

**WAYNE J. RILEY, M.D., MPH, MBA, MACP
CHAIRMAN, BOARD OF DIRECTORS
ASSOCIATION OF MINORITY HEALTH PROFESSIONS SCHOOLS
ATLANTA, GEORGIA
&
PRESIDENT & CHIEF EXECUTIVE OFFICER
PROFESSOR OF INTERNAL MEDICINE
MEHARRY MEDICAL COLLEGE
NASHVILLE, TENNESSEE**

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**HOUSE APPROPRIATIONS SUBCOMMITTEE ON LABOR, HEALTH
AND HUMAN SERVICES, EDUCATION AND RELATED AGENCIES**

SUMMARY OF FISCAL YEAR 2011 RECOMMENDATIONS:

**1) \$300 MILLION FOR THE TITLE VII HEALTH PROFESSIONS
TRAINING PROGRAMS, INCLUDING:**

- \$33.6 MILLION FOR THE MINORITY CENTERS OF EXCELLENCE.**
- \$35.6 MILLION FOR THE HEALTH CAREERS OPPORTUNITY PROGRAM.**

2) SUPPORT FOR THE NATIONAL CENTER FOR RESEARCH RESOURCES.

- 15% INCREASE FOR RESEARCH CENTERS FOR MINORITY INSTITUTIONS.**
- \$50 MILLION FOR EXTRAMURAL FACILITIES CONSTRUCTION.**

**3) \$500 MILLION FOR THE NATIONAL INSTITUTES OF HEALTH'S
NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH
DISPARITIES.**

**4) \$100 MILLION FOR THE DEPARTMENT OF HEALTH AND HUMAN
SERVICES' OFFICE OF MINORITY HEALTH.**

**5) \$100 MILLION FOR THE DEPARTMENT OF EDUCATION'S
STRENGTHENING HISTORICALLY BLACK GRADUATE
INSTITUTIONS PROGRAM.**

Mr. Chairman and members of the subcommittee, thank you for the opportunity to present my views before you today. I am Dr. Wayne J. Riley, Chair of the Board of the Association of Minority Health Professions Schools (AMHPS) and the President and Chief Executive Officer of Meharry Medical College. AMHPS, established in 1976, is a consortium of our nation's twelve (12) historically black medical, dental, pharmacy, and veterinary schools. The members are two dental schools at Howard University and Meharry Medical College; four schools of medicine at The Charles Drew University, Howard University, Meharry Medical College, and Morehouse School of Medicine; five schools of pharmacy at Florida A&M University, Hampton University, Howard University, Texas Southern University, and Xavier University; and one school of veterinary medicine at Tuskegee University. As a medical doctor and throughout my entire career, I have seen firsthand the importance of minority health professions institutions and the federal support which they receive, including the Title VII Health Professions Training programs, funding from the National Institutes of Health, and programs at the Department of Education.

Mr. Chairman, after the historic passage of the health reform bill, which AMHPS supported, the nation's supply of health professionals, especially minority health professionals who disproportionately tend to serve more in underserved areas, will be in even more demand. The minority health professions institutions and their major sources of funding address a critical, national need. Even before the passage of health reform, persistent and severe staffing shortages existed in a number of the health professions, and chronic shortages existed for all of the health professions in our nation's most medically underserved communities. The need to produce more health professionals will only increase as more of our fellow citizens have access to health care. Furthermore, even after the landmark passage of health reform, it is important to note that our nation's health professions workforce does not accurately reflect the racial composition of our population. For example while blacks represent approximately 13% of the U.S. population, only 2-3% of the nation's health professions workforce is black. Mr. Chairman, I would like to share with you how your committee can help AMHPS continue our efforts to provide our nation with quality health professionals and close our nation's health disparity gap.

