



441 G St. N.W.
Washington, DC 20548

August 15, 2013

Congressional Requesters

Subject: *Health Care Workforce: Federally Funded Training Programs in Fiscal Year 2012*

A well-trained and diverse health care workforce is essential for providing Americans with access to quality health care services. As part of ensuring a sufficient supply of physicians, nurses, dentists, and other direct care health professionals for the nation, the federal government supports health care workforce training through various efforts.¹ These efforts include federal programs that directly train health professionals, award grants or make payments to institutions training health professionals, and provide financial assistance to health professional students through stipends, scholarships, loans, or loan reimbursement. For example, titles VII and VIII of the Public Health Service Act (PHSA) authorize multiple grant and financial assistance programs in order to increase the supply, diversity, and geographic distribution of primary care providers and nurses.² In addition, primarily through Medicare payments to teaching hospitals, the federal government is also the largest supporter of graduate medical education (GME)—postgraduate residency training programs for physicians and others. More recently, the Patient Protection and Affordable Care Act (PPACA) reauthorized many of the existing PHSA workforce training programs as well as established several new programs aimed at improving and diversifying the health care workforce.³

To better understand the scope of the federal government's role in health care workforce training, you asked us to provide information on federally funded health care workforce training programs. This report identifies federal programs that supported postsecondary training and education for direct care health professionals in fiscal year 2012, including information about program purpose, funding, and targeted health professionals.

To identify these federal programs, we reviewed reports by organizations that have examined health care workforce issues,⁴ reviewed federal department budgets, searched the Catalog of Federal Domestic Assistance (CFDA),⁵ reviewed the *Fiscal Year 2012 Budget of the United States Government*, and reviewed relevant federal laws and regulations. For federal departments identified as having at least one health care workforce training program, we administered a structured request to identify any additional programs and obtain information on each program's purpose, authority, funding obligations, and the number of health professional

¹For the purposes of this review, direct care health professionals are those who deliver clinical or rehabilitative care to patients, such as allopathic and osteopathic physicians, nurses, dentists, pharmacists, physician assistants, podiatrists, psychologists, and physical or occupational therapists.

²42 U.S.C. §§ 292 - 298d.

³Pub. L. No. 111-148, 124 Stat. 119, (2010) as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, 124 Stat. 1029.

⁴Specifically, we reviewed reports by the Congressional Research Service, the Institute of Medicine, and the Medicare Payment Advisory Commission.

⁵The CFDA is a government-wide compendium of federal programs that provide assistance or benefits to the American public.

trainees supported by program funds in fiscal year 2012.⁶ We also reviewed additional program information from websites and materials, such as budget justifications and grant announcements, from agencies within the departments that administered programs. To assess the reliability of the agency-provided information on funding levels and the number of trainees supported by program funds, we asked officials questions about source data and conducted follow-up interviews as necessary. We determined that the data are sufficiently reliable for our purposes.

Our review focused on federal programs that provided postsecondary training or education for direct care health professionals or supported the costs of such training in fiscal year 2012,⁷ the most recently completed fiscal year at the time of our review, by directly providing or funding one or more of the following services:⁸

- instruction (e.g., degree programs) or formal training opportunities (e.g., internships) for health professional students;
- on-the-job clinical training for postgraduate health professionals (e.g., residencies);
- financial assistance for health professional students or professionals (e.g., stipends, scholarships, loans, or repayment or cancellation of educational loans); or
- patient care-related continuing education for direct care health professionals if such training was the main program service provided.⁹

We conducted this performance audit from March 2013 through August 2013 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings based on our audit objectives.

⁶Programs supported health professional trainees through a range of services with differing costs; we therefore did not think it appropriate to determine or compare the funding programs provided per trainee.

⁷We included programs that agencies developed as directed in statute or initiated under the agencies' authorizing legislation. A program is an organized set of activities directed toward a common purpose or goal that an agency undertakes to carry out its responsibilities. GAO, *A Glossary of Terms Used in the Federal Budget Process*, [GAO-05-734SP](#) (Washington, D.C.: September 2005). For the purposes of this report, to more completely describe health care workforce training efforts, we counted separate activities that were funded within an authorized program as individual programs when possible. Exceptions are noted in the report.

⁸We excluded programs with a primary focus on training researchers, health administrators, or public health-related professions because they do not provide direct care to patients; programs that did not specifically target benefits toward direct care health professionals; and programs focused on health care workforce analysis.

⁹We excluded programs if they supported continuing education in addition to other services that were otherwise unrelated to health care workforce training because it was difficult to separate continuing education services and funding from other program services. Continuing education is formal or informal training for established health professionals in a specific skill (e.g., a specific procedure). Some continuing education courses award continuing education credits needed for certain health professionals to maintain licensure.

Results in Brief

In fiscal year 2012, we found that four federal departments—the Department of Health and Human Services (HHS), Department of Veterans Affairs (VA), Department of Defense (DOD), and Department of Education (Education)—administered 91 programs that supported postsecondary training or education specifically for direct care health professionals. The departments reported obligating about \$14.2 billion for these programs in fiscal year 2012 with the majority (78 percent) of funding going to programs that supported GME—postgraduate residency training for physicians and certain other health professionals.

Background

The U.S. health care workforce includes a spectrum of health professionals requiring varying levels of postsecondary education and training, ranging from diploma programs to graduate degrees and postgraduate training.¹⁰ Some professionals who deliver direct health care services to patients require clinical training, such as internships, residencies, or fellowships, through a health care institution in addition to completing graduate-level educational requirements before being eligible for full licensure. These professionals include physicians, certain pharmacists, podiatrists, clinical psychologists, and dentists seeking a dental specialty. Table 1 provides the general education levels for common health professionals that provide direct clinical or rehabilitative services.

Table 1: Direct Care Health Professionals’ Education and Training

Health professional	Typical education and training
Audiologist	Doctoral degree and clinical externship
Chiropractors	Doctoral or professional degree
Dental hygienist	Associate’s, bachelor’s, or master’s degree
Dentist	Doctoral or professional degree and optional residency
Medical assistant	Associate’s degree, diploma, or certificate
Nurse - advanced practice registered nurse, which includes nurse practitioners, nurse midwives, nurse anesthetists, and nurse specialists	Master’s or doctoral degree
Nurse - registered nurse	Associate’s or bachelor’s degree, or diploma program
Nurse - licensed practical nurse	Postsecondary nondegree award
Occupational therapist	Master’s degree
Optometrist	Doctoral or professional degree
Pharmacist	Doctoral or professional degree and optional residency
Physical therapist	Master’s or doctoral degree and optional residency or fellowship
Physician (including doctor of medicine and doctor of osteopathy)	Doctoral degree and internship and or residency training with possible fellowship
Physician assistant	Master’s degree
Podiatrist	Doctoral degree and residency
Clinical psychologist	Doctoral degree and internship
Clinical social worker	Master’s degree and supervised clinical experience

Source: GAO analysis of information from the Bureau of Labor Statistics and professional organizations.

¹⁰Postsecondary education is education or training beyond the high school level.

Four Departments Administered 91 Programs That Supported Health Care Workforce Training in Fiscal Year 2012

In fiscal year 2012, we found that four federal departments administered 91 programs that supported postsecondary training or education specifically for direct care health professionals. All together, the four departments reported obligating about \$14.2 billion for health care workforce training programs in fiscal year 2012, with HHS funding the most programs (69) and having the largest percentage of total reported funding (82 percent).¹¹ Specifically, HHS reported about \$11.7 billion in funding for workforce training programs in fiscal year 2012, VA reported about \$1.7 billion in funding for 12 programs, DOD reported about \$0.9 billion in funding for 7 programs,¹² and Education reported about \$2 million in funding for 3 programs in fiscal year 2012. (Enc. I provides information on each of the HHS-administered health care workforce training programs, including program authority, purpose and description, targeted health professionals, and reported funding in fiscal year 2012; enc. II provides similar information on each of the VA-administered programs; enc. III provides information on each of the DOD-administered programs; and enc. IV provides information on each of the Education-administered programs.)

In total, across all four departments, the majority (78 percent) of federal funding for health care workforce training in fiscal year 2012 went to programs that supported GME (see fig. 1). Two programs administered by HHS's Centers for Medicare & Medicaid Services (CMS)—Medicare payments to teaching hospitals and other entities for Direct Graduate Medical Education (DGME) and Medicare payments to teaching hospitals for Indirect Medical Education (IME)—accounted for about 66 percent of total reported health care workforce training funding.¹³ CMS's Medicaid program also made payments to teaching hospitals for GME and the Health Resources and Services Administration (HRSA), another agency within HHS, administered 2 programs that supported GME in settings other than teaching hospitals.¹⁴ VA and DOD also supported GME in their medical facilities; however, the funding information VA provided to us accounted for resident salaries and benefits, and the funding information provided by DOD accounted for only certain administrative costs to operate its GME.

¹¹GAO asked department and agency officials to provide obligations, including those for which expenditures have been made, for each program in fiscal year 2012. The term obligation refers to a definite commitment by a federal agency that creates a legal liability to make payments immediately or in the future. Agencies incur obligations, for example, when they award grants or contracts to private entities. An expenditure is the actual spending of money by the issuance of checks, disbursement of cash, or electronic transfer of funds made to liquidate a federal obligation. See [GAO-05-734SP](#). The total reported obligations do not include amounts obligated in prior years that were expended by grantees in fiscal year 2012.

