

The AAMC is pleased to submit comments on workforce provisions within the draft “Affordable Health Choices Act.” These observations are offered in conjunction with comments submitted to the Senate Finance Committee regarding the AAMC’s support for health care reform. Those comments strongly advise that current federal funding for many vital payments made under Medicare and Medicaid (e.g., graduate medical education and disproportionate share hospital payments) should be preserved until we can determine that health reform efforts have in fact reduced the need for such support. Additionally, Medicare and Medicaid cuts should not be used to offset the cost of programs proposed by the Affordable Health Choices Act.

The AAMC thanks Chairman Kennedy and members of the Senate Health, Education, Labor, and Pensions Committee for their longstanding commitment to and support for the Title VII programs. We are pleased that the draft “Affordable Health Choices Act” includes provisions to reauthorize the Title VII programs and look forward to working with the Committee as the legislation moves forward. The draft bill only has been reviewed by AAMC staff, who make the following observations. Please contact Tannaz Rasouli <trasouli@aamc.org> with questions.

## **Title I: Quality, Affordable Health Care for All Americans**

### **Subtitle E: Improving Access to Health Care Services**

#### *Sec. 173: Funding for National Health Service Corps*

This section (as well as Sec. 427) incrementally increases the authorization for the National Health Service Corps (NHSC) to \$1.15 billion in FY 2015, with a formula for authorizations beyond FY 2015.

- Comments noted under Sec. 427

#### *Sec. 174: Negotiated Rulemaking for Development of Methodology and Criteria for Designating Medically Underserved Populations and Health Professions Shortage Areas*

This section requires the HHS Secretary to publish within 45 days of enactment a notice of proposed rulemaking to establish a methodology and criteria for designating medically underserved populations and health professions shortage areas. The bill directs HHS to consult with relevant stakeholders and sets July 1, 2010, as the target date for publication of the final rule.

- The AAMC believes a careful examination of the current designation methodology is warranted, and that negotiated rulemaking will allow for community input and a constructive dialogue among stakeholders. Given the conceptual and statistical difficulties of defining and measuring under-service and the substantial federal resources at stake, considerable time and meticulous analysis are necessary to ensure that our nation’s underserved areas are appropriately designated. Additionally, it is essential to ensure that the rulemaking community is representative of the community at large.

## **Title III: Improving the Health of the American People**

### **Subtitle D: Support for Prevention and Public Health Information**

#### *Sec. 332: Understanding Health Disparities: Data Collection and Analysis*

This section requires that within one year of enactment “any ongoing or federally conducted or supported health care or public health program, activity, or survey collects and reports” data on race, ethnicity, gender, geographic location, primary language, and disability status, among other items. The bill directs the HHS Secretary to use OMB standards at minimum for race and ethnicity and to develop standards for

other items. The Secretary also is required to analyze the data for trends in health disparities, to make the analyses available to various federal agencies, and to publicly report the information. The legislation authorizes such sums for FYs 2010-2014.

- The legislation is not specific in terms of programs that will be required to collect and report the required information (how does the bill propose to define “ongoing or federally conducted or supported health care or public health program, activity, or survey”?).

## **Title IV: Health Care Workforce**

### **Subtitle A: Purpose and Definitions**

#### *Sec. 402: Definitions*

(b) This section defines a number of terms within Title VII, including “cultural competency.”

- We suggest strengthening the definition for “cultural competency” by including in (15)(b) an acknowledgement that cultural competence means educating to recognize the role of culture in health beliefs. Additionally, we suggest revising (15)(b) to acknowledge that cultural competency training prepares those receiving the education/training to meet the needs “of all patients” as opposed to “patients from diverse backgrounds,” which seems to imply some patients are from diverse backgrounds, while others are not.

### **Subtitle B: Innovations in the Health Care Workforce**

#### *Sec. 411: National Health Care Workforce Commission*

This section establishes a National Health Care Workforce Commission, comprised of 15 individuals representing a broad range of stakeholders appointed by the Comptroller General. The majority of members should be individuals that are not directly involved in health professions education or practice. The commission is required to submit to Congress and the Administration an annual report that reviews and includes recommendations on current and projected health care workforce supply and demand (including training capacity and implications of new and existing Federal health workforce policies), as well as an annual report on at least one “high priority area” specified in the bill (such as aligning Medicare and Medicaid GME with national workforce goals). The commission will oversee the newly created State Health Care Workforce Development Grants (Sec. 412) and will assess and receive reports from the newly created National Center for Health Care Workforce Analysis (Sec. 413) under Title VII. The commission will be funded through appropriations distinct from the amounts appropriated for the Comptroller General, authorized at “such sums as may be necessary.”

