

COMMUNITY BASED EDUCATIONAL PROGRAMS

1. Review Committee;
2. Guides for Review;
3. General Counsel's Opinion of
April 14, 1972.

COMMUNITY BASED EDUCATION PROGRAMS

Special Review Committee:

Dr. Perry, Chairman	Dr. Hess
Mrs. Wyckoff	Mr. Hilton
Miss Anderson	Dr. Popma, Consultant
Miss Kerr	

Headed by Dr. Veronica Conley, RMPS Staff

REGIONAL MEDICAL PROGRAMS SERVICE
GUIDES FOR REVIEW OF
COMMUNITY BASED MANPOWER PROGRAM PROPOSALS

I. APPLICATION ESSENTIALS

- A. Proposal is requesting funding in excess of \$50,000.
- B. Proposal has approval of the Regional Advisory Group.
- C. Proposal includes review and comment of the appropriate CHP agency, if not, explanation is given.
- D. The area to be served is clearly defined and comprises a medical trade area.
- E. Names of all institutions and agencies involved.

II. DOCUMENTATION OF NEED

- A. What sources of data have been used for planning to determine needs for health services? Do these include:
 - 1. Number and characteristics of the population to be served.
 - 2. Numbers, distribution, and utilization of health manpower providing services.
 - 3. Numbers and kinds of institutions, agencies, both private and public, providing health manpower education and training opportunities; numbers and nature of their training programs.

III. OBJECTIVES

- A. Objectives are stated in clear and measurable terms.
- B. Objectives relate to the RMPS concept of the community based manpower programs.

IV. PLANNING

- A. The proposal is not in competition with similar efforts within the same geographical area.
- B. Identification of the accredited education institutions, health care provider institutions and community health care and planning interests committed to the advancement of the program.

IV. PLANNING (continued)

- C. Identification of the potential membership of a Coordinating/Governing Body group.
- D. There is a plan for evaluating the developmental process.
- E. An implementation scheme has been developed and appropriate sources of funding to support each phase has been identified.

V. ORGANIZATION AND DEVELOPMENT

- A. The Coordinating/Governing Body has been formed, its function formalized, and an administrative structure planned for management purposes.
 - 1. For established Bodies, by-laws are attached.
- B. Such a Coordinating/Governing Body is proposed.
 - 1. Draft by-laws are attached if available.
- C. The Coordinating/Governing Body represents a consortium of:
 - 1. At least one fully accredited institution of higher learning.
 - 2. Principal health care provider groups or institutions, including appropriate clinical resources.
 - 3. Consumer interests.
 - 4. Health professional societies.
- D. Evidence is provided of the degree of commitment of participating educational institutions, health service institutions, and other appropriate groups.

VI. OPERATIONAL

- A. The operational phase of the proposal describes which of the following activities are to be undertaken in the current period.
 - 1. Setting of priorities based upon continuous appraisal of the relationship between community health service needs and production of health manpower.
 - 2. Designing education for both traditional and new health occupations to meet the particular health service needs of the area.

VI. OPERATIONAL (continued)

3. Provision of basic and continuing education with appropriate clinical experience, and in-service training for health manpower.
4. Providing educational experiences that will develop strong interest and commitment to an interdisciplinary health care delivery approach.
5. Recruitment, training, and placement of local residents in health careers related to manpower needs.
6. Provision for health education and information services for patients and the general public.
7. Studies of current licensure and related manpower issues.
8. Other.