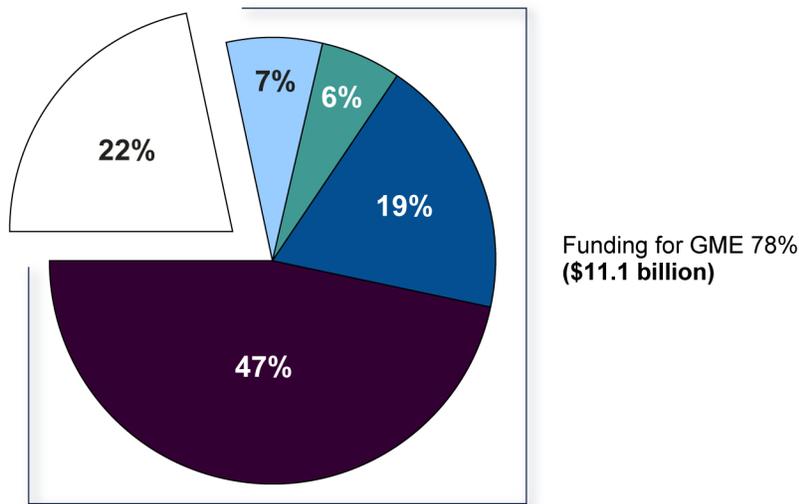
¹²One of DOD's seven programs represents multiple clinical and instructional health professions education programs. For the purposes of this report, we characterized them as a single program because DOD could not provide consistent program-level information.

¹³For the purposes of this review, we considered Medicare DGME payments and Medicare IME payments to be separate programs. Medicare DGME payments cover the teaching costs of training residents, such as resident stipends, administrative overhead, and supervisory physician salaries. Medicare IME payments support the higher patient care costs associated with training residents, such as the ordering of more tests and increased use of emerging technologies.

¹⁴Medicaid payments for GME and the two HRSA programs—the Children's Hospitals GME Payment program and the Teaching Health Center GME Payment program—provided funding for both direct costs of resident training, such as resident salaries and benefits, and indirect funding to reflect the higher patient care costs associated with resident education.

Figure 1: Proportion of Total Reported Federal Funding Obligated for Health Care Workforce Training by Graduate Medical Education (GME) and Other Programs, Fiscal Year 2012

Total federal funding obligated for healthcare workforce training, fiscal year 2012 – \$14.2 billion



- Medicare Indirect Medical Education payments - 47% (\$6.7 billion)
- Medicare Direct GME payments - 19% (\$2.7 billion)
- Medicaid Payments for GME - 6% (\$785 million)
- Other funding for GME - 7% (\$942 million)
- All 84 other programs - 22% (\$3.2 billion)

Source: GAO analysis of Department of Defense, Department of Education, Department of Health and Human Services, and Department of Veterans Affairs information.

Note: Percentages do not add to 100 because of rounding.

The remaining federal funding for health care workforce training went toward 84 programs that provided financial assistance to direct care health professional students and professionals, provided or supported instruction or clinical training for direct care health professionals, or provided a combination of these and other training support services. Across all 84 programs, trainees received differing levels of assistance, ranging from participation in short-term continuing education courses to full support for tuition and books and a stipend for living expenses.

For example:

- Sixty of the 84 programs provided financial assistance to support health professionals or students of varying backgrounds either as the sole program service or in conjunction with other services. Specifically, 18 programs provided scholarships for tuition and other costs to students enrolled in a health professional training program, and 10 programs provided loan reimbursements to health professionals with varying eligibility criteria. Many of these programs provided financial assistance in exchange for a commitment by the recipient to serve or work in a specific facility or location. Other programs that provided financial assistance included 4 low interest loan programs for various eligible health professional students, 1 loan program that also provided loan reimbursement, and 27 programs that provided stipends or otherwise financially supported students as they completed training.

- Fifty of the 84 programs directly provided training, including continuing education training, to health professionals and students or provided grants to institutions to support such training, develop training programs, or a combination of services.¹⁵ For example, VA and DOD funded instructional and clinical training programs for a variety of health professionals in their medical facilities.

The 84 programs targeted various types of health professionals and eligible individuals. Forty-seven of the 84 programs targeted support for students, professionals, or faculty in multiple health professions, though 18 programs exclusively targeted nurses, 8 programs exclusively targeted physicians or physician assistants, 6 programs exclusively targeted dentists or dental hygienists, 4 programs exclusively targeted behavioral health professionals, and 1 program exclusively targeted physicians and dentists.¹⁶ In addition to targeting certain health professionals, 16 of the 84 programs were specifically targeted to increase participation of underrepresented minorities or financially disadvantaged individuals in the health care workforce.

In addition to training programs that specifically targeted health professionals, we found that Education administered programs that provide general educational support toward the costs of degree-granting programs, but these programs did not specifically target direct care health professionals (enc. IV provides examples of these additional programs).

Agency Comments and Our Evaluation

We provided a draft of this report to officials from the Departments of Defense, Education, Health and Human Services, and Veterans Affairs for their review and comment. HHS and VA provided technical comments, which we incorporated as appropriate. The other departments had no comments.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the Secretary of Defense, the Secretary of Education, the Secretary of Health and Human Services, the Secretary of Veterans Affairs, and other interested parties. In addition, the report will be available at no charge on the GAO website at <http://www.gao.gov>.

¹⁵Programs that supported continuing education are identified in the program purpose and description in encs. I through IV, if applicable.

¹⁶We included both programs that solely targeted direct care health professionals and programs that targeted direct care health professionals among other professionals if the program purpose or objectives specifically identified direct care health professionals.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or kohnl@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff members who made key contributions to this report include Martin T. Gahart (Assistant Director), Rebecca Abela, Krister Friday, and Jennifer Whitworth.

A handwritten signature in cursive script that reads "Linda T. Kohn".

Linda T. Kohn
Director, Health Care

Enclosures – 4

List of Requesters

The Honorable Tom Coburn, MD
Ranking Member
Committee on Homeland Security and Governmental Affairs
United States Senate

The Honorable Michael B. Enzi
Ranking Member
Subcommittee on Children and Families
Committee on Health, Education, Labor, and Pensions
United States Senate

The Honorable Richard Burr
Ranking Member
Subcommittee on Primary Health and Aging
Committee on Health, Education, Labor, and Pensions
United States Senate

Department of Health and Human Services (HHS) Health Care Workforce Training Programs Funded in Fiscal Year 2012

HHS reported obligating about \$11.7 billion for programs that supported postsecondary training or education specifically for direct care health professionals in fiscal year 2012.¹ Table 2 describes each of the 69 individual programs administered by seven agencies within HHS and provides information on the number of trainees supported by each program and related funding obligations in fiscal year 2012.²

Table 2: Department of Health and Human Services (HHS) Health Care Workforce Training Programs That Received Funding in Fiscal Year (FY) 2012, by Agency

Program (Statutory authority)	Purpose and description	Targeted health professionals^a	Number of trainees supported^b	Obligations (dollars in millions)^c
Administration for Children and Families				
1. Health Profession Opportunity Grants (42 U.S.C § 1397g)	Grants to organizations, states, and other entities for the purpose of providing education and training to Temporary Assistance for Needy Families recipients and other low-income individuals for occupations in health care fields that pay well and are expected to either experience labor shortages or be in high demand.	Multiple health professionals, such as home health aides, nurses, and nursing assistants	10,327 participants received training	\$79.951
Centers for Medicare & Medicaid Services (CMS)				
Medicare	Medicare is the federally financed health insurance program for elderly and certain disabled individuals. Medicare provides funding for graduate medical education (GME) residency programs and certain nursing and allied health education.			

¹The total reported obligations do not include amounts obligated in prior years that were expended by grantees in fiscal year 2012. For example, HHS's Health Resources and Services Administration (HRSA), obligated funds in fiscal year 2010 for a three year budget period for the Nurse Managed Health Clinics program created by the Patient Protection and Affordable Care Act of 2010 (PPACA).

²For the purposes of this report, we considered separate activities funded within an authorized program to be individual programs unless otherwise noted in the table. Table 2 does not include programs that were authorized for but that did not receive appropriations to provide training services in fiscal year 2012. For example, the Centers for Medicare & Medicaid Services (CMS) administered a Graduate Nurse Education Demonstration, aimed at increasing the provision of training to advanced practice registered nursing students; however, funds for the training aspects of the program were not available until fiscal year 2013. In addition to the programs in table 2, CMS, HRSA, and the Substance Abuse and Mental Health Services Administration (SAMHSA) identified other programs for which obligations were made in fiscal year 2012 but that were outside the scope of this report. For example, HRSA administered programs aimed at public health workforce development, which targeted health professionals or provided training in skills not directly related to patient care.

