, the National Institutes of Health (NIH), and other organizations at the discretion of the Secretary of HHS. The conference committee stressed that the funding is intended only to support research that will evaluate and compare clinical outcomes of medical treatments and services that address a

particular medical condition. The report also stresses that the studies exploring the effect of treatments on “subpopulations”—minorities and women—should be part of the research.

[ASHP policy](#) supports comparative effectiveness research. As part of the Alliance for Better Health Care, ASHP expressed strong support for the inclusion of this provision as part of an effort to give health care providers new and better information on clinical outcomes on a variety of treatments.

➤ **Health Information Technology**

Funding for health information technology totals \$19 billion and will allow hospitals to take advantage of loans and grants to implement health information technology systems throughout their facilities. These funds will primarily be distributed through the Office of the National Coordinator for Health Information Technology based on its strategic plan. The bill requires \$300 million to support regional or sub-national efforts towards health information exchange.

ASHP believes this is an important first step toward the widespread adoption of health IT, and submitted a [letter to key members of Congress](#) supporting the provision. The Society noted that pharmacist participation in the development of these systems is essential to ensuring safe and effective medication use.

➤ **Infrastructure**

The package includes \$120 billion for investments in infrastructure and science. Specifically, \$1.2 billion is appropriated to the Department of Veterans Affairs for VA hospital and medical facility construction and improvements. An additional \$2.3 billion is appropriated for Department of Defense facilities, including hospitals.

➤ **Health Resources Services Administration**

The package includes \$2.5 billion for HRSA programs, including \$500 million for new sites and services at community health centers and supplemental payments for an increased uninsured population. In addition, \$1.5 billion is for HRSA facilities construction projects, renovation, equipment and acquisition of health information technology systems.

➤ **NIH Facilities and Research**

NIH received \$10 billion, including \$1.3 billion for construction and renovation of extramural research facilities and other capital research equipment. The Office of the NIH Director would receive \$8.2 billion; \$7.4 billion is for research by various NIH Institutes and Centers and \$800 million is for short term grants provided by the Office of the Director. The remaining \$500 million of the \$10 billion total is for buildings and facilities on the NIH campus.