The Health Professions and Nursing Education Coalition (HPNEC) is an alliance of over 60 national organizations (listed on back of brochure) representing schools, programs, health professionals and students dedicated to ensuring the health care workforce is trained to meet the needs of our diverse population.
The Health Professions Programs and Their Missions

The health professions and nursing programs, authorized under Titles VII and VIII of the Public Health Service Act, provide educational and training opportunities to a wide variety of health professionals and students, both preparing them for career opportunities in the health professions and bringing health care services to rural and underserved communities. With a focus on primary care and training in interdisciplinary, community-based settings, Titles VII and VIII are the only federal programs focused on filling gaps in the supply of health professionals not met by traditional market forces, as well as producing a workforce prepared to care for the nation’s increasingly diverse population.

2013 marks the 50th anniversary of the programs. As we reflect on this monumental milestone, their long-term viability can be attributed to their ability to help the workforce adapt to the nation’s health care needs over time.

President Kennedy called the legislation, “one of the most significant health measures passed by Congress.”

Originally conceived to help remedy the nation’s looming health professions shortages, the Health Professions Educational Assistance Act of 1963 created the Title VII programs, which began as construction grants for new health professions training schools, grants for training health professionals, and grants to fund loan programs for students. In signing the legislation, President Kennedy called the programs, “a good beginning, a firm foundation on which to build in the future.” Soon after, President Lyndon Johnson added to this foundation by signing the Nurse Training Act of 1964, creating the Title VIII nursing workforce programs.

“The best of health for all Americans is a primary national goal for all of us. Today we are moving a long step nearer that objective.”

–President Lyndon Johnson

Over the years, the programs have continued to evolve to meet the nation’s changing needs and encompass other primary care disciplines. Through loans, loan guarantees, and scholarships to students, as well as grants and contracts to academic institutions and non-profit organizations, Titles VII and VIII ensure the nation is equipped with a workforce that reflects the population it serves, while providing well-coordinated, quality care, and improving access to care for all populations. Further, the programs are structured in a way that allows grantees to test educational innovations designed to respond to changing delivery systems and models of care, and address timely topics such as cultural competency and behavioral and mental health issues.

Today, the nation is growing and becoming increasingly diverse. Further, the country faces a rapidly growing, aging population and millions more Americans seeking access to care. Now more than ever, support for Titles VII and VIII is needed to ensure the health professions workforce is prepared to address the health care challenges of today and the next 50 years.

To sustain and strengthen the nation’s half-century investment in these crucial health professions workforce programs, HPNEC recommends $520 million for the Title VII and Title VIII programs in FY 2014.

There are a total of 192.4 million people living in Health Professional Shortage Areas (HPSA). Title VII and Title VIII programs help mitigate such shortages by providing education and training opportunities to help meet the needs of these communities.

As people age they require more care, which then increases the overall need for health care services. This increase coupled with adding 32 million newly insured individuals to the health care system puts us at risk of growing health professions shortages. Investing in programs that improve the supply and distribution of health care professionals, such as the Title VII health professions and Title VIII nursing programs, is essential to meeting the needs of all Americans.
The Title VII Health Professions and Title VIII Nursing Education Programs

The Title VII and Title VIII programs support health professions schools and training programs to improve education and training opportunities in high-need disciplines and settings, and provide financial aid to students. Title VII and Title VIII work together to build a health professions workforce that will meet the nation’s urgent healthcare needs including:

• Health professionals prepared and motivated to work in Health Professional Shortage Areas;
• Health professionals equipped to address the unique health care needs of children;
• Health professionals prepared to provide high quality care to an increasingly diverse country; and
• Health professionals with the skills needed to care for our aging population.

These programs include:

• **Primary Care Medicine**: Expands the primary care workforce in general pediatrics; general internal medicine; family medicine; osteopathic medicine; and physician assistants through the following programs: Academic Administrative Units in Primary Care; Pre-Doctoral Training; Residency Training; Faculty Development; and Rural Physician Training.

• **Primary Care Dentistry**: Expands the dental primary care workforce in general, pediatric, and public health dentistry through the following programs: Pre-Doctoral Training; Residency Training; Faculty Development; and Faculty Loan Repayment.

