TESTIMONY OF THE HEALTH PROFESSIONS AND NURSING EDUCATION COALITION

CONCERNING HRSA’S TITLE VII AND TITLE VIII HEALTH PROFESSIONS PROGRAMS

Before the
U.S HOUSE OF REPRESENTATIVES COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND RELATED AGENCIES
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Summary:

- The health professions education programs, authorized under Title VII and VIII of the Public Health Service Act and administered through the Health Resources and Services Administration, support the training and education of health care providers to enhance the supply, diversity, and distribution of the health care workforce, filling gaps in the supply of health professionals not met by traditional market forces. They are the only federal programs designed to train providers in interdisciplinary settings to meet the needs to special and underserved populations, as well as increase minority representation in the workforce.

- According to HRSA, over 30,000 health practitioners would be needed to alleviate existing health professional shortages and the shortages will only grow as additional Americans seek access to health care services. Combined with faculty shortages across disciplines, racial/ethnic disparities in health care, and a rapidly aging population, these needs strain an already fragile health care system.

- HPNEC recommends $600 million in FY 2011 for the existing Title VII and Title VIII programs. This investment is essential not only to the development and training of tomorrow’s health care professionals, but also to our country’s efforts to provide needed health care services to the medically underserved. HPNEC also encourages investment in the new health professions programs and responsibilities under the Patient Protection and Affordable Care Act to supplement investment in the existing programs.
The members of the Health Professions and Nursing Education Coalition (HPNEC) are pleased to submit this statement for the record in support of $600 million in fiscal year (FY) 2011 for the health professions education programs authorized under Titles VII and VIII of the Public Health Service Act and administered through the Health Resources and Services Administration (HRSA). HPNEC is an informal alliance of more than 60 national organizations representing schools, programs, health professionals, and students dedicated to ensuring the health care workforce is trained to meet the needs of our diverse population.

As you know, the Title VII and VIII health professions and nursing programs are essential components of the nation’s health care safety net, bringing health care services to our underserved communities. These programs support the training and education of health care providers to enhance the supply, diversity, and distribution of the health care workforce, filling the gaps in the supply of health professionals not met by traditional market forces. Through loans, loan guarantees, and scholarships to students, and grants and contracts to academic institutions and non-profit organizations, the Title VII and VIII programs are the only federal programs designed to train providers in interdisciplinary settings to meet the needs of special and underserved populations, as well as increase minority representation in the health care workforce.

We are thankful to the Subcommittee for the increases provided for many Title VII and Title VIII programs in the FY 2010 Omnibus Appropriations bill (P.L. 111-117). These investments are crucial to addressing the existing and looming shortages of health care professionals in this country and are key to ensuring the nation’s health care professionals are able to care for the medically underserved. The Patient Protection and Affordable Care Act (P.L. 111-148) updated and restructured the existing Title VII and Title VIII programs to improve their efficiency, effectiveness, and accountability, and reauthorized them at funding levels reflective of the health workforce needs of the nation. In addition to reauthorizing the existing health professions programs, the legislation authorizes several new programs and initiatives under Titles VII and VIII designed to mitigate health workforce challenges and expand the scope of the programs to additional fields. HPNEC encourages an investment in these new programs that supplements the support for the core Title VII and Title VIII programs. These investments will be critical to ensuring that the health care workforce can accomplish the goals of health care reform.

We are grateful to President Obama for highlighting the need to strengthen the health professions workforce as a national priority; however, significant strides must still be made to ensure that all Americans have access to the health professionals they need. According to HRSA, an additional 31,000 health practitioners are needed to alleviate existing professional shortages. Combined with faculty shortages across health professions disciplines, racial/ethnic disparities in health care, and a growing, aging population, these needs strain an already fragile health care system. Because of the time required to train health professionals, we must make appropriate investments today to ensure that the Title VII and Title VIII programs are able to continue strengthening the
country’s safety net for the health care needs of the medically underserved.

