



**White House Task Force on Puerto Rico
End of Administration Report**

Agency/Department	Department of Health and Human Services
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1. SUMMARY

The U.S. Department of Health and Human Services (HHS, the Department) is proud to be part of the Administration’s team assisting Puerto Rico officials in developing a path forward out of the Commonwealth’s economic and fiscal crisis. The Department has prioritized this effort, and Secretary Burwell established a working group to look systematically at the Department’s interactions with Puerto Rico across programs to help ensure that residents of Puerto Rico continue to have access to quality health care.

The Department is working closely with the government of Puerto Rico and other key stakeholders to identify opportunities to support the health care sector in the Commonwealth. Many of the unique challenges related to HHS programs in Puerto Rico – notably Medicare and Medicaid – are the product of statutory restrictions. Nevertheless, HHS is continuing to work to identify areas where administrative flexibility can be used to support the delivery of high quality care.

The budget proposed by the President for 2017 would have a major impact in Puerto Rico by removing the cap on funding to Medicaid programs in the U.S. territories and expanding eligibility for Medicaid in the territories to better align territory Medicaid programs with those in states. The proposal would provide critical health care funding to Puerto Rico and help mitigate the effects of its fiscal crisis.

In addition, the Department is committed to addressing the Zika outbreak in Puerto Rico with the necessary urgency. As outlined in this report, HHS, including the Centers for Disease Control and Prevention (CDC), is partnering closely with the Puerto Rico government to mount an aggressive response to this public health crisis with a six key point approach including (1) outreach and education, (2) vector control, (3) increased access to contraception, (4) surveillance, epidemiology and diagnostic services, (5) child and family services, and (6) external affairs and risk communication. In addition, the President’s emergency supplemental request would provide additional federal Medicaid funding in Puerto Rico and the other U.S. Territories for health services for pregnant women at risk of infection or diagnosed with Zika virus, for children with microcephaly and other birth defects related to Zika virus, as well as for other Zika-related health care costs.

In August 2016, Secretary Burwell declared a public health emergency, signaling that the current spread of Zika virus poses a significant threat to public health in the Commonwealth relating to pregnant women and children born to pregnant women with Zika. In November 2016, the Secretary extended the emergency declaration after consultation with federal and local public health officials in Puerto Rico, because of the ongoing Zika outbreak and pregnant women and children born to pregnant women continue to be at particular risk.

HHS also created a Unified Coordination Group (UCG) in collaboration with FEMA, other federal agencies, and the Commonwealth. The mission of the UCG is to coordinate and unify the Zika response structures that already exist and operate on the island, ensuring that all local and federal agencies are working collaboratively, especially in the six key areas of interest outlined above. The will continue to work closely with the outgoing and incoming Puerto Rico gubernatorial administrations on the implementation of these focus areas and the funding provided under the supplemental.

2. TASK FORCE RECOMMENDATIONS

Medicaid and the Affordable Care Act

Recommendation	Status	Outcome	Outstanding
<p>Work with Congress to build on progress from the Affordable Care Act (ACA) toward achieving a more equitable health care delivery system, including:</p> <ul style="list-style-type: none"> • Exploring options for improving health coverage and benefits; • Encouraging delivery system innovations; • Considering additional adjustments to the Medicaid funding cap; • Supporting the potential establishment and operation of an Exchange. 	<p>Ongoing</p>	<p>The President’s FY17 Budget included three major reforms to strengthen Puerto Rico’s Medicaid program:</p> <ol style="list-style-type: none"> 1. Lifting the federal cap on Medicaid funding for Puerto Rico and the other U.S. Territories. 2. Raising the federal Medicaid share from 55 percent to 83 percent over time. 3. Expanding Medicaid eligibility in PR to 100 percent of the federal poverty level. <p>In March 2015, CMS established a protocol to enable PR’s Medicaid program to provide a weekly match for their federal Medicaid matching rates (FMAPs), which has helped relieve some of the financial pressures PR is currently experiencing.</p> <p>In 2014, CMS determined that PR and other territories could be</p>	<p>Congressional action is needed to implement the proposed Medicaid reforms in the President’s FY 17 budget.</p>

Recommendation	Status	Outcome	Outstanding Issues
		<p>eligible to receive two increases in their FMAPs provided by the ACA:</p> <ol style="list-style-type: none"> 1. Increased "expansion state" matching rate for certain expenditures in areas that expanded coverage prior to enactment of the ACA and adopt the new Medicaid adult group. In other words, expenditures for childless adults in the new adult group would be matched at the increased FMAP. 2. Temporary (two year) 2.2 percentage point increase for all expenditures in jurisdictions that do not claim any "newly eligible" matching funds. This would apply until September 30, 2015. <p>In April 2013, CMS issued a report in response to the President's Task Force Medicaid recommendations describing the impact of federal technical assistance on the PR Medicaid program. The report describes CMS' close work with PR to assure compliance with federal regulations, including the provision of technical assistance and training on program and financial matters.</p>	

Expanding Health Care Access

Recommendation	Status	Outcome	Outstanding Issues
<ul style="list-style-type: none"> • Explore Critical Access Hospital (CAH) designation for rural hospitals; 	Complete	<ul style="list-style-type: none"> • In April 2013, the Health Resources and Services Administration (HRSA) prepared a report in response to 	

Recommendation	Status	Outcome	Outstanding Issues
		<p>the Task Force recommendations on CAH designation. The report indicated that there are no CAHs in PR. PR does not currently have facilities in rural municipalities that meet the prerequisites for conversion to CAHs. Current law does not grant authority to certify <i>new</i> facilities as CAHs. As such, it would be necessary to first establish and operate an acute care hospital in one or more of the ten rural municipalities before conversion to a CAH. Any statutory change, including authorizing the certification of <i>new</i> facilities as CAHs, would require congressional action.</p>	
<ul style="list-style-type: none"> • Explore methods to better inform beneficiaries about Medicare Part B eligibility and penalties for late enrollment; Explore using demonstration authority to waive late enrollment penalties during education and outreach period and for a limited time thereafter for evaluation; 	Complete	<ul style="list-style-type: none"> • In April 2013, CMS prepared a report outlining the issue and describing CMS’ efforts to work with federal and local government agencies, advocacy organizations, employer groups, media outlets, provider organizations and faith-based and community organizations to disseminate information about Medicare Part B and the “opt in” policy. Changing to an “opt out” policy as provided in the states would require congressional action. 	
<ul style="list-style-type: none"> • Prepare a report on the amount of Medicare disproportionate share hospital (DSH) payments needed to account for the higher cost of serving low-income beneficiaries, particularly in light of changes to Medicare 	Complete	<ul style="list-style-type: none"> • In April 2013, CMS issued a report indicating that Medicare DSH payments to hospitals in PR are limited because residents of the territory are statutorily ineligible to qualify for Supplemental Security Income (SSI) benefits. CMS acknowledged that the lack of SSI benefits for the PR Medicare 	