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
2. Medicare Direct GME Payments (DGME) (42 U.S.C. § 1395ww(h), (k))	Medicare payments to teaching hospitals and certain community-based institutions to cover the teaching costs, such as resident stipends and supervisory physician salaries, associated with training residents in accredited residency programs in allopathic and osteopathic medicine, as well as dentistry and podiatry. Payments may include funds for training in nonhospital settings.	Physicians, dentists, and podiatrists	85,000 full-time equivalent physician residents; 3,000 dental and podiatry residents	\$2,676.000 ^d
3. Medicare Indirect Medical Education Payments (IME) (42 U.S.C. § 1395ww (d)(5)(B))	Additional Medicare payments to teaching hospitals per Medicare discharge to support the higher patient care costs, such as increased use of emerging technologies, associated with training residents in accredited residency programs in allopathic and osteopathic medicine, as well as dentistry and podiatry. Payments may include funds for training in nonhospital settings.	Physicians, dentists, and podiatrists	77,000 full-time equivalent physician residents; 3,000 dental and podiatry residents	\$6,665.000 ^e
4. Medicare Payments for Nursing and Allied Health Education (42 U.S.C. § 1395x note; 1395x(v)(1)(A))	Medicare payments outside of GME payments to hospitals that operate approved nursing and allied health education programs to support Medicare's share of the costs of those programs. To qualify for nursing and allied health payment, hospitals must operate the programs in their entirety.	Nurses and allied health professionals	Not available ^f	\$273.000
5. Medicaid Payments for GME^g	Medicaid payments to teaching hospitals or as part of capitation rates under managed care to account for Medicaid's share of GME.	Physicians, dentists, and podiatrists	Not available ^f	\$784.916 ^h
Health Resources and Services Administration (HRSA)				
6. Nurse Managed Health Clinics (42 U.S.C. § 254c-1a)	Grants to nurse-managed clinics that improve access to primary care, enhance nursing practice by increasing the number of clinical teaching sites for primary care and community health nursing students, and develop electronic processes for establishing effective patient and workforce data collection systems.	Nurses (primary care)	2,417 trainees ⁱ	Not applicable ^j
7. Rural Health Workforce Development Program (42 U.S.C. § 254c(f))	Grants to establish and sustain rural health networks that develop innovative community-based educational and clinical health training programs to encourage the recruitment and retention of emerging health professionals (students and residents) in rural communities.	Physicians and other primary care and allied health professionals	1029 students; 82 physician residents ⁱ	\$3.993

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
National Health Service Corps (NHSC)	Provides financial assistance to recruit and retain health care providers to serve in and meet the workforce needs of communities designated as health professional shortage areas (HPSA). The NHSC funded the following activities in FY 2012 to address and target various aspects of workforce development. We counted each activity as a separate program.			
8. NHSC Loan Repayment Program (42 U.S.C. § 254I-1)	Loan repayment of up to \$60,000 to primary care medical, dental, and behavioral health providers in exchange for 2 years of full-time service or 4 years of half-time service in an HPSA.	Physicians (primary care), APRNs, physician assistants, dentists, dental hygienists, and behavioral health providers	4,267 loan repayment recipients	\$220.680
9. NHSC State Loan Repayment Program (42 U.S.C. § 254q-1)	Grants to states to provide loan repayment contracts to providers who practice in an HPSA in that state. The state loan repayment serves as a complement to the NHSC and provides flexibility to states to place providers in underserved areas and help meet their unique primary care workforce needs.	Physicians, nurses, physician assistants, dentists, dental hygienists, behavioral health providers, and pharmacists	339 loan repayment recipients	\$11.770
10. NHSC Scholarship Program (42 U.S.C. § 254I)	Scholarships to students pursuing careers in primary care, who upon completing their training, are required to dedicate 2 to 4 years of service at a NHSC-approved site in a high-need HPSA.	Physicians (primary care), APRNs, physician assistants, and dentists	222 scholarship recipients	\$52.960
11. NHSC Students to Service Loan Repayment Program (42 U.S.C. § 254I-1)	Loan repayment of up to \$120,000 to medical students in their last year of school who, upon completion of a primary care residency, must provide 3 years of full-time or 6 years of half-time primary health care service in an NHSC-approved site in a high-need HPSA. The program was established as a pilot in FY 2012 to encourage students to choose a primary care residency.	Physicians (primary care)	69 loan repayment recipients	\$8.830
12. Native Hawaiian Health Scholarship Program (42 U.S.C. §§ 254s, 11709)	Scholarships to native Hawaiian health professional students in exchange for providing service after graduation in a medically underserved area in the state of Hawaii for a minimum of 2 years to address the demand for more health care professionals to deliver quality, culturally competent primary health services to native Hawaiians.	Multiple health professionals, such as physicians, nurses, physician assistants, dentists, behavioral health providers, and pharmacists	14 scholarship recipients	\$1.350

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
13. Children’s Hospitals GME Payment Program (42 U.S.C. § 256e)	Payments to freestanding children’s hospitals that sponsor residency programs for primary care physicians and physicians with pediatric medical and surgical subspecialties in order to increase the number of those physicians in the workforce. Payments currently include both direct medical education and indirect medical education expenses. ^k	Physicians (primary care or pediatric medical and surgical subspecialists)	6,185 residents ^l	\$256.161
14. Grants to States to Support Oral Health Workforce Activities (42 U.S.C. § 256g)	Grants to states to develop and implement innovative programs to address dental workforce needs of designated dental HPSAs. States are authorized to use grant funds for various activities, including loan forgiveness and repayment programs for dentists who agree to practice in dental HPSAs; establishment of dental residency programs; placement and support of dental students, dental residents and advanced dentistry trainees; continuing dental education; and establishment of faculty recruitment programs.	Dentists	386 trainees ^l	\$11.779
15. Teaching Health Centers GME Payment Program (42 U.S.C. § 256h)	Payments to qualified teaching health centers—community-based institutions that sponsor residency programs for primary care physicians and dentists—in order to bolster the primary care workforce, and improve the distribution of that workforce into outpatient community-based care. Payments include direct medical education and indirect medical education expenses.	Physicians (primary care) and dentists (primary care)	63 residents ^l	\$17.210
16. Loans for Disadvantaged Students (42 U.S.C. §§ 292q-292y)	Grants to accredited health professions schools to provide low-interest loans to health professional students from disadvantaged backgrounds enrolled in approved health professional degree programs in order to improve recruitment and retention of the disadvantaged and to increase health professions workforce diversity.	Multiple health professionals, such as physicians, dentists, optometrists, and pharmacists	869 received loans ^l	\$0.895 ^l
17. Health Professions Student Loans (42 U.S.C. §§ 292q-292y)	Grants to accredited health professions schools to provide low-interest loans to health professional students in order to alleviate the shortage of health professionals and to ensure that qualified students are not denied a health professional career because of lack of financial resources.	Dentists, optometrists, pharmacists, and podiatrists	4,017 received loans ^l	\$4.261 ^l

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
18. Primary Care Loans (42 U.S.C. §§ 292q-292y)	Grants to medical schools to provide low-interest loans to full-time medical students in exchange for agreement to train and practice as primary care physicians. Participating medical schools must meet certain requirements regarding participation of graduates in primary health care practices and residencies.	Physicians (primary care)	281 received loans ¹	\$14.186 ¹
19. Centers of Excellence (42 U.S.C. § 293)	Grants to certain health professions schools to support education and training enhancement programs that increase health professions opportunities for underrepresented minority students and faculty through activities, including: improving faculty development or retention, educational pipeline development, developing minority health curricula, providing health services training to underrepresented minority individuals in community-based health facilities, and providing stipends to students or faculty.	Physicians, dentists, pharmacists, and behavioral health professionals	3,243 trainees (1,217 of whom received financial assistance) ¹	\$22.901
20. Scholarships for Disadvantaged Students (42 U.S.C. § 293a)	Grants to accredited health professions schools to provide scholarships to health professional students from disadvantaged backgrounds enrolled in approved health professions degree programs in order to increase the diversity of the health care workforce.	Multiple health professionals, such as chiropractors, dentists, nurses, physician assistants, pharmacists, physical and occupational therapists, and podiatrists	22,407 received scholarships ¹	\$47.452
21. Faculty Loan Repayment Program (42 U.S.C. § 293b)	Repayment of up to \$40,000 of educational loans to qualified health professionals from disadvantaged backgrounds in exchange for a commitment to serve as faculty at an approved health professions institution for a minimum of 2 years. The employing institution must also make matching loan payments unless it faces undue financial hardship.	Multiple health professionals, such as physicians, podiatrists, dentists, pharmacists, optometrists, nurses, physician assistants, and behavioral health professionals	20 loan repayment recipients	\$1.230

