

New Group Hopes to HEAL Ailments of Allied Health Programs

*As Demand for the Jobs Increase, Proprietary Schools
Need a Stronger Voice to Stay in the Game*

with Tom Netting and Tom Donnelly

Status as a political insider didn't help Thomas Donnelly during a recent visit to a physician's office.

While he waited for his appointment to start, he counted as least 14 people in various roles in the office, from seeing patients to handling the paperwork. For all of that, he still did not see the doctor on time.

"I counted all these folks, and looked at all the jobs they were doing," Donnelly said. "Even with all those people in the office, they couldn't keep the appointment on time."

Donnelly's observations are not meant as an indictment of the modern medical office. Instead, he saw the delays in the office that day as symptomatic of an even greater issue facing the health care industry—a shortage of allied health workers.

They are the technicians, the assistants, the lab workers and the keepers of the medical records system. In essence, they are the lifeblood of the medical industry, doing many of the tasks that make it possible for doctors and dentists and their practices, clinics and hospitals to function.

There is a tremendous need for them. The health care industry is expected to need another 3.6 million of these workers by the year 2014, according to the U.S. Department of Labor.

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Since most of these careers require less than a four-year degree, they are perfectly suited for the proprietary sector to fill. Indeed, they are already a large component of the career college sector, with more than 600 schools having programs.

Unfortunately, legislation that would seemingly spark a boom could wind up as a bust for the proprietary sector.

That's something Donnelly and others want to make sure doesn't happen. He is one of the founding members of a new voice for the proprietary schools with allied health programs known as the Higher Education Allied Health Leaders—HEAL—Coalition.

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They need one—*now*—said Tom Netting, the HEAL Coalition's executive director and organ-

izer of the effort to put the advocacy group together.

"The proprietary schools can adapt to the new demands and requirements a lot faster than the traditionals can," Netting said. "We need to bring focus and understanding to the educational community as well as Congress and the agencies that oversee the programs.

"If Congress wants to do all of these things, then they need to know about the impact of the educators who will be doing the work."

Since the proprietary schools with allied health programs have not had a voice in the past, the members of Congress and various agencies easily overlook them when it comes to implementing programs and regulations.

How acute is the need? Consider the following:

- One of the measures currently before Congress would create

grants of up to \$10,000 per year for each student enrolled in an allied health program. Those students would have to agree to provide services in an underserved area for one year after graduation. As currently drafted, one version of the measure excludes students at proprietary schools.

- There are at least two proposals in Congress that would create programs to increase awareness of allied health programs. Each of those programs contains proposals for financial aid, grants to states and other promotional efforts. Eligibility, however, is tied to organizations that are part of a recognized broad-based coalition of allied health providers or entities.

Some of these problems can be traced to an old nemesis of the proprietary college sector—the lack of a single definition for higher education institutions.

But in many cases, Netting said, the proprietary sector is not even aware of these proposals and the effect they could have on their schools.

That does not surprise Donnelly, who has seen these types of problems for much of his Washington career.

"The health care policy side of regulation and operation are dominated by some very specific stakeholders," he said. "At the end of the day, the proprietary schools have not moved forward on these issues and haven't built these relationships."

Building relationships will be what the HEAL Coalition is all about.

In early July, the coalition launched its education effort with allied health schools through targeted mailings and e-mails. General e-mails went out first

HEAL COALITION

(Higher Education Allied Health Leaders Coalition)

Tom E. Netting Executive Director

Tom E. Netting is a vice president at Jefferson Government Relations and has more than 15 years of experience in the public policy arena with specific expertise in issues related to higher education and workforce development.

Prior to joining Jefferson Government Relations, Netting served as corporate director of government relations for Corinthian Colleges, Inc., a publicly traded chain of over 80 institutions of higher education located in 22 states. In this role, Mr. Netting directed the corporation's legislative and regulatory policy agenda; implemented the statutory and regulatory changes mandated by the 1998 Amendments to the Higher Education Act of 1965; and managed the student financial aid and audit and compliance departments for the corporation, routinely working with Department of Education officials at both the regional and national level.

