



Statement by

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Chairman Cole, Ranking Member DeLauro, and members of the subcommittee, thank you for the opportunity to testify today on behalf of the Health Resources and Services Administration (HRSA) and the Bureau of Health Workforce on the topics of health workforce programs and rural health care delivery.

Echoing the sentiments of my colleague, Tom Morris, I want to thank members of this Committee and your colleagues the House of Representatives and the Senate for the bipartisan, bicameral efforts you undertook in passing the Consolidated Appropriations Act, 2018, and the Bipartisan Budget Act of 2018.

Today, I would like to give you an overview of a few of HRSA's health workforce training programs and their impact on rural and underserved communities.

Ensuring access to care in rural and underserved areas is a key goal for HRSA. As of September 2017, more than 72 million people live in primary care health professional shortage areas (also known as HPSAs), more than 54 million people live in dental HPSAs, and more than 111 million people live in mental health HPSAs, and many of these individuals live in areas identified as having all three types of shortages. HRSA's Bureau of Health Workforce works to improve the health of underserved and rural populations by strengthening the health workforce and connecting skilled professionals to communities in need. In fact, in the last academic year, HRSA's health professions programs trained over 525,000 current and future health care providers across a wide array of fields including medicine, nursing, behavioral health, dentistry, and public health. Not only are HRSA's health workforce programs training a broad range of

clinicians, 70 percent of those trained are from a rural or disadvantaged background, which is strongly associated with an individual's choice to go on to practice in an underserved area upon completion of training.

The National Health Service Corps and NURSE Corps are two critical programs offering workforce solutions to primary health care challenges in rural and underserved communities. In exchange for practicing in underserved communities, clinicians working at eligible health care sites may receive an additional incentive of repayment of educational loans and students may receive scholarships and financial support while in school. Through this partnership with communities, HRSA's loan repayment and scholarship programs improve access to care by increasing the number of providers in the communities with the greatest needs across the Nation.

To that end, the National Health Service Corps recruits and helps retain primary care, dental, and mental health clinicians to provide primary health services in HPSAs across the Nation. As of September 2017, the National Health Service Corps had over 10,200 clinicians providing care to over 10.7 million patients nationwide with at least one National Health Service Corps clinician in every state and territory. These clinicians have a lasting impact on their communities in that 93 percent continue to serve beyond their services commitment. Of those currently serving, more than 34 percent are in rural areas.

Similarly, the NURSE Corps offers nurses and nursing students loan repayment and scholarships in exchange for a service commitment in communities with inadequate access to care. Last year, there were over 1,900 nurses and nurse faculty serving at a facility experiencing a critical

shortage of nurses—18 percent of whom were serving in rural areas.

In FY 2018, HRSA received \$105 million for the National Health Service Corps to expand and improve access to quality opioid and substance use disorder treatment in rural and underserved areas nationwide.

In addition to loan repayment and scholarship programs, HRSA supports graduate medical education, including the Teaching Health Center Graduate Medical Education Program, which increases the number of providers in rural and underserved communities by taking resident training out of the traditional academic medical center setting and locating it in community-based clinics such as community health centers. Currently the program supports the training of 732 residents in 57 primary care residency programs, 21 percent of which are located in rural communities. The Bipartisan Budget Act of 2018 included \$126.5 million for the Teaching Health Center Graduate Medical Education Program in FY 2018 and FY 2019. HRSA recently made awards to the existing Teaching Health Center recipients to support a per resident amount of \$150,000 for Academic Year 2017-2018.

In FY 2018, HRSA also received funding to support the Children's Hospitals Graduate Medical Education Payment Program. These 58 Children's Hospital Graduate Medical Education funded hospitals train 48 percent of all general pediatrics residents and 53 percent of all pediatric subspecialty residents and fellows annually in the United States. The FY 2019 Budget proposes to consolidate and reform Federal graduate medical education spending from Medicare, Medicaid, and the Children's Hospitals Graduate Medical Education program into a new single

grant program. As part of this proposal, children's hospitals would be eligible for mandatory funding from this new program.

HRSA also administers health workforce training programs that aim to strengthen and expand primary care and behavioral health training, as well as to provide opportunities for students from disadvantaged backgrounds to enter the health professions. As an example, the Scholarships for Disadvantaged Students Program provides funding for health professional and nursing schools to award scholarships to students from disadvantaged backgrounds pursuing degrees, reducing the financial barrier to education. In the most recent academic year, the Scholarship for Disadvantaged Students Program provided scholarships to more than 2,800 students, nearly 22 percent of whom reported coming from rural backgrounds. Located in almost every state, Area Health Education Centers (AHECs) support interdisciplinary education and training, with 63 percent of clinical training sites in medically-underserved communities and 42 percent in rural areas. In the most recent academic year, 43 percent of AHEC students reported having a rural background. HRSA's Primary Care Training and Enhancement program also supports training for future health care professionals, including training in rural and underserved communities for physician and physician assistant trainees.

HRSA invests in training in behavioral health and substance use disorder services through the Behavioral Health Workforce Education and Training Program (or BHWET), which supports a wide array of behavioral health providers with the goal of expanding access to treatment and services, particularly in rural and medically underserved communities. In the most recent academic year, the BHWET Program supported training for more than 3,800 individuals who

provided over 1 million hours of behavioral health services to individuals. In FY 2018, HRSA received an increase of \$25 million to expand training for the behavioral health workforce to address the prevention and treatment of substance use disorders, which will allow us to expand the BHWET Program into additional rural and underserved communities nationwide.

Conclusion

Collectively, HRSA's workforce programs emphasize the education and training of the next generation of primary care providers with a focus on training providers in community-based settings where most people receive their health care. These programs are able to train providers ready to respond to current needs, such as the opioid crisis. HRSA programs strengthen the primary care training infrastructure, provide incentives for students to choose primary care, and support the recruitment of providers to communities with the greatest needs. HRSA will continue to make the recruitment, training, and retention of primary care professionals a priority to meet the health needs of Americans.

Thank you again for providing me the opportunity to share HRSA's primary care workforce priorities with you today. I am pleased to respond to your questions.