

JR 7385
31 Aug. 65

Cong. John E. Fogarty
House Floor
Testimony in behalf of H.R. 3141

Mr. Speaker, I rise to speak in favor of H.R. 3141 -- the Health Professions Educational Assistance Amendments of 1965.

These amendments extend and expand the present Health Educational Professions Assistance Act of 1963 -- an Act that was one of the most significant landmarks in health legislation that I have seen in the course of nearly a quarter of a century in the Congress. Passage of that historic measure by the 88th Congress -- after earlier Congresses had considered the problem of the dwindling supply of medical manpower in the United States, but had failed to act -- makes our course of action here today so clear that we have to do no more than follow a blazed trail, and enlarge it and smooth it out. This is what H.R. 3141 is designed to do.

In his health message to Congress last January President Johnson -- whose personal interest in the health field is known to all of you -- summarized what must be done. He pointed out that the need for trained health personnel continues to outstrip the supply, and that high operating costs and shortage of operating funds are endangering our health professions educational system. He said that the high costs of medical school must not be permitted to deny access to the medical profession for able youths of low- and middle-income families, and that the number of physicians and other health professions must be sharply increased if we are able to meet future needs.

The President also recommended legislation to authorize formula grants to help cover basic operating costs of our health profession schools, and project grants to enable these schools to experiment and demonstrate new and improved educational methods. And he urged, scholarships for medical and dental students who could not enter or complete their professional training without such assistance.

After lengthy hearings before my distinguished colleague from Arkansas, Mr. Harris -- soon to be a Federal Judge -- H.R. 3141 which we are considering today proposes to carry out the President's recommendations through a series of amendments to the existing law.

Briefly, these amendments would accomplish the following:

(1) Extend for three years the current program of matching grants to aid the construction, replacement, or rehabilitation of teaching facilities for the training of physicians, dentists, professional public health personnel, optometrists, pharmacists, and podiatrists. An appropriation of \$160,000,000 per year would be authorized.

(2) The bill extends for three additional years, until July 1, 1969, the current program making grants to schools of medicine, dentistry, and optometry for the operation of student loan funds and permits the extension of such loans to students at schools of pharmacy and podiatry. An appropriation of \$25 million per year is authorized for this purpose.

(3) In a new provision, the bill authorizes a four-year program of basic and special improvement grants to schools of medicine, osteopathy, dentistry, and optometry to enable these schools to increase the scope and quality of their teaching programs as other funds have served to aid their research programs. Total appropriations authorized for this purpose would amount to \$200 million over the next four fiscal years.

(4) ~~Finally,~~ The bill establishes a new four-year program under which grants are to be made to schools of medicine, dentistry, osteopathy and optometry from which scholarships may be awarded up to \$2,500 per year per student.

5. Finally, the proposed bill also carries an amendment to expedite accreditation of nursing schools which have experienced difficulty receiving Federal Aid because of the delays and expense associated with the accreditation procedure. The new provision considers programs of nurse education accredited if they are furnished by a junior college or college approved or accredited by either a regional or state approving agency.

As one who supported the Nurse Training Act of 1964 - and as one who has long been aware of the deepening need for more nurses in this country - I am in sympathy with any move that will increase the quantity of nurses. However, I believe that we must be careful that there is no decline in the quality of nursing care in our efforts to augment the numbers of nurses. I am afraid that this is being lost sight of, here.

Under the amendments made by the Nurse Training Act of 1964, schools of nursing are prohibited from receiving assistance under the legislation unless they are accredited by a recognized accrediting body approved for this purpose by the Commissioner of Education - with certain exceptions. These exceptions are, I think, generous. In the case of new schools, or schools receiving special improvement grants, or grants for student loan funds, the schools may be considered as accredited and therefore eligible for participation in the programs under the Act, if reasonable assurances are provided that at the time specified in the Law, the school will be accredited by the body or bodies recognized for this purpose.

I recall that the American Nurses Association - testifying in behalf of the inclusion of nurses in the Health Professions Educational Assistance Act of 1963 - pointing out that the number of nurses graduating from collegiate courses would have to double from 4,000

in 1960 to at least 8,000 in 1970. We have narrowed the gap a little - and we have so far made no compromise with the quality of nurses training. I regret that I cannot support this portion of this otherwise excellent bill - HR 3141 - which we are considering here, today.

At this point, I would like to include several letters I have received from persons in my Second Congressional District of Rhode Island with whom I am in agreement on this proposal.

It is extremely encouraging, I think, that the Health Professions Educational Assistance Act has already caused a significant increase in the enrollment at medical and dental schools and that -- if the trend continues -- the continuation of this program represented today by H.R. 3141 will mean that we may be able to at least maintain in this country the current ratio of medical, dental and other health professional manpower to population during the 1970s.