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
Primary Care Training and Enhancement (42 U.S.C. § 293k)	Grants to hospitals, medical schools, academically affiliated physician assistant training programs and other entities to improve the quality, quantity, distribution, and diversity of the primary care workforce through curriculum enhancement and training program expansion. The program supported six activities in FY 2012 that we counted as individual programs:			\$38.910
22. Academic Administrative Units in Primary Care	Funds the establishment, maintenance, or improvement of academic administrative units that provide clinical instruction in family medicine, general internal medicine, general pediatrics, or combination of these disciplines.	Physicians (family medicine, general internal medicine, general pediatrics, and med-peds)	5,064 trainees (15 of which received financial assistance) ⁱ	
23. Physician Faculty Development in Primary Care	Funds the planning, development, and operation (including financial assistance to trainees) of programs that train physicians to teach family medicine (including geriatrics), general internal medicine, general pediatrics, or combination of these disciplines.	Physicians (family medicine, general internal medicine, general pediatrics, and med-peds)	980 trainees (42 of which received financial assistance) ⁱ	
24. Pre-Doctoral Training in Primary Care	Funds the planning, development, operation, or participation (including financial assistance to medical students) in predoctoral programs in family medicine, general internal medicine, general pediatrics, or combination of these disciplines.	Physicians (family medicine, general internal medicine, general pediatrics, and med-peds)	10,049 trainees (191 of which received financial assistance) ⁱ	
25. Physician Assistant Training in Primary Care	Funds the planning, development, operation, and maintenance of programs that train physician assistants and prepare faculty to train physician assistants. The program also increases the number of enrolled and graduated physician assistants by providing stipend support.	Physician assistants	2,602 trainees (318 of which received financial assistance) ⁱ	
26. Residency Training in Primary Care	Funds the planning, development, operation, or participation (including financial assistance to residents) in approved residency programs in family medicine, general internal medicine, general pediatrics, or combination of these disciplines. The program also increases the number of residents trained in primary care by providing stipend support to residents.	Physicians (family medicine, general internal medicine, general pediatrics, and med-peds)	2,072 trainees (217 of which received financial assistance) ⁱ	

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
27. Interdisciplinary and Interprofessional Joint Graduate Degree	Funds the planning, development and operation of joint degree programs to provide interdisciplinary and interprofessional graduate training in public health and other health professions to provide training in environmental health, infectious disease control, disease prevention and health promotion, epidemiological studies, and injury control.	Physicians (primary care) and physician assistants	1,131 trainees ^l	\$20.575
Training in General, Pediatric and Public Health Dentistry (42 U.S.C. § 293k-2)	Grants to dental or dental hygiene schools or approved residency or advanced education programs in the practice of general, pediatric, or public health dentistry to improve access to and the delivery of oral health care services for underserved populations by increasing the supply of oral health care professionals and enhancing oral health care workforce education and training. The program supported four activities in FY 2012 that we counted as individual programs:			
28. Predoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene	Funds the planning, development, operation of, and participation in approved professional training programs in general, pediatric, or public health dentistry and dental hygiene for students and provides financial assistance to dental or dental hygiene students.	Dentists (general, pediatric, public health) and dental hygienists	1,916 trainees (25 of which received financial assistance) ^j	
29. Postdoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene	Funds the planning, development, operation of, and participation in approved professional training programs in general, pediatric, or public health dentistry for dental residents, practicing dentists, or other approved primary care dental trainees; grantees may also provide financial assistance to dental residents or practicing dentists.	Dentists (general, pediatric, public health) and dental hygienists	674 trainees (62 of which received financial assistance; 119 continuing education trainees) ^j	
30. Faculty Development in General, Pediatric, and Public Health Dentistry and Dental Hygiene	Funds the planning, development, and operation of programs for the training of oral health care providers who plan to teach in general, pediatric, and public health dentistry or dental hygiene and provides financial assistance through traineeships and fellowships to dentists who plan to teach or are teaching in general, pediatric, or public health dentistry.	Dentists (general, pediatric, public health) and dental hygienists	148 trainees (127 of which received financial assistance) ^j	

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
31. Dental Faculty Loan Repayment Program	Funds the planning, development, and operation of a program to provide loan repayment to dental faculty engaged in general, pediatric, and public health dentistry and dental hygiene in exchange for a commitment to serve as full-time faculty members.	Dentists (general, pediatric, public health) and dental hygienists	35 received financial assistance ¹	
32. Area Health Education Centers (42 U.S.C. § 294a)	Grants to medical and nursing schools to develop and maintain area health education centers (AHEC) and programs that improve the distribution, diversity, and supply of the primary care health professional workforce that serves medically underserved areas. AHECs provide community-based interdisciplinary education and training for health professional students, continuing education for professionals, field placements, and health career recruitment and outreach to underrepresented minority or disadvantaged individuals, and educational pipeline development.	Multiple health professionals with focus on primary care	648,166 trainees (245,075 of which received continuing education)	\$27.230
Education and Training Relating to Geriatrics (42 U.S.C. § 294c)	Grants to support the education and training of health professionals in the needs specific to the geriatric patient population. The program supported three activities in FY 2012 that we counted as individual programs:			\$30.624
33. Geriatric Education Centers	Funds accredited health professions schools and graduate programs to establish and operate centers that provide interprofessional geriatric training and education to health professional students, faculty, and practitioners, including clinical training, faculty development, and continuing education in geriatrics.	Multiple health professionals, such as physicians, and other geriatric-related health professionals	79,521 trainees (60,259 of which received continuing education) ¹	
34. Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Professions	Funds accredited medical schools, teaching hospitals, and GME programs to support fellowships and other training efforts that assist physicians, dentists, and behavioral and mental health professionals who plan to teach in geriatric medicine.	Physicians (primary care, psychiatrists), dentists, and behavioral health professionals	63 received financial assistance ¹	
35. Geriatric Academic Career Awards	Grants to eligible individuals to support, through financial assistance, the career development of junior faculty physicians, nurses, social workers, psychologists, dentists, pharmacists, and allied health professionals in academic geriatrics who provide training in clinical geriatrics including the training of interprofessional/interdisciplinary teams of health professionals.	Multiple health professionals, such as physicians, nurses, social workers, psychologists, dentists, and pharmacists	66 received financial assistance ¹	

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
36. Graduate Psychology Education (42 U.S.C. § 294e(b)(1)(J))	Grants for the planning, development, or operation of accredited graduate, doctoral, doctoral internship, and doctoral psychology residency programs that address access for underserved populations by providing practice-based training experience (including stipends) for psychology students.	Psychologists	938 trainees (106 of which received financial assistance) ⁱ	\$2.892
37. Mental and Behavioral Health Education and Training Grants (42 U.S.C. § 294e-1)	Grants to accredited schools of social work and doctoral psychology to strengthen the clinical field competencies of social workers and psychologists who pursue clinical service with high-need and high-demand populations. Grantee services can include funding psychology internships or social work field placements or stipends for trainees during internships.	Mental and behavioral health professionals (psychologists, social workers, and others)	Not applicable ^m	\$10.000 ^m
Advanced Nursing Education Grants (42 U.S.C. § 296j)	Grants to accredited nurse education programs to create or expand projects that support the enhancement of advanced nursing education and practice and traineeships for individuals in advanced nursing education programs. The program supported three activities in FY 2012 that we counted as individual programs:			\$63.435
38. Advanced Nursing Education (ANE)	Grants to support advanced nursing education programs for RNs preparing to become NPs, nurse midwives, nurse anesthetists, nurse administrators, and other specialties requiring advanced education. ANE also increases the number of enrolled and graduated primary care NP and nurse midwifery students by providing students with financial assistance, including stipends.	APRNs	7,825 trainees (368 of which trainees received financial assistance) ⁱ	
39. Advanced Education Nursing Traineeship	Funds traineeships which cover tuition and other costs, for enrolled RNs to practice as primary care providers, nursing faculty, or both.	APRNs	8,963 received financial assistance ⁱ	
40. Nurse Anesthetist Traineeship	Funds traineeships, which cover tuition and other costs, for RNs enrolled in nurse anesthesia programs to increase the number of nurse anesthetists to treat underserved populations.	APRNs	2,279 received financial assistance ⁱ	

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
41. Nursing Workforce Diversity (42 U.S.C. § 296m)	Grants to accredited nursing schools and other entities for stipends and scholarships for nursing students from disadvantaged backgrounds, including racial and ethnic minorities that are underrepresented among RNs. Stipends are for diploma or associate degree nurses; student scholarships or stipends are for accelerated nursing degree programs, pre-entry preparation, advanced education preparation, and retention activities.	Nurses and nursing assistants	4,518 trainees (1,824 of which received financial assistance) ⁱ	\$15.789
Nurse Education, Practice, Quality, and Retention Grants (42 U.S.C. §§ 296p-296p-1)	Grants to accredited nursing schools, health care facilities, or partnerships to address the needs of a growing and aging population's demand for nursing services by expanding the nursing pipeline, promoting career mobility, providing continuing education and supporting retention. The program supported five activities in FY 2012 that we counted as individual programs:		23,157 trainees (43 of which received financial assistance, 4,608 continuing education trainees) ⁱ	\$39.626
42. Nurse Education Practice, Quality, and Retention	Funds academic, service, and continuing education projects to strengthen and enhance the capacity for nurse education, practice, and retention through activities including implementing internship and residency programs to encourage development of specialties, providing education in new technologies, and providing career ladder programs.	Nurses, nursing assistants, nursing home, and home health aides		
43. Faculty Development: Integrated Technology into Nursing Education and Practice Initiative	Funds nursing collaboratives for faculty development in the use of information and other technologies to educate students for 21st century health care practice.	Nurses		
44. Innovative Nurse Education Technologies	Funds nurse training programs to develop innovative regional approaches to using technology, including competency-based distance learning, to enhance nursing education.	Nurses		
45. Nursing Assistant and Home Health Aide Program	Funds infrastructure support for the development, evaluation, and demonstration of a competency-based uniform curriculum to train qualified nursing assistants and home health aides to meet the growing healthcare needs of the aging population.	Nursing assistants, nursing home, and home health aides		

