

**Comparison of Health Reform Provisions to Reauthorize Health Professions Programs under Title VII of the Public Health Service Act**

	<b>Senate Finance Committee</b> <i>S. 1796</i>	<b>Senate HELP Committee</b> <i>S. 1679</i>	<b>House Tri-Committee</b> <i>H.R. 3962</i>	<b>AAMC Recommendation</b>
<b>Primary Care Loans</b>		<p>Updates HRSA loan guideline parental information requirements (<i>Sec. 421</i>)</p> <p>Establishes a more reasonable default rate (<i>Sec. 421</i>)</p>	<p>Updates HRSA loan guideline parental information requirements (<i>Sec. 2212</i>)</p>	<p>The AAMC strongly supports the proposed revisions to the loan guidelines. The AAMC also urges inclusion of the Senate HELP provision to establish a more reasonable default rate.</p>
<b>Diversity Programs</b>		<p>Reauthorizes COE, HCOP, SDS, FLRP (<i>Secs. 451 and 452</i>)</p> <p>Increases maximum FLRP award to \$30,000 (<i>Sec. 452</i>)</p>	<p>Reauthorizes COE, HCOP, SDS, FLRP (<i>Sec. 2281b</i>)</p> <p>Increases maximum FLRP award to \$35,000 with inflationary adjustments after FY12 (<i>Sec. 2241</i>)</p>	<p>The AAMC strongly supports reauthorization of the Title VII diversity programs as proposed in the bills.</p>
<b>Primary Care Training Programs</b>		<p>Authorizes medicine and dentistry distinctly (<i>Sec. 431</i>)</p> <p>Authorizes funds to be used for training in new competencies recommended by HRSA advisory committee (<i>Sec. 431</i>)</p> <p>Prioritizes applicants who establish relationship with CHC, AHEC, etc. (<i>Sec. 431</i>)</p>	<p>Authorizes medicine and dentistry distinctly (<i>Sec. 2213</i>)</p> <p>Includes geriatric medicine among eligible specialties (<i>Sec. 2213</i>)</p>	<p>The AAMC is pleased that the Senate HELP bill adopts the AAMC's recommendation to restructure the primary care programs by prioritizing applications submitted jointly with a CHC, AHEC, or other entity serving underserved populations. Likewise, the AAMC supports the HELP bill's provision to support training in new competencies identified by the HRSA Advisory Committee on Training in Primary Care Medicine and Dentistry.</p>
<b>Geriatric Education and Training</b>		<p>Expands program to award grants to GECs to develop CME-satisfying fellowships (<i>Sec. 435</i>)</p> <p>Establishes Geriatric Career Incentive Awards for non-physician providers (<i>Sec. 435</i>)</p> <p>Expands GACA awards beyond physicians (<i>Sec. 435</i>)</p>	<p><i>No provision to reauthorize the Title VII geriatric education and training programs; instead, geriatric medicine is included among eligible specialties for Title VII primary care medicine grants.</i></p>	<p>The AAMC supports reauthorization of the Title VII geriatric education and training program.</p>

