Health Manpower Bill: Catch Is Distribution of Doctors

Federal health manpower legislation, which many medical schools are counting on for financial salvation, has been stymied in Congress by problems of funding and policy and by a question of congressional precedence.

Efforts to amend and expand the existing manpower law failed late in the last Congress when conferees seeking to reconcile House and Senate versions of the legislation deadlocked. The major disagreement centered on measures to relieve the shortages of physicians and other health personnel in medically underserved urban and rural areas. Chief protagonists in the piece are Senator Edward M. Kennedy (D–Mass.) and Representative Paul G. Rogers (D–Fla.), chairmen, respectively, of the Senate and House subcommittees which handle health manpower authorization legislation.

The situation in conference was an unusual one. The Senate bill had been amended during the debate which preceded floor passage to exclude provisions which Kennedy strongly backed. In the House, the Rogers-sponsored version breezed through on a 337 to 23 vote but was acted on very late in the session (12 December) and under suspension of the rules, a parliamentary device which encourages a lemminglike avoidance of reflection or debate. There was little time for reconciliation of differences in conference, and Kennedy was more than willing to defer action until the new Congress.

Implicit in the situation is the question of whether Kennedy or Rogers will call the tune on health legislation on the Hill, but the deadlock in December seemed more a matter of priorities than of personalities. Besides, the choreography is a quadrille rather than a pas de deux, since the Ford Administration and the medical schools are also significantly involved in the search for agreement on legislation.

At issue is the Comprehensive Health Manpower Training Act of 1971, which expired on 1 July last year, but whose provisions remain in force through a continuing resolution passed by Congress. The law provides assistance to schools training physicians, osteopaths, dentists, and other health professionals through programs of construction grants and loans, student assistance, and institutional support. Total appropriations have been running at over half a billion dollars a year, but funding, as with many other health bills, is well below the level authorized—in this case just about half the $1.1 billion authorized.

The 1971 bill included a form of institutional support—capitation payments based on the number of students enrolled—which the medical schools regarded as a federal commitment to assume a significant share of increasingly costly medical education. The current authorized grant per student is $2500, but appropriations provide only $1790 per student.

While, in the 1960's, Congress had tended to see the problems of health manpower primarily as a shortage in terms of aggregate numbers of physicians and other professionals, perceptions have changed in the last few years. Concern is now focused on geographical maldistribution of physicians, and particularly on the unavailability of specialists in inner city and rural areas.

Uneasiness has also grown about the increasing reliance on foreign medical graduates, especially to fill the unmet demand for physicians on hospital staffs.

Medical schools generally have pointed to the large and continuing increase in their enrollments and their expanded efforts to improve health care delivery. The medical schools' main appeal to Congress has been for help in meeting cost increases caused by inflation, by the greater sophistication of training necessary, and, in many cases, by requirements imposed by federal programs.

Kennedy has seized on the geographical distribution problem as a key issue

Production of Minority Scientists

Minority groups continue to be heavily underrepresented in the country's Ph.D. work force. Statistics compiled by the Commission on Human Resources of the National Research Council (NRC) show that, of the 208,000 science and engineering Ph.D.'s in the United States, only 0.8 percent are blacks, 0.6 percent are Latins, and less than 0.1 percent are American Indians.*

The commission finds that in 1973, 4000 members of minority groups, including foreign nationals, attained doctoral degrees in all fields of study (Ph.D., Sc.D., Ed.D., but excluding professional degrees such as M.D. and D.V.M.). Of this total, 37 percent were U.S. citizens, including 760 blacks, 148 Indians, 228 Latins, and 320 Orientals. Ph.D. degrees were awarded to 26,400 whites.

Of the blacks obtaining Ph.D.'s in 1973, some 60 percent gained their degree in education; 9 percent in the humanities; 9 percent in life sciences; 9 percent in engineering, mathematics, and physical sciences; 7 percent in social sciences; 4 percent in psychology; and 3 percent in professions. The country thus produced about 210 black scientists and engineers in 1973, compared with 14,500 whites from its own citizens.

This represents an improvement on past production in absolute numbers, less so in proportional terms. From the figures given in the report, it would seem that the number of blacks graduating with doctorates in science and engineering constituted 0.38 percent of all citizens graduating in the period 1930 to 1934. The proportion rose steadily to 1.42 percent in the period after World War II, declined to 0.83 percent in 1965 to 1969, and climbed again to 1.45 percent in 1973.—N.W.

* *Minority Groups among United States Doctoral-Level Scientists, Engineers and Scholars, 1973* (National Academy of Sciences, Washington, D.C., 1974).