

DEFENDING AHEC IN A TIME OF PROGRAM CUTS

On Tuesday, June 8, 2010 White House Chief of Staff Rahm Emanuel and Budget Director Peter Orszag directed federal agencies trim 5% off their budgets by identifying programs that do little to advance their missions or the President's agenda, according to the Washington Post. Agencies were directed to go further by listing programs that "are least critical" to their overall goals. Orszag noted the duplication in programs by citing 110 programs dedicated to advancing science and math education, more than 100 for youth mentoring, and more than 40 for employment and job training.

NAO leadership has long pointed to programs that have been created since the inception of AHEC that have portions of the AHEC mission in their purpose, and who potentially capture funding that could otherwise go to AHEC. The announcement from the White House means that NAO member may be asked by their Congressional delegates to justify funding for AHEC. We need to be prepared.

Reauthorizing AHEC as part of the Patient Protection and Affordable Care Act (health care reform) was a purposeful action of the late Senator Edward Kennedy. As the senior senator from Massachusetts, he knew first hand that primary care health professions education and training was an essential component of any health care reform bill. Massachusetts implemented reform and instantly noted a near-collapse of the system due to a frank lack of primary care providers to meet the demand for services! The new AHEC statute specifically targets primary care workforce development for placement in rural and urban underserved areas as an AHEC role. The work of AHEC is critical at this time, as is our recommended increase in appropriations.

HRSA released their updated Strategic Plan last month. It is well worth reviewing, as most of it refers to the work that AHEC does. The full plan can be viewed at <http://www.hrsa.gov/about/strategicplan.html> . HRSA's mission to improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs, certainly needs the work of AHEC to develop a skilled health workforce. The second of the four goals of HRSA reflects the essential work of AHEC: Strengthen the Health Workforce. The sub-goals that follow clearly delineate our daily efforts:

- Assure the health workforce is trained to provide high quality, culturally and linguistically appropriate care.
- Increase the number of practicing health care providers to address shortages, and develop on-going strategies to monitor, forecast and meet long-term health workforce needs.
- Align the composition and distribution of health care providers to best meet the needs of individuals, families and communities.
- Assure a diverse health workforce.

- Support the development of interdisciplinary health teams to improve the efficiency and effectiveness of care.

Several sub-goals from the other three goal areas are also applicable to AHEC.

It is essential that each NAO member be prepared to articulate how AHEC has a specific role not only to achieve the President's priority of health care reform, but the strategic plan of HRSA as well. If you need assistance or information, contact a member of the NAO Public Policy Committee.