Recommendation	Status	Outcome	Outstanding Issues
<p>DSH payments and Medicaid eligibility in the ACA.</p>		<p>population means that the hospital DSH rates are lower than they otherwise would be. Using hospital cost reports, CMS conducted an analysis of the cost of inpatient services delivered to low income patients for all 51 acute care hospitals in PR and found virtually no correlation between the cost of Medicare inpatient services in PR hospitals and the proportion of low income patients treated. Consequently, CMS could not conclude that a special adjustment to the Medicare DSH formula for PR hospitals is needed. CMS did create a proxy to estimate Medicare SSI inpatient days for Puerto Rico hospitals beginning in 2017.</p>	
<ul style="list-style-type: none"> • Conduct a study to assess the extent to which Puerto Rico beneficiaries are unable to access affordable prescription drugs and explore options to ensure access to necessary drug coverage. 	<p>Complete</p>	<ul style="list-style-type: none"> • In April 2013, CMS issued a report related to Medicare Part D costs and access to prescription medications in PR. The report indicates that the Part D Low Income Subsidy (LIS) is not available to low income and disabled Medicare beneficiaries. Instead, an Enhanced Allotment is added to Medicaid funding on an annual basis to be used for prescription drug coverage for <i>cost sharing</i> for individuals <i>dually eligible</i> for Medicare and Medicaid. CMS acknowledges that this benefit is substantially smaller than the LIS benefit available to low-income beneficiaries in the states. Estimating the number of beneficiaries potentially eligible for the LIS has been challenging, but based on 2011 U.S. Bureau 	

Recommendation	Status	Outcome	Outstanding Issues
		and Medicare beneficiary data, there could be as many as 400,000 or more potentially eligible beneficiaries.	

Combating the Dengue Fever Outbreak

Recommendation	Status	Outcome	Outstanding Issues
<ul style="list-style-type: none"> • Work with the Puerto Rico Dept. of Health (PRDH) to build on their partnership to identify best practices, develop and share mitigation strategies, and monitor outbreaks of dengue fever. 	Ongoing	CDC issued a report in April 2013 describing CDC’s work with the PRDH, beginning in late 2010, to develop a comprehensive Dengue Program that incorporated surveillance, diagnostics, vector surveillance and control, and information and education resources.	The CDC Dengue Branch based in San Juan continues to work with the PRDH on several action items related to a Dengue Plan that CDC helped PRDH develop.

Health Care for Residents of Vieques

Recommendation	Status	Outcome	Outstanding Issues
<ul style="list-style-type: none"> • Work closely with the governments of Puerto Rico and Vieques to improve the quality of health care for the residents of Vieques. 	Ongoing	In April 2011, HHS convened the HHS Region II Vieques Workgroup to conduct a comprehensive needs assessment between April 2011 and September 2012. The assessment aimed to identify the unique circumstances and challenges of the island’s current health care series and gaps, and to propose tangible options for health care service development. The resulting report, “Vieques, Puerto Rico: A Health Care Services Needs Assessment,” includes twelve recommendations for establishing the necessary	HHS continues to work with Puerto Rico and local government leaders on the areas identified through the Vieques Sustainability Task Force’s needs assessment.

Recommendation	Status	Outcome	Outstanding Issues
		<p>components of a comprehensive preventive and primary care system for all residents of Vieques.</p> <p>HHS has subsequently held community meetings in Vieques to discuss the assessment findings and strategies for moving forward on recommendations.</p> <p>In March 2016, HHS representatives visited Vieques and met with the Mayor, Secretary of Health, CDT (local Vieques health clinic) administration, and GHIP (the Managed Care Organization) representative to discuss current health care service delivery in Vieques.</p> <p>Accomplishments include the following:</p> <ul style="list-style-type: none"> • As a result of the Workgroup’s efforts, Vieques obtained primary care, dental, and mental health professional shortage area (HPSA) designations. These HPSAs enable health delivery sites that provide these services on Vieques to apply to participate in the National Health Service Corps (NHSC). The PRDH submitted an application for the CDT to become an NHSC site for primary care and dental services, and HRSA approved their application on May 28, 2014. • The new GHIP IPA contract provides on-island specialty care at least once per week. (Pediatricians/Internists/Ob-Gyns) • The CDT has contracted primary care providers for its ambulatory care clinics. (Pediatrics/OB-GYN/ and Internal Medicine). 	

Recommendation	Status	Outcome	Outstanding Issues
		<p>However, its services are not available to GHIP enrollees.</p> <ul style="list-style-type: none"> • The Administration of Medical Services of Puerto Rico (ASEM) developed telemedicine guidelines for emergency medicine services in 2015. 	

3. ADDITIONAL ACTIVITIES

Zika Response

Activity	Outcome	Outstanding Issues
Supplemental funding request	<ul style="list-style-type: none"> • In February 2016, the President requested approximately \$1.9 billion in emergency supplemental funding for domestic and international response efforts, including funding support to help Puerto Rico and other states and territories respond to the Zika virus. • On September 28, Congress passed the Zika Response and Preparedness Act, providing HHS with \$933 million for the Zika virus response. HHS is working aggressively to obligate the supplemental funding to support Zika response activities, including direct support to key states and territories like Puerto Rico to improve mosquito control and surveillance, increase laboratory capacity, continue pregnancies registries and birth defects surveillance activities, enhance Zika preparedness and response efforts, and support public health investigations. Funding will also be used to help support prevention activities and treatment services for people, particularly pregnant women and children, living in areas with local active Zika transmission and to help provide access to comprehensive health care and support services for children and families affected by Zika. 	
Declaring a public health emergency	<ul style="list-style-type: none"> • On August 12, 2016, at the request of Governor García Padilla, HHS Secretary Burwell declared a public health emergency for Puerto Rico, signaling that the current spread of Zika virus 	

Activity	Outcome	Outstanding Issues
	<p>poses a significant threat to public health relating to pregnant women and children born to pregnant women with Zika. Through the public health emergency declaration, the government of Puerto Rico can:</p> <ul style="list-style-type: none"> ○ Apply for funding through the U.S. Department of Labor’s National Dislocated Worker Grant program to hire and train unemployed workers to assist in vector control and outreach and education efforts. ○ Request the temporary assignment of local public health department or agency personnel who are funded through Public Health Service Act programs in Puerto Rico to assist in the Zika response. ● On November 4, 2016, Secretary Burwell renewed the public health emergency declaration because of the ongoing outbreak of Zika virus and its potential effect on pregnant women and children born to pregnant women with Zika. 	
Supporting Zika prevention and treatment services	<ul style="list-style-type: none"> ● On November 9, 2016, the Centers for Medicare & Medicaid Services (CMS) announced a funding opportunity providing up to \$60.6 million available to Puerto Rico to support prevention activities and treatment services for health conditions related to the Zika virus. The funding is being made available under the Zika Response and Preparedness Act. ● On November 10, 2016, HRSA announced plans to award approximately \$17 million to health departments in Puerto Rico, the U.S. Virgin Islands and American Samoa to combat the Zika virus, and help provide access to comprehensive health care and support services for children and families affected by Zika in these territories. 	
Improving awareness of Zika virus in Puerto Rico	<ul style="list-style-type: none"> ● Forty billboards in Puerto Rico now include Zika messaging. Health education materials continue to be distributed at pharmacies, hotels, and other key locations. ● CDC is preparing an education outreach campaign in Puerto Rico and has developed general information on larvicides available for commercial use. 	

