



Association of
American Medical Colleges
2450 N Street, N.W., Washington, D.C. 20037-1127
T 202 828 0400 F 202 828 1125
www.aamc.org

AAMC Title VII Reauthorization Committee

Recommendations

(approved by AAMC Executive Council, June 16, 2005)

- 1. The Committee recommends the programs under sections 736-739 be retained in their current structure, which includes the following programs: Centers of Excellence, Health Careers Opportunity Program, Faculty Loan Repayment Program and the Scholarships for Disadvantaged Students. They should be funded at \$155 million, a 31 percent increase over the FY 2005 appropriation of \$118.6 million.**
- 2. The Committee recommends the creation of a new program to support demonstration projects designed to increase the number of underrepresented minority faculty. The Committee recommends the program receive \$5 million of the \$155 million recommended for Sections 736-739.**
- 3. The Committee recommends reauthorizing Section 761 at \$2 million for the six regional centers and authorizing \$3 million for a new national workforce database to track the location of health professionals educated and trained in programs receiving Title VII support, as well as other projects recommended by the relevant HRSA advisory committees. This section was funded at \$716,000 in FY 2005.**
- 4. The Committee recommends a new structure for Section 747, in which grants are preferentially awarded to applicants who enter into a formal relationship and submit a joint application with a Federally Qualified Health Center (FQHC), an FQHC Look-Alike, Area Health Education Center (AHEC), or a clinic located in a Health Professions Shortage Area (HPSA) or Medically Underserved Area (MUA) or a clinical practice setting in which at least 40 percent of its patients are either uninsured or supported by Medicaid. Additionally, the Committee recommends the continuation of the funding priorities and preferences included in the current statute.**
- 5. The Committee recommends the creation of a new program under Section 747 in which grants will be awarded to schools or departments to administer demonstration projects centered on improving the quality of primary care in selected emphasis areas.**
- 6. The Committee recommends a funding level of \$198 million for Section 747, with the distribution among the disciplines and between undergraduate and graduate programs to remain the same. 80 percent of this funding is directed to the Output program (\$158.4 million) and 20 percent to the New Competencies program (\$39.6 million). Section 747 was funded at \$88.8 million in FY 2005.**

AAMC Title VII Reauthorization Committee Final Report

Introduction

Title VII of the Public Health Service Act authorizes a series of health professions programs that support the training and education of health care providers through loans, loan guarantees, and scholarships to students, and grants and contracts to academic institutions and non-profit organizations.

The Health Professions Education Partnerships Act of 1998 [P.L. 105-392] consolidated the Title VII programs into six categories:

- **Minority and Disadvantaged Health Professions:** Increases minority representation in the health professions and includes the Centers of Excellence (COE), Health Careers Opportunity Program (HCOP), faculty loan repayment and fellowships and Scholarships for Disadvantaged Students (SDS);
- **Primary Care Medicine and Dentistry:** Expands the primary care provider workforce; includes programs in general pediatrics, general internal medicine, family medicine, osteopathic medicine, dentistry and physician assistants;
- **Interdisciplinary, Community-Based Linkages:** Supports community-based training of various health professions in rural and urban underserved areas: Area Health Education Centers (AHECs), Health Education and Training Centers (HETCs), geriatric health professions, Quentin N. Burdick Rural Training, allied health and other disciplines;
- **Health Professions Workforce Information and Analysis:** Supports the compilation and analysis of data on the nation's health workforce;
- **Public Health Workforce Development:** Supports public health training, preventive medicine residencies, dental public health, and health administration programs;
- **Student Financial Assistance:** Assist disadvantaged health professions students – primary care loan, health professions student loan, and loans for disadvantaged students.

The statutory authority for the Title VII health professions education programs provided by the 1998 reauthorization expired in September 2002. Each year, the community has had to engage in major advocacy efforts to preserve funding for these programs in the face of long-standing opposition from the Office of Management and Budget. Recognizing that a fresh look at the Title VII programs is needed to strengthen them and improve their prospects for long-term survival, the Association in September 2004 appointed a committee to review the missions and effectiveness of the programs and propose recommendations to be forwarded to Congress as it considers the reauthorization of Title VII. A copy of the Committee membership is attached. The AAMC Committee first met on January 11-12 in Washington and heard from Congressional staff and members of the health professions community on their ideas for improving the programs.

The Committee met again on April 25 to outline its proposed recommendations for reauthorization of the Title VII programs, which are described in this report.