• **Minority and Disadvantaged Students**: Increases minority representation in the health professions through the following programs: Health Careers Opportunity Program (HCOP); Centers of Excellence (COE); Faculty Loan Repayment; and Scholarships for Disadvantaged Students (SDS).

• **Interdisciplinary, Community-Based Linkages**: Supports community-based training of various health professionals in rural and urban underserved areas through the following programs: Area Health Education Centers (AHECs); Geriatrics Education and Training; Teaching Health Center Development; Mental and Behavioral Health Education and Training; and Allied Health Training.

• **Public Health Workforce Development**: Supports education and training in public health and preventive medicine through the following programs: Public Health Training Centers; Preventive Medicine Residency Training; Public Health Traineeships; Public Health Student Loan Repayment; and Loan Repayment for Pediatric Subspecialists.

• **Workforce Information and Analysis**: Supports the compilation and analysis of data on the nation’s health workforce, including longitudinal evaluation of the Title VII and Title VIII programs through the National Center for Health Workforce Analysis and the Regional Centers for Health Workforce Analysis.

• **Student Financial Assistance**: Assists health professions students in financing their education through the following programs: Primary Care Loans (PCL); Health Professions Student Loans (HPSL); and Loans for Disadvantaged Students (LDS).

• **Nursing Workforce Development**: Provides federal support for the supply and distribution of qualified nurses for practice in rural and medically underserved communities through the following programs: Advanced Nursing Education; Workforce Diversity Nursing; Nurse Education, Practice, Quality, and Retention; Loan Repayment and Scholarships; Nurse Faculty Loan Program; and Comprehensive Geriatric Education.

The Need for Title VII and Title VIII Programs: Addressing Provider Shortages and Improving Access to Quality Care

**Rural and Underserved Areas**

Both rural and urban communities suffer from health professional shortages across all disciplines, with ongoing issues of distribution, recruitment, and retention of healthcare providers in these areas. Title VII and Title VIII are the greatest source of federal programming to support development of the health care workforce for underserved areas and populations. Programs such as the Area Health Education Center (AHEC) develop and support community-based, interdisciplinary training of health professions students in these areas, and recruit a diverse and broad range of students into health careers. In 2011 alone, AHEC trained approximately 50,000 medical and health professions students at community-based sites. Further, these programs have the flexibility to address critical local health issues, such as mental and behavioral health and issues affecting veterans and their families, through services and educational opportunities.

**Roughly 77% of the rural counties in the U.S. include a primary care health professional shortage.**

**Primary Care Physicians**

The nation is facing a critical shortage of physicians, including those specializing in primary care. There are currently

56.8 million people living in primary care Health Professional Shortage Areas (HPSA). The expected retirement of up to one-third of today’s practicing physicians over the next decade and an expected increase in the utilization of medical services by the country’s aging and newly insured population will leave the primary care physician workforce significantly lower than the country’s need. Title VII programs improve Americans’ access to primary care physicians through community-based, primary-care focused education of students, training of residents, and preparation of faculty. The primary care programs also increase the quality, quantity, and diversity of the
primary care workforce with a special emphasis on increasing the capacity to care for the underserved.

Studies show that Title VII program participants are more likely to work in Community Health Centers (CHC) or serve in the National Health Service Corps (NHSC), bolstering the primary care workforce and improving access to care for rural and underserved communities.¹

**Physician Assistants**

With Title VII assistance, the physician assistant (PA) profession is expected to grow 39 percent through 2018 to meet the increasing demand for care.² The need for PAs will be greatest in rural and inner city areas that have difficulty attracting physicians and where PAs play a vital role in providing routine medical services. Further, PAs are well-poised to help respond to the primary care shortage through a team-based approach. Title VII provides the only federal funding for planning, development, and operation of PA training programs, and helps strengthen the supply of quality educators by providing funding for faculty development. In addition, these federal funds ensure that PA students from all backgrounds have continued, affordable education and encourages PAs to practice in underserved communities.