In 1962, for example, the total first year enrollment in medical schools in the United States was 9,200; it is estimated that next month, the first year enrollment will total 9,925. In 1962, the total first year enrollment in dental schools was 3,680; it is estimated that next month the first year enrollment will total 3,850. Substantial increases have also occurred in public health, nursing, pharmacy and optometry enrollments. These significant increases are attributable (in part, at least) to the programs of construction assistance and (for students, of medicine, osteopathy and dentistry) the loan provisions of the 1963 Act to aid the health professions. This is the Act which we are amending and extending today.

These statistics are indeed encouraging, but to be realistic we must recognize that at best we can only hope to hold the present ratio of physicians and other health personnel to our population at a time when our population is growing and increasing demands are being made upon health manpower, which is already in short supply.

Just to give a glimpse of future needs -- to maintain the present inadequate ratio of physicians to population, we will need 346,000 physicians by 1975. We have less than 290,000, today, and even with the aid of health professions assistance we will get only about 9,000 graduates per year by 1975.

-- We will be short about 15,000 dentists by 1980.

-- Public health workers who guard against air and water pollution, radiation, epidemics -- to name only a few national dangers -- are being trained in only 13 schools. Indeed, there are actually fewer public health physicians in this country today than there were 15 years ago -- a shocking example of the neglect of a vital health profession.

-- To provide for the national deficit in pharmacists and optometrists, it is estimated that the ^{current} number of graduates must be doubled, to maintain current population ratios.

-- And schools of podiatry must triple their number of graduates, if current ratios are to be maintained by 1980.

Precisely because current ratios are inadequate in all of these health professions, it is particularly gratifying to me to note that H.R. 3141 extends the student loan program for another three years, boosts the amount from \$2,000 to \$2,500, and adds pharmacists and podiatrists to the list of those eligible for such loans.

A related provision of H.R. 3141 adds Federal scholarship authorization for the first time for full-time medical, dental, osteopathic and optometric students.

Some of you may recall that earlier this year I introduced a bill before this House -- H.R. 6000 -- to provide Federal scholarships not to exceed \$2,500. At that time I pointed out that it is a sad instance of economic discrimination that half of last June's medical school graduates came from families with incomes of over \$10,000 a year. Surely there are many young people from low and middle income families well qualified to become physicians and dentists but who are blocked by lack of finances from realizing their abilities.

In the past three Congresses I introduced bills to provide Federal assistance in awarding scholarships to students of medicine and dentistry. The scholarship provision was stricken from those bills. I ask this Congress to carefully consider this bill and not take similar action. The need for qualified, well-trained health personnel is so grave that this time we must not fail to do what we can to meet this urgent need.

Finally, I want to touch upon the provision in H.R. 3141 authorizing Federal operating funds for medical, dental, osteopathic and optometric schools under a new program of so-called "basic improvement" and "special improvement" grants. To get basic grants, schools must increase their enrollment by two-and-one-half percent or a minimum of five students. To get the special grants, they must continue spending non-Federal funds at a specific rate. That is the mechanical side of it.

On the philosophical side, these two grants are designed to help schools of medicine, dentistry, osteopathy and optometry improve their strength and programs. The basic improvement grant would provide a larger percentage of the budget of underfinanced schools than it would of budgets of better-endowed schools. Inadequately supported schools could use these funds to improve student-faculty ratio, attract more highly qualified faculty, and to strengthen basic curriculum. More adequately supported schools could use these grants for experimenting with new ideas in professional health education. The special improvement grant would provide the incentive for development of specific programs or departments within inadequately supported schools, and more fortunate schools could use them to develop new programs in rapidly expanding fields such as genetics and biophysics.

Because these two kinds of grants would be made on the basis of need, they will tend to narrow the gap in quality between individual schools. They will insure the more adequate preparation of all future physicians and dentists and in this way increase the standards of medical care for all our citizens.

It is of special concern to all of us that at least 10 medical schools are in serious financial straits at a time when this Nation has to look to these schools to provide more and more training -- for medical graduates, for practicing physicians, for ancillary health workers. It is incomprehensible to me that at this same time the American Medical Association opposed this operating fund provision of H.R. 3141 in committee because it regarded these funds as a step toward "Federal domination of medical education." It is not, I think, necessary to dignify that old charge with an answer.

Those of us concerned with health matters ~~excepting the spokesman for the AMA~~ -- must face certain facts. As the President said in his health message last January,

"We must face the fact that high operating costs and shortage of operating funds are jeopardizing our health professions education system... Several underfinanced medical and dental schools are threatened with failure to meet educational standards. New schools are slow to start, even when construction funds are available due to lack of operating funds."

Finally, I want to emphasize that this is no partisan measure. I want to urge every member of this House -- Republican as well as Democrat -- to give careful consideration to this bill. Health matters should know no politics, because disease is no respecter of political party allegiance. In our health -- in the health of our citizenry -- is our country's strength.