

July 28, 2008

The Honorable Edward Kennedy
Chairman, Committee on Health,
Education, Labor, and Pensions
United States Senate
Washington, DC 20510

The Honorable Michael Enzi
Ranking Member, Committee on Health,
Education, Labor, and Pensions
United States Senate
Washington, DC 20510

Dear Chairman Kennedy and Ranking Member Enzi:

The undersigned members of the Federation of Associations of Schools of the Health Professions (FASHP) submit for your consideration a summary of our priorities for reauthorization of the health professions education programs under Title VII of the Public Health Service Act. Created in 1968 as a forum for representatives from organizations of health professions education, FASHP addresses education's role in organizational matters of health care, encourages effective collaboration among the health professions in education and practice and prepares health professionals for the future.

The growing U.S. population – and the rapid increase in the number of people over the age of 65 – leads experts to foresee an increased demand for health professionals. Without action, looming shortages will strain further a fragile health care system, especially for the 20 percent of Americans who currently live in government designated Primary Care Health Professional Shortage Areas (HPSA). Combined with faculty shortages across health professions disciplines and racial/ethnic disparities in health care, these needs require appropriate investments today, given the length of time necessary to train health professionals.

As part of a comprehensive federal health professions workforce strategy, federal funding for the Title VII programs has provided crucial support for the education and training of health care providers, filling the gaps in the health care workforce not met by traditional market forces. Through loans, loan guarantees, scholarships to students, and grants and contracts to academic institutions and non-profit organizations, the Title VII programs work in concert with other programs at the Department of Health and Human Services (HHS) – such as the National Health Service Corps (NHSC) and community health centers – to enhance the supply, distribution, and diversity of the health professions workforce. These programs contribute to the development of a diverse team of health care professionals educated and trained to provide quality, patient-centered and evidence-based care.

The statutory authority provided for these programs by the Health Professions Education Partnerships Act of 1998 [P.L. 105-392] expired in September 2002. In FY 2006, the programs sustained a 51.5 percent cut in federal funding. The President's budget request for FY 2009 recommends eliminating all funding for the Title VII programs.

The members of FASHP recognize that a new approach is needed to better align funding streams with national needs and program goals in order to strengthen the programs' ability to improve the public's health. FASHP recommends the continuation and reauthorization of Title VII with the following improvements to enhance the productivity and accountability of the programs:

- Create a new structure for the primary care medicine and dentistry program, in which grants are awarded preferentially, but not exclusively, to applicants that enter into a formal

relationship and submit a joint application with a Federally Qualified Health Center (FQHC), an FQHC Look-Alike, Area Health Education Center (AHEC), or a clinic located in a HPSA or Medically Underserved Area (MUA) or a clinical practice setting in which at least 40 percent of its patients are either uninsured or supported by Medicaid. This new structure will help guide health professionals to underserved settings and will emphasize the interprofessional nature of health care, as FQHCs and AHECs create access to services in underserved areas and across health professions disciplines.

- Develop a new program under the primary care medicine and dentistry heading, to award grants to schools or departments to administer demonstration projects centered on improving the quality of primary care in selected emphasis areas of national need (e.g., management of chronic disease, cultural competency, rural health, prevention, and response to bioterrorism). Improving the primary care education curriculum to respond to the changing demands of medical practice and the health care delivery system is an essential part of bolstering the workforce in underserved areas, and this program will support these educational innovations.
- Retain the current Title VII diversity programs – including the Centers of Excellence (COE), Health Careers Opportunity Program (HCOP), Faculty Loan Repayment Program (FLRP), Minority Faculty Fellowship Program (MFFP) and the Scholarships for Disadvantaged Students (SDS) – and allow all FASHP members’ institutions to be eligible to participate in these programs. These academic-based programs foster the recruitment, retention, and advancement of underrepresented minorities and disadvantaged students in the health professions. Together, the programs form a health professions pipeline by promoting awareness of the health professions to elementary, secondary, and undergraduate students, and providing mentorship, academic, and financial support for students enrolled in health professions programs. Additionally, FASHP notes the critical need for increased development of underrepresented minority faculty, as these mentors help to create a nurturing environment that allows minority health professions students to successfully prepare to provide care in their communities. Considering the shortage of minority faculty in health professions schools, FASHP recommends the creation of a new program to support demonstration projects designed to increase the number of underrepresented minority faculty.
- Create a new structure for grants under the interdisciplinary, community-based linkages heading, to award grants preferentially to projects that combine the academic interests of two or more health professions. All FASHP members’ institutions should be eligible to participate in these programs. These grants would support academic-based programs that assist all health professions institutions in the development of organizational infrastructure, such as faculty development, curriculum, and residencies that focus on state or national priorities (e.g., geriatrics, primary care, and health promotion and wellness) and are interprofessional in nature.
- Create a new program under the interdisciplinary, community-based linkages heading to support information technology improvements that will allow multiple academic-institutions to join in the development of interprofessional educational programs. This program will improve access in rural and other areas to health professions education innovations across the country.

