

March 30th, 2011

Dear Representative:

On behalf of the five organizations representing family medicine, we are writing to oppose two bills that you will markup on March 31 in the Energy and Commerce Health Subcommittee.

Specifically, we are opposed to HR 1216, the bill to convert the mandatory appropriations under Section 5508 of the *Patient Protection and Affordable Care Act (PPCA)*, which authorizes the Secretary to award teaching health centers development grants and appropriates \$230 million for 2011 through 2015 into an authorization subject to the annual appropriations process. We also do not support HR 1217, the bill to repeal Section 4002 of PPACA, which creates a \$17.5 billion prevention and public health fund and provides the Secretary with full authority to administer these funds, and rescinds any unobligated funds.

The American Academy of Family Physician (AAFP) and the Council of Academic Family Medicine (CAFM) supported the authorization in the health reform legislation of the innovative Teaching Health Centers program to increase primary care physician training capacity. Federal financing of graduate medical education has led to training that occurs mainly in hospital inpatient settings despite the fact that most patient care is delivered outside of hospitals in ambulatory settings across the nation. The Medicare Payment Advisory Commission (MedPAC) and the Council on Graduate Medical Education have repeatedly called for the promotion of community-based residency training. The Teaching Health Center program will train primary care residents in non-hospital settings where most primary care is delivered.

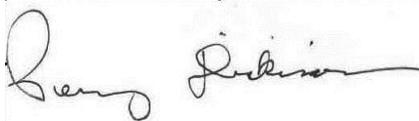
If this program is to be effective, there must be adequate, predictable resources. There are currently 11 programs already funded under the mandatory appropriations. Repeal of this funding would abrogate the contract HRSA has made with them to provide funding for additional residents. Converting this program to discretionary funding also will deter other entities from making the business decisions necessary to expand residency training (e.g., securing commitments from key stakeholders to agree to train new or additional residents, applying for accreditation if not already part of an eligible consortia, and hiring new faculty) since funding over the next few years would be subject to the annual appropriations process.

Secondly, the PPACA created an important innovation in health care with the establishment of the Prevention and Public Health Trust Fund. The basic goal of this fund is to support improvements in the overall health status in the nation to rein in costs and enhance productivity. This fund also is supplemented with an investment in research to fill gaps in knowledge about the most effective health promotion strategies. These sorts of public investments are crucial in long-term education, community projects, and other initiatives that promote healthy lifestyles.

As decisions are made about this program, AAFP and CAFM believe that special emphasis should be placed on collecting data and developing strategies to eliminate regional, racial, ethnic, and gender health disparities. In addition, public investments and insurance plans also should support early access to care for mental health and substance abuse disorders. We believe that this new fund will help reduce health care costs in the nation as we increase our investments in prevention activities.

Thank you for the opportunity to comment on these two important programs.

Sincerely,



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