**Dentistry**

More than 45 million people live in areas without enough dentists to provide basic oral health care.³ Title VII helps mitigate these shortages by providing a vital source of support for post-doctoral training in general, pediatric and public health dentistry. The program has helped create over 560 new general dentist positions in the past 25 years (representing 80 percent of such growth) and 200 new pediatric dentist positions in the past 15 years. These residents perform clinical work in facilities that provide a disproportionate level of care to the underserved. Optimal funding for Title VII dental programs will produce graduates that are more likely to treat at-risk populations in their practices and/or pursue careers in dental public health and academia. It also will enable the most vulnerable to obtain needed dental care, particularly in health professional shortages areas.

*Graduates from Title VII programs are significantly more likely to practice as general dentists than dental specialists.*⁴

**Geriatrics**

As of 2012, there were 7,356 geriatricians in the U.S – one geriatrician for every 2,551 Americans 75 or older. Due to the projected increase in the number of older Americans, this ratio is expected to drop to one geriatrician for every 3,798 older Americans in 2030.⁵ As America’s 77 million baby boomers age, there will be a great need to enhance the capacity to train the nation’s health care workforce on the unique needs of older Americans. It is projected that approximately 30 percent of the 65+ patient-population will need to be cared for by a geriatrician and that each geriatrician can care for a patient panel of 700. This means the nation will need 30,000 geriatricians by 2030 to care for approximately 21 million older Americans.⁶ In addition, there continues to be a dire shortage of geriatrics health care professionals across disciplines, including psychiatrists, physician assistants, nurses, social workers, psychologists, pharmacists, and physical therapists. Further, the gap between supply and demand is growing. For example, approximately 55,000 social workers are currently needed in long-term care. By 2050, this number will nearly double to approximately 109,000.⁷ Additionally, in 2012 the Institute of Medicine (IOM) found that there is a lack of workforce training in geriatrics specific to mental health and substance abuse and opportunities are scarce for health care professionals seeking to specialize in these areas of training for the geriatric population.⁸ The Title VII and Title VIII geriatric training programs are the only federal programs designed to address the shortage of professionals trained in geriatrics, and provide training opportunities and retention incentives for those specializing in treating seniors. The scope of the geriatric programs spans a range of health care professionals beyond physicians and nurses, ensuring that elderly adults get the care they need across all health disciplines.

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**Timeline of Title VII and Title VIII Programs**

Over the past fifty years, the Title VII and Title VIII programs have adapted to help meet the changing health care needs of the nation’s growing, aging, and increasingly diverse population.
Since inception, the Title VII Geriatric Education Program has trained more than 425,000 health practitioners in more than 27 health disciplines.12

Within 20 years, one in five Americans will be over 65 and one in four Americans will be under the age of 19.13 These populations have specific health care needs and Title VII and Title VIII programs help meet those needs.

Minorities
Research shows the burden of racial and ethnic health disparities will cost the United States $363.1 billion a year in lost productivity and health care spending by 2050.14 The nation’s health disparities will have a more pronounced effect in coming years as the United States is projected to become a “majority-minority” nation by 2050.15 Despite progress, minorities still fare worse in almost every measure of health. They are less likely to get the preventive care needed to stay healthy, and they have less access to treatments and care when they get sick. Because provider-patient race concordance has been shown to help address some of these issues, a diverse health care workforce is essential in the fight to mitigate health disparities. The Title VII and Title VIII programs play an important role in improving the diversity of the health care workforce, promoting the recruitment, education, training, and mentorship of minority health professions candidates across the country. The programs recruit and prepare students that are more likely to serve in underserved areas, cultivate interactions with faculty role models, and encourage students to work where the need is the greatest. Therefore, graduates of the Title VII and Title VIII programs show greater preparedness in cultural competency.16

A recent survey demonstrated the wide range of services and activities offered by the HCOP and COE, from academic enrichment and test preparation to faculty development and research opportunities, supporting aspiring health professionals and faculty throughout their careers.17 Further, funding for these programs supports the education and training of more than 10,000 minority students, graduates, residents, and faculty each year.18