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
46. Interprofessional Collaborative Practice	Funds projects designed to strengthen the nursing workforce, increase nurse retention, promote coordinated care, improve the quality of patient care, and provide nurses with the skills needed to practice in existing and emerging organized health care systems.	Nurses, APRNs, physicians, therapists (occupational, physical, respiratory), physician assistants, pharmacists, dentists, behavioral health professionals, nursing assistants, nursing home, and home health aides		
47. Nursing Student Loans (42 U.S.C. § 297a)	Grants to accredited nursing schools to provide low-interest loans to nursing students in programs leading to a diploma, associate's, bachelor's, or graduate degree in nursing in order to alleviate the shortage of nurses. Participating institutions operate their loan programs through revolving accounts.	Nurses	7,063 trainees received loans ⁱ	\$1.629 ^l
48. Nurse Faculty Loan Program (42 U.S.C. § 297n-1)	Grants to nursing schools to provide loans and loan cancellation to RNs and nursing faculty in order to increase the number of qualified nursing faculty and address the nursing workforce shortage, including loans made to RNs to complete graduate education and loan cancellation provided to borrowers in exchange for service as full-time nursing faculty.	APRNs	2,374 trainees (2,227 of which received financial assistance) ^j	\$24.537 ⁿ
NURSE Corps (42 U.S.C. § 297n)	Provides financial assistance to alleviate the critical shortage of nurses and nurse faculty and to recruit and retain nurses to meet the workforce needs of health care facilities with critical shortages of nurses known as critical shortage facilities (CSF). CSFs are health care facilities located in, designated as, or serving a primary medical care or mental health HPSA. The NURSE Corps includes the NURSE Corps Loan Repayment Programs and NURSE Corps Scholarship Program.			
49. NURSE Corps Loan Repayment Program	Repayment of qualified nursing education loans to RNs, including APRNs, in exchange for working full-time for 2 to 3 years in a CSF or at an accredited school or nursing.	Nurses	1,452 loan repayment recipients	\$55.490

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
50. NURSE Corps Scholarship Program	Scholarships to nursing students accepted or enrolled in a diploma, associate's, bachelor's, or graduate nursing program in exchange for a commitment of 2 to 4 years of service in a CSF upon graduation.	Nurses	264 scholarship recipients	\$27.750
51. Comprehensive Geriatric Education (42 U.S.C. § 298)	Grants to nursing schools, health care facilities, or nurse training programs for geriatric curriculum development, geriatric faculty development, continuing education in geriatrics, and traineeships for individuals who are preparing for advanced education nursing degrees in geriatric or long-term care nursing.	APRNs and allied health professionals	7,115 trainees (6,790 of which received continuing education)	\$4.484
52. Maternal and Child Health Training Program (42 U.S.C. § 701(a)(2))	Grants to public and private nonprofit institutions of higher learning to provide leadership training in maternal and child health. The program supports multiple training activities, including single discipline training activities, interdisciplinary training activities, and short-term training initiatives, some of which provide clinical skills training and continuing education for trainees. Reported funding is for nine specific activities, seven of which provided training in patient-related skills. ^o	Multiple health professionals, such as audiologists, physicians, nurses, APRNs, dentists, psychologists, and social workers	93,734 received training including continuing education ^l	\$8.519
53. The Combating Autism Act Training Program (42 U.S.C. § 280i-1(e)(1))	Grants to public and private nonprofit institutions of higher learning to provide graduate clinical training to a variety of health professionals in skills related to autism and other developmental disabilities. Reported funding is for two specific activities that provided training in patient-related skills. ^p	Multiple health professionals, such as audiologists, physicians, nurses, APRNs, dentists, psychologists, and social workers	139,089 received training including continuing education ^l	\$30.232
54. AIDS Education and Training Centers (42 U.S.C. § 300ff-111)	Grants to support a network of centers that conduct targeted, multidisciplinary education and training programs, including continuing education, for health care providers treating people living with HIV/AIDS, with a special emphasis on training minority clinicians and primary care clinicians serving minority populations.	Multiple health professionals, such as physicians, physician assistants, nurses, APRNs, dentists, and pharmacists	61,108 trainees ^l	\$34.528
55. Community Based Dental Partnership Program (42 U.S.C. § 300ff-111)	Grants to dental and dental hygiene training programs to train dental and hygiene students, dental residents, and community-based dentists to deliver HIV/AIDS dental care in community settings and thus improve access to oral health care services for patients with HIV.	Dentists and dental hygienists	3,162 trainees ^q	\$3.989

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
Indian Health Service (IHS)				
56. IHS Health Professions Scholarship Program for Indians (25 U.S.C. § 1613a)	Scholarships to American Indians and Alaska Natives enrolled in accredited health professional training programs in order to obtain health professionals to serve Indians. Upon completion of their education and post-graduate training, scholarship awardees are obligated to serve in an IHS, tribal, or urban Indian Health care facility located in a HPSA. ^f	Multiple health professionals, such as psychologists, dentists, nurses, pharmacists, physicians, and physician assistants	282 scholarship recipients	\$11.875
57. IHS Extern Program (25 U.S.C. § 1614)	Provides IHS scholarship recipients and other health professional students with up to 120 days of employment (including financial assistance) and clinical experience working with IHS and tribal health professionals. ^f	Multiple health professionals	95 students	\$0.688
58. IHS Loan Repayment Program (25 U.S.C. §§ 1616a —1616a-1)	Repayment of qualified educational loans for health care professionals in exchange for a commitment to serve in an IHS, tribal, or urban Indian health care facility for the purpose of assuring an adequate supply of trained health professionals for Indian Health programs. ^f	Multiple health professionals, such as behavioral health professionals, dentists, dental hygienists, nurses, pharmacists, physicians, and podiatrists	820 loan repayment recipients	\$30.167
59. American Indians into Nursing (25 U.S.C. § 1616e)	Grants to nursing schools and nurse training programs to increase the number of nurses, nurse midwives, and NPs who deliver services to Indians by: providing continuing education to nurses; recruiting individuals into nurse, nurse midwife, or NP training programs; or providing scholarships to nursing students in such training programs in exchange for an obligation to serve in an Indian Health program facility. ^f	Nurses	60 students	\$1.762
60. American Indians into Psychology (25 U.S.C. § 1621p)	Grants to colleges and universities to develop programs that encourage Indians to enter the mental health field through: outreach and recruitment to Indian communities, providing summer enrichment programs to expose Indians to psychology, or providing stipends to undergraduate and graduate students to pursue a career in psychology in exchange for an obligation to serve in an Indian Health program facility. ^f	Psychologists	11 students	\$0.755

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
Office of the Surgeon General (OSG)				
61. Junior Commissioned Officer Student Training and Extern Programs (42 U.S.C § 218a)	Provides internship-type experiences, including pay and benefits, at sponsoring HHS and non-HHS federal agencies for students in a qualifying degree program, including health professional degree programs.	Nurses and pharmacists	80 students	Not applicable ^s
62. Senior Commissioned Officer Student Training and Extern Programs (42 U.S.C § 218a)	Provides financial assistance, pay and benefits, to full-time students completing a health professional degree program in exchange for a commission as an officer in the U.S. Public Health Service and service obligation at a sponsoring HHS or non-HHS federal agency.	Nurses, pharmacists, and physician assistants	28 students	Not applicable ^s
Office of Population Affairs				
63. Title X Family Planning Personnel Training (42 U.S.C. § 300a-1)	Grants to institutions to provide training, including continuing education in clinical and other skills, for clinical and non-clinical personnel carrying out family planning service programs funded under the PHSA Title X Family Planning Program. ^t	Counselors, medical assistants, nurses, physicians, and physician assistants	1,871 Title X personnel trained	\$4.335
Substance Abuse Mental Health Services Administration (SAMHSA)				
64. Addiction Technology Transfer Centers (42 U.S.C. § 290bb-2)	Grants to institutions to conduct services such as providing training in evidence based treatment and recovery practices for health professionals and students, in order to develop and strengthen the workforce that provides addiction treatment services.	Multiple health professionals, including behavioral health professionals and others, that provide addictions services	25,000 individuals received training	\$9.064
65. Historically Black Colleges and Universities (HBCU) Center for Excellence in Behavioral Health (42 U.S.C. §§ 290bb-2, 290bb-32)	Grants to HBCUs to expand behavioral health and substance abuse services to students on campus, and facilitate workforce development; specific grantee services can include, providing learning opportunities for HBCU students including health professional students through internships and providing other outreach activities to increase the number of HBCU students in behavioral health.	Behavioral health professionals	Not available ^u	\$0.500
66. Physician Clinical Support System for the Treatment of Substance Use Disorders (42 U.S.C. § 290bb-2)	Grants to specific professional organizations to develop a free national mentoring network that will provide clinical support, including continuing education training, to health professionals in the appropriate use of opioids; the specific program is responsible for certifying providers to prescribe buprenorphine in the outpatient setting.	Physicians (primary care, psychiatrists) and other health professionals who treat opioid dependent patients	499 individuals received training	\$0.499

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
67. Physician Clinical Support System for the Appropriate Use of Opioids in the Treatment of Pain and Opioid-Related Addiction (42 U.S.C. § 290bb-2)	Grants to specific professional organizations to develop a free national mentoring network that will provide clinical support, including continuing education training, to health professionals in the appropriate use of opioids; the specific program is used to provide training in safe and appropriate prescribing of opioids and provide mentoring support to providers.	Physicians, dentists, and other health professionals who provide treatment for pain and opioid addiction	1,196 individuals received training	\$0.500
68. Screening, Brief Intervention, and Referral to Treatment Medical Residency Program (42 U.S.C. § 290bb-2)	Grants to various entities such as teaching hospitals with medical residency programs to develop and implement training programs to teach physician residents and other health professionals skills in screening, brief intervention, and referral and treatment for patients with or at risk for a substance use disorder.	Physicians, nurses, and others	1,582 residents and 3,260 non-residents received training	\$6.222
69. Minority Fellowship Program (42 U.S. C. § 290bb-32)	Grants to professional associations to provide training and financial support (stipends) to minority doctoral and post-doctoral students who are studying in a mental or behavioral health profession in order to improve the quality of such services provided to minority populations and increase the number of minority health professionals delivering them.	APRNs, psychologists, physicians (psychiatry), social workers, and other behavioral health professionals	125 fellows ^d	\$5.604

Source: GAO summary of HHS information, including statutory citations, grant announcements, budget justifications, summary information from HHS agency websites, and information provided by agency officials.