- The success of the commission depends in part on the availability of funding for the National Center for Health Workforce Analysis and other proposed data programs. The existing workforce information and analysis component of Title VII has received no funding since FY 2005. Given this trend, we are concerned that the commission may be forced to produce reports without comprehensive, current data to inform its recommendations. As such, we suggest that the commission should not form until there is sufficient data available.
- The bill directs the commission to examine Medicare and Medicaid graduate medical education policies “and recommendations for aligning with national workforce goals.” Direct GME payments are meant to cover Medicare’s share of the direct costs of training physicians and should not be altered to achieve particular workforce goals when the practice environment (and financial incentives) are far more likely to influence specialty choice. More importantly, the commission should not consider IME payments as workforce incentives since Congress developed the IME payment to partially adjust for the higher costs of patient care in teaching

hospitals and the cost of maintaining an environment where training, discovery, and the highest level of clinical care can flourish together.

- What is the purpose for limiting participation of health professionals on the commission? The bill requires participation of only one health professional. Given the functions and charge of the proposed commission – and the breadth of the health professions workforce – if a commission is to form, we suggest that it also require participation of at least one physician and at least one representative of the academic medical community. A diversity of stakeholders should not come at the expense of expertise in the field.

*Sec. 412: State Health Care Workforce Development Grants (pg. 447)*

This section establishes a competitive grant program administered by HRSA but developed, implemented, and evaluated by the National Health Care Workforce Commission (Sec. 411) in collaboration with the Departments of Labor and Education. One-year planning grants with a matching requirement will be awarded to eligible state workforce investment boards, administered by an agency designated by the Governor. The commission will recommend which eligible state partnerships will receive two-year implementation grants (with a matching requirement) to implement activities resulting in a comprehensive workforce development plan for the State. The bill authorizes \$8 million in FY 2010 for the planning grants and \$150 million in FY 2010 for implementation grants, with “such sums as may be necessary” in subsequent years.

- HRSA’s role in administering these grants seems unclear; given the grants’ objectives in state and local labor planning, we suggest that the Department of Labor is the more appropriate fiscal and administrative agent.

*Sec. 413: Health Care Workforce Program Assessment*

(a) This section reauthorizes the State and Regional Centers for Health Workforce Analysis and establishes under Title VII a National Center for Health Workforce Analysis that will coordinate with the newly created Commission (Sec. 411) to evaluate and develop benchmarks for the Title VII programs; to establish and maintain a registry of Title VII grants; and to establish, maintain, and make publicly available a national health workforce database. This section also authorizes the Secretary to increase the amount of a Title VII grant to establish and maintain a longitudinal evaluation of individuals that have participated in a Title VII program, with a preference for applicants that utilize the longitudinal evaluation. Additionally, within three years of enactment, the bill directs the HRSA Advisory Committee on Training in Primary Care Medicine and Dentistry, Advisory Committee on Interdisciplinary, Community-Based Linkages, and Council on Graduate Medical Education to develop and implement performance measures for Title VII programs, develop guidelines for longitudinal evaluations, and recommend appropriations levels for Title VII programs.

- The AAMC’s Title VII Reauthorization Committee recommended the continuation and expansion of the existing regional centers on health information workforce and analysis; the establishment of a national workforce database to track the location of health professionals educated and trained in programs receiving Title VII support; and the development of outcomes measures and reliable benchmarks to evaluate the success of the Title VII programs. The AAMC supports the provisions outlined in Sec. 413 that help accomplish these goals as a critical element of an effective workforce system.

**Subtitle C: Increasing the Supply of the Health Care Workforce**

*Sec. 421: Federally Supported Student Loan Funds*

This section updates the HRSA Title VII student loan programs, including the Primary Care Loan. Specifically, the bill creates a new formula that adjusts the loan interest rates based on the Department of Education Stafford loan interest rate; establishes a more reasonable default rate that won’t deter potential

applicants from entering primary care; provides for a review of the HRSA student loan guidelines; and, prevents rescission of funds from institutions' revolving funds.