Activity	Outcome	Outstanding Issues
	<ul style="list-style-type: none"> • CDC led a Zika Facebook chat on 05/19/16 with the PRDH, Puerto Rico Women, Infants, and Children (WIC) Program, Government 3-1-1 Service Line, and State Emergency Management and Disaster Administration Agency. 	
Distributing Zika Prevention Kits	<ul style="list-style-type: none"> • As of November 18, 2016, in conjunction with the Puerto Rico Department of Health, over 25,000 Zika Prevention Kits (ZPKs) have been distributed in Puerto Rico through WIC clinics and obstetrician/gynecologist offices. Included in these kits are CDC educational materials, topical insect repellent, condoms to avoid potential sexual transmission of Zika, and mosquito dunks to reduce mosquito populations in standing water. 	
Reducing mosquito populations	<ul style="list-style-type: none"> • Working with Puerto Rico, CDC is making spraying available in and around the homes of pregnant women as well as WIC clinics. • CDC is working with Puerto Rico to deploy effective mosquito traps in conjunction with launching a pilot project in Caguas. CDC is conducting focus groups on trap acceptance in the community and is organizing implementation of the pilot. • CDC continues to work with satellite imagery and mobile applications to identify standing water or containers that can hold water and to assist in the placement and maintenance of mosquito traps in Puerto Rico. • EPA granted emergency approval for use of KO Tabs (insecticide) and PermaNet Curtains in Puerto Rico, which are additional mosquito control tools. 	
Increasing funding and assistance to Puerto Rico health clinics	<ul style="list-style-type: none"> • In April 2016, HHS provided <u>\$5 million in one-time supplemental grants to 20 health centers in Puerto Rico</u> to strengthen the response to Zika virus in Puerto Rico. The 20 health centers and their 84 service delivery sites in Puerto Rico serve over 330,000 people, including nearly 80,000 women age 15 to 45. These grants will support increased outreach, patient education, screening, treatment services, and voluntary family planning services – including 	

Activity	Outcome	Outstanding Issues
	<p>contraceptive services. Services provided include: prenatal care to more than 3,300 pregnant women, delivery of more than 2,000 babies, and contraceptive services to more than 16,600 people annually. Health centers will be reporting quarterly on measures, including the number of patients with an encounter for contraceptive management services and the number of Zika diagnostic tests performed (including percentage positive, if applicable).</p> <ul style="list-style-type: none"> • In April 2016, <u>HHS awarded \$300,000 in one-time emergency supplemental funding</u> to its two Title X grantees in Puerto Rico (University of Puerto Rico and PROFAMILIAS) to conduct additional outreach in underserved areas. The two grantees support 15 health clinics in Puerto Rico. • In August 2016, HRSA awarded \$180,000 in supplemental funding to the Puerto Rico Primary Care Association, which provides support to health centers, for additional training and technical assistance for preventing and treating the effects of Zika. • On October 28, 2016, HRSA announced the availability of \$39 million for health centers in Puerto Rico, American Samoa and the U.S. Virgin Islands to expand the availability of preventive and primary health care services to meet immediate and anticipated Zika-related health care needs and enable health centers to expand services in response to other urgent and emergent primary health care needs. This \$39 million in funding will specifically be made available for use over a 3-year period to eligible Health Center Program-funded health centers in these territories. 	
Puerto Rico’s Maternal and Child Health Block Grant (Title V) program	The Maternal and Child Health Block Grant (Title V) program is working closely with CDC-supported health departments in the establishment of a pregnancy surveillance system to actively monitor pregnant women with confirmed Zika virus infection, conduct outreach, and target information to pregnant women, women planning	

Activity	Outcome	Outstanding Issues
	to get pregnant, women with newborns, and their families.	
Puerto Rico Title V Children with Special Health Care Needs (CSHCN) program	<p>The Puerto Rico Title V Children with Special Health Care Needs (CSHCN) program is providing clinical training and outreach to pediatric providers to ensure they 1) are familiar with CDC guidelines and 2) are able to evaluate infants with possible congenital Zika virus infection in accordance with those guidelines.</p> <ul style="list-style-type: none"> • They are also working to ensure infants born with possible congenital Zika virus infection are properly evaluated and referred for further care in accordance with CDC guidelines and to follow them to at least one year of age to evaluate their developmental outcomes. • The program is in the process of analyzing cases to establish the prevalence of congenital microcephaly at birth for 2013, 2014, and 2015. 	
HRSA/Maternal and Child Health Bureau Technical Assistance	<p>The HRSA/Maternal Child Health Bureau supports a number of grantees who provide technical assistance on issues related to Zika for Puerto Rico children, families and clinicians.</p> <ul style="list-style-type: none"> • In September 2016, the National Center for Medical Home Implementation (NCMHI) at the American Academy of Pediatrics received \$350,000 in supplemental funding to provide a tele-consultation educational model to pediatric clinicians across the U.S., including Puerto Rico, who are providing care for children impacted by the Zika virus at HRSA-supported health centers and other child health care delivery sites. • The HRSA-funded Puerto Rico Early Hearing Detection and Intervention (EHDI) program is working on providing guidance to pregnant women and mothers regarding the health impact of Zika on hearing as well as preventive measures. • The HRSA-funded Reproductive Environmental Health Network (REHN), through an award to the Organization of Teratology Information Specialists (OTIS), is providing one-on-one risk assessments and counseling to individuals of reproductive age and to providers on known and 	

Activity	Outcome	Outstanding Issues
	potential reproductive risks. OTIS is developing and disseminating educational materials for the public and healthcare providers and conducting informational webinars for healthcare providers, including those in U.S. Territories.	
Increasing CDC staff in Puerto Rico	As of 07/05/16, CDC has deployed 214 CDC staff to Puerto Rico to supplement over 30 CDC staffers that work full-time in Puerto Rico at the CDC Dengue Branch office in San Juan. The additional CDC staff work with Puerto Rico to increase lab testing capacity and work with PRDH to control mosquito populations.	
Establishing Unified Coordination Group (UCG)	<p>The goal of the UCG is to synergize, augment, and integrate ongoing Zika prevention and response efforts, ensuring that the coordinated federal elements are listening to Puerto Rico, understanding existing capabilities and efforts, and supporting Puerto Rico’s requirements, so that, Puerto Rico can be prepared to manage ongoing Zika issues independently and in better coordination with federal partners. UCG’s current work against the 6-point approach:</p> <ul style="list-style-type: none"> • <i>Surveillance</i>: CDC has requested for resources for data entry and laboratory technicians to support the PR DH laboratory to address accessioning and backloging. • <i>Contraception</i>: UCG is leading collaborations between PRDH, CDC, ACOG and PR Primary Care Association to expand contraception education, access, and funding for the Zika Contraception Access Network (Z-CAN). Additionally UCG is strategizing for sustainability of access to contraception methods for Medicaid beneficiaries. • <i>Vector control</i>: UCG works with CDC/PRDH IM and PREMA staff to perform outside residual spraying activities in CDC in identified hotspot areas. • <i>Outreach and Education</i>: UCG External Affairs is coordinating with PRDH and PREMA to create an outreach and community education activities calendar. UCG is also coordinating Zika Action Days and education of elementary 	