^aTargeted health professionals are the direct care health professionals that are eligible for the program. We provide the health professional (e.g. physician) rather than the field (e.g. medicine). Some programs target multiple health professionals. “Physicians” refers to doctors of allopathic or osteopathic medicine and includes all medical specialties unless specified. “Nurses” refers generally to any degree level unless specified (RN = registered nurse, APRN = advanced practice registered nurse—including NP = nurse practitioner, certified registered nurse anesthetist, certified nurse midwife). “Behavioral health professionals” include, for example, clinical psychologists and clinical social workers. “Allied health professionals” include, for example, audiologists, dental hygienists, and physical therapists.

^bPrograms provided different levels of assistance to direct care health professional trainees. The number of trainees supported refers to the agency-reported number of trainees who completed a training carried out by the program; received financial support from the program in the form of scholarships, loans, loan repayment, or stipend; were in grantee programs that received support for training; or received a combination of these types of program services. When known, we specified the number of trainees who received financial assistance or continuing education. We did not determine the amount of funding provided per trainee because of the range of services that programs provided.

^cObligations are as reported by the agencies and include obligations for which expenditures were made in FY 2012 unless otherwise noted. The term obligation refers to a definite commitment by a federal agency that creates a legal liability to make payments immediately or in the future. Agencies incur obligations, for example, when they award grants or contracts. An expenditure is the actual spending of money by the issuance of checks, disbursement of cash, or electronic transfer of funds made to liquidate a federal obligation. GAO, *A Glossary of Terms Used in the Federal Budget Process*, GAO-05-734SP (Washington, D.C.: September 2005).

^dMedicare DGME estimates include amounts paid under the Medicare Fee-For-Service and Medicare Advantage programs.

^eMedicare IME estimates are for the operating inpatient hospital prospective payment system (PPS) payments only. Estimates do not include Medicare IME payments made under the capital PPS, the inpatient rehabilitation hospital PPS, or the inpatient psychiatric hospital PPS. IME estimates include amounts paid under the Medicare Fee-For-Service and Medicare Advantage programs.

^fCMS officials reported that the agency does not track the number of students supported by the program.

Enclosure I

⁹Medicaid is the joint federal-state program that finances health care for certain low-income individuals. States pay qualified health care providers for covered services provided to Medicaid beneficiaries and obtain federal matching funds for the federal share of these payments. In addition to these regular payments, which are generally based on claims submitted by the providers for services rendered, states also make and obtain federal matching funds for supplemental payments to certain providers to help offset the cost of providing care to Medicaid patients. There is no express requirement for Medicaid to pay for GME. However, CMS will provide reimbursement to states that opt to include GME as part of their hospital payment rate structure.

¹According to CMS, states reported total Medicaid payments for GME of \$1,328.907 million in FY 2012; the federal share was \$784.916 million.

¹This is the number of trainees supported in FY 2011, the most recent year for which data were available.

¹HRSA obligated \$14.848 million for the Nurse Managed Health Clinics from the PPACA Prevention and Public Health Fund in FY 2010 for three year budget and project periods that could be expended by grantees in FY 2012. These amounts are not included in the HHS funding total for FY 2012 because the obligation was incurred in FY 2010.

¹Payments are made for direct expenses associated with sponsoring an approved graduate medical residency training program and indirect expenses associated with the additional costs relating to training residents in such programs.

¹HRSA's loan programs are funded out of a revolving fund and do not receive an annual appropriation. Obligations reflect, for example, loaned funds to students drawn from the school's revolving account, which includes money from repaid student loans. Program funding returned to HRSA (i.e., when grants close, or when grantees are required to pay penalties to HRSA) is reallocated to other grantees (and added to their revolving accounts) through new grant awards.

¹HRSA obligated \$10 million for the Mental and Behavioral Health Education and Training Grants program in FY 2012, the first year of the program. Trainees started in academic year 2012 – 2013 and therefore none had completed training at the time of our review.

¹Unlike other HRSA administered loan programs, the Nurse Faculty Loan Program received an appropriation in FY 2012 in addition to revolving funds.

⁹We did not count the nine Maternal and Child Health Training Program activities as separate programs because they support both public health and clinical training. The information included in the table is for all nine activities.

⁹We did not count the two Combating Autism Act Training Program activities as separate programs. The information included in the table is for both activities.

⁹This is the number of trainees supported in calendar year 2012.

¹Indian Health program facilities include health care facilities funded by IHS, Indian tribes or tribal organizations, or urban Indian organizations.

⁸There are no direct programmatic funds distributed by OSG; Senior and Junior Commissioned Officer Student Training and Extern officers are sponsored and funded by other federal agencies.

¹The PHSA Title X Family Planning Program provides individuals with comprehensive family planning and related preventive health services, with priority to low-income families. 42 U.S.C. §§ 300-300a-8.

¹SAMHSA does not track internship recipients according to agency officials.

Department of Veterans Affairs (VA) Health Care Workforce Training Programs Funded in Fiscal Year 2012

VA, through the Veterans Health Administration, reported obligating about \$1.7 billion for programs that supported postsecondary training or education specifically for direct care health professionals in fiscal year 2012. Table 3 describes each of VA’s 12 health care workforce training programs and provides information on the number of trainees supported by each program and related funding obligations in fiscal year 2012.¹

Table 3: Department of Veterans Affairs (VA) Health Care Workforce Training Programs That Received Funding in Fiscal Year (FY) 2012

Program (Statutory authority)	Purpose and description	Targeted health professionals^a	Number of trainees supported^b	Obligations (dollars in millions)^c
Clinical Health Professional Education^d (38 U.S.C. §§ 7302, 7405-7406)	VA medical facilities provide paid and unpaid clinical health professional training opportunities to multiple health professionals at the undergraduate, graduate, and post-graduate levels in accordance with VA’s mission to educate for the benefit of VA and the nation. VA medical facilities receive an annual educational and training allocation to support the cost incurred for hosting clinical training programs, such as those for faculty time and administrative support. VA also provides stipends for certain trainees in the following four areas—graduate medical and dental residency programs, advanced fellowships, nursing programs, and associated health programs.		Approximately 117,500 paid and unpaid trainees, see paid trainee breakdown below ^e	\$815.506 for costs to administer all training programs in addition to \$753.885 for stipends and benefits, see breakdown of stipend and benefit funding below
1. Graduate Medical and Dental Education	Provides training for medical and dental students and residents, including stipends for physician residents in accredited medical residency programs and dental residents in accredited dental specialty programs who rotate through VA hospitals and clinics. Physician residents make up 35 to 40 percent of VA’s physician workforce.	Physicians and dentists	10,249 paid positions for physician residents, 360 paid positions for dental residents ^f	\$643.257

¹Table 3 does not include programs that were authorized, but that did not receive appropriations to provide training services in fiscal year 2012. In addition to the 12 programs specifically targeted to provide or support training for health care professionals, VA’s Veterans Benefit Association administered several programs that supported education for veterans, but did not specifically target direct care health professionals—the Post-9/11 GI Bill, the Montgomery GI Bill, and the Reserve Educational Assistance Program.

