

Testimony of the Health Professions and Nursing Education Coalition (HPNEC) Concerning Title VII & VIII Health Professions Programs

*Submitted for the Record to the House Appropriations Subcommittee on
Labor, Health and Human Services, and Education - March 31, 2008*

The members of the Health Professions and Nursing Education Coalition (HPNEC) are pleased to submit this statement for the record in support of the health professions education programs authorized under Titles VII and VIII of the Public Health Service Act and administered by the Health Resources and Services Administration (HRSA).

HPNEC is an informal alliance of more than 60 national organizations representing a variety of schools, programs, health professionals, and others dedicated to ensuring that Title VII and VIII programs continue to help educate the nation's health care and public health personnel. HPNEC members are thankful for the support the Subcommittee has provided to the programs, which are essential to building a well-educated, diverse health care workforce.

The Title VII and VIII health professions and nursing programs are essential components of the nation's health care safety net, bringing health care services to our underserved communities. These programs support the training and education of health care providers with the aim of enhancing the supply, diversity, and distribution of the workforce, filling the gaps in the health professions' supply not met by traditional market forces. The Title VII and VIII health professions programs are the only federal programs designed to train providers in interdisciplinary settings to meet the needs of special and underserved populations, as well as increase minority representation in the health care workforce.

Since fiscal year (FY) 2006, the Title VII programs have struggled to recover from a 51.5 percent funding cut. Despite increases in FYs 2007 and 2008 for some programs, funding levels for all Title VII programs remain below the FY 2005 levels. Moreover, the President's FY 2009 budget proposes to eliminate funding for all Title VII programs and to cut Title VIII programs by \$46 million (29.6 percent).

HPNEC members recommend that the Title VII and VIII health professions programs receive an appropriation of at least \$550 million for FY 2009. This recommendation would ensure the programs have sufficient funds to continue fulfilling their mission of educating and training a health care workforce that meets the public's health care needs.

During their 40-year existence, the Title VII and VIII programs have created a network of initiatives across the country that supports the training of many disciplines of health providers. Together, the programs work in concert with other programs at the Department of Health and Human Services – including the National Health Service Corps and Community Health Centers (CHCs) – to strengthen the health safety net for rural and medically underserved communities.

According to annual performance measures developed by HRSA, in 2007, the Title VII & VIII programs exceeded expectations – by as much as 17 percent – in three key areas: the percentage of graduates and program completers that are underrepresented minorities and/or from disadvantaged backgrounds; the proportion of participants training in medically underserved communities; and the percentage of health professionals entering practice in underserved areas.¹

¹ HRSA FY 2009 Justification of Estimates for Appropriations Committees

HPNEC members urge the Subcommittee to consider the vital need for these health professions education programs as demonstrated by the passage of the Health Professions Education Partnerships Act of 1998 (P.L. 105-392), which reauthorized the programs. The reauthorization consolidated the programs into seven general categories:

- The purpose of the **Minority and Disadvantaged Health Professionals Training** programs is to improve health care access in underserved areas and the representation of minority and disadvantaged health care providers in the health professions. *Minority Centers of Excellence* support programs that seek to increase the number of minority health professionals through increased research on minority health issues, establishment of an educational pipeline, and the provision of clinical opportunities in community-based health facilities. The *Health Careers Opportunity Program* seeks to improve the development of a competitive applicant pool through partnerships with local educational and community organizations. The *Faculty Loan Repayment and Faculty Fellowship* programs provide incentives for schools to recruit underrepresented minority faculty. The *Scholarships for Disadvantaged Students (SDS)* make funds available to eligible students from disadvantaged backgrounds who are enrolled as full-time health professions students. Nurses received \$15.1 million in FY 2007 from SDS grants, 32 percent of funds appropriated for SDS.
- The **Primary Care Training** category, including *General Pediatrics, General Internal Medicine, Family Medicine, General Dentistry, Pediatric Dentistry, and Physician Assistants*, provides for the education and training of primary care physicians, dentists, and physician assistants to improve access and quality of health care in underserved areas. Two-thirds of all Americans interact with a primary care provider every year. Approximately one half of primary care providers trained through these programs go on to work in underserved areas, compared to 10 percent of those not trained through these programs. The *General Pediatrics, General Internal Medicine, and Family Medicine* programs provide critical funding for primary care training in community-based settings and have been successful in directing more primary care physicians to work in underserved areas. They support a range of initiatives, including medical student training, residency training, faculty development and the development of academic administrative units. The *General Dentistry* and *Pediatric Dentistry* programs provide grants to dental schools and hospitals to create or expand primary care dental residency training programs. Recognizing that all primary care is not only provided by physicians, the primary care cluster also provides grants for *Physician Assistant* programs to encourage and prepare students for primary care practice in rural and urban Health Professional Shortage Areas. Additionally, these programs enhance the efforts of osteopathic medical schools to continue to emphasize primary care medicine, health promotion, and disease prevention, and the practice of ambulatory medicine in community-based settings.
- Because much of the nation's health care is delivered in areas far removed from health professions schools, the **Interdisciplinary, Community-Based Linkages** cluster provides support for community-based training of various health professionals. These programs are designed to provide greater flexibility in training and to encourage collaboration between two or more disciplines. These training programs also serve to encourage health professionals to