An October 2006 study by the Health Resources and Services Administration (HRSA), entitled "*The Rationale for Diversity in the Health Professions: A Review of the Evidence*," found that minority health professionals serve minority and other medically underserved populations at higher rates than non-minority professionals. The report also showed that minority populations tend to receive better care from practitioners who represent their own race or ethnicity, and non-English speaking patients experience better care, greater comprehension, and greater likelihood of keeping follow-up appointments when they see a practitioner who speaks their language. **Studies have also demonstrated that when minorities are trained in minority health profession institutions, they are significantly more likely to: 1) serve in rural and urban medically underserved areas, 2) provide care for minorities, and 3) treat low-income patients.**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Title VII Diversity Cluster of the Health Professions Training Programs: As you are aware, Title VII Health Professions Training programs are focused on improving the quality, geographic

distribution, and diversity of the healthcare workforce in order to continue eliminating disparities in our nation’s healthcare system. These programs provide training for students who practice disproportionately in underserved areas, cultivate interactions with faculty role models who serve in underserved areas, and provide placement and recruitment services to encourage students to work in these areas. Health professionals who spend part of their training providing care for the underserved are up to 10 times more likely to practice in underserved areas after graduation or program completion. Mr. Chairman, I am a product of one of the Title VII programs—the Faculty Loan Repayment Program—and now I am privileged to lead an institution dedicated to eliminating health disparities.

In FY 05, the funding for the Title VII Health Professions Training programs was robust, allowing the nation’s health professions schools to make a contribution to increasing the number of and diversity in the health professions. In FY 06, these programs received a dramatic cut, including a 64.7% reduction for the Minority Centers of Excellence (COE) program and an 88.9% decrease for the Health Careers Opportunities Program (HCOP). Overall, the programs affecting diversity in the health professions received a 45.8% reduction in FY 06. Since then, COE, HCOP, and the other diversity programs have made some increases—and AMHPS is grateful for this Subcommittee’s investment in health professions training; but compared to FY 05, COE is currently still down more than 28% compared to FY 05 and HCOP is still down by nearly 38% compared to FY 05. In FY11, funding for the Title VII Health Professions Training programs must be restored to the FY05 level of funding, \$300 million, with COE funded at \$33.609 million and HCOP funded at \$35.647 million. (See chart for more information.) Mr. Chairman, with the emphasis renewed on the demand for health professionals that our new health system will require, we must allow the funding for COE, HCOP, and the diversity programs of Title VII to receive more growth.

**Title VII Health Professions Programs
FY 2011 Funding**

(\$ in thousands)

	FY 2005 Final	FY 2006 Final	Percent Change (vs. FY 05)	FY 2007 Final	FY 2008 Final	FY 2009 Final	FY 2010 Final	FY 2011 President's Budget	Percent Change (v. FY 10)
Centers of Excellence	33,609	11,880	-64.7%	11,880	12,773	20,602	24,602	24,062	0%
Health Careers Opportunity Program	35,647	3,957	-88.9%	3,957	9,825	19,133	22,133	22,133	0%
Faculty Loan Repayment	1,302	1,288	-1.0%	1,288	1,266	1,266	1,266	1,266	0%
Scholarships for Disadvantaged Students	47,128	46,657	-1.0%	46,657	45,842	45,842	49,342	49,342	0%
Total, Diversity	117,686	63,786	-45.8%	63,786	69,706	86,843	97,343	97,343	0%

Minority Centers of Excellence: COE focuses on improving student recruitment and performance, improving curricula in cultural competence, facilitating research on minority health issues, and training students to provide health services to minority individuals. COEs were first established in recognition of the contribution made by four historically black health professions institutions to the training of minorities in the health professions. Congress later went on to authorize the establishment of “Hispanic”, “Native American” and “Other” COEs. *For FY11, We recommend a funding level of \$33.6 million for COEs.*

Health Careers Opportunity Program (HCOP): HCOP provides grants for minority and non-minority health profession institutions to support pipeline, preparatory and recruiting activities that encourage minority and economically disadvantaged students to pursue careers in the health

professions. Many HCOPs partner with colleges, high schools, and even elementary schools in order to identify and nurture promising students who demonstrate that they have the talent and potential to become a health professional. *For FY11, we recommend a funding level of \$35.6 million for HCOPs.*

NATIONAL INSTITUTES OF HEALTH (NIH):