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
2. VA Advanced Fellowships Program	Training and stipends for physicians, dentists, and other health professionals in post-training fellowships that broadly target training in health care education, clinical practices, research, and policy initiatives that improve the health and well-being of veterans. The program addresses special clinical health needs for veterans as well as healthcare system issues, such as quality and safety.	Multiple health professionals	324 paid fellowships ^f	\$17.001
3. Nursing Education Programs	Training and stipends for nurse trainees in affiliated and VA-sponsored nursing education and training programs, including, entry-to-practice nursing programs, graduate nursing education programs (including a post-baccalaureate nurse residency), and postdoctoral fellowships.	Nurses	543 paid positions for nurse trainees ^f	\$2.331
4. Associated Health Education Programs	Training and stipends for trainees in affiliated and VA-sponsored clinical education programs for about 40 individual health professionals other than physicians, dentists, and nurses—referred to as associated health professionals. Fourteen clinical professions predominate in receiving a stipend for VA training.	Associated health professionals, such as audiologists, occupational and physical therapists, pharmacists, physician assistants, psychologists, and social workers	3,789 paid positions for associate health trainees ^f	\$91.296
5. Nurse Education Tuition Reimbursement Program (38 U.S.C. § 7621)	Provides tuition reimbursement for VA employees enrolled in a nursing degree granting program and who are not otherwise eligible for an occupation-focused tuition support program in exchange for a service obligation.	Nurses	Not available ^g	Not Available ^g
Employee Incentive Scholarship Program (EISP) (38 U.S.C. § 7671)	VA provides education assistance for their health professional employees through the EISP, the VA National Education for Employees Program, and two initiatives aimed at nurses—the National Nursing Education Initiative, and the VA/Department of Defense Certified Registered Nurse Anesthetists.		2,660 VA employees (primarily nurses)	\$24.503
6. EISP	Provides scholarships for tuition and related expenses for VA employees enrolled in or accepted to accredited education programs in certain health care occupations for which recruitment and retention is difficult in exchange for a service obligation.	Multiple health professionals		

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
7. VA National Education for Employees Program	Provides scholarships for employees seeking first-time licensure/certification in clinical training programs and salary replacement dollars to VA medical facilities to allow recipients to attend school full-time.	Multiple health professionals		
8. National Nursing Education Initiative	Provides scholarships for VA RNs pursuing bachelor's and advanced nursing degrees.	Nurses		
9. VA/ Department of Defense (DOD) Certified Registered Nurse Anesthetists	Provides scholarships to VA employees to complete certified registered nurse anesthetist training at DOD's certified registered nurse anesthetist training program. The program is a collaboration with DOD.	Certified registered nurse anesthetists		
10. Education Debt Reduction Program (38 U.S.C. § 7681)	Provides education debt reduction reimbursements to VA employees with qualifying loans and who are in hard-to-recruit health care professional positions providing direct-patient care services or services incident to direct patient care.	Multiple health professionals	3,094 VA employees (primarily nurses, pharmacists, physicians, physician assistants, and psychologists)	\$19.037
11. Accredited Training and Education Programs (38 U.S.C. § 7471)	Provides VA employees with workforce development and accredited continuing education needed to meet state requirements and maintain licensure, certification, or both.	Multiple health professionals	203,000 VA employees received continuing education	\$49.635
12. Simulation Learning, Education, and Research Network (38 U.S.C. § 7471)	Provides simulation-based learning curricula, including continuing education, for clinical and nonclinical VA employees.	Multiple health professionals		\$13.330

Source: GAO summary of VA information, including statutory citations, grant announcements, budget justifications, summary information from the VA website, and information provided by VA officials.

^aTargeted health professionals are the direct care health professionals that are eligible for the program. We provide the health professional (e.g. physicians) rather than the field (e.g. medicine). Some programs target multiple health professionals. "Physicians" refers to doctors of allopathic or osteopathic medicine and includes all medical specialties unless specified. "Nurses" refers generally to any degree level unless specified (RN = registered nurse, APRN = advanced practice registered nurse—including NP = nurse practitioner, certified registered nurse anesthetist, certified nurse midwife). "Behavioral health professionals" includes professionals such as psychologists and clinical social workers.

^bPrograms provided different levels of assistance to direct care health professional trainees. The number of trainees supported refers to the agency-reported number of trainees who completed a training carried out by the program; received financial support from the program in the form of scholarships, loans, loan repayment, or stipend; were in grantee programs who received support for training; or received a combination of these types of program services. When known, we specified the number of trainees who received financial assistance or continuing education. We did not determine the amount of funding provided per trainee because of the range of services that programs provided.

^cObligations are as reported by VA and include obligations for which expenditures were made in FY 2012 unless otherwise noted. The term obligation refers to a definite commitment by a federal agency that creates a legal liability to make payments immediately or in the future. Agencies incur obligations, for example, when they award grants or contracts. An expenditure is the actual spending of money by the issuance of checks, disbursement of cash, or electronic transfer of funds made to liquidate a federal obligation. GAO, *A Glossary of Terms Used in the Federal Budget Process*, [GAO-05-734SP](#) (Washington, D.C.: September 2005).

^dVA's clinical health professions training is organized into four service lines, which we categorized as separate programs for the purposes of this report—graduate medical and dental education, VA advanced fellowships, nursing education, and associated health education. Most VA clinical training is provided through affiliations with academic institutions that sponsor accredited training programs.

Enclosure II

^eVA supports trainees in paid and unpaid positions who rotate through VA medical facilities during their clinical training.

^fThe number of trainees supported includes only the number of paid positions. Paid trainee positions are per academic year and may support more than one trainee.

^gThe Nurse Education Tuition Reimbursement Program is administered by local VA medical facilities and the number of trainees and funding is not available according to agency officials.

Department of Defense (DOD) Health Care Workforce Training Programs Funded in Fiscal Year 2012

DOD reported obligating about \$0.89 billion for programs that specifically supported postsecondary training or education for direct care health professionals in fiscal year 2012. Table 4 describes each of DOD’s seven health care workforce training programs and provides information on the number of trainees supported by each program and related funding obligations in fiscal year 2012.¹

Table 4: Department of Defense (DOD) Health Care Workforce Training Programs That Received Funding in Fiscal Year (FY) 2012

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
1. Uniformed Services University of Health Sciences (10 U.S.C. § 2112)	DOD-funded graduate school that awards master’s or doctoral degrees in medicine, advanced practice nursing, and other health-related disciplines in order to support the Military Health System, the national security and national defense strategies of the United States, and the readiness of our armed forces. Students do not pay tuition and receive a salary and benefits as commissioned officers in exchange for a service obligation.	Dentists, APRNs, physicians, psychologists, and others	1,708 students	\$130.614
2. Armed Forces Health Professions Scholarship Program (10 U.S.C. §§2120-2128, 16201-16204)	Provides scholarships for tuition expenses and a stipend for health professional students enrolled in an accredited training program in exchange for an active duty or reserve military service obligation upon completion of a professional degree in order to obtain active duty commissioned officers trained in various health professions identified by each military service. Military services may also provide a signing bonus to obtain physicians and dentists.	Multiple health professionals, such as dentists, nurses, optometrists, physicians, psychologists, and pharmacists as determined by each military service	4,449 students	\$372.310 ^d
3. Financial Assistance Program (10 U.S.C. §§ 2120-2128)	Provides annual grants and stipends for physicians and dentists accepted or enrolled in a residency program in exchange for an active duty military service obligation in order to recruit and train military health care providers to fill medical specialty positions.	Physicians and dentists	104 physician and dentist residents	\$5.652 ^d

¹For the purposes of this review we characterized DOD’s multiple clinical training and education programs for military medical personnel into two programs according to DOD’s Defense Health Program training and education budget—graduate medical education (GME), and other education and training for military medical personnel. Military departments also fund programs not included in this table, such as reserve officer training programs.

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
4. Health Professions Loan Repayment Program (10 U.S.C. § 2173)	Provides repayment of educational loans for licensed health professionals in exchange for an active duty or reserve service obligation in order to obtain and retain adequate numbers of commissioned officers in qualified health professions identified by each military service.	Multiple health professionals, such as dentists, nurses, physicians, psychologists as determined by each military service	771 professionals	\$28.357 ^d
5. Nurse Officer Candidate Program (10 U.S.C. § 2130a)	Pays a stipend and signing bonus for students enrolled in an accredited nursing degree program in exchange for an active duty and reserve service obligation as a commissioned officer.	Nurses	79 students	\$2.129 ^d
Training and Education for Military Medical Personnel^e (10 U.S.C. §§ 2004a-2004b, 2016)	In order to develop, train, and educate highly skilled U.S. military medical personnel and leaders, DOD funds undergraduate, graduate, post-graduate, and professional development health professional education programs for the range of medical professions for its officer, enlisted, and civilian medical personnel.			
6. Graduate Medical Education	Provides resources required to administer DOD's GME programs, including certain local operating expenses for accredited DOD residency programs and expenses to support residents in civilian-sponsored residency programs, and to support a Joint Service GME Selection Board.	Physicians	2,706 physician residents and fellows	\$16.519 ^f
7. Other Education and Training for Military Medical Personnel	Provides all resources required for instruction in more than 300 undergraduate, graduate, and professional development and clinical skill continuing education programs provided at the U.S. Army Medical Department Center and School; Academy of Health Sciences; Navy Bureau of Medicine and Surgery-sponsored schools; and Air Force medical professions education and training programs; the Medical Education and Training Campus; as well as formal educational programs at civilian academic institutions, civilian medical facilities, and facilities of non-DOD governmental agencies. Personnel participating in longer-term health education programs may incur a service obligation.	Multiple health professionals	113,273 entered training programs 106,113 graduated from training programs	\$333.504

Source: GAO summary of DOD information, including statutory citations, grant announcements, budget justifications, summary information from DOD websites and information provided by DOD officials.