In its report accompanying the 1998 reauthorization bill, the Senate Labor and Human Resources Committee noted:

Congress continues to be concerned with developing a national health professions work force policy to: (1) improve the distribution of and quality of health professionals needed to provide health services in under served areas, (2) enhance the production and distribution of public health personnel to improve the State and local health infrastructure, and (3) provide accountability based on uniformly agreed upon outcome measures. This policy could be achieved by: (1) improving the national supply of certain health professionals, (2) improving the geographic distribution of health professionals in certain urban and rural areas, and (3) increasing minority representation in the pool of practicing health professionals.¹

The AAMC Committee agreed that the programs' shared goals should continue to be:

- Enhancing primary care
- Bringing care to underserved areas
- Improving the diversity of the health care workforce

The Committee believes the recommendations set forth in this report will align current funding streams with these goals and enhance the future viability of the programs.

The AAMC Committee also believes that the reauthorization of the Title VII programs should address the accountability issue by creating outcomes measures and enhancing the collection and analysis of data to monitor the programs' impact. These data will serve to demonstrate linkages between the programs and both enhanced primary care services nationally and increased numbers of providers working in underserved areas. The data can also be used to create reliable benchmarks to evaluate the success of all Title VII programs. The Bureau of Health Professions has developed draft outcome measures for every program and is currently seeking feedback from grantees.

A. Diversity (Sections 736-739)

In the 1998 reauthorization, Congress emphasized its concern about the under representation of minorities in the health professions compared to their proportion in the general population. The continuation of these programs was described as part of an overall strategy to increase the availability of health care providers to populations that have difficulty accessing health care. The AAMC is deeply committed to increasing diversity in the health professions and eliminating health disparities relative to race and ethnicity, and considers the Minority and Disadvantaged Health Professions Programs (Sections 736-739) key components in pursuing these goals.

The Committee recommends the programs under Sections 736-739 be retained in their current structure, which includes the following programs: Centers of

¹ Senate Report 105-220, pages 12-13.

Excellence, Health Careers Opportunity Program, Faculty Loan Repayment Program and the Scholarships for Disadvantaged Students. They should be funded at \$155 million, a 31 percent increase over the FY 2005 appropriation of \$118.6 million.²

The Faculty Loan Repayment Program, funded at \$1.3 million in FY 2006, is designed to assist degree-trained health professionals from disadvantaged backgrounds in pursuing academic careers. Individuals selected agree to serve on the faculty of an accredited health professions college or university for a minimum of two years for payment of up to \$20,000 of their educational loans. In FY 2004, this program received 148 applications, but only 43 were funded. The Committee notes the need for increased emphasis on the development of underrepresented minority faculty, as these mentors create an environment that allows minority health professions students to succeed and graduate to provide care in their communities. Considering the shortage of minority faculty in health professions schools, the Committee supports the expansion of minority faculty development.

The Committee recommends the creation of a new program to support demonstration projects designed to increase the number of underrepresented minority faculty. The Committee recommends the program receive \$5 million of the \$155 million recommended for Sections 736-739.

B. Health Workforce Information and Analysis (Section 761)

The Senate Labor and Human Resources Committee noted in 1998:

If the Nation is to target Federal health professions educational initiatives effectively toward areas of greatest national and local need, additional information on those needs must be collected and analyzed. To allow responsible measurement of program outcomes, additional information also is required on the relative effectiveness of various ways of meeting health work force needs.³

Congress continues to emphasize the maldistribution of health professionals across the nation and looks to these programs to help bring care to underserved areas; however, there continues to be a dearth of information on their impact on workforce distribution. Additional funding is needed to establish and maintain a system for linking physician practice location and their medical education and graduate training experiences. A national workforce tracking database is needed to identify where Title VII-trained professionals are practicing and help demonstrate the links between Title VII and the National Health Service Corps and Community Health Centers, which are the programs that have been identified by the Administration to improve access to care in underserved areas. Similar information on the distribution of graduates of Title VII programs into Health Professions Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs), or to nearby locations that serve HPSAs and MUAs, will help determine the effectiveness of these programs in addressing this important national agenda. This tracking system will produce benchmark data to be used in evaluating the programs and determining preferences for the granting process.

² \$155 million is the recommendation of Association of Minority Health Professions Schools.

³ Ibid, page 24.

The Regional Centers for Health Workforce Studies have led the way in conducting health workforce studies and collecting data to inform state and national programs regarding state and regional health workforce needs. In addition, the Regional Centers have been able to leverage federal funding to obtain additional state and private support. The AAMC Committee supports the continuation and expansion of these Centers.