Activity	Outcome	Outstanding Issues
	<p>and high school students to engage them in vector control activities.</p> <ul style="list-style-type: none"> • <i>Child and Family Services</i>: UCG is applying to obtain a grant intended to provide funding for six (6) additional service coordinators (social workers), who will provide services in seven (7) clinics island-wide. UCG is also working with the Puerto Rico College of Physicians to establish telemedicine capabilities for local healthcare providers. 	
Enhancing CDC Epidemiology and Laboratory Capacity (ELC) funding	<p>CDC obligated \$3.7 million through the Epidemiology and Laboratory Capacity for Infectious Diseases Cooperative Agreement to PRDH to combat the current outbreak of Zika virus. In addition to equipment and supplies necessary for the increased testing for Zika virus, funds awarded to PRDH will be used to support additional epidemiology and laboratory staff critical to the response efforts.</p> <ul style="list-style-type: none"> • On October 21, 2016, CDC announced that it will award a minimum of \$70 million in supplemental ELC funding to states, cities, and territories, including Puerto Rico, to support epidemiologic surveillance and investigation, improve mosquito control and monitoring, and strengthen laboratory capacity. The funding also will support participation in the U.S. Zika Pregnancy Registry to monitor pregnant women with Zika and their infants. 	
Expanding diagnostic testing capacity	<p>CDC continues to work with PRDH to enhance testing capacity for active and recent Zika virus infections. CDC has provided support for testing through its Dengue Branch Laboratory in the form of training, technical support, and overflow testing. Seven microbiologists have also been added to the Dengue Branch Laboratory staff. CDC has requested for resources (RFR) for data entry and laboratory technicians to support the PRDH laboratory to address accessioning and backlogging.</p>	
Keeping the blood supply free of Zika virus	<p>Routine blood screening in Puerto Rico has been ongoing since April 2016 using an investigational test developed by Roche Molecular Systems, Inc.</p>	

Activity	Outcome	Outstanding Issues
	<p>The screening test is being used under an investigational new drug application approved by the Food and Drug Administration. Before blood screening technology was available and in place, HHS arranged and funded shipments of blood products from the continental U.S. to Puerto Rico to ensure an adequate supply of safe blood for island residents.</p>	
<p>Improving access to contraception</p>	<p>CDC is collaborating with partners in Puerto Rico, the CDC Foundation, HRSA, OPA, and many private partners to increase contraception access for women in Puerto Rico who want to delay or avoid pregnancy during this Zika virus outbreak. Through public-private partnerships, such as the Z-CAN, CDC is assisting with the development of a network of physicians and clinics in Puerto Rico capable of providing women with comprehensive, client-centered contraceptive counseling and same-day access to the full range of contraceptive methods at no charge to ensure that women who want to delay or avoid pregnancy during this time are able to do so.</p> <p>The CDC Foundation aims to provide contraceptive access, information and counseling to tens of thousands of women in Puerto Rico within one year, but additional funding of \$18 million is needed to achieve that goal. The CDC Foundation currently has funding to reach approximately 14,000 women in the territory.</p>	
<p>High level HHS engagement</p>	<ul style="list-style-type: none"> • Secretary Burwell made her first official visit to Puerto Rico as HHS Secretary on April 26-27, 2016 • CDC Director Tom Frieden visited Puerto Rico on March 7-9 and June 10, 2016. • Assistant Secretary for Preparedness and Response Nicole Lurie visited Puerto Rico on July 14-15, 2016. • Surgeon General Vivek Murthy visited Puerto Rico on August 11, 2016. 	

4. ACCOMPLISHMENTS

Medicaid

Activity	Outcome
Lowering prescription drug costs	In 2016, HHS finalized a regulation that provided Puerto Rico and the territories the ability to eventually have access to the Medicaid Drug Rebate program. Through this action, Puerto Rico will be able to access to drug rebates that will help lower prescription drug costs in Medicaid.
Reform and strengthen Puerto Rico's Medicaid program	<p>The President's FY17 Budget proposal would transform the Medicaid program in Puerto Rico and the other territories, and is integral to the Administration's broader roadmap to financial stability for Puerto Rico. The proposal puts forward three core reforms to raise the standard of care in Puerto Rico to a level that better aligns with what is available on the mainland, including:</p> <ul style="list-style-type: none"> • <i>Lift the federal cap on Medicaid funding to Puerto Rico and the other U.S. Territories.</i> Currently, federal Medicaid spending in the territories is subject to an annual limit, which prevents the program from flexibly responding to health care emergencies or growing needs. • <i>Raise the federal Medicaid share from 55 percent to 83 percent over time.</i> Currently, the federal Medicaid matching rate for territories is statutorily set at 55 percent. The proposal would immediately increase the federal share to 60 percent and raise it to 83 percent as Puerto Rico and the other territories successfully strengthen and modernize their Medicaid programs. • <i>Expand eligibility to 100 percent of the federal poverty level.</i> Eligibility in Puerto Rico and some other territories is lower than what it is in states. The proposal would expand eligibility to 100 percent of the federal poverty level over time.
Helping Puerto Rico and the other territories respond to Zika virus	<ul style="list-style-type: none"> • HHS has requested that Congress enact a temporary one-year increase in territories' federal Medicaid share to provide an estimated \$250 million in additional federal assistance to support health services for pregnant women at risk of infection or diagnosed with Zika virus and for children with microcephaly, and other health care costs. This request does not make any changes to Puerto Rico's underlying Medicaid program, and the additional funding will not be counted towards Puerto Rico's current Medicaid allotment.

Medicare

Activity	Outcome
<p>Provide a more robust accounting for low income patients and uncompensated care.</p>	<ul style="list-style-type: none"> • The FY17 Budget proposes to give the Secretary authority to adjust Medicare’s disproportionate share (DSH) payments to better account for the higher costs of low income patients in Puerto Rico. Both DSH and uncompensated care payments depend, in part, on patients being eligible for Supplemental Security Income (SSI) which Puerto Ricans do not receive. • In the FY 2017 Inpatient Prospective Payment System (IPPS) rulemaking cycle, CMS established a proxy to estimate Medicare SSI inpatient days for Puerto Rico hospitals for purposes of distributing uncompensated care payments because residents of Puerto Rico are not eligible for SSI benefits. CMS estimates that uncompensated care payments to Puerto Rico hospitals for FY 2017 will be \$12.9 million, or 19.8 percent higher with the SSI proxy than they otherwise would have been without the proposed SSI proxy for FY 2017. The FY 2017 Budget proposal, if enacted, would allow the Secretary to make a similar additional adjustment for Medicare DSH payments to Puerto Rico hospitals.
<p>Increase Payment Rates for Hospitals in Puerto Rico</p>	<ul style="list-style-type: none"> • <i>Operating Inpatient Prospective Payment System (IPPS)</i> - HHS has implemented the provisions of the Consolidated Appropriations Act, 2016, enacted at the end of last year that aligns the formula for operating IPPS payments to hospitals in Puerto Rico with the formula used in the 50 states, increasing hospital payment rates in the Commonwealth by approximately 5 percent. • <i>Changes in the Medicare Advantage CY 2017 Rate Announcement</i> include incorporating increased Hospital Payments into the projections of the fee-for-service bases used for 2017 Medicare Advantage benchmarks; the changes reflect the higher payments that will be made to Puerto Rico hospitals in 2016 as a result of the Consolidated Appropriations Act, 2016. • <i>Capital IPPS</i> – Until passage of the Consolidated Appropriations Act, 2016, the operating IPPS payment rates for hospitals in Puerto Rico were composed of a blend of the national IPPS rate and a lower Puerto Rico-specific rate. The Consolidated Appropriations Act, 2016 ended the use of the Puerto Rico-specific rate for the operating IPPS. However the legislation did not address use of the Puerto Rico-specific rate for the capital IPPS. In the FY 2017 IPPS rulemaking cycle, CMS adopted an adjustment to the way the capital IPPS payment is calculated beginning in FY 2017 to parallel