Mental and Behavioral Health
There are currently 90.6 million Americans living in mental health shortage areas. The nation needs at least 6,058 new mental health professionals to remove the shortage designation.19 The need for psychologists and social workers is expected to grow faster than the average for all occupations through 2018, particularly for those specializing in treating older adults and working in rural areas. Recruitment and retention of faculty, students, and practitioners continues to be a major challenge facing the mental and behavioral health workforce. The Title VII mental and behavioral health programs help prepare students to fill growing gaps in the mental health workforce through programs such as the Graduate Psychology Education (GPE) program and the Mental and Behavioral Health Education Training (MBHET) programs. GPE supports the training of psychology graduate students with other health professions while they provide supervised mental and behavioral health services in rural and urban underserved communities. MBHET seeks to close the gap in access to mental and behavioral health care services by recruiting students into social work and psychology programs and by providing them with education and clinical experience in mental and behavioral health. These programs will be critical in meeting the mental and behavioral health needs of all Americans.

Pharmacy
Research on the national pharmacist workforce points to a continuing shortage of pharmacists.20 The unemployment rate, increased use of medications, aging of the baby boomer generation, and emergence of more clinical activities within pharmacies all impact the national demand for pharmacists.21 Increasingly, pharmacists are integrated into patient care teams to manage chronic disease and medications, increase patient medication adherence, and improve patient health outcomes. As health care teams continue to evolve, the role of the pharmacist in direct-patient care continues to expand, with a recent survey finding over 50 percent of the pharmacy workforce currently in non-dispensing careers within the profession.22 Title VII programs such as Area Health Education Centers and Geriatric Education Centers provide the inter-professional educational framework for the development of these teams. The diversity programs, such as Centers of Excellence and Health Careers Opportunities Program, help increase the diversity of pharmacists and other health professionals to improve the capacity of our system to provide culturally competent, patient-centered care.

Public Health and Preventive Medicine
America will be short 250,000 public health workers by 2020—one-third of the workforce needed.23 The public health workforce is diminishing over time, a problem that will be compounded by the almost 110,000 public health workers eligible to retire by 2012. Documented and forecasted shortages exist across all public health and preventive medicine disciplines and at the local, state, and federal level, including public health physicians, public health nurses, veterinarians, epidemiologists, preventive medicine specialists, and educators. The Title VII
public health and preventive medicine programs help address the growing shortages by providing grants to support training programs and traineeships across the public health and preventive medicine disciplines, and have the longstanding goal of increasing the number of graduates in underserved areas and the number of underrepresented minorities in these professions. Additionally, a public health loan repayment program will provide incentives for students to pursue public health careers.

During academic year 2010-2011, Title VII supported 49 preventive medicine residents. The program exceeded its target for the number of graduates entering practice in a medically underserved community.24

Nursing

The overall shortfall in the number of nurses needed is expected to grow to 260,000 by the year 2025.25 Concurrently, it is estimated that more than 1,207,400 new nursing positions will be created through 2020 (a 26 percent increase), making nursing the nation’s top profession in terms of projected job growth.26 Three major factors contribute to this growing demand for nursing care. First, over 275,000 practicing Registered Nurses (RNs) are over the age of 60.27 When the economy rebounds, many of these nurses will seek retirement. Second, America’s population is aging. Older Americans will seek more health care services, creating an influx of consumers and necessitate the need for quality nursing care. Additionally, reforms to the health care system will increase the number of individuals seeking care. Title VIII is a proven solution to addressing nursing workforce demands. The programs bolster nursing education at all levels, from entry-level preparation through graduate study, and provide support for institutions that educate RNs and Advanced Practice Registered Nurses for practice in rural and medically underserved communities. National studies and reports have highlighted the role of nurse practitioners and other health professionals in helping to responding to the nation’s growing primary care demands.28,29,30 Now more than ever, the nursing workforce will be called upon to serve our nation with high-quality, cost-effective care.