The existing Title VII and Title VIII programs can be considered in seven general categories:

- The purpose of the **Minority and Disadvantaged Health Professionals Training** programs is to improve health care access in underserved areas and the representation of minority and disadvantaged health care providers in the health professions. **Minority Centers of Excellence** support programs that seek to increase the number of minority health professionals through increased research on minority health issues, establishment of an educational pipeline, and the provision of clinical opportunities in community-based health facilities. The **Health Careers Opportunity Program** seeks to improve the development of a competitive applicant pool through partnerships with local educational and community organizations. The **Faculty Loan Repayment and Faculty Fellowship** programs provide incentives for schools to recruit underrepresented minority faculty. The **Scholarships for Disadvantaged Students** make funds available to eligible students from disadvantaged backgrounds who are enrolled as full-time health professions students.

- The **Primary Care Medicine and Dentistry** programs, including **General Pediatrics, General Internal Medicine, Family Medicine, General Dentistry, Pediatric Dentistry, and Physician Assistants**, provide for the education and training of primary care physicians, dentists, and physician assistants to improve access and quality of health care in underserved areas. Two-thirds of all Americans interact with a primary care provider every year. Approximately one-half of primary care providers trained through these programs go on to work in underserved areas, compared to 10 percent of those not trained through these programs. The **General Pediatrics, General Internal Medicine, and Family Medicine** programs provide critical funding for primary care training in community-based settings and have been successful in directing more primary care physicians to work in underserved areas. They support a range of initiatives, including medical student training, residency training, faculty development and the development of academic administrative units. The **General Dentistry and Pediatric Dentistry** programs provide grants to dental schools and hospitals to create or expand primary care dental residency training programs, while the **Dental Public Health Residency** programs are vital to the nation’s dental public health infrastructure. Recognizing that all primary care is not only provided by physicians, the primary care cluster also provides grants for **Physician Assistant** programs to encourage and prepare students for primary care practice in rural and urban Health Professional Shortage Areas. And finally, the primary care cluster enhances the efforts of osteopathic medical schools to continue to emphasize primary care medicine, health promotion, and disease prevention, and the practice of ambulatory medicine in community-based settings.

- Because much of the nation’s health care is delivered in areas far removed from health professions schools, the **Interdisciplinary, Community-Based Linkages** cluster provides support for community-based training of various health professionals. These programs are designed to provide greater flexibility in training and to encourage collaboration between two or more disciplines. These training programs also serve to encourage health professionals to return to such settings after completing their training. The **Area Health Education Centers (AHECs)** provide clinical training opportunities to health professions and nursing students in rural and other underserved communities by extending the resources of...
academic health centers to these areas. AHECs, which have substantial state and local matching funds, form networks of health-related institutions to provide education services to students, faculty and practitioners. Geriatric Health Professions programs support geriatric faculty fellowships, the Geriatric Academic Career Award, and Geriatric Education Centers, which are all designed to bolster the number and quality of health care providers caring for our older generations. Given America's burgeoning aging population, there is a need for specialized training in the diagnosis, treatment, and prevention of disease and other health concerns of older adults. The Allied Health Project Grants program represents the only federal effort aimed at supporting new and innovative education programs designed to reduce shortages of allied health professionals and create opportunities in medically underserved and minority areas. Health professions schools use this funding to help establish or expand allied health training programs. The need to address the critical shortage of certain allied health professionals has been acknowledged repeatedly. For example, this shortage has received special attention given past bioterrorism events and efforts to prepare for possible future attacks. The Graduate Psychology Education Program provides grants to doctoral, internship and postdoctoral programs in support of interdisciplinary training of psychology students with other health professionals for the provision of mental and behavioral health services to underserved populations (i.e., older adults, children, chronically ill, and victims of abuse and trauma, including returning military personnel and their families), especially in rural and urban communities.

- The Health Professions Workforce Information and Analysis program provides grants to institutions to collect and analyze data on the health professions workforce to advise future decision-making on the direction of health professions and nursing programs. The Health Professions Research and Health Professions Data programs have developed a number of valuable, policy-relevant studies on the distribution and training of health professionals, including the National Sample Survey of Registered Nurses, the nation’s most extensive and comprehensive source of statistics on registered nurses.