Netting served for more than ten years as a lobbyist and accreditation specialist for the Career College Association, a national trade association representing the interests of over 1,000 for-profit institutions and the hundreds of thousands of students they educate and train annually.

Tom Donnelly Board of Directors

Thomas Donnelly, Jr., is a founding partner and principal of Jefferson Government Relations. He has more than thirty years of experience in policy management, political analysis and congressional relations.

Donnelly served more than four years as a senior official in the Reagan-Bush Administration. As Special Assistant to the President for Legislative Affairs in the White House, he carried principal responsibility for legislative priorities in health, environment, space/science, education, crime and energy.

From 1981–1983, Mr. Donnelly served as Assistant Secretary for Legislation in the Department of Health and Human Services.

Before joining the Reagan-Bush Administration, Mr. Donnelly served for seven years as managing partner of Louis C. Kramp and Associates, a Washington-based government relations counseling firm. Earlier he was an adviser to the President's Cost of Living Council and the Office of Economic Opportunity.

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For additional information and membership, call: (202) 626-8500 or (202) 626-8226.

laying the groundwork, followed later in the month by postcards on the pending legislation.

Additional mailings and blast e-mails followed throughout the month.

The marking is simple; resting on four basic reasons allied health schools should join the coalition and increase their presence in Washington:

- Congress regularly defines the need for allied health education and training—legislation that directly impacts schools.
- Proprietary institution eligibility is often times omitted in the development and consideration of federal allied health policies and programs. Legislators and regulators unfamiliar with the proprietary sector develop proposals that prohibit their involvement.
- Rival and/or competing interests already have established influence in Washington. Traditional allied health schools have at

least two well-established groups representing their interests.

- The proprietary sector needs to immediately fill the void. Without it, the industry cannot protect its interests.

A working board of directors also was elected in July, with room for

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members of the individual schools once they come on board with the coalition.

The first HEAL Coalition board meeting took place July 27. Additional marketing was rolled out in August and a working Web

site is expected by the time Congress returns after Labor Day.

In addition to its work in Washington, Netting said the coalition would reach out to the state associations and state regulators. In many cases, there is a trickle down that negatively impacts schools when dealing with state regulators—single definition, for example.

There are also issues to work on with accrediting bodies, Netting said. The current flap over distance education in the massage therapy field is a perfect example, he said. A national group has imposed a standard for national certification that no distance education can be utilized, a requirement that could jeopardize many schools and graduates.

Donnelly, a founding partner and principal of Jefferson Government Relations, will bring his years of Washington expertise to bear for the group. In addition to his work representing clients, he also served in the Reagan Administration, including a two-year

stint as Assistant Secretary for Legislation in the Department of Health and Human Services.

He sees his role as building relationships for the proprietary schools, so they can get to the table with all the other players when health care policy issues are worked out.

"We knew these folks were out there and we had to get them to the table," Donnelly said. "My role is as their wise counselor, in helping them legitimately make the case that their needs can be met without hurting other sectors."

That there has never been a coalition representing the proprietary allied health schools prior to now is most likely a matter of circumstance. There simply may not have been an acute need to do so, he said.

"But there comes a time when the value of bringing them together is there," Donnelly said.

The time—and the value—is now, Netting said.

With legislation pending that could directly affect schools, the process of educating lawmakers, and the agencies and regulators who implement the laws, to the needs and interests of the proprietary schools needs to begin.

There can be no waiting given the

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demands that will be created from other health care related legislation in front of Congress, such as the proposal to expand the codes used in medical billing. A proposal in the House would expand medical billing codes from 24,000 to 200,000.

That's going to place a heavy demand on the allied health schools. Proprietary schools need to make sure they are considered if and when that proposal becomes reality, which could happen by the end of the year.

"A lot of people currently in the trade are going to need to recast their skills, and the people currently in school will see some changes," Netting said. "There will also be a need for curriculum changes."

The proprietary schools need to be in a position to influence the legislation so that when the changes occur, they can respond and benefit.

"We have an immediate need to work on this bill for the allied health schools," Netting said.

**Career
Education
REVIEW**

Written by Sean Johnson.