- The AAMC strongly supports these revisions to help ensure access to health professions education for students from all backgrounds.

*Sec. 423: Health Care Workforce Loan Repayment Programs*

This section authorizes under Title VII a new loan repayment program for health professionals providing pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent mental and behavioral health care. Awardees receive up to \$35,000 for each year of service, up to three years. The Secretary will give priority to applicants that agree to work with “high-priority populations” in a HPSA, MUA, or MUP, are familiar with evidence-based methods and cultural and linguistic competence services, and demonstrate financial need. The bill authorizes \$30 million for each of FYs 2010 through 2014.

- This program appears to conflict with the Title VII programs' emphasis on primary care. Moreover, with one exception, all Title VII programs are administered by HRSA's Bureau of Health Professions; the proposed new program likely would fit best under HRSA's Bureau of Clinician Recruitment and Service. To ensure consistency among the Title VII programs, we suggest that the proposed new program would be more appropriately authorized as a new section under Title III of the Public Health Service Act.
- The rationale for limiting participation in the program to pediatric subspecialists is unclear – there are many other specialties that could benefit from similar programs.
- The draft bill directs awardees to serve “in an area with a shortage of the specified pediatric subspecialty that has a sufficient pediatric population to support such pediatric subspecialty,” though it is unclear what metric the Secretary will use to make that determination.

*Sec. 424: Public Health Workforce Recruitment and Retention Programs*

This section establishes within Title VII both scholarship and loan repayment programs for public health professionals that agree to serve at a Federal, State, local or tribal public health agency for the length of the scholarship (minimum 2 years service) or loan repayment (minimum 3 years service). The bill authorizes \$195 million for FY 2010 and such sums for each of FYs 2011 through 2015.

- One of the oft cited criticisms of the Title VII programs is that their breadth and composition imposes a layer of complexity on the programs that makes it difficult to understand and measure their purpose and effectiveness. We are concerned that adding yet another mechanism to the Title VII programs – service-obligated scholarship and loan repayment – will exacerbate rather than resolve this weakness, particularly since the proposed new program deviates from the training mission inherent to all Title VII programs.
- With one exception, all Title VII programs are administered by HRSA's Bureau of Health Professions; the proposed new program likely would fit best under HRSA's Bureau of Clinician Recruitment and Service.
- We suggest that authorizing the new activities through the existing Public Health Service Commissioned Corps, which currently offers limited financial assistance, may be preferable. Alternatively, we suggest authorizing the program as a new section under Title III of the Public Health Service Act.

*Sec. 426: Grants for State and Local Programs*

This section amends the Title VII public health training programs to allow grant funds to support public health workforce loan repayment. Additionally, the bill creates a new program under Title VII, authorizing the Secretary to make grants to educational institutions to award scholarships to mid-career

professionals in the public health and allied health workforce to receive additional training in those fields. The bill authorizes \$60 million in FY 2010 and such sums for FYs 2011-2015.

- Is the \$60 million authorized only for the new mid-career public health training programs? Does the bill elsewhere address reauthorization of the existing Title VII public health training programs and the preventive medicine training programs? In addition to reauthorization of the existing Title VII preventive medicine training programs, the AAMC supports Senator Harkin's bill S. 693, which authorizes support for preventive medicine residencies through the CDC.

*Sec. 427: Funding for the National Health Service Corps*

This section incrementally increases the authorization for the National Health Service Corps (NHSC) to \$1.15 billion in FY 2015. Sec. 427 also provides a formula for increased authorizations in future years proportionate to increases in the cost of health professions education and increases in the population that resides in health professional shortage areas.

- The AAMC strongly supports efforts to increase the size of the NHSC. Steady and sustained increases in the NHSC will improve access to health care for the growing numbers of underserved Americans, provide incentives for practitioners to enter primary care, reduce the financial burden that cost of health professions education places on new practitioners, and help ensure access to health professions education for students from all backgrounds.

**Subtitle D: Enhancing Health Care Workforce Education and Training**

*Sec. 431: Training in Family Medicine, General Internal Medicine, General Pediatrics, and Physician Assistantship*

This section amends the Title VII primary care medicine programs to also allow grantees to use funds to train physicians teaching in community-based settings; to develop joint degree programs in interdisciplinary training in public health and other areas; and to develop demonstration programs providing training in new competencies as recommended by the HRSA Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) and the National Commission (Sec. 411). The bill also directs the Secretary to prioritize applicants that, among other priorities, establish formal relationships and submit joint applications with community health centers (CHCs), Area Health Education Centers (AHEC), rural health clinics, or clinics in underserved areas. The bill authorizes \$125 million for FYs 2010-2014, with 15 percent reserved for physician assistant training programs.