return to such settings after completing their training. The *Area Health Education Centers (AHECs)* provide clinical training opportunities to health professions and nursing students in rural and other underserved communities by extending the resources of academic health centers to these areas. AHECs, which have substantial state and local matching funds, form networks of health-related institutions to provide education services to students, faculty and practitioners. *Health Education and Training Centers (HETCs)* were created to improve the supply of health professionals along the U.S.-Mexico border. They incorporate a strong emphasis on wellness through public health education activities for disadvantaged populations. *Geriatric Health Professions* programs support geriatric faculty fellowships, the Geriatric Academic Career Award, and Geriatric Education Centers, which are all designed to bolster the number and quality of health care providers caring for our older generations. Given America's burgeoning aging population, there is a need for specialized training in the diagnosis, treatment, and prevention of disease and other health concerns of the elderly. The *Quentin N. Burdick Program for Rural Health Interdisciplinary Training* places an emphasis on long-term collaboration between academic institutions, rural health care agencies and providers to improve the recruitment and retention of health professionals in rural areas. The *Allied Health Project Grants* program represents the only federal effort aimed at supporting new and innovative education programs designed to reduce shortages of allied health professionals and create opportunities in medically underserved and minority areas. Health professions schools use this funding to help establish or expand allied health training programs. The need to address the critical shortage of certain allied health professionals has been acknowledged repeatedly. For example, this shortage has received special attention given past bioterrorism events and efforts to prepare for possible future attacks. The *Graduate Psychology Education Program* provides grants to doctoral, internship and postdoctoral programs in support of interdisciplinary training of psychology students with other health professionals for the provision of mental and behavioral health services to underserved populations (i.e., older adults, children, chronically ill, and victims of abuse and trauma, including returning military personnel and their families), especially in rural and urban communities.

- The **Health Professions Workforce and Analysis** program provides grants to institutions to collect and analyze data on the health professions workforce to advise future decision-making on the direction of health professions and nursing programs. The Health Professions Research and Health Professions Data programs have developed a number of valuable, policy-relevant studies on the distribution and training of health professionals, including the Eighth National Sample Survey of Registered Nurses (NSSRN), the nation's most extensive and comprehensive source of statistics on registered nurses.
- The **Public Health Workforce Development** programs are designed to increase the number of individuals trained in public health, to identify the causes of health problems, and respond to such issues as managed care, new disease strains, food supply, and bioterrorism. The *Public Health Traineeships and Public Health Training Centers* seek to alleviate the critical shortage of public health professionals by providing up-to-date training for current and future public health workers, particularly in underserved areas. *Preventive Medicine Residencies*, which receive minimal funding through Medicare GME, provide training in the only medical specialty that teaches both clinical and population medicine to improve community health.

Dental Public Health Residency programs are vital to the nation's dental public health infrastructure. The *Health Administration Traineeships and Special Projects* grants are the only federal funding provided to train the managers of our health care system, with a special emphasis on those who serve in underserved areas.