The Committee recommends reauthorizing section 761 at \$2 million for the six regional centers and authorizing \$3 million for a new national workforce database to track the location of health professionals educated and trained in programs receiving Title VII support, as well as other projects recommended by the relevant HRSA advisory committees. This section was funded at \$716,000 in FY 2005.

C. Primary Care (Section 747)

Primary care is an effective and necessary investment that benefits the health of all people. Considering the demographic changes projected over the next 50 years, the Committee believes that increasing the number of primary care physicians is particularly essential to enhancing primary care services for all and to improving access to care for underserved populations. The Committee believes Title VII funding is key to producing primary care providers and improving their education. The Section 747 programs are guided by two agendas: caring for the underserved and preserving and promoting primary care. The recommendations outlined below seek to address these by increasing the output of and improving the distribution of primary care providers, while enhancing innovative primary care competencies. Section 747 includes funding for family medicine, general internal medicine, pediatrics, dentists and physician assistants.

Output

Objectives: To educate and train more providers who enter primary care and work in underserved areas.

Rationale: The Health Resources and Services Administration (HRSA), which administers the federal health centers, has stated approximately 11,000 clinicians are needed to staff the community health centers nationwide. Health centers and other clinics that provide care to the underserved need more primary care physicians, as well as physician assistants and dentists. Primary care education programs would benefit by providing their trainees access to sites in underserved areas.

Structure: The Committee recommends a new structure, in which grants are preferentially awarded to applicants who enter into a formal relationship and submit a joint application with a Federally Qualified Health Center (FQHC), an FQHC Look-Alike, Area Health Education Center (AHEC), or a clinic located in a HPSA or MUA or a clinical practice setting in which at least 40 percent of its patients are either uninsured or supported by Medicaid.

The Committee reaffirms the funding priorities and preferences outlined in existing statute and recommends that a certain percentage of funding (e.g., 50 to 70 percent) be reserved for already successful programs. The statute states: funding priority will be given to applicants that have a record of training the greatest percentage of primary care providers or that have demonstrated significant improvement in the percentage of providers entering primary care; preference will be given to applicants that have a high rate for placing graduates in practice settings having the

focus of serving residents of medically underserved communities or during the preceding two-years has achieved a significant increase in the rate of placing graduates in such setting.⁴

To encourage new applicants, the Committee further recommends a certain amount of funding be reserved (e.g., 30 to 50 percent) for applicants that outline a plan with strong potential to improve the number of their students entering primary care and working in underserved areas.

The Committee recommends a new structure for Section 747, in which grants are preferentially awarded to applicants who enter into a formal relationship and submit a joint application with a Federally Qualified Health Center (FQHC), an FQHC Look-Alike, Area Health Education Center (AHEC), or a clinic located in a Health Professions Shortage Area (HPSA) or Medically Underserved Area (MUA) or a clinical practice setting in which at least 40 percent of its patients are either uninsured or supported by Medicaid. Additionally, the Committee recommends the continuation of the funding priorities and preferences included in the current statute.

New Competencies

Objective: Develop and promote new competencies to enhance the quality of primary care.

Rationale: Improving the primary care medical education curriculum is an essential part of bolstering the workforce in underserved areas. The AAMC Committee believes there is a need to support educational innovations through Title VII; the competencies suggested below and many others address pervasive national public health problems.

Structure: The Advisory Committee on Training in Primary Care Medicine and Dentistry will convene stakeholders (community health centers, National Health Service Corps, and Section 747 grantees) to determine a national agenda of priority competencies. Examples:

- management of chronic disease
- cultural competency
- prevention
- response to bioterrorism
- domestic violence
- rural health

The Committee recommends the creation of a new program under Section 747 in which grants will be awarded to schools or departments to administer demonstration projects centered on improving the quality of primary care in selected emphasis areas.

The Committee recommends a funding level of \$198 million for Section 747, with the distribution among the disciplines and between undergraduate and graduate programs to remain the same.⁵ 80 percent of this funding is directed to the Output program (\$158.4 million) and 20 percent to the New Competencies program (\$39.6 million). Section 747 was funded at \$88.8 million in FY 2005.

⁴ HRSA Application Guidance: <http://www.hrsa.gov/grants/preview/professions.htm>

⁵ Level recommended by the HRSA Advisory Committee on Training in Primary Care Medicine and Dentistry