

AHRA Questions and Answers

Listed below are questions regarding the proposed *Allied Health Professions Reinvestment Act*.

What is allied health?

One way of depicting allied health is to envision a hospital. With the exception of physicians, nurses, and pharmacists, basically all other personnel involved in patient care are allied health professionals. The list includes: cytotechnologists, medical technologists, dietitians, occupational therapists, physical therapists, respiratory therapists, radiologic technologists, and health information management staff. More than 100 professions are associated with the term allied health, including dental hygienists and emergency medical technicians. The United States has approximately 3,000,000 allied health professionals, which is about one-third of the entire health workforce.

What is the nature of allied health workforce problems?

Personnel shortages exist in many professions such as cytotechnology and medical technology, according to data gathered by State hospital associations. In addition, many employees are leaving the health workforce because they are close to retirement age or because of job dissatisfaction resulting from overwork associated with not having enough personnel available to share increasing workloads.

Compounding the situation is that there has been a steady decline in student applications and enrollments at the academic institutions that prepare these individuals. As a consequence, some programs have been closed while others around the country face the same fate. Annual surveys by the Association of Schools of Allied Health Professions reveal that the decline has persisted for the past seven years involving disciplines such as cytotechnology, dental hygiene, occupational therapy, nuclear medicine technology, rehabilitation counseling, and several others.

What are the consequences of not having an adequate supply of allied health personnel?

In some parts of the United States, women will not learn of the results of Pap Tests until as long as 12 weeks after they are administered because of a shortage of cytotechnologists. Similarly, routine mammograms may take as long as 10 months to schedule because of the lack of a sufficient supply of imaging personnel. The population is growing older. As the 77 million so-called baby boomers move to advanced ages, both acute care and chronic care needs will increase. As a reflection of these changing demographic patterns, the Bureau of Labor Statistics (BLS) projects that most growth in the job area will occur among several allied health professions.

The BLS projects that in the period 1998-2008, a total of 93,000 positions in clinical laboratory science need to be provided in the form of creating 53,000 new jobs and filling 40,000 existing vacancies. Of the 9,000 openings per year, academic institutions are producing only 4,990 graduates annually.

Why is federal legislation needed?

As the largest provider and payer of health care, the federal government has a role to play in assuring that the size of the allied health workforce is sufficient to address the population's health care needs.

The provision of health care services is essential. As such, health workforce problems warrant national concern. Calls for assistance have been answered in the past by the federal government such as: (1) enacting the Nurse Reinvestment Act of 2002, (2) training the health workforce to respond to bioterrorism acts, (3) providing funds in the 1970s to increase the number of personnel trained in gerontology, (4) and furnishing support throughout the 1960s to expand the public health workforce. In the educational domain, federal funding in the early 1960s made it possible to establish schools and produce teachers to offer special education for children who were born with severe hearing impairments because their pregnant mothers contracted German measles.

State governments provide assistance for higher education, but most jurisdictions are imposing major funding cuts because of serious budget deficits. Apart from higher education, one of the only other areas where States can reduce expenditures is in the Medicaid program. State spending for higher education has undergone a steady decline for the past two decades

Where would the provisions of this legislation be administered within the federal government?

The proposed legislation is an authorization bill that would come under Title VII of the Public Health Service Act. The Bureau of Health Professions within the Health Resources and Services Administration (HRSA) based in Rockville, Maryland would administer its provisions. Currently, *Section 755—Allied Health & Other Programs*—is the only component of Title VII that provides funding specifically for allied health. The allied health portion of Section 755 had its funding terminated in FY 2006.

How much will the proposed legislation cost?

The magnitude of allied health workforce problems is similar to nursing shortages. When the Nurse Reinvestment Act became law in 2002, nurses indicated that the annual appropriation should increase by \$175 million per year. The same price tag just as easily could be placed on the *Allied Health Professions Reinvestment Act*.

The actual cost will depend on the number of units funded per specific activity such as student scholarships and the number of loans provided to faculty who seek higher degrees. The legislation in almost every instance refers to “such sums as necessary” rather than specific dollar amounts for each section.

Since the federal government already has a substantial budget deficit, is it realistic to expect this legislation to be passed and funded?

The government will pay one way or the other either directly through facilities it operates such as those of the Veterans Health Administration or through reimbursement mechanisms such as Medicare and Medicaid. Recruitment costs resulting from the necessity of advertising, use of personnel from temporary agencies, paying higher starting salaries, and awarding sign-on bonuses are the procedures followed to attract health care workers to fill vacancies. In the long run, it will be more costly to meet these kinds of expenses than it would be to invest the money up front to assure that the pipeline at the academic end is producing sufficient numbers of graduates in the various programs.

As an example, in 2004 Fitch, a leading global rating agency that provides the world's credit markets with credit opinions, indicated that labor expenses due to personnel shortages will continue to plague hospitals and are the biggest financial concern for that sector because it typically costs up to twice normal equivalent wages to fill gaps with temporary agency help. Moreover, employees who have been on the job for several years feel even more dissatisfied because of the bonuses awarded to new employees.

What will the legislation accomplish?

The provision of scholarships will attract newcomers to the allied health professions. For every \$10,000 per year in scholarship aid that a student accepts, that individual will be required to work in a medically underserved urban or rural area for one year. Faculty will be provided with loans, with up to 85% of the loan capable of being forgiven if the recipient agrees to spend as many as four years teaching. The largest barrier to expanding student enrollment is faculty shortages, a problem that cuts across all the allied health professions.

Because of existing workforce shortages, many new graduates are able to command starting salaries that exceed what faculty members are paid. This income differential is another reason why some faculty leave academia to achieve higher pay elsewhere. A related concern is that faculty shortages are detrimental to conducting research. As a result, the knowledge base will not be enhanced because of an inability to produce findings stemming from outcomes research and evidence-based investigations.

Other portions of the legislation aim to: attract students to the allied health professions through public service announcements, increase the amount of geriatric training, and produce an allied health workforce that is more proportionate to the ethnic and racial composition of the overall population.

Are any other organizations supporting this legislation?

A coalition of nearly 40 organizations is working to have this legislation passed.

Who introduced the legislation and who are the co-sponsors?

Senator Maria Cantwell (D-WA) introduced S. 605 on February 15, 2007.

Co-sponsors are: Jeff Bingaman (NM), Barbara Boxer (CA), Edward Kennedy (MA), Mary Landrieu (CA), Joseph Lieberman (CT), Blanche Lincoln (AR), Barbara Mikulski (MD) and Patty Murray (WA).

What is needed right now on Capitol Hill?

Obtain agreement by legislators to co-sponsor the legislation and vote in favor of it when it reaches the floor.