TO : Mr. Raymond D. Cotton Office of the General Counsel
Executive Director
Office of Assistant Secretary Date:
for Health and Scientific Affairs APR 14 1972

FROM : Sidney Edelman
Assistant General Counsel
for Public Health

SUBJECT: Area Health Education Centers--Support under section 910,
PHS Act

You informally requested our views with regard to the availability of section 910, PHS Act, as a source of authority for funding so-called Area Health Education Centers (AHEC's). We understand that such funding would in general be on a contract, rather than grant, basis. The purpose of such centers, as described in the attached undated excerpt from an unidentified document, would be to

"provide educational opportunities for students to enter health careers in communities where students do not have ready access to such opportunities. They will prepare these students to provide health services in communities and regions that are underserved so that services appropriate to the health needs of the community or region will be available to those who need them. The centers will recruit students, offer educational and training programs for initial entry into health occupations, for retraining of health personnel and for continuing education so that those in the health occupations and professions may retain and prove their competence to provide safe and effective health services needed in the area."

The primary goal of AHEC's is described as being "to provide educational opportunity for individuals who would otherwise tend to be excluded from training or education in the health field."

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We think that section 910 contains certain restrictions which may limit its utility as a vehicle for supporting in full training activities of the scope of those described above. Section 910(a)(4) authorizes the Secretary to make grants and contracts for

"development of training specifically related to the prevention, diagnosis, or treatment of any of the diseases referred to in paragraph (2) [heart disease, cancer, stroke, kidney disease, or other related diseases], or to the rehabilitation of persons suffering from any of such diseases; and for continuing programs of such training where shortage of trained personnel would otherwise limit application of knowledge and skills important to the control of any of such diseases" (Emphasis added).

The scope of section 910(a)(4) is thus limited in the most specific terms to the Title IX diseases. While the scope and nature of the training for the stated purposes is essentially for determination by the Service in the exercise of sound professional judgment, the operation of the proposed ANEC's would, it appears, cover the full range of health-related training, and would not apparently be "specifically related" to the specified diseases or purposes as required by the statute.

Section 910(c) contains no such categorical disease limitation. It does, however, limit the training authority of the Secretary to those activities which are "designed to maximize the utilization of manpower in the delivery of health services." This language is obviously somewhat ambiguous. The legislative history of P.L. 91-515 (which added the provision) is, moreover, of little help in determining what was intended by it. On its face, however, we suggest that section 910(c) was not intended to serve as authority for the training of entire new cadres of health and allied health professional personnel; rather, the language "maximize the utilization of manpower" seems to contemplate making more effective and improving the skills of available health personnel. This might, for example, include training to expand the responsibilities and skills of certain types of health personnel, or to enable physicians to make more extensive use

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of allied health professionals, or to enable health administrators to utilize personnel more efficiently.^{1/} It would not, in our view, include recruitment and training of students for "initial entry into health occupations."

In this regard, we might point out that Congress has recently enacted the Comprehensive Health Manpower Training Act of 1971 (P.L. 92-157) and the Nurse Training Act of 1971 (P.L. 92-158). Those Act amended Title VII and VIII, respectively of the PHS Act, considerably broadening and increasing Federal support of training for health professions and nursing personnel. In addition, Part C of Title VII contains a number of similar programs for the production of allied health professions personnel. The existence of that legislation, which appears to provide specific authority for all of the types of activity contemplated for AHEC's, would in our view cast further doubt on the availability of section 910 for support of any training programs not clearly authorized thereby.

We emphasize that the conclusions expressed above are intended to apply only to AHEC's of the type described in the attached document, and may not apply with equal force to AHEC's of more limited scope. For example, a training program whose sole purpose is to "maximize the utilization of manpower" in health services delivery, and which does not involve the training of students for initial entry into health occupations, would clearly be supportable under section 910(c).

This will confirm our earlier advice given to you in the form of a draft memorandum dated March 3, 1972.

Attachment

^{1/} In this connection we note that the Senate Appropriations Committee in its report on the 1972 Appropriation Act (P.L. 92-80, in discussing the availability of medical corpsment in MEDIRC and MEDEX programs, urged their training as physician assistants "through the Regional Medical Program and the NIH health manpower program." (Emphasis supplied.) S. Rept. 92-316, p. 6.

Prepared by: GH DNYOUNG, gmb, 4/13/72

cc: Dr. Margulies
Dr. Pahl