- The AAMC is pleased that the legislation adopts the AAMC Title VII Reauthorization Committee'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 legislation's provision to support demonstration programs to promote new competencies in selected emphasis areas identified by ACTPCMD. The AAMC Title VII Reauthorization Committee recommended this component as a new program within the Title VII primary care line to ensure a focus on and dedicated funding for curricular innovations.

*Sec.435: Geriatric Education and Training; Career Awards; Comprehensive Geriatric Education*

(a) This section expands the Title VII geriatrics training program to award grants to geriatric education centers (GECs) to develop CME-satisfying fellowships on geriatrics, chronic care management, and long-term care for medical and other health professions faculty. Grant recipients must also offer family caregiver training or incorporate mental health best practices into all training courses, where appropriate. The bill authorizes an additional \$10.8 million for this subsection for FYs 2011-2014. The legislation also

establishes “Geriatric Career Incentive Awards,” for non-physician health care providers pursuing a degree in geriatrics or related fields. Grantees must commit to teaching or practicing in geriatrics, long term care, or chronic care management for a minimum of five years. The bill authorizes \$10 million for FYs 2011-2013 for this subsection.

(b) This subsection expands eligibility for Geriatric Academic Career Awards beyond physicians to include all health professions disciplines approved by the Secretary. Additionally, each grantee must provide assurances that he or she has a full-time faculty appointment in a health professions institution and a documented commitment to spend 75 percent of his or her time on teaching and developing skills in interdisciplinary geriatrics education. Funds will be transferred to the institution where the individual will carry out the award.

(c) This subsection amends the Title VIII Comprehensive Geriatric Education program.

- This section authorizes additional funding for the two new subsections, but does not authorize funding for the existing Title VII geriatrics education programs. Is the language in the draft bill sufficient to reauthorize the existing geriatrics training programs (such as the Geriatric Education Centers)? Especially since the bill proposes to expand the GACA awards beyond physicians, additional funding will be necessary to ensure that the programs’ impact is not diluted.
- The bill makes advanced practice nurses eligible for the proposed GCIA program and nursing faculty eligible for GACA awards. The Title VIII nursing education programs are designed solely to support development of the nursing workforce. Given the wide range of disciplines competing for limited resources under Title VII – and the existing Comprehensive Geriatric Education program under Title VIII – we suggest that activities for nursing development are more appropriately funded through Title VIII.

*Sec. 437: Cultural Competency, Prevention and Public Health, and Individuals with Disabilities Training*

This section directs the Secretary to support the development, evaluation, and dissemination of model health professions curricula for cultural competency, prevention, and public health proficiency, and aptitude for working with individuals with disabilities. The Secretary is directed to evaluate adoption and implementation of these curricula and “facilitate inclusion of these competency measures in quality measurement systems as appropriate.”

- The assessment of schools’ curricula is best left up to accreditation bodies such as the Liaison Committee on Medical Education (LCME), and we suggest omitting the provisions giving the Secretary evaluation authority. We have strong reservations about ceding such a highly sensitive responsibility to political appointees.
- The draft legislation does not authorize any funding to support the activities directed by the language. Authorizing additional responsibilities to Title VII without additional funding will spread limited resources thinner and will require the programs to do more with less funding. We recommend that the bill authorize grants to schools, programs, or departments to carry out the described activities.
- With support from the California Endowment and the Commonwealth Fund, the AAMC has developed the “Tool for Assessing Cultural Competence Training (TACCT),” a self-administered assessment tool that can be used by medical schools to examine all components of the entire medical school curriculum. TACCT enables schools to identify gaps in their curricula, which will enable schools to make the best use of opportunities and resources. Schools supported by the Endowment and the Fund all have developed curricula for cultural competency that is made publicly available online (along with resources on several other issues) through MedEdPORTAL, a free, peer-reviewed publication service and repository for medical and oral health teaching materials, assessment tools, and faculty development resources. We suggest this as a model or potential opportunity for collaboration.