- Create a service obligated scholarship or loan repayment program modeled after the NHSC that provides scholarship and loan repayment support in return for a commitment to work in local public health offices/agencies with shortages of public health workers.
- Create a federal database of available public health positions to improve access to available public health jobs, helping to match qualified professionals with available positions that will maximize their unique talents and training. By encouraging partnerships between accredited public health schools and programs and state and local public health departments, students will be exposed to the rewards of working in the field, augmenting public health education and improving the actual practice of health in the same way teaching hospitals contribute to the practice of clinical medicine. We also recommend that the Public Health Training Centers be retained; they provide a means for local and state public health department staff to obtain cutting edge training in essential public health services.
- Improve data collection and program evaluation by providing federal support for the six regional centers for health workforce studies that regularly monitor the size and composition of the health workforce, including the public health workforce.
- Create within the health professions workforce information and analysis section a national publicly accessible database of licensed healthcare professionals by first and last name, discipline/profession, state license number, date of active license, and practice address. The database will enable HRSA and the general public to determine whether a practice site is located within a federally designated health profession shortage area. Also, it would assist Title VII grantees track their graduates. Title VII grantees should be authorized to use grant funding to collect and analyze data, study workforce questions, and conduct program evaluation and assessment. The database will provide important information to evaluate the effectiveness of Title VII programs and suggest areas where additional federal efforts are warranted.

The proposed structure for Title VII programs requires increased funding over both the current authorization and appropriations levels. Further, for the programs to contribute successfully to a more responsive health professions workforce, the appropriations must be commensurate with the authorizations.

In addition to improvements to the grant programs under Title VII, FASHP urges the Committee to address inefficiencies in the Title VII loan programs. These programs offer long-term, low interest loans for economically disadvantaged and underrepresented minority students in the health professions. Unfortunately, certain aspects of these loan programs prevent them from having their intended impact, such as extended service requirement and harsh default penalties.

In addition to reducing these burdensome default penalties, FASHP recommends that the eligibility requirements for all Title VII health professions loan programs be amended to allow for the waiver of parental financial information in extraordinary circumstances. In other financial aid programs – for instance, under the auspices of the Department of Education – financial aid officers have the ability to adjust this parental financial information requirement to reflect an individual’s specific situation; however, HHS regulations state that the requirement to include parental data “cannot be waived.” Permitting financial aid officers to use their professional judgment to waive this requirement in appropriate cases would afford them greater flexibility in ensuring that scarce resources are best targeted to those students who are truly in need.

FASHP and its members are committed to educating and training a health professions workforce that is prepared to respond to the needs of the nation. Title VII is an essential tool in this regard, and we look forward to working with you as you consider reauthorizing these vital programs. Please feel free to contact Susan Eads Role, Director of Government Relations at the American Association of Colleges of Osteopathic Medicine at srole@aacom.org or (301) 968-4152 for further information or with questions.

Sincerely,

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 Optometric Association
American Podiatric Medical Association
Association of American Medical Colleges
Association of American Veterinary Medical Colleges
Association of Chiropractic Colleges
Association of Schools and Colleges of Optometry
Association of Schools of Public Health
Association of University Programs in Health Administration
National League of Nursing
Physician Assistant Education Association