A recent survey confirms students who receive support from Title VIII say seeking a competitive salary becomes less of a priority, making practicing in a rural or medically underserved area a realistic opportunity and helping to increase access to care.31

80% of nurse practitioners who attended a Title VIII program chose to work in a medically underserved area after graduation.32

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1 Health Resources and Services Administration. FY 2013 Congressional Budget Justification.
2 Doescher MP, et al. Policy brief: persistent primary care health professional shortage areas and health care access in rural America. WWAMI Rural Health Research Center, University of Washington; 2009.
3 HRSA Data Warehouse. Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/ Populations, as of December 27, 2012.
6 Office of Shortage Designation, Bureau of Health Professions, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, As of December 27, 2012.
8 The American Geriatrics Society (AGS) Geriatrics Workforce Policy Studies Center (GWPSC)
9 The American Geriatrics Society (AGS) Geriatrics Workforce Policy Studies Center (GWPSC)
11 Institute of Medicine. (2012). The mental health and substance use workforce for older adults: In whose hands?
12 National Association of Geriatric Education Centers.
15 U.S. Census 2012
17 Association of American Medical Colleges (AAMC). Survey Results Demonstrate the Importance of HCOP and COE Pipeline Programs in Preparing the Next Generation of Health Professionals. December 2012.
19 Office of Shortage Designation, Bureau of Health Professions, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, as of December 27, 2012.
21 Ibid.
22 American Association of Colleges of Pharmacy, 2009 National Pharmacist Workforce Survey.
24 Health Resources and Services Administration. FY 2013 Congressional Budget Justification.
29 National Governors Association. The Role of Nurse Practitioners in Meeting Increased Demand for Primary Care. 2012.
31 American Association of Colleges of Nursing, Title VIII Student Recipient Survey (2012).
## Federal Funding for Health Professions and Nursing Education
### Under Titles VII & VIII of the Public Health Service Act
#### FYs 2011-2012

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Source: Bureau of Health Professions, HRSA
Members of the Health Professions and Nursing Education Coalition

- Academic Pediatric Association
- Alliance for Academic Internal Medicine
- American Academy of Family Physicians
- American Academy of Pediatric Dentistry
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American Association for Marriage and Family Therapy
- American Association of Colleges of Nursing
- American Association of Colleges of Osteopathic Medicine
- American Association of Colleges of Pharmacy
- American Association of Colleges of Podiatric Medicine
- American Association of Nurse Anesthetists
- American Association of Nurse Practitioners
- American College of Osteopathic Family Physicians
- American College of Osteopathic Internists
- American College of Physicians
- American College of Preventive Medicine
- American Dental Association
- American Dental Education Association
- American Geriatrics Society
- American Nephrology Nurses’ Association
- American Nurses Association
- American Osteopathic Association
- American Pediatric Society
- American Podiatric Medical Association
- American Psychological Association
- American Society for Clinical Laboratory Science
- American Society for Clinical Pathology
- Association for Prevention Teaching and Research
- Association of Academic Health Centers
- Association of American Medical Colleges
- Association of American Veterinary Medical Colleges
- Association of Departments of Family Medicine
- Association of Family Medicine Residency Directors
- Association of Medical School Pediatric Department Chairs
- Association of Minority Health Professions Schools
- Association of Rehabilitation Nurses
- Association of Women’s Health, Obstetric and Neonatal Nurses
- Coalition of Urban Serving Universities
- Community-Campus Partnerships for Health
- Council on Social Work Education
- Eldercare Workforce Alliance
- Emergency Nurses Association
- Health Professions Network
- Hematology/Oncology Pharmacy Association
- Hispanic-Serving Health Professions Schools
- International Certification and Reciprocity Consortium
- Movement is Life
- National AHEC Organization
- National Association for Geriatric Education
- National Association of Clinical Nurse Specialists
- National Association of Geriatric Education Centers
- National Association of Minority Medical Educators, Inc.
- National Association of Nurse Practitioners in Women’s Health
- National Association of Pediatric Nurse Practitioners
- National Council for Diversity in the Health Professions
- National Hispanic Medical Association
- National League for Nursing
- National Organization of Nurse Practitioner Faculties
- North American Primary Care Research Group
- Oncology Nursing Society
- Physician Assistant Education Association
- Society for Pediatric Research
- Society of General Internal Medicine
- Society of Teachers of Family Medicine

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