

Role of Allied Health Professionals in Policy Making and Legislative Actions

CIRO V. SUMAYA, MD, MPHTM*

Allied Health professionals are having a tremendous impact on the way health care is delivered in America today. Perhaps sixty percent of our total health care workforce comes under the definition of Allied Health. That figure will be growing tomorrow - and each day for decades to come!

But, how many lawmakers and policymakers on the local, state, and national level even know there exists such a field as "Allied Health?" It is important for your professional and personal growth, and for the growth of our system of health care, that the voice and the authority of Allied Health be heard. One obstacle is the fact that Allied Health has not one, but many voices. According to the Federal Bureau of Labor Statistics, the field of Allied Health is perhaps the most broad and diverse occupation in the entire American work force. By HRSA's count, the field of Allied Health contains nearly 140 distinct occupational categories. Other counts go as high as 200.

The field of health care is now the fastest growing job category in the country, with over four million new jobs expected to be added by the year 2005 - according to the Department of Labor. In many areas of allied health, there is much cause for celebration. For example, within allied health, the discipline known as "Home Health Care" is the fastest-growing single category. By 2005, the Labor Department expects "Home Health Care" to grow by at least 138 percent! Allied Health professionals in the field of Medical Technology are also in demand. The American Society of clinical Pathologists has stated that almost 40,000 unfilled jobs exist in this field at hospitals nationwide.

Physicians' Assistants is also a fast-growing allied health profession. Nationally, the number of programs to train Physicians' Assistants has grown from 52 to 93 - in just the last two years. In my home state of Texas, one branch

of our state university has seen applicants to its Physician Assistant program grow from 150 people a year - to nearly 800. Yet all Physicians' Assistants are not created equal. For example, in Texas Physicians' Assistants enjoy high professional regard and are well rewarded financially. One reason for this is that, in Texas, Physicians' Assistants are allowed by law to write prescriptions and exercise other powers that expand their ability to provide quality health care. But in many other states, even states nearby, these same Allied Health professionals don't have the authority to prescribe medicines. The laws in these states don't allow it. So the incomes of these Physicians' Assistants suffer. So does their professional stature. And the people of those states may lack a needed source of access to primary health care.

The list of Allied Health professions facing such concerns is growing. For example, while most Dental Hygienists work in dentist's offices, in two or three states Dental Hygienists are permitted to set up practices independent of a dentist's direct supervision. And while Physical therapists have traditionally worked from within the framework of hospitals and other institutions, a few states now permit Physical therapists to set up independent practices. So opportunities for growth, and the ability to provide health services to your communities is not the same for all in allied health; even within the same branch of the profession. We also can observe that growth in some allied health job categories has come at the expense of those employed in other health fields such as nursing.

Another obstacle is the simple fact that the growth of many allied health professions has been so meteoric, that policymakers at the state and federal levels are not yet aware of what we call "Allied Health". And with lawmakers unaware of the potential of allied health to meet our country's urgent needs for health care access, they are unlikely to promulgate new laws and rules that will advance the allied health professions —by allowing added powers to practice or prescribe, create education, loan, scholarship, and advancement programs, and otherwise to create a supportive environment for the allied health professions. We can look at another force in the health

*Administrator, Health Resources and Services Administration, U.S. Department of Health and Human Services

field that is growing in political clout. That force may, or may not, have the best interests of allied health at heart. That force is "managed care".

Each year, more and more Americans have their health needs met by managed care organizations such as HMOs. The HMOs, the hospitals, and many other entities within the health care sector have come to work together at the state and national levels through trade and professional associations. And "managed care" – whether propelled by government or nonprofit organizations, or in the form of a for-profit business, is still experimenting with the mix of health personnel that will be used to keep managed care organizations going. What the managed care associations say to your state or federal lawmaker may decide how much your particular allied health profession will grow and develop. And this affects your personal and professional future.

But allied health also has the ability to organize in ways that can present your professional wants and needs to those who make the rules. It is very important that your voice be heard also. Many fields within allied health already have excellent professional associations. Work by several of these associations helped to gain a larger 1997 budget for my agency, HRSA. This will be used to provide greater funding for education, grants, and loans to help people wishing to prepare for an allied health career. Certification levels, even the language in which certain tests are given, are also important issues within many of your professions. So I recommend, that if your branch of allied health has a professional association, join it. And if it doesn't, come together and form one!

The thirteen allied health associations in Washington, DC regularly meet in an "Allied Health Roundtable" that seeks out shared positions favorable to each member as areas to advocate together. A unified voice will help you to move your professional agendas forward. A unified voice will be heard! Last but not least — one avenue of political and regulatory power is open to every allied health professional in America. You don't have to go to Washington to exercise it. You just have to go to your mailbox. We all have the right to send letters to our congressmen, Senators, state legislators, or state and federal regulators. So singly - in groups - and even in "group of groups" - allied health professionals have the tools to form policy, and shape legislation.

In closing, home health aides, respiratory therapists, physical therapists, dietitians, audiologists, and many other allied health occupations, will play an increasingly important part in maintaining the health of Americans during the coming decades. Our nation will be growing

older. With a view to providing wide ranges of health services to senior citizens at low cost, HMOs catering to the elderly will generate employment opportunities in Allied Health. In urban centers with large numbers of young adults, occupational therapists, physical therapists, and therapists versed in "sports medicine" will find opportunities. The AIDS epidemic will create a need for more and more allied health caregivers to meet the special health needs associated with AIDS care, and also for allied health professionals versed in many issues related to reproductive health. These are just a few examples. Again, the forms that health care and medical practice models take in cities, suburbs, and rural areas will also affect employment patterns for allied health professionals.

Each allied health profession, and the field of allied health as a whole, needs to take steps to build the levels of professionalization and competencies of your members. This will help allied health to "defend your turf", and a broad range of competencies for allied health professionals will help individuals to adjust to the changing needs of the job market. More than ever, the key to advancement is education.

I would also like to say something about the field of Allied Health and Hispanics. It must also be agreed that no racial/ethnic minority group is represented within the health professions in proportion to its share of the U.S. population. Allied Health presents a great opportunity for Hispanics and other racial/ethnic minority group members. And Hispanic Allied Health workers will be of tremendous potential importance to the health of America. You will be of importance to America because – among other reasons – more and more of America is becoming Hispanic! Hispanic Allied Health professionals are a national resource too precious and important to be ignored! Aside from your professional competencies, you add "cultural competencies" in dealing with Hispanics seeking health care. You are needed today – you will be needed more tomorrow.

As we speak, by the most conservative estimates, nine Americans out of every 100 are Hispanic. By the year 2010, Hispanics will be this country's most numerous minority group. Twelve Americans out of every hundred will be Hispanic! Only if we start to build better Hispanic health today, will tomorrow's Hispanics be healthy. This won't be an easy task. We need better data, we need educational and certification standards that promote professional growth in Allied Health, and we need to work together to build the future. Because, for Allied Health, the future can be what we make of it. And the future begins today!