Enclosure III

^aTargeted health professionals are the direct care health professionals that are eligible for the program. We provide the health professional (e.g. physician) rather than the field (e.g. medicine). Some programs target multiple health professionals. “Physicians” refers to doctors of allopathic or osteopathic medicine and includes all medical specialties unless specified. “Nurses” refers generally to any degree level unless specified (APRN = advanced practice registered nurse—including NP = nurse practitioner, certified registered nurse anesthetist, certified nurse midwife). “Behavioral health professionals” include, for example, clinical psychologists and clinical social workers.

^bPrograms provided different levels of assistance to direct care health professional trainees. The number of trainees supported refers to the agency-reported number of trainees who completed a training carried out by the program; received financial support from the program in the form of scholarships, loans, loan repayment, or stipend; were in grantee programs that received support for training; or received a combination of these types of program services. When known, we specified the number of trainees that received financial assistance or continuing education. We did not determine the amount of funding provided per trainee because of the range of services that programs provided.

^cObligations are as reported by DOD and include obligations for which expenditures were made in FY 2012 unless otherwise noted. The term obligation refers to a definite commitment by a federal agency that creates a legal liability to make payments immediately or in the future. Agencies incur obligations, for example, when they award grants or contracts. An expenditure is the actual spending of money by the issuance of checks, disbursement of cash, or electronic transfer of funds made to liquidate a federal obligation. GAO, *A Glossary of Terms Used in the Federal Budget Process*, [GAO-05-734SP](#) (Washington, D.C.: September 2005).

^dEach military department, including the Army, Air Force, and Navy, operate the Armed Forces Health Professions Scholarship Program, the Financial Assistance Program, the Nurse Officer Candidate Program, and the Health Professions Loan Repayment Program separately. Scholarships, grants, and loan repayment for the Armed Forces Health Professions Scholarship Program, the Financial Assistance Program, and the Health Professions Loan Repayment Program, are paid out of the DOD Defense Health Program Education and Training budget activity that is distributed to each military service. Stipends and certain other expenses for the Armed Forces Health Professions Scholarship Program, the Financial Assistance Program, and the Nurse Officer Candidate Program are paid out of separate service personnel accounts.

^eFor the purposes of this review we characterized DOD’s multiple clinical training and education programs for military medical personnel into two programs according to DOD’s Defense Health Program training and education budget—graduate medical education (GME) and other education and training for military medical personnel—because the department could not provide consistent program-level information. DOD reported obligations for the other education and training programs in total, but could not provide funding for each program separately.

^fTrainees in GME programs receive salaries while completing training; however, reported funding does not include salaries.

Department of Education’s (Education) Health Care Workforce Training Programs Funded in Fiscal Year 2012 and Examples of Additional Programs That Support Education for, but Do Not Specifically Target, Direct Care Health Professionals

Education reported obligating about \$2 million for three programs in fiscal year 2012 that supported postsecondary training or education specifically for direct care health professionals (see table 5). In addition, Education administers programs that support postsecondary training or education but do not specifically target health professionals, and for which the number and types of health professionals in the programs could not be determined (see table 6).¹

Table 5: Department of Education (Education) Health Care Workforce Training Programs That Received Funding in Fiscal Year (FY) 2012

Program (Statutory authority)	Purpose and description	Targeted health professionals^a	Number of trainees supported^b	Obligations (dollars in millions)^c
1. Master’s Degree Programs at Historically Black Colleges and Universities (HBCUs) (20 U.S.C. § 1136a)	Grants to HBCUs to improve graduate education opportunities in scientific disciplines where African American students are underrepresented, including nursing and allied health professions. Grantee services can include providing scholarships, fellowships, and other financial assistance to African American students pursuing master’s level graduate education in various scientific fields such as nursing and allied health.	Nurses and allied health professionals ^d	357 graduate students received financial assistance	\$1.228
2. Master’s Degree Programs at Predominantly Black Institutions (20 U.S.C. § 1136b)	Grants to specified predominantly black institutions to improve graduate education opportunities in scientific disciplines where African American students are underrepresented, including nursing and allied health professions. Grantee services can include providing scholarships, fellowships, and other financial assistance to African American students pursuing master’s level graduate education in various scientific fields such as nursing and allied health.	Nurses and allied health professionals ^d	10 graduate students received financial assistance	\$0.110

¹In addition, the Job Corps, administered by the Department of Labor, provides free vocational and academic training, including health related training, to young people that qualify as low income. The Department of Veterans Affairs also administers several programs that provide financial support to veterans, but do not specifically target direct care health care professionals.

Program (Statutory authority)	Purpose and description	Targeted health professionals ^a	Number of trainees supported ^b	Obligations (dollars in millions) ^c
3. Graduate Assistance in Areas of National Need (20 U.S.C. § 1135)	Grants to academic departments and programs of institutions of higher education to provide fellowships to assist graduate students in areas of national need, including nursing, with excellent academic records and who demonstrate financial need and plan to pursue the highest degree available in their course of study at the institution. Nursing program grantees focus on preparing nurse scholars for educational leadership roles and to become teachers preparing students for careers in nursing.	APRNs ^d	15 fellowships	\$0.666

Source: GAO summary of Education information, including statutory citations, grant announcements, budget justifications, summary information from Education websites, and information provided by Education officials.

^aTargeted health professionals are the direct care health professionals that are eligible for the program. We provide the health professional (e.g. physician) rather than the field (e.g. medicine). Some programs target multiple health professionals. “Physicians” refers to doctors of allopathic or osteopathic medicine and includes all medical specialties unless specified. “Nurses” refers generally to any degree level unless specified (APRN = advanced practice registered nurse—including NP = nurse practitioner, certified registered nurse anesthetist, certified nurse midwife). “Behavioral health professionals” include, for example, clinical psychologists and clinical social workers. “Allied health professionals” include, for example, audiologists, dental hygienists, and physical therapists.

^bPrograms provided different levels of assistance to direct care health professional trainees. The number of trainees supported refers to the agency-reported number of trainees who completed a training carried out by the program; received financial support from the program in the form of scholarships, loans, loan repayment, or stipend; were in grantee programs that received support for training; or received a combination of these types of program services. When known, we specified the number of trainees who received financial assistance or continuing education. We did not determine the amount of funding provided per trainee because of the range of services that programs provided.

^cObligations are as reported by Education and include obligations for which expenditures were made in FY 2012 unless otherwise noted. The term obligation refers to a definite commitment by a federal agency that creates a legal liability to make payments immediately or in the future. Agencies incur obligations, for example, when they award grants or contracts. An expenditure is the actual spending of money by the issuance of checks, disbursement of cash, or electronic transfer of funds made to liquidate a federal obligation. GAO, *A Glossary of Terms Used in the Federal Budget Process*, [GAO-05-734SP](#) (Washington, D.C.: September 2005).

^dPrograms are targeted toward multiple science-related professionals and are not limited to the listed health professionals.

Table 6: Examples of Additional Department of Education (Education) Programs That Support Education for Direct Care Health Professionals

Program	Description
Subsidized Direct Stafford Loans ^a	Loans are made on the basis of financial need to undergraduate, students who are enrolled at least half-time. The federal government pays the interest on subsidized loans while the student is in school, for a grace period of 6 months after the student leaves school, and during subsequent periods if needed. However, borrowers with new loans made in academic years 2012-2013 and 2013-2014 are responsible for paying interest during the grace period.
Unsubsidized Direct Stafford Loans ^{a,b}	Loans are made to undergraduate, graduate, and professional students who are enrolled at least half-time. Students are responsible for interest costs throughout the life of the loan.
Direct PLUS Loans ^a	Loans are made to parents of dependent undergraduates and to graduate and professional students who are enrolled at least half-time.
Federal Perkins Loans ^c	Low-interest (5 percent) loans made to undergraduate, graduate, and professional students, with priority given to those with exceptional financial need. Schools administer funds composed of federal capital contributions and school matching funds (at least one-third of federal contributions).
Pell Grants	Grant amounts are based on the student's enrollment status and the difference between the expected family contribution and the cost of attendance.
Federal Supplemental Educational Opportunity Grants	Schools administer grant funds to undergraduate students with exceptional financial need; schools are generally required to match at least 25 percent of the federal funds allocated.
Federal Work Study	Schools administer federal funds and make part-time employment available to undergraduate, graduate, and professional students with federally defined financial need. Participating schools or nonprofit employers generally contribute at least 25 percent of a student's earnings.

Source: GAO summary of Education information.

Notes:

^aReduced monthly payments through the Income Based Repayment (IBR) plan and Pay as You Earn Repayment plan are available to Direct Subsidized and Unsubsidized Loan borrowers and student borrowers of Direct PLUS Loans who have a partial financial hardship. IBR also provides cancellation of remaining loans after 25 years if certain conditions are met. The Pay as You Earn Repayment also provides cancellation of remaining Direct Loans after 20 years if certain conditions are met. In addition, cancellation of a portion of a borrower's Direct Loan is available through the Public Service Loan Forgiveness Program to borrowers who have made consistent payments for a 10-year period while employed full-time in a public or private nonprofit organization, including private nonprofit organizations that provide public health services.

^bEducation provides higher Unsubsidized Direct Loan borrowing limits specifically for certain health professionals.

^cCancellation of a portion of a borrower's Federal Perkins Loan is available to borrowers employed full-time in certain professions, including but not limited to health professions, based on the number of years of service in eligible professions.

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