- The approach proposed in Sec. 431 of the bill (to allow grantees to develop training in new competencies in selected emphasis areas) is a more flexible alternative that allows programs to adapt to emerging and evolving needs. In addition to the subject areas identified in Sec. 437, we suggest allowing support for research on health care disparities among individuals with disabilities that could inform educational/curricular goals, as well as an emphasis that curricula developed with grant support under this section focus on an interdisciplinary, team-based approach. We also request that the language be clarified to refer to practitioners’ “knowledge and skills” as opposed to “aptitude.”

*Sec. 445: Fellowship Training in Public Health*

This section amends the Title VII public health training programs and directs the Secretary to “provide for the expansion of existing fellowship programs operated through the Centers for Disease Control and Prevention” to alleviate shortages in State and local health departments in applied public health epidemiology and public health laboratory science and informatics. Funds may also be used to expand the Epidemic Intelligence Service. The bill authorizes \$39.5 million for FYs 2010-2013, with funding levels designated by activity.

- It is unclear why the bill authorizes these CDC activities and funding through the Title VII programs. We suggest it is more appropriate to amend the existing programs through their existing authorization at the CDC under Title III of the Public Health Service Act (the existing fellowship program is 42 U.S.C. 247b-8).

**Subtitle E – Supporting the Existing Health Care Workforce**

*Sec. 451 and Sec. 452: Centers of Excellence and Health Care Professionals Training for Diversity*

Sec. 451 reauthorizes the Title VII Centers of Excellence at \$50 million for each of FYs 2010 through 2015 and such sums for subsequent years. The legislation also updates the formula for funding allocations. Sec. 452 increases the maximum award for Title VII faculty loan repayment to \$30,000, and reauthorizes the program at \$5 million for each of FYs 2010-2014. This section also reauthorizes the Title VII Scholarships for Disadvantaged Students program at \$51 million for FY 2010 (and such sums for FYs 2011-2014) and reauthorizes the Title VII Health Careers Opportunity Program at \$60 million for FY 2010 and such sums for FYs 2011-2014.

- The AAMC strongly supports the reauthorization of the Title VII Minority and Disadvantaged Health Professions Programs (PHSA Sections 736-739) at these higher funding levels. The AAMC is deeply committed to increasing diversity in the health professions and eliminating health disparities relative to race and ethnicity, and these programs are key components in pursuing these goals.
- In addition to support for these existing programs, the AAMC Title VII Reauthorization Committee also noted 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 also recommended expansion of minority faculty development through a new program designed to increase the number of underrepresented minority faculty. The Committee recommended \$5 million for the new program.

*Sec. 453: Interdisciplinary, Community-based Linkages*

(b) Continuing Educational Support for Health Professionals Serving in Underserved Communities –

This subsection strikes the authorization for the Health Education Training Centers (HETCs) and creates instead a new grant program to support activities to improve health care, increase representation of minority faculty members, enhance the practice environment, and provide information dissemination and educational support to reduce professional isolation. Funds should be used to “provide innovative supportive activities to enhance education through distance learning, continuing educational activities, collaborative conferences, and electronic and telelearning activities, with priority for primary care.” The bill authorizes \$5 million for this subsection for FYs 2010-2014, and such sums for subsequent years.

- The AAMC supports the inclusion of increasing minority faculty members as an allowable use of the funds in this new program. However, we suggest that designating a separate funding line for minority faculty development activities will ensure that funds are reserved for this purpose and may have the maximum impact.

*Sec. 455: Primary Care Extension Program*

This section establishes under Title III of the PHSA a Primary Care Extension Program that will offer grants through states to support and assist primary care providers in educating health care professionals on preventive medicine, health promotion, chronic disease management, mental health, and other areas. The Secretary may award grants to “Primary Care Extension Program State Hubs” that at minimum include primary care departments of 1 or more health professions schools in the state, the state health department, and the state-level entities responsible for administering the Medicaid and Medicare programs. The bill authorizes \$125 million for FYs 2011 and 2012 and such sums for FYs 2013-2014.

- It is unclear how this program will establish linkages to existing programs, such as Area Health Education Centers and the newly created HIT extension program under the American Recovery and Reinvestment Act (P.L. 111-5), or whether these linkages are structured most optimally. We suggest authorizing this effort initially through pilot projects to determine their efficacy and best practices before extending more broadly.