



Testimony of the

**Health Professions and Nursing Education Coalition (HPNEC)
concerning Title VII & VIII Health Professions Programs**

before the

**House Appropriations Subcommittee on Labor,
Health and Human Services, and Education**

presented

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by

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Summary:

- 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, 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. They 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.
- According to HRSA, **an additional 30,000 health practitioners are needed** to alleviate existing health 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.
- Numerous recent, highly regarded publications recommend increased support for the health professions programs to help meet these needs, including a December 2008 Institute of Medicine (IOM) report which characterized HRSA's health professions programs as **"an undervalued asset."**
- HPNEC recommends **\$550 million in FY 2010 for the Title VII and VIII programs**. This investment is consistent with President Obama's pledge to invest in strengthening the health professions workforce in the FY 2010 budget, will help sustain the health workforce expansion supported by the American Recovery and Reinvestment Act, and will restore funding to critical programs that sustained drastic funding reductions in FY 2006 and remain well below FY 2005 levels.

Good afternoon. My name is Tina Cheng, and I am Chief of the Division of General Pediatrics and Adolescent Medicine and Professor of Pediatrics and Public Health at the Johns Hopkins University School of Medicine and Bloomberg School of Public Health. It is a pleasure to submit this testimony on behalf of the Health Professions and Nursing Education Coalition (HPNEC) in support of **\$550 million in fiscal year (FY) 2010 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 \$200 million provided for the health professions programs in the American Recovery and Reinvestment Act (P.L. 111-5). We also greatly appreciate that the recently enacted FY 2009 Omnibus Appropriations bill (P.L. 111-8) provides some increases for most Title VII and VIII programs. These investments provide a crucial springboard to begin to wholly reverse chronic underfunding of these programs and address existing and looming shortages of health professionals.

According to HRSA, an additional 30,000 health practitioners are needed to alleviate existing health 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. Yet, despite some increases in recent years, many of the health professions programs remain well below their comparable FY 2005 funding levels.

HPNEC's \$550 million recommendation for the Title VII and Title VIII health professions programs in FY 2010 will help sustain the health workforce expansion supported by funding in the recovery package. Further, this appropriation will restore funding to critical programs that sustained drastic funding reductions in FY 2006 and remain well below FY 2005 levels.

We are grateful to President Obama for his support for the health professions programs throughout his tenure in the Senate. We also appreciate the pledge in his FY 2010 budget overview to invest in strengthening the health professions workforce. This strategy is in line with

numerous recent, highly regarded recommendations. In a December 2008 Institute of Medicine (IOM) report, HRSA's health professions programs were characterized as "an undervalued asset" and the Department of Health and Human Services was encouraged to support additional investments in the programs. Another IOM report on the future workforce for older Americans from April 2008 also called for increased funding for the health professions programs. The November 2008 issue of the peer-reviewed journal *Academic Medicine* chronicles the effectiveness of the programs, and the primary care programs in particular, while the December 2008 issue of the *Mt. Sinai Journal of Medicine* highlights the impact of the diversity programs.

These most recent publications showcase the network of Title VII and VIII initiatives across the country supporting the education and training of the full range of health providers. Together, the programs work in concert with other programs at the Department of Health and Human Services – including the National Health Service Corps and Community Health Centers (CHCs) – to strengthen the health safety net for rural and medically underserved communities.

The Health Professions Education Partnerships Act of 1998 (P.L. 105-392) consolidated the programs into 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 (SDS)* make funds available to eligible students from disadvantaged backgrounds who are enrolled as full-time health professions students. Nurses received \$15.1 million in FY 2007 from SDS grants, 32 percent of funds appropriated for SDS.
- 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. 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. Additionally, these programs enhance 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 the elderly. The *Quentin N. Burdick Program for Rural Health Interdisciplinary Training* places an emphasis on long-term collaboration between academic institutions, rural health care agencies and providers to improve the recruitment and retention of health professionals in rural areas. This program has received no funding since FY 2006. 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 Eighth National Sample Survey of Registered Nurses (NSSRN), the nation's most extensive and comprehensive source of statistics on registered nurses. However, the Workforce Information and Analysis program has received no appropriation since FY 2006.

- 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 *Health Administration Traineeships and Special Projects* grants are the only federal funding provided to train the managers of our health care system, with a special emphasis on those who serve in underserved areas. However, the traineeships have received no appropriation since FY 2006.
- 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 51,657 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 between 50,000 and 88,000 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. Congress responded to this dire national need by passing the *Nurse Reinvestment Act* (P.L. 107-205) in 2002, which increases nursing education, retention, and recruitment. 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 disadvantaged students 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 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* (LDS) 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. Profiles of aspiring and practicing health professionals who attribute their success in part to participation in the health professions programs are available by state and by program at: <http://www.aamc.org/advocacy/hpnec/profiles.htm>. These profiles comprise only a small sampling of the health professionals that have benefited from past support for the health professions programs.

HPNEC members respectfully urge support for funding of at least **\$550 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 greatly appreciate the support of the Subcommittee and look forward to working with Members of Congress and the new Administration to reinvest in the health professions programs in FY 2010 and into the future.