



## Health Professions and Nursing Education Coalition (HPNEC)

### Health Resources and Services Administration (HRSA) Title VII and VIII Workforce Program Key Messages

*July 2025*

#### Primary message

HPNEC urges Congress to provide at least \$1.51 billion in FY 2026 for HRSA's Title VII health professions and Title VIII nursing workforce development programs. These programs ensure that the country can recruit, train, and retain the next generation of health care professionals who are prepared to meet the needs of all patients.

#### Supporting messages

##### **America is facing a growing health workforce crisis.**

- HRSA's **Title VII and VIII programs** are a proven, cost-effective way to address provider shortages and expand access to care.
- These programs train, support, and place thousands of health care professionals in the communities that need them most.<sup>1</sup>
- More than 80 million Americans live in federally designated Primary Care Health Professional Shortage Areas (HPSAs); 60 million in dental HPSAs; and 123 million in mental health HPSAs.
- The Health Resources and Services Administration (HRSA) estimates that to eliminate the dire clinician shortage in the country, the U.S. needs:
  - 13,800 primary care practitioners
  - 10,100 dental health practitioners
  - 6,200 mental health practitioners<sup>2</sup>
- The Association of American Medical Colleges (AAMC) projects a shortage of up to 86,000 physicians by 2036.<sup>3</sup>
- HRSA's Title VII and VIII programs are the federal government's most direct tools to close these workforce gaps.

##### **Proposed cuts to HRSA Title VII and VIII workforce programs jeopardize access to care.**

- The President's fiscal year 2026 budget preview proposes \$1 billion in cuts to the health workforce and the elimination of **14 health Title VII and VIII workforce programs** under a proposed new "Administration for a Healthy America." HPNEC strongly opposes these changes.

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<sup>1</sup> [HRSA Fiscal Year 2025 Budget Justification](#)

<sup>2</sup> [HRSA Health Workforce Shortage Areas](#)

<sup>3</sup> [The Complexities of Physician Supply and Demand: Projections From 2021 to 2036](#)



- These programs are not duplicative. They are uniquely tailored to build workforce capacity and ensure that the health care workforce meets the needs of patients and communities nationwide.

#### **Title VII and Title VIII programs deliver results where they're needed most.**

- Title VII and VIII programs train providers to practice in underserved and rural areas, focusing on interprofessional education, and workforce retention.
- In academic year (AY) 2022–2023, HRSA reported:
  - 56% of Centers of Excellence (COE) students were working in underserved or primary care settings.
  - 63% of Health Careers Opportunity Program (HCOP) high school alumni advanced to bachelor's programs.
  - 59% of Scholarships for Disadvantaged Students (SDS) recipients were working in medically underserved communities.
- Studies show that Title VII and Title VIII programs: increase the number of students from all backgrounds who are enrolled in health professions schools; heighten awareness of factors contributing to health disparities; and attract health professionals more likely to serve in underserved areas.<sup>4</sup>
- These programs produce real, measurable results and positive community impact.

#### **Health careers pipeline programs build a stronger workforce.**

- These programs strengthen pathways into health careers and expand the workforce—leading to better patient outcomes. For example:
  - **Health Careers Opportunity Program (HCOP)** – Supports education and mentoring for students from disadvantaged backgrounds from high school through graduate training.
  - **Centers of Excellence (COE)** – Focus on mentorship and academic support for underrepresented students in the health professions.
  - **Scholarships for Disadvantaged Students (SDS)** – Provide financial aid to students with demonstrated need.
  - **Faculty Loan Repayment Program (FLRP)** – Encourages robust faculty development to mentor future providers.

#### **Primary and specialty care programs fortify the frontlines.**

- These programs attract and retain primary care and pediatric specialists where they're most needed. For example:

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<sup>4</sup> Stewart KA, Brown SL, Wrensford G, Hurley MM. Creating a comprehensive approach to exposing underrepresented pre-health professions students to clinical medicine and health research. J Natl Med Assoc. 2020;112(1):36-43. doi:10.1016/j.jnma.2019.12.003



- **Primary care training and enhancement (PCTE)** – Supports training for family medicine, internal medicine, pediatrics, and PAs and reported 2.1 million patient encounters in AY 2022–2023.
- **Medical Student Education (MSE) Program** – Trains students in states with the most severe primary care shortages and 44% of graduates matched to residencies in HPSAs.
- **Pediatric Specialty Loan Repayment Program (PSLRP)** – Offers loan repayment for pediatric and child mental health professionals serving in underserved areas.

#### **Behavioral and mental health workforce programs save lives.**

- Investment in programs like the Behavioral Health Workforce Education and Training (BHWET), Mental and Behavioral Health Programs, and Graduate Psychology Education (GPE) is critical as behavioral health needs soar across all age groups and geographies.
- In AY 2022–2023, 75% of behavioral health workforce program graduates were working in underserved areas.

#### **Geriatrics and interdisciplinary care programs support aging Americans and health professionals' recruitment.**

- **Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Awards (GACA)** – Deliver continuing education to over 400,000 health professionals, patients, and caregivers.
- **Area Health Education Centers (AHECs)** – Trained over 390,000 health care trainees and professionals, many in rural or underserved communities.
- These programs are preparing the workforce to care for an aging population using modern, team-based models like interprofessional education and community-academic partnerships.

#### **Nursing workforce development is critical for a stronger health care workforce.**

- These programs ensure that nurses remain a steady, skilled presence in the places that rely on them most. For example:
  - **Advanced Nursing Education (ANE) Program** – Supported over 8,000 nursing students in AY 2022–2023 and 72% worked in underserved areas after graduation.
  - **Nurse Education, Practice, Quality and Retention (NEPQR)** – Supported over 10,300 nurses and students and more than 2,000 trained in high-need clinical settings.
  - **Nurse Corps** – As of Sept. 2023, more than 75% of Nurse Corps providers worked in community-based settings and 20% served in rural areas.



- **Other Title VIII programs** – Support faculty development, bridge programs, and geriatric nursing education.

**Oral health training programs fill dental deserts.**

- Dental care cannot be overlooked in underserved areas, and these programs make sure this vital need is addressed. For example:
  - HRSA's Oral Health Training Programs – Including pre- and postdoctoral training, residency, and faculty loan repayment for dentists – supported 1.5 million patient encounters in underserved areas in AY 2022–2023.
  - 69% of providers trained in these programs were working in underserved communities after completing their program.

**Public health training supports prevention and preparedness.**

- Public health infrastructure starts with well-trained, community-rooted practitioners. Public Health Workforce Development Programs, including Public Health Training Centers and Preventive Medicine Residency Training are critical to meeting this need.
  - **43%** of graduates worked or trained in underserved communities.
  - **41%** served in prevention/public health roles.
  - **12%** served in local/state/Tribal health departments.

**Workforce information and research drive smarter policy. Good data leads to better workforce decisions—and smarter federal investments.**

- **National Center for Health Workforce Analysis (NCHWA)** – Collects, analyzes, and reports on health workforce data nationwide, and oversees nine Health Workforce Research Centers that produce timely and evidence-based policy insights.