Activity	Outcome
	<p>how the IPPS operating payment is calculated, ending use of the Puerto Rico-specific IPPS rate in compensating Puerto Rico hospitals.</p>
<p>Increase payment rates for physician services in Puerto Rico</p>	<ul style="list-style-type: none"> • CMS has proposed revisions to the Geographic Practice Expense Indices (GPCI) in the Calendar Year (CY) 2017 Physician Fee Schedule Proposed Rule that would benefit physicians and other practitioners in Puerto Rico. The proposal would treat Puerto Rico and the US Virgin Islands the same for the GPCI by giving them an index equal to the national average. If finalized, this policy is expected to result in a nearly 10 percent increase in physician fee schedule payments in Puerto Rico for each of the next two years.
<p>Supporting a healthy Medicare Advantage program</p>	<ul style="list-style-type: none"> • CMS sets the capitated payments made to Medicare Advantage plans based in large part on the cost of beneficiaries enrolled in fee for service Medicare in the same area. Stakeholders in Puerto Rico observed that a significant number of Puerto Rico beneficiaries enrolled in fee for service were incurring no charges for Medicare. In the CY2017 Medicare Advantage and Part D Rate Announcement, the Secretary instructed the CMS Actuary to make a positive adjustment to the methodology used to calculate payments to Medicare Advantage plan in Puerto Rico to account for this difference.
<p>Medicare Advantage in Puerto Rico Risk Adjustment model</p>	<ul style="list-style-type: none"> • Currently, the Medicare Advantage program covers 567,000 beneficiaries in Puerto Rico. Approximately 277,000 beneficiaries – approximately 49 percent of all Medicare Advantage enrollees in Puerto Rico – are enrolled in Medicare Advantage Dual-Eligible Special Needs Plans. • CMS will implement a number of changes announced in the CY2017 Rate Announcement that will significantly benefit Medicare Advantage enrollees in Puerto Rico. These changes include revisions to the Risk Adjustment Model, which will increase the 2017 payments made to plans that enroll a large proportion of full benefit dually eligible enrollees, and which we expect to benefit Puerto Rico more than any other state or territory.
<p>Changes to Medicare Parts C and D Star Ratings for contracts operating solely in Puerto Rico</p>	<ul style="list-style-type: none"> • Medicare Advantage plans that achieve high Star Ratings are eligible for Quality Bonus Payments. Stakeholders in Puerto Rico have raised concerns that it is more difficult for plans serving in Puerto Rico to achieve high Star Ratings, making these payments more difficult to attain. Beginning in 2017, CMS will make a number of changes to address these concerns and to create a more level playing field for these plans. These changes includes adjusting the Star Ratings system for socioeconomic and disability status, and creating a low income

Activity	Outcome
	<p>subsidy indicator that will identify beneficiaries in contracts operating solely in Puerto Rico whose incomes would result in a low income subsidy designation in the 50 states and DC.</p> <ul style="list-style-type: none"> • To address the fact that the Low Income Subsidy is not available in Puerto Rico, CMS will also reduce the weights of the three Part D Medication Adherence measures to zero for the calculation of the 2017 overall and summary Star Ratings for these contacts. Further, to continue to create incentives to improve medication adherences in Puerto Rico, CMS will retain the adherence measures in the determination of the improvement measure.

Strengthening the Health Care System in Puerto Rico

Activity	Outcome
Investments	<ul style="list-style-type: none"> • From 2009-2014, HHS invested over \$9.5 billion in Puerto Rico to improve the health and well-being of the 3.5 million Americans living in Puerto Rico. Among other programs, the Administration invested over \$300 million in 2015 to support early childhood education in Puerto Rico through birth-to-five Head Start programs and the Child Care and Development Fund; provided access to health insurance and health care services through the Children’s Health Insurance Program (CHIP) and Medicaid; supported food safety and security monitoring projects, and helped people with disabilities and older adults to live with dignity and independence. In addition, through the Maternal, Infant and Early Childhood Home Visiting Program, evidence-based home visiting services reached hundreds of families across four counties.
Increased access	<ul style="list-style-type: none"> • In 2015, HHS-funded health centers in Puerto Rico served nearly 347,000 people, including more than 84,000 women ages 15 to 45. With the help of \$5 million in funding in 2015, Puerto Rico health centers were able to establish eight new service delivery sites. In April 2016, HHS awarded \$5 million to the 20 federally-funded health centers in Puerto Rico to fight the Zika virus.

5. GRANTS AND INVESTMENTS

HHS Grants to Puerto Rico: FY 2009 - FY 2016 Totals		
Operating Division	Program Description	FY 2009 - FY 2016 (Total)
ACF	Adoption Assistance	\$ 1,011,543
ACF	Adoption Incentive Payments	\$ 409,174
ACF	Affordable Care Act (ACA) Abstinence Education Program	\$ 10,076,125
ACF	Affordable Care Act (ACA) Personal Responsibility Education Program	\$ 3,188,918
ACF	ARRA - Child Care and Development Block Grant	\$ 33,417,556
ACF	ARRA - Community Services Block Grants	\$ 42,271,807
ACF	ARRA - Emergency Contingency Fund for Temporary Assistance for Needy Families (TANF) State Programs	\$ 29,189,355
ACF	ARRA - Head Start	\$ 48,828,863
ACF	ARRA - Strengthening Communities Fund	\$ 250,000
ACF	Assets for Independence Demonstration Program	\$ 241,500
ACF	Basic Center Grant	\$ 1,785,512
ACF	Chafee Education and Training Vouchers Program (ETV)	\$ 3,771,923
ACF	Chafee Foster Care Independence Program	\$ 11,688,543
ACF	Child Abuse and Neglect State Grants	\$ 2,539,759
ACF	Child Care Mandatory and Matching Funds of the Child Care and Development Fund	\$ 263,432,965
ACF	Child Support Enforcement (CSE)	\$ 220,415,954
ACF	Children's Justice Grants to States	\$ 1,534,940
ACF	Community Services Block Grant (CSBG)	\$ 228,415,763
ACF	Community Services Block Grant: Discretionary Awards	\$ 928,750
ACF	Community-Based Abstinence Education (CBAE)	\$ 568,423
ACF	Community-Based Child Abuse Prevention Grants	\$ 2,093,174
ACF	Compassion Capital Fund	\$ 500,000

HHS Grants to Puerto Rico: FY 2009 - FY 2016 Totals		
Operating Division	Program Description	FY 2009 - FY 2016 (Total)
ACF	Developmental Disabilities Basic Support and Advocacy Grants	\$ 25,611,883
ACF	Education and Prevention to Reduce Sexual Abuse of Runaway, Homeless and Street Youth	\$ (52,000)
ACF	Family Support Payments to States: Assistance Payments (AFDC)	\$ 99,873,939
ACF	Family Violence Prevention and Services/Grants for Battered Women's Shelters: Grant to State Domestic Violence Coalitions	\$ 718,239
ACF	Family Violence Prevention and Services/Grants for Battered Women's Shelters: Grants to States and Indian Tribes	\$ 11,759,882
ACF	Foster Care: Title IV-E	\$ 10,528,706
ACF	Grants to States for Access and Visitation Programs	\$ 588,191
ACF	Head Start	\$ 1,963,349,183
ACF	Job Opportunities for Low-Income Individuals	\$ (4,562,889)
ACF	Low-Income Home Energy Assistance (LIHEAP)	\$ 70,898,276
ACF	Mentoring Children of Prisoners	\$ 49,266
ACF	Promoting Safe and Stable Families	\$ 43,593,475
ACF	Social Services Block Grant (SSBG)	\$ 80,451,048
ACF	State Court Improvement Program	\$ 3,647,766
ACF	Stephanie Tubbs Jones Child Welfare Services Program	\$ 29,938,479
ACF	Temporary Assistance for Needy Families (TANF)	\$ 712,602,406
ACF	Transitional Living for Homeless Youth	\$ 595,875
ACF	University Centers for Excellence in Developmental Disabilities Education, Research, and Service	\$ 4,318,621
ACF	Voting Access for Individuals with Disabilities Grants for Protection and Advocacy Systems	\$ 560,000
ACF	Voting Access for Individuals with Disabilities - Grants to States and Local Governments Election Assistance for Individuals with Disabilities (EAID))	\$ 415,551
ACL	ACL Assistive Technology	\$ 1,188,009