- The **Nursing Workforce Development** programs under Title VIII provide training for entry-level and advanced degree nurses to improve the access to, and quality of, health care in underserved areas. Health care entities across the nation are experiencing a crisis in nurse staffing, caused in part by an aging workforce and capacity limitations within the educational system. Each year, nursing schools turn away between 40,000 and 88,000 qualified applications at all degree levels due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. At the same time, the need for nursing services is expected to increase significantly over the next 20 years, with the demand for licensed, registered nurses projected to grow by over 29 percent within the next eight years alone. Congress responded to this dire national need by passing the *Nurse Reinvestment Act* (P.L. 107-205) in 2002, which increases nursing education, retention, and recruitment. The *Advanced Education Nursing* program, which the Administration's FY 2009 budget proposal seeks to eliminate, awards grants to train a variety of advanced practice nurses, including nurse practitioners, certified nurse-midwives, nurse anesthetists, public health nurses, nurse educators, and nurse administrators. Terminating this capacity-building program is inconsistent with the health care reality facing our nation. *Workforce Diversity* grants support opportunities for nursing education for disadvantaged students through scholarships, stipends, and retention activities. *Nurse Education, Practice, and Retention* grants are awarded to help schools of nursing, academic health centers, nurse managed health centers, state and local governments, and other health care facilities to develop programs that provide nursing education, promote best practices, and enhance nurse retention. The *Loan Repayment and Scholarship Program* repays up to 85 percent of nursing student loans and offers full-time and part-time nursing students the opportunity to apply for scholarship funds. In return these students are required to work for at least two years of practice in a designated nursing shortage area. Due to a lack of funding in FY 2007, 46 percent of the applicants were turned away from the loan repayment aspect of the program. These are nurses who could immediately begin practicing in a health care facility with a critical shortage of nurses. The *Comprehensive Geriatric Education* grants are used to train RNs who will provide direct care to older Americans, develop and disseminate geriatric curriculum, train faculty members, and provide continuing education. In FY 2007, no new grants were awarded. The *Nurse Faculty Loan* program provides a student loan fund administered by schools of nursing to increase the number of qualified nurse faculty. In FY 2007, this program supported 729 future nurse faculty.
- The loan programs in the **Student Financial Assistance** support needy and disadvantaged medical and nursing school students in covering the costs of their education. The *Nursing Student Loan* (NSL) program provides loans to undergraduate and graduate nursing students with a preference for those with the greatest financial need. The *Primary Care Loan* (PCL) program provides loans covering the cost of attendance in return for dedicated service in primary care. The *Health Professional Student Loan* (HPSL) program provides loans covering the cost of attendance for financially needy health professions students based on institutional determination. The NSL, PCL, and HPSL programs are funded out of each institution's

revolving fund and do not receive federal appropriations. The *Loans for Disadvantaged Students* (LDS) program provides grants to health professions institutions to make loans to health professions students from disadvantaged backgrounds.

These programs work collectively to fulfill their unique, three-pronged mission:

Title VII & VIII programs enhance the supply of the health professions workforce.

- A network of 50 Geriatric Education Centers has trained over 500,000 health practitioners in 35 health-related disciplines to better serve the burgeoning elderly population.
- As the largest source of federal funding for nursing education, the Nursing Workforce Development programs provided loan, scholarship, and programmatic support to 71,729 student nurses and nurses in FY 2007.

Title VII & VIII programs improve the distribution of health care providers.

- A study published in the Winter 2006 issue of the *Journal of Rural Health* reports that up to 83 percent of family medicine residents and 80 percent of nurse practitioners who went through a program with Title VII or VIII funding chose to practice in areas with health professions shortages or medically underserved practice locations.
- A study from the University of California, San Francisco shows that medical schools that receive primary care training dollars produce more physicians who work in CHCs and serve in the National Health Service Corps compared to schools without Title VII primary care funding.
- In FY 2007, the Advanced Education Nursing programs supported 16,092 nurses who will practice in underserved areas.

Title VII & VIII programs increase the representation of minority and disadvantaged students in the health professions.

- A study published in the September 2006 issue of the *Journal of the American Medical Association* finds that post-baccalaureate programs, which rely on Title VII among other sources of funding, are highly effective in increasing minority representation in medical school. The study concludes that enacted reductions in funding for Title VII may have negative consequences for these effective programs.
- A review of physician assistant graduates from 1990-2006 reveals that graduates of Title VII supported programs were 59 percent more likely to be from underrepresented minority backgrounds than graduates of non-Title VII supported programs.
- A survey of HCOP and COE program directors finds that the programs have served over 400,000 minority and disadvantaged aspiring health professionals.

HPNEC members respectfully urge support for funding of at least **\$550 million** for the Title VII and VIII programs, an investment essential not only to the development and training of tomorrow's health care professionals but also to our nation's efforts to provide needed health care services to underserved and minority communities. We greatly appreciate the support of the Subcommittee and look forward to working with members of Congress to achieve these goals in FY 2009 and into the future.