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On behalf of the Health Professions and Nursing Education Coalition (HPNEC)
**before the House Appropriations Subcommittee on Labor, Health and Human Services,
Education and Related Agencies**
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Mr. Chairman, Ranking Member Obey, Representatives Peterson and Sherwood and Members of the panel, thank you for providing me the opportunity to testify today on behalf of the Health Professions and Nursing Education Coalition, or HPNEC. This coalition of over 50 organizations representing schools, programs, practitioners, and students is dedicated to furthering the mission of the Title VII and VIII health professions and nursing education and training programs, administered by the Health Resources and Services Administration. **HPNEC is recommending that at least \$550 million in fiscal year 2005 is necessary for these programs to continue to fulfill their mission of improving the supply, diversity and distribution of the nation's health care workforce.**

As you are aware, the president's proposed budget eliminates funding for most of these programs, leaving intact just \$10 million for the Scholarships for Disadvantaged Students (which received \$48 million last year), \$1 million for workforce information and analysis, and \$147 million for Title VIII nursing for a 3 percent increase. The drastic cuts to the Title VII programs will destroy essential training infrastructures at our nation's health professions schools, thus decreasing the ranks of health professionals for years to come.

What is doubly traumatic is that these programs support the training of individuals who tend to serve in rural and other underserved areas, caring for minority and disadvantaged communities. By recruiting from, and providing training in, traditionally underserved regions, the health professions programs are filling the pipeline with well-trained providers who will be key components of the health care safety net.

Fortunately, the Administration and the Congress have placed a priority on eliminating health disparities. Unfortunately, reaching this goal will be seriously hindered with the elimination of these programs. A recent Institute of Medicine Report, released in February of this year, notes that the evidence supports the importance of increasing racial and ethnic diversity among health professionals, as it "is associated with improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, better patient-provider communication, and better educational experiences for all students while in training." Studies have shown that the primary care training programs under Title VII graduate up to 5 times more minority and disadvantaged students than other programs.

Also shown is that the graduates of Title VII and VIII-supported programs are up to 10 times more likely to practice primary care in medically underserved communities. With over 3,800 Primary Care Health Professions Shortage Areas and 60 million people living in those areas, now is not the time to deplete the few federal resources we have dedicated to bolstering the health workforce.

Now that I have highlighted the importance of the programs to our health care workforce and the populations we serve, I would like to focus your attention on how Title VII and VIII funding is essential to The Center for Primary Care and the Department of Family and Community Medicine at the Pennsylvania State University School of Medicine. My department currently receives 5 Title VII grants from HRSA totaling \$1,941,398. These important grants enable us to complete our missions centering on the graduation of medical students into primary care careers. Our work is important because it has been demonstrated quite clearly that overall health status indicators correlate with the presence of an adequate primary care workforce. In addition, recently published data suggest that the presence of primary care physicians in adequate numbers correlates with increased quality and decreased cost of Medicare related services. In rural areas of our country, insuring an adequate supply of primary care providers means continuing the training of family physicians. Family physicians are the only specialty group that is evenly distributed in rural and urban areas. Most other physician specialists tend to cluster in urban and suburban areas. Interestingly, the presence of a family physician in a rural and/or underserved area is not only important because of the need for health care. That physician's office also represents a potent tool for the local economy from both the direct effects of hiring people and ordering supplies, and the more indirect effect of helping patients avoid unnecessary costs of medical care that they might incur if a local physician were not available.

I direct the Pennsylvania Area Health Education Center (AHEC) Program, supported by a core AHEC grant. Our 7 AHEC centers (and the new one planned in Delaware) link the resources of university health science centers with local planning, educational and clinical resources. This network of health-related institutions provides multidisciplinary educational services to students; faculty and local practitioners, with the goal of improving health care delivery in medically underserved areas. The PA AHEC program accomplishes four goals: **First, we arrange for rotations for health professions students in underserved areas of our state.** From 1993-2003, for example, 31,000 students completed 78,500 weeks of clinical training. These students work with 1550 preceptors, including many physicians, in 923 sites, all donating their time to teach. Such in-kind contributions totaled over 15 million dollars during the last fiscal year. **Second, we support existing primary care professionals in underserved areas.** This is done through continuing education and other links to academic health centers. In 2002-2003 our programs reached 631 physicians, 1118 nurses, 110 advance practice nurses, and numerous other health professionals, including dentists, pharmacists, public health officials, and others. **Third, we identify talented youth who are interested in health careers, and nurture them through the educational pipeline.** Such programs include math, science and English programs for students in disadvantaged school districts. **Last, we disseminate information to the health care workforce.** In Pennsylvania the AHEC program represents the most reliable infrastructure to reach the primary care workforce with education. This is especially important in terms of state and local needs for public health preparedness. Through our academic and community

partnerships, we provide critical access to communities, at risk populations and the health professions workforce with respect of bioterrorism, especially in agricultural and migrant communities. We also work with public health officials in areas of health promotion and disease prevention programs, which focus on minority health disparities and cultural sensitivity training for safety net providers.

This work is at risk if funding does not continue. Access to quality health care in the future depends on our continuing. I urge you to fund Title VII and VIII at \$550 million for FY 2005. Thank you very much.