HHS Grants to Puerto Rico: FY 2009 - FY 2016 Totals		
Operating Division	Program Description	FY 2009 - FY 2016 (Total)
ACL	ACL Assistive Technology State Grants for Protection and Advocacy	\$ 88,829
ACL	ACL Centers for Independent Living	\$ 1,233,219
ACL	ACL Independent Living State Grants	\$ 546,671
ACL	Affordable Care Act (ACA) Medicare Improvements for Patients and Providers	\$ 42,227
ACL	Alzheimer's Disease Initiative: Specialized Supportive Services Project (ADI-SSS) thru Prevention and Public Health Funds (PPHF)	\$ 992,862
ACL	Alzheimer's Disease Demonstration Grants to States	\$ 395,007
ACL	ARRA - Communities Putting Prevention to Work: Chronic Disease Self-Management Program	\$ 394,464
ACL	Medicare Enrollment Assistance Program	\$ 81,419
ACL	National Family Caregiver Support, Title III, Part E	\$ 5,649,059
ACL	Nutrition Services Incentive Program	\$ 23,209,074
ACL	Special Programs for the Aging Title IV and Title II Discretionary Projects	\$ 1,731,158
ACL	Special Programs for the Aging-Title III, Part B-Grants for Supportive Services and Senior Centers	\$ 15,639,156
ACL	Special Programs for the Aging-Title III, Part C-Nutrition Services	\$ 96,303,573
ACL	Special Programs for the Aging-Title III, Part D-Disease Prevention and Health Promotion Services	\$ 758,920
ACL	Special Programs for the Aging-Title VII, Chapter 2-Long Term Care Ombudsman Services for Older Individuals	\$ 1,937,909
ACL	Special Programs for the Aging-Title VII, Chapter 3-Programs for Prevention of Elder Abuse, Neglect, and Exploitation	\$ 162,651
ACL	State Grants for Protection and Advocacy Services	\$ 400,000
ACL	State Health Insurance Assistance Program	\$ 2,351,362
AOA	ARRA - Aging Congregate Nutrition Services for States	\$ 863,550
AOA	ARRA - Aging Home-Delivered Nutrition Services for States	\$ 425,445

HHS Grants to Puerto Rico: FY 2009 - FY 2016 Totals		
Operating Division	Program Description	FY 2009 - FY 2016 (Total)
CDC	ACA Building Epidemiology, Laboratory, and Health Information Systems Capacity in the Epidemiology and Laboratory Capacity	\$ 6,313,681
CDC	Adult Viral Hepatitis Prevention and Control	\$ 176,492
CDC	Affordable Care Act (ACA) Communities Putting Prevention to Work	\$ 99,750
CDC	Affordable Care Act: Human Immunodeficiency Virus (HIV) Prevention and Public Health Fund Activities	\$ 1,627,891
CDC	ARRA – Immunization	\$ 374,693
CDC	ARRA - Preventing Healthcare-Associated Infections	\$ 201,830
CDC	ARRA - Prevention and Wellness--State, Territories and Pacific Islands	\$ 1,284,313
CDC	Assistance Programs for Chronic Disease Prevention and Control	\$ 2,664,944
CDC	Behavioral Risk Factor Surveillance System	\$ 801,286
CDC	Birth Defects and Developmental Disabilities - Prevention and Surveillance	\$ 570,000
CDC	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance –(PPHF-2012)	\$ 927,204
CDC	Cooperative Agreements for State-Based Diabetes Control Programs and Evaluation of Surveillance Systems	\$ 252,699
CDC	Cooperative Agreements to Promote Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance	\$ 29,000
CDC	Cooperative Agreements to Support Comprehensive School Health Programs to Prevent the Spread of HIV and Other Important Health Problems	\$ 532,418
CDC	Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs	\$ 475,000
CDC	Domestic Ebola Supplement to the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC).	\$ 520,428
CDC	Environmental Public Health and Emergency Response	\$ 2,392,096

HHS Grants to Puerto Rico: FY 2009 - FY 2016 Totals		
Operating Division	Program Description	FY 2009 - FY 2016 (Total)
CDC	Epidemiologic Research Studies of Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) Infection in Selected Population G	\$ 2,246,383
CDC	Epidemiology and Laboratory Capacity for Infectious Diseases	\$ 2,329,118
CDC	Global AIDS	\$ 1,400,000
CDC	HIV Demonstration, Research, Public and Professional Education Projects	\$ 2,675,034
CDC	HIV Prevention Activities - Health Department Based	\$ 46,486,913
CDC	HIV Prevention Activities - Non-Governmental Organization Based	\$ 15,792,106
CDC	Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	\$ 52,245,953
CDC	Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	\$ 9,041,276
CDC	Immunization Cooperative Agreements	\$ 26,545,894
CDC	Injury Prevention and Control Research and State and Community Based Programs	\$ 4,148,877
CDC	National Public Health Improvement Initiative	\$ 300,000
CDC	Native Hawaiian Health Systems	\$ 79,167
CDC	Occupational Safety and Health Program	\$ 716,875
CDC	Organized Approaches to Increase Colorectal Cancer Screening	\$ 868,944
CDC	PPHF 2012 - Prevention and Public Health Fund (Affordable Care Act) - Capacity Building Assistance to Strengthen Public Health Immunization Infrastruc	\$ 1,846,341
CDC	PPHF 2012 National Public Health Improvement Initiative	\$ 800,000
CDC	PPHF-2012: Health Care Surveillance/Health Statistics – Surveillance Program Announcement: Behavioral Risk Factor Surveillance System Financed in Part	\$ 178,876
CDC	Prevention of Disease, Disability, and Death by Infectious Diseases	\$ 1,400,000
CDC	Prevention Public Health Fund 2012: Viral Hepatitis Prevention	\$ 170,360
CDC	Preventive Health and Health Services Block Grant	\$ 6,626,364