Extramural Facilities Program at NCR: Mr. Chairman, if we are to take full advantage of the recent funding increases for biomedical research that Congress has provided to NIH, it is critical that our nation's research infrastructure remain strong. The Extramural Facility Construction program at the National Center for Research Resources (NCR) has not been funded in recent years, but there was two year funding in American Recovery and Reinvestment Act. It is important to note that the law also includes a 25% set-aside for "Institutions of Emerging Excellence" (many of which are minority institutions) for funding up to \$50 million. We strongly support this provision of the authorizing legislation, because it is necessary for our minority health professions training schools to increase their capacity to do research to narrow the health disparities gap. *In FY11, please provide a funding appropriation of at least \$50 million for extramural facilities.*

Research Centers at Minority Institutions at NCR: The Research Centers at Minority Institutions program (RCMI) at NCR has a long and distinguished record of helping our institutions develop the research infrastructure necessary to be leaders in the area of health disparities research. Although NIH has received unprecedented budget increases in recent years, funding for the RCMI program has not increased by the same rate. It is important to note that this program has been helpful to our institutions as we prepare ourselves to be partners for the effective and heralded Clinical and Translational Science Awards (CTSA). Therefore, *the funding for this important program must grow at the same rate as the NCR's budget in FY11.*

National Institute on Minority Health and Health Disparities: The National Institute on Minority Health and Health Disparities (NIMHD), recently elevated in the health reform legislation, is charged with addressing the longstanding health status gap between minority and nonminority populations. The NIMHD helps health professional institutions to narrow the health status gap by improving research capabilities through the continued development of faculty, labs, and other learning resources. The NIMHD also supports biomedical research focused on eliminating health disparities and develops a comprehensive plan for research on minority health at the NIH. Furthermore, the NIMHD provides financial support to health professions institutions that have a history and mission of serving minority and medically underserved communities through the Research Endowment program and the Minority Centers of Excellence program. *For FY11, we recommend a funding level of \$500 million for the NIMHD.*

HHS OFFICE OF THE SECRETARY

HHS Office of Minority Health: The specific initiatives at OMH, which have become more central to HHS' mission after the passage of health reform, include:

- assisting medically underserved communities with the greatest need in solving health disparities and attracting and retaining health professionals;

- assisting minority institutions in acquiring real property to expand their campuses and increase their capacity to train minorities for medical careers;
- supporting conferences for high school and undergraduate students to interest them in health careers; and
- supporting cooperative agreements with minority institutions for the purpose of strengthening their capacity to train more minorities in the health professions.

The OMH, now that has been codified in law thanks to the health reform legislation, has the potential to play a critical and coordinating role in addressing health disparities. *For FY11, we recommend a funding level of \$100 million for the OMH.*

DEPARTMENT OF EDUCATION

Strengthening Historically Black Graduate Institutions Program: The Department of Education's Strengthening Historically Black Graduate Institutions program (Title III, Part B, Section 326) is extremely important to AMHPS. This program's funding is used to

- enhance educational capabilities,
- establish and strengthen program development offices,
- initiate endowment campaigns,
- and support numerous other institutional development activities.

This is a program helpful in producing the next generation of minority professionals with advanced graduate degrees. To become eligible, an institution must be named so in law. The HBGI institutions already participating in the program are held harmless at their current funding level so that they have stability in planning their annual budgets. However, the addition of new institutions to the program in recent years calls for a surge in the funding so that new institutions can receive minimum grants and those already participating can receive a much needed cost of living increase. It is also important to note that while many HBCUs, especially undergrads, benefit from the more popular Strengthening HBCUs program; HBGI receives less notoriety but has just as strong an impact on black professionals receiving advanced degrees. *In FY11, an appropriation of \$100 million for HBGI is suggested to continue the vital support the institutions currently competing in this program as well as those which were recently added.*

CLOSING

Mr. Chairman, please allow me to express my appreciation to you for your distinguished service to our nation and the 7th Congressional District of Wisconsin. Your chairmanship of this Subcommittee and the Full Committee has brought our nation much needed stability. I also commend your fellow Subcommittee members, Representatives Jackson and Lee, for their efforts on behalf of minority health. With your continued help and support, AMHPS's member institutions will help this country to overcome health disparities. Congress must be careful not to eliminate, paralyze, stifle, or stymie the institutions and programs that have been **proven to work**. If this subcommittee will give us the tools I described above, we will continue to work towards the goal of eliminating that disparity everyday. Thank you, Mr. Chairman, and I welcome every opportunity to answer questions for your records.