

Introduction

Health care for the poor and medically underserved is a national, state, and local concern. Following an extensive study, the Tennessee General Assembly passed the Health Access Act, effective July 1, 1989. This legislation was designed to improve the availability, affordability, and accessibility of primary health care services for all Tennesseans.

Health Access Act of 1989

The Health Access Act of 1989 was designed to alleviate health shortage areas for primary care. The Health Access Incentive Grant Program was part of that Act. This program:

- Provides financial incentives for primary care providers to practice in medically underserved areas.
- Is designed to assure that all patients have access to health care appropriate for their needs, regardless of ability to pay.

In addition, legislation was passed in 1997 that allowed for the development of new guidelines that enhance and expand the scope of the Health Access Program. This component of the Health Access Program is called "Community Initiatives." The Community Initiative Program provides funds to expand or enhance the availability of primary, obstetrical, or dental care services. The purpose of this program is to support projects that demonstrate innovative models of health care services delivery in areas that lack basic health services. Proposals (which are developed in collaboration with regional health councils) focus on either the direct provision of health services to underserved populations, especially for those who are not currently receiving them, or to enhance access to and utilization of existing available services.

Health Access incentive grants also continue to be provided on a limited basis through the Health Access Program for physicians, nurse practitioners, physician assistants, and dentists establishing new practices in health resource shortage areas. However, only providers who are willing to locate a practice in one of the 30 most underserved health resource shortage area (HRSA) counties are eligible for an incentive grant. The top 30 HRSA counties were established to direct health resources to the most critically-underserved communities in Tennessee.

For purposes of the program, the state is divided into rational service areas. These areas are comprised of geographic locations in which residents would be expected to seek the majority of their health care. Funds have been made available historically through the Tennessee Department of Health regional geographic configuration.

(See map on next page.)