	<b>Senate Finance Committee</b>	<b>Senate HELP Committee</b>	<b>House Tri-Committee</b>	<b>AAMC Recommendation</b>
<b>Area Health Education Centers (AHEC) Program</b>		Reauthorizes AHECs with grants to maintain and improve existing AHECs ( <i>Sec. 453a</i> )	<i>No provision to reauthorize the Title VII AHEC program.</i>	The AAMC supports reauthorization of the Title VII AHEC program.
<b>Interdisciplinary Innovations</b>		Establishes grant program to support distance learning, continuing education, collaborative conferences, with priority for primary care ( <i>Sec. 453b</i> )	Establishes program to award grants promoting training in interdisciplinary, team-based care. Applicants must form relationships with community-based partners ( <i>Sec. 2252</i> )	The AAMC supports these provisions in addition to reauthorization of the Title VII AHEC program.
<b>Cultural Competency, Prevention, Disabilities Training</b>		Directs Secretary to support development, evaluation, and dissemination of curricula for cultural competency, public health, and disabilities ( <i>Sec. 437</i> )	Authorizes grants to test, develop, implement, and evaluate training models on cultural and linguistic competence ( <i>Sec. 2251</i> )	Accrediting bodies such as the LCME are best qualified to evaluate curricula. AAMC has strong reservations about ceding this responsibility to political appointees, as proposed in the Senate HELP bill.
<b>Health Workforce Information and Program Assessment</b>		Reauthorizes state and regional centers and establishes national center to develop benchmarks and maintain database ( <i>Sec. 413</i> )  Authorizes grants for longitudinal data collection ( <i>Sec. 413</i> )	Authorizes grants for data collection on supply, distribution, and diversity of workforce, as advised by the proposed new advisory committee ( <i>Sec. 2271</i> )	The AAMC strongly supports reauthorization of the Title VII workforce centers and provisions in the Senate HELP bill that establish a national workforce database of Title VII-trained health professionals; support development of outcomes measures and benchmarks to evaluate success of the programs; and provide resources to grantees for longitudinal data collection.
<b>Workforce Commission</b>	Directs the Secretary to create a Workforce Advisory Committee comprised of external stakeholders to develop a national workforce strategy. The committee would provide biannual reports on supply, demand, capacity, and federal policies, as well as reports on “high priority topics” ( <i>Sec. 3036</i> )	Establishes (outside of Title VII) Commission to review and report on workforce and one “high priority” area (including aligning GME with national workforce goals) ( <i>Sec. 411</i> )	Establishes (within Title VII) a permanent advisory committee to standardize data collection and make recommendations on supply, diversity, distribution, and retention of workforce ( <i>Sec. 2261</i> )	The proposed commission appears duplicative of existing HRSA advisory committees; we also note that it will be forced to make recommendations without current, comprehensive data on the workforce. A commission should not form until such data is available. Moreover, we question the need to limit participation of health professionals on the panel.

	<b>Senate Finance Committee</b>	<b>Senate HELP Committee</b>	<b>House Tri-Committee</b>	<b>AAMC Recommendation</b>
<b>Pediatric Medical Subspecialty Loan Repayment Program</b>		Establishes new service-obligated loan repayment program for pediatric medical or surgical subspecialists ( <i>Sec. 423</i> )		The AAMC suggests authorizing the proposed new program as a new section under Title III of the PHSA.
<b>Public Health Workforce Recruitment Programs</b>		Establishes within Title VII service-obligated scholarship, loan repayment, and mid-career scholarship programs for public health professionals ( <i>Sec. 424</i> )	Establishes under Title III of the PHSA a “Public Health Workforce Corps” ( <i>Sec. 2231</i> )	The AAMC recommends authorizing the proposed new program as a new section under Title III of the PHSA, as proposed in the House Tri-Committee bill.
<b>Teaching Health Centers (THCs)</b>	Transfers Medicare Part A funding to CHCs and others designated as “teaching health centers” for DGME and IME purposes ( <i>Sec. 3038c</i> )  Establishes “Teaching Health Center Development Grants” under Title VII ( <i>Sec. 3038a</i> )		Establishes a Title VII grant program ( <i>Sec. 2214</i> ) for CHCs and rural health centers that participate in the GME demo proposed in another section of the Tri-Committee bill ( <i>Sec.1502d</i> )	The AAMC strongly opposes provisions to divert Medicare Part A funding to CHCs and other THCs; such funding is more appropriately provided through the PHSA. As proposed, the THC program would provide both Medicare and Title VII PHSA funds to pre-selected THCs. AAMC strongly urges elimination of these provisions.
<b>Public Health Investment Fund (PHIF)</b>		<i>Establishes a Fund from which appropriators can increase funding for PHSA prevention, wellness, and public health activities, but does not specify eligibility for Title VII programs (Sec. 302)</i>	Establishes Fund from which appropriators can increase funding for designated programs (including CHCs, NHSC, and specified Title VII programs) ( <i>Sec. 2002</i> )  Deposits a total of \$34 billion into PHIF through FY 2015 ( <i>Sec. 2002</i> )	The AAMC strongly supports the proposal in the House Tri-Committee bill to supplement regular appropriations with funding through the PHIF for Title VII and other PHSA programs.
<b>Pain Care Education and Training</b>		Allows grants through Title VII for pain care education and training in health professions schools, residency programs, continuing education programs, hospices, and other sites. ( <i>Sec. 343</i> )		