- The Public Health Workforce Development programs are designed to increase the number of individuals trained in public health, to identify the causes of health problems, and respond to such issues as managed care, new disease strains, food supply, and bioterrorism. The Public Health Traineeships and Public Health Training Centers seek to alleviate the critical shortage of public health professionals by providing up-to-date training for current and future public health workers, particularly in underserved areas. Preventive Medicine Residencies, which receive minimal funding through Medicare GME, provide training in the only medical specialty that teaches both clinical and population medicine to improve community health. Dental Public Health Residency programs are vital to the nation’s dental public health infrastructure.

- The Nursing Workforce Development programs under Title VIII provide training for entry-level and advanced degree nurses to improve the access to, and quality of, health care in underserved areas. These programs provide the largest source of federal funding for nursing education, providing loans, scholarships, traineeships, and programmatic support to 77,395 nursing students and nurses in FY 2008. Health care entities across the nation are experiencing a crisis in nurse staffing, caused in part by an aging workforce and capacity limitations within the educational system. Each year, nursing schools turn away tens of
thousands of qualified applications at all degree levels due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. At the same time, the need for nursing services and licensed, registered nurses is expected to increase significantly over the next 20 years. The Advanced Education Nursing program awards grants to train a variety of advanced practice nurses, including nurse practitioners, certified nurse-midwives, nurse anesthetists, public health nurses, nurse educators, and nurse administrators. For example, this funding has been instrumental in doubling nurse anesthesia graduates in the last eight years. However, even though the number of graduates doubled, the vacancy rate for nurse anesthetists has remained the same at 12 percent, due to a retiring nursing profession and an aging population requiring more care. Workforce Diversity grants support opportunities for nursing education for students from disadvantaged backgrounds through scholarships, stipends, and retention activities. Nurse Education, Practice, and Retention grants are awarded to help schools of nursing, academic health centers, nurse-managed health centers, state and local governments, and other health care facilities to develop programs that provide nursing education, promote best practices, and enhance nurse retention. The Loan Repayment and Scholarship Program repays up to 85 percent of nursing student loans and offers full-time and part-time nursing students the opportunity to apply for scholarship funds. In return these students are required to work for at least two years of practice in a designated nursing shortage area. The Comprehensive Geriatric Education grants are used to train RNs who will provide direct care to older Americans, develop and disseminate geriatric curriculum, train faculty members, and provide continuing education. The Nurse Faculty Loan program provides a student loan fund administered by schools of nursing to increase the number of qualified nurse faculty.

- The loan programs under Student Financial Assistance support financially needy and disadvantaged medical and nursing school students in covering the costs of their education. The Nursing Student Loan (NSL) program provides loans to undergraduate and graduate nursing students with a preference for those with the greatest financial need. The Primary Care Loan (PCL) program provides loans covering the cost of attendance in return for dedicated service in primary care. The Health Professional Student Loan (HPSL) program provides loans covering the cost of attendance for financially needy health professions students based on institutional determination. The NSL, PCL, and HPSL programs are funded out of each institution’s revolving fund and do not receive federal appropriations. The Loans for Disadvantaged Students program provides grants to health professions institutions to make loans to health professions students from disadvantaged backgrounds.

These programs work collectively to fulfill their unique, three-pronged mission of improving the supply, diversity, and distribution of the health professions workforce. While HPNEC members are keenly aware of the fiscal pressures facing the Subcommittee, we respectfully urge support for funding of at least $600 million for the Title VII and VIII programs, an investment essential not only to the development and training of tomorrow’s health care professionals but also to our nation’s efforts to provide needed health care services to underserved and minority communities. We also encourage an investment in the new programs and responsibilities authorized in the Patient Protection and Affordable Care Act to supplement the investment in the existing core programs. We greatly appreciate the support of the Subcommittee and look forward to working with Members of Congress to reinvest in the health professions programs in FY 2011 and into the future.