HHS Grants to Puerto Rico: FY 2009 - FY 2016 Totals		
Operating Division	Program Description	FY 2009 - FY 2016 (Total)
CDC	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	\$ 7,210,219
CDC	Preventive Health Services - Sexually Transmitted Diseases Control Grants	\$ 10,650,824
CDC	Project Grants and Cooperative Agreements for Tuberculosis Control Programs	\$ 5,770,440
CDC	Public Health Emergency Preparedness	\$ 48,151,062
CDC	State Public Health Approaches for Ensuring Qitline Capacity – Funded in part by 2012 Prevention and Public Health Funds (PPHF-2012)	\$ 689,615
CDC	The Affordable Care Act: Centers for Disease Control and Prevention - Investigations and Technical Assistance	\$ 19,857,790
CDC	The Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) authorizes Coordinated Chronic Disease prevention and Health Promotion	\$ 492,271
CMS	ACA - State Innovation Models: Funding for Model Design and Model Testing Assistance	\$ 1,944,740
CMS	Affordable Care Act (ACA) Consumer Assistance Program Grants	\$ 446,534
CMS	Affordable Care Act (ACA) Grants to States for Health Insurance Premium Reviews	\$ 1,687,912
CMS	Affordable Care Act(ACA) Nationwide Prog for National and State Background Checks for Direct Patient Access Employees of LTC Facilities and Provider	\$ 2,969,612
CMS	Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations	\$ 3,179,283
CMS	Childrens Insurance Program (CHIP)	\$ 1,067,711,293
CMS	Medicaid Transformation Grants	\$ (2,625,007)
CMS	Medical Assistance Program (Medicaid)	\$ 4,680,472,082
CMS	State Planning and Establishment Grants for the Affordable Care Act (ACA)s Exchanges	\$ (406,573)
CMS	State Survey and Certification of Health Care Providers and Suppliers (Title XVIII) Medicare	\$ 4,379,856
CMS	Strong Start for Mothers and Newborns	\$ 710,738
DHHS/OS	ARRA - Health Information Technology Extension Program	\$ 22,064,318

HHS Grants to Puerto Rico: FY 2009 - FY 2016 Totals		
Operating Division	Program Description	FY 2009 - FY 2016 (Total)
DHHS/OS	ARRA - State Grants to Promote Health Information Technology	\$ 6,949,823
DHHS/OS	Emergency System for Advance Registration of Volunteer Health Professionals	\$ (2,647)
DHHS/OS	Family Planning: Services	\$ 28,919,512
DHHS/OS	HIV Prevention Programs for Women	\$ 2,499,899
DHHS/OS	Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities	\$ 1,037,745
DHHS/OS	Mobilization For Health: National Prevention Partnership Awards (NPPA)	\$ 488,079
DHHS/OS	National Bioterrorism Hospital Preparedness Program	\$ 15,858,179
DHHS/OS	State and Territorial and Technical Assistance Capacity Development Minority HIV/AIDS Demonstration Program	\$ (56,229)
DHHS/OS	State Partnership Grant Program to Improve Minority Health	\$ 566,310
HRSA	Advanced Education Nursing Traineeships	\$ 230,032
HRSA	Advanced Nursing Education Grant Program	\$ 1,296,822
HRSA	Affordable Care Act (ACA) Grants for Capital Development in Health Centers	\$ 31,263,465
HRSA	Affordable Care Act (ACA) Grants for New and Expanded Services under the Health Center Program	\$ 295,996,129
HRSA	Affordable Care Act (ACA) Grants for School-Based Health Center Capital Expenditures	\$ 1,095,081
HRSA	Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program	\$ 4,447,644
HRSA	Affordable Care Act (ACA) Public Health Training Centers Grant Program	\$ 312,340
HRSA	Area Health Education Centers Infrastructure Development Awards	\$ 325,938
HRSA	ARRA - Equipment to Enhance Training in Health Professionals	\$ 1,106,966
HRSA	ARRA - Public Health Traineeship Program	\$ 157,392
HRSA	ARRA - Scholarships for Disadvantaged Students	\$ 3,269,610
HRSA	ARRA- Grants to Health Center Programs	\$ 39,278,470
HRSA	Centers of Excellence	\$ 3,199,366
HRSA	Childrens Hospitals Graduate Medical Education Payment	\$ 10,918,179

HHS Grants to Puerto Rico: FY 2009 - FY 2016 Totals		
Operating Division	Program Description	FY 2009 - FY 2016 (Total)
HRSA	Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, Public Housing Primary Care, and School)	\$ 170,830,226
HRSA	Cooperative Agreements to States/Territories for Coordination and Development of Primary Care Offices	\$ 1,392,466
HRSA	Coordinated Services and Access to Research for Women, Infants, Children, and Youth	\$ 6,763,511
HRSA	Emergency Medical Services for Children	\$ 1,042,032
HRSA	Glaucoma Research	\$ 1,000,000
HRSA	Grants for Training in Primary Care Medicine and Dentistry	\$ 3,820,745
HRSA	Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	\$ 52,836,388
HRSA	Grants to States to Support Oral Health Workforce Activities	\$ 1,944,681
HRSA	Health Care and Other Facilities	\$ 563,241
HRSA	Health Careers Opportunity Program	\$ (52,617)
HRSA	Healthy Start Initiative	\$ 2,300,351
HRSA	HIV Care Formula Grants	\$ 285,685,200
HRSA	HIV Emergency Relief Project Grants	\$ 118,733,972
HRSA	Maternal and Child Health Federal Consolidated Programs	\$ 1,605,446
HRSA	Maternal and Child Health Services Block Grant to the States	\$ 118,492,846
HRSA	Nurse Anesthetist Traineeships	\$ 234,953
HRSA	Nursing Workforce Diversity	\$ 1,521,030
HRSA	Poison Center Support and Enhancement Grant Program	\$ 1,038,925
HRSA	Prevention and Public Health Fund (PPHF) Public Health Traineeships	\$ 274,832
HRSA	Public Health Training Centers Grant Program	\$ 1,290,880
HRSA	Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement Program	\$ 369,148
HRSA	Ryan White HIV/AIDS Dental Reimbursements\Community Based Dental Partnership	\$ -
HRSA	Scholarships for Health Professions Students from Disadvantaged Backgrounds	\$ 33,746,910

HHS Grants to Puerto Rico: FY 2009 - FY 2016 Totals

Operating Division	Program Description	FY 2009 - FY 2016 (Total)
HRSA	Special Projects of National Significance	\$ 445,445
HRSA	Substance Abuse and Mental Health Services: Projects of Regional and National Significance	\$ 50,768,871
HRSA	Technical and Non-Financial Assistance to Health Centers	\$ 3,032,622
HRSA	Training in General, Pediatric, and Public Health Dentistry	\$ 735,563
HRSA	Universal Newborn Hearing Screening	\$ 1,139,164
NIH	Aging Research	\$ 123,255
NIH	Alcohol Research Programs	\$ 5,326,170
NIH	Allergy, Immunology and Transplantation Research	\$ 19,037,584
NIH	Biomedical Research and Research Training	\$ 115,406,895
NIH	Blood Diseases and Resources Research	\$ 1,294,264
NIH	Cancer Biology Research	\$ 1,661,390
NIH	Cancer Cause and Prevention Research	\$ 200,892
NIH	Cancer Centers Support Grants	\$ 22,477,603
NIH	Cancer Control	\$ 3,591,179
NIH	Cancer Research Manpower	\$ 1,503,179
NIH	Cancer Treatment Research	\$ 1,853,047
NIH	Cardiovascular Diseases Research	\$ 3,372,172
NIH	Child Health and Human Development Extramural Research	\$ 9,091,331
NIH	Diabetes, Digestive, and Kidney Diseases Extramural Research	\$ 592,005
NIH	Discovery and Applied Research for Technological Innovations to Improve Human Health	\$ 225,000
NIH	Drug Abuse and Addiction Research Programs	\$ 8,562,429
NIH	Environmental Health	\$ 761,460
NIH	Extramural Research Programs in the Neurosciences and Neurological Disorders	\$ 23,524,717
NIH	Medical Library Assistance	\$ 312,651
NIH	Mental Health National Research Service Awards for Research Training	\$ 80,455
NIH	Mental Health Research Career/Scientist Development Awards	\$ 602,869

