

**IV.F. BUDGETARY IMPACTS RELATED TO FEDERAL HEALTHCARE REFORM SCHEDULE, 2014 OPERATING BUDGET**

Agency/IHE code:	744
Agency /IHE name:	The University of Texas Health Science Center at Houston
Item Name:	Health Workforce

Includes Funding for the Following Strategy or Strategies:	
Strategy	Description

	DESCRIPTION	FY 2012 Expended	FY 2013 Expended	FY 2014 Budgeted
<b>OBJECTS OF EXPENSE:</b>				
	<b>TOTAL, OBJECT OF EXPENSE</b>	\$0	\$0	\$0

METHOD OF FINANCING:	DESCRIPTION	FY 2012 Expended	FY 2013 Expended	FY 2014 Budgeted
	<b>GENERAL REVENUE FUNDS</b>			
	<b>GR DEDICATED ACCOUNTS</b>			
	<b>FEDERAL FUNDS</b>			

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TOTAL, METHOD OF FINANCING	\$0	\$0	\$0
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FULL-TIME-EQUIVALENT POSITIONS (FTE):

LEGAL AUTHORITY/STATUTORY REFERENCE FOR ITEM:  
HR 3590 PPACA (PL 111-148); HR 4872 Reconciliation Act (PL 111-152); and HR 1 ARRA (PL 111-5)

**DESCRIPTION/KEY ASSUMPTIONS:**  
The fiscal impact on UTHealth is difficult to measure as there are many new rules and regulations to be issued, additional terms and changes to the law by the administration, and the effort of the Texas' 1115 Medicaid waiver. Many of the reforms of the ACA do not begin until 2014 and the regulations and assumptions are changing rapidly during the rollout period.

CONCERNS AND COMMENTS:

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The top concern for UTHealth as the most comprehensive academic health institution in Texas is the impact of the Affordable Care Act on the health care workforce. The health care reform bill projects a greater number of insured patients. However, with an estimated national shortfall in physicians of at least 90,000 by 2020 (AAMC 2013), these newly insured patients will find that access to health care will be limited and difficult. Additionally, Texas already ranks 47th among the states in primary physicians per 100,000 population and 41st in total active practicing physicians per 100,000 (AAMC 2013). As the population ages, the lack of specialty care will impact the newly insured's access to a specialist. Texas ranks high compared to other states in its ability to retain medical students and residents (third best in the nation), but there are not enough resident positions available in Texas to keep all of the best and brightest from Texas medical schools. Physician workforce proposals that rely exclusively on implementing new models of care or changing the distribution of medical specialties to address shortages are likely to fall short in meeting the health care needs of a growing, aging population unless the number of physicians is increased, according to a new article published in the November issue of Health Affairs. Workforce planning today must take into account the increasing demand on health care services per capita.

Additionally, the nursing shortage in Texas continues to be an issue. The nursing shortage reduction efforts by the Legislature in the last two sessions have assisted nursing schools, including UTHealth's, by increasing their enrollment. However, Texas will still need 70,000 more nurses by 2020 (Kaiser Foundation). Texas, according to the CDC, ranks 44th in the number of dentist per 100,000. Approximately 85% of Texas' public health workforce has no formal public health education.

There are many other areas of concern and opportunity in the implementation of the ACA, but due to the lack of specifics and data, UTHealth cannot make assumptions at this time as to its budgetary impacts.