HHS Grants to Puerto Rico: FY 2009 - FY 2016 Totals		
Operating Division	Program Description	FY 2009 - FY 2016 (Total)
NIH	Mental Health Research Grants	\$ 18,993,167
NIH	Minority Health and Health Disparities Research	\$ 72,249,103
NIH	National Center for Research Resources	\$ 56,776,731
NIH	National Center for Research Resources Recovery Act Construction Support	\$ 4,000,000
NIH	Oral Diseases and Disorders Research	\$ 4,738,945
NIH	Population Research	\$ 29,976
NIH	Research and Training in Complementary and Alternative Medicine	\$ 795,287
NIH	Research Infrastructure Programs	\$ 29,316,330
NIH	Research Related to Deafness and Communication Disorders	\$ 733,909
NIH	Trans-NIH Recovery Act Research Support	\$ 14,478,110
NIH	Trans-NIH Research Support	\$ 428,575
SAMHSA	Assisted Outpatient Treatment	\$ 700,000
SAMHSA	Block Grants for Community Mental Health Services	\$ 44,850,439
SAMHSA	Block Grants for Prevention and Treatment of Substance Abuse	\$ 182,428,736
SAMHSA	Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SED)	\$ 1,000,000
SAMHSA	Drug-Free Communities Support Program Grants	\$ 1,895,691
SAMHSA	Mental Health Disaster Assistance and Emergency Mental Health	\$ 4,248,911
SAMHSA	Projects for Assistance in Transition from Homelessness (PATH)	\$ 7,770,574
SAMHSA	Protection and Advocacy for Individuals with Mental Illness	\$ 4,754,860
Grand Total		\$ 12,166,845,050

6. LESSONS LEARNED

Issue: Importance of clear and regular communications

Many of the challenges facing Puerto Rico's health care system are complex and long-standing, and HHS' ability to help the Commonwealth address them has been complicated by administrative and statutory barriers. HHS Secretary Burwell and Governor García Padilla and their teams continue to actively engage in the Commonwealth's health care issues and to identify administrative and legislative options for addressing them.

Lessons Learned:

As indicated by the accomplishments highlighted in the report, a commitment from the highest levels of the Puerto Rico and federal governments to work through complex issues can produce significant and long-lasting positive impacts on the health care system.

Recommendation:

That the administrations of the next Governor of Puerto Rico and next President pledge to continue a high level partnership to address remaining challenges to Puerto Rico's health care system.

Issue: Understanding the impact of the statutorily-based differences in treatment of the territories.

Despite the fact that most residents of the Commonwealth of Puerto Rico and the other four U.S. territories are U.S. citizens, these jurisdictions are treated differently from states in some fundamental ways in key HHS programs, such as Medicaid. As indicated in earlier portions of this report, the Medicaid program in Puerto Rico and other territories is limited in three significant ways: 1) a statutory dollar limit on the amount of federal funding provided each year; 2) a statutory cap on the federal Medicaid match rate (currently set at 55%); and 3) Medicaid eligibility levels set lower than 100% of the federal poverty level. If treated like a state, almost half the population in Puerto Rico would be eligible for Medicaid, and the federal Medicaid match, or FMAP, would be approximately 83 percent.

Lessons Learned:

HHS has learned that these statutory limits on Puerto Rico's Medicaid program have significantly constrained the Commonwealth's ability to provide health care services that eligible US citizens on the mainland can expect (e.g., access to EPSDT and long-term care services). Furthermore, as Puerto Rico approaches the exhaustion of the additional Medicaid dollars provided under the Affordable Care Act, over 600,000 Puerto Ricans could face the loss of their Medicaid benefits.

As described earlier in this report, in February 2016, the President included three major reforms to strengthen Puerto Rico's Medicaid program in his proposed FY 17 budget:

1. Lift the federal cap on Medicaid funding for Puerto Rico and the other U.S. Territories.

2. Raise the federal Medicaid share from 55 percent to 83 percent over time.
3. Expand Medicaid eligibility in PR to 100 percent of the federal poverty level.

Recommendation:

The current and next Administration must continue educating Congress on the serious challenges facing Puerto Rico's health care system, including the impending Medicaid cliff and the impact this will have on a significant portion of Puerto Rico's population.

Issue: Importance of coordinated messaging on public health issues:

On August 12, 2016, at the request of Governor Alejandro García Padilla, U.S. Health and Human Services Secretary Sylvia M. Burwell declared a public health emergency for Puerto Rico, signaling that the current spread of the Zika virus poses a significant threat to public health in the Commonwealth relating to pregnant women and children born to pregnant women with Zika. The declaration is a tool that provides support to the government of Puerto Rico to address the outbreak on the island and underscores the public health risk of Zika, particularly to pregnant women and women of childbearing age.

Lessons Learned:

The declaration of a public health emergency is one of the most significant steps the HHS Secretary could take to help Puerto Rico address the major public health threat that Zika poses to its residents. However, taking this step required close consultation with Governor García Padilla and his public health team to ensure that the people of Puerto Rico understood the reasoning behind the declaration and the important tool it provides them in combatting this public health crisis.

Recommendation:

Close coordination between HHS, other relevant federal agencies, and the Puerto Rico Governor and Puerto Rico Department of Health is critical to the ultimate success in addressing Zika and other public health challenges facing the Commonwealth. In recognition of this fact, in August 2016, the federal government established a Unified Command Group to work with the government of Puerto Rico to fight the Zika virus in a coordinated and collaborative manner. If proven successful, this type of approach should be carried into the next Administration.

7. STAKEHOLDERS/CONTACTS

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8. FUTURE ACTIVITIES AND GOALS

Future Activity/Goal	Description	Short Term/Long Term/Ongoing	Next Steps
Conducting health care system assessment/convening (2016)	At Puerto Rico’s request, HHS is currently conducting an assessment of the Commonwealth’s health care system, due to be completed during the fall of 2016.	Short Term	<ul style="list-style-type: none"> • HHS Assistant Secretary for Planning and Evaluation entered into a contract for a health care system assessment and environmental scan. Work began in August 2016; we expect to hold a convening in the fall, and final report presented by the end of 2016. • This will be an important tool in

Future Activity/Goal	Description	Short Term/Long Term/Ongoing	Next Steps
			<p>understanding the situation in Puerto Rico’s health care system and educating key decision makers (Administration, Hill, advocates) on the scope of the issues.</p>
<p>Coordinating on the Zika response</p>	<p>HHS continues to work with the Puerto Rico Governor’s office, Dept. of Health and local leaders.</p>	<p>Short Term and Ongoing</p>	
<p>Sharing information with Congress and the new Administration on the importance of Congressional action to address problems within the health care system.</p>	<p>Addressing the fundamental problems with Puerto Rico’s health care system, including the chronic underfunding of the Commonwealth’s Medicaid program, will require Congressional action.</p>	<p>Short Term and Ongoing</p>	<ul style="list-style-type: none"> • Long term, sustainable solutions will require Congressional action through consideration of items such as the President’s budget request.
<p>Working with Puerto Rico to address health care provider shortage.</p>	<p>Puerto Rican government officials and health care community leaders estimate that Puerto Rico loses approximately one provider a day as these health care professionals move to the mainland in response to the Commonwealth’s economic and fiscal challenges.</p>	<p>Long Term</p>	<ul style="list-style-type: none"> • Long term, sustainable solutions will require Congressional action through consideration of items such as the President’s budget request.