



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

**Statement for the Record to the House Committee on Appropriations  
Concerning the Bill to Fund the Departments of Labor, Health and Human Services, and Education,  
and Related Agencies Appropriations for FY 2012**

**April 15, 2011**

The American Academy of Family Physicians representing 97,600 family physicians, residents, and medical students nationwide, is pleased to submit this statement for the record in support of our funding priorities for inclusion in the fiscal year 2012 appropriations bill.

The AAFP urges the House Appropriations Subcommittee on Labor, Health and Human Services, and Education to make a robust FY 2012 investment in our nation's primary care physician workforce in order to ensure that it is adequate to provide efficient, effective health care delivery addressing access, quality and value.

We recognize the difficult decisions which our nation's budgetary pressures present and remain confident that wise federal investment will help to transform health care to achieve optimal, cost-efficient health for everyone. Specifically, we recommend that the Committee provide the Health Resources and Services Administration and the Agency for Healthcare Research and Quality with the FY 2012 funding levels called for in the President's budget request.

**HEALTH RESOURCES AND SERVICES ADMINISTRATION**

HRSA is the federal agency chiefly responsible for improving access to health care services for Americans who are uninsured, isolated or medically vulnerable. HRSA's mission also calls for a skilled health workforce, and the AAFP supports their efforts to train the necessary primary care physician workforce. Primary care physicians will serve as a strong foundation for a more efficient and effective health care system.

**The AAFP recommends that the Committee provide at least \$449.5 million for all of the Health Professions Training Programs authorized by Title VII of the Public Health Service Act and administered by the Health Resources and Services Administration (HRSA) as requested in the President's FY 2012 budget.**

**Within that line, we urge you to provide at least:**

- **\$140 million for Health Professions Primary Care Training and Enhancement authorized under Title VII, Section 747 of the Public Health Service Act;**
- **\$10 million for Teaching Health Centers development grants authorized by Title VII, Section 749A; and**
- **\$4 million for Title VII, Section 749B Rural Physician Training Grants.**

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### **Title VII Health Professions Training Programs**

As the only medical specialty society devoted entirely to primary care, the AAFP appreciates this Committee's commitment to a strong primary care physician workforce. We are concerned that a failure to provide adequate funding for the Title VII, Section 747, the Primary Care Training and Enhancement (PCTE) program, would destabilize ongoing efforts to increase education and training support for family physicians, exacerbating primary care shortages and further straining the nation's health care system.

Title VII, Section 747 primary care training grants to medical schools and residency programs have for decades helped to increase the number of physicians who select primary care specialties and work in underserved areas. A study published in the *Annals of Family Medicine* on the impact of Title VII training programs on community health center staffing and national health service corps participation found that physicians who work with the underserved in CHCs and NHSC sites are more likely to have trained in Title VII-funded programs.<sup>1</sup> Title VII primary care training grants are vital to departments of family medicine, general internal medicine, and general pediatrics; strengthen primary care curricula; and offer incentives for training in underserved areas.

In the coming years, medical services utilization is likely to rise given the increasing and aging population as well as the insured status of more of the populace. These demographic trends will cause primary care physician shortages to worsen. We urge the Committee to increase the level of federal funding for primary care training to reinvigorate medical education, residency programs, as well as academic and faculty development in primary care to prepare physicians to support the patient centered medical home.

### **Teaching Health Centers**

The AAFP has long called for reforms to graduate medical education programs in order to encourage the training of primary care residents in non-hospital settings where most primary care is delivered. An excellent first step is the innovative Teaching Health Centers program authorized under Title VII, Section 749A to increase primary care physician training capacity now administered by HRSA.

Federal financing of graduate medical education has led to training which occurs mainly in hospital inpatient settings in spite of the fact that most patient care is delivered outside of hospitals in ambulatory settings across the nation. The Teaching Health Center program provides resources to any qualified community based ambulatory care setting that operates a primary care residency program including Federally Qualified Health Centers or Federally Qualified Health Centers Look Alikes, Rural Health Clinics, Community Mental Health Centers, a Health Center operated by the Indian Health Service, or a center receiving Title X grants.

We were pleased that the *Patient Protection and Affordable Care Act* authorized a mandatory appropriations trust fund of \$230 million over five years to fund the operations of Teaching Health Centers. However, if this program is to be effective, there must be funds for the planning grants to establish newly accredited or expanded primary care residency programs.

### **Rural Health Needs**

Another important HRSA Title VII grant program is the Rural Physician Training Grants program to help medical schools to recruit students most likely to practice medicine in rural communities. This modest program authorized by Title VII, Section 749B will help provide rural-focused training

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<sup>1</sup> Rittenhouse DR, et al. Impact of Title VII training programs on community health center staffing and national health service corps participation. *Ann Fam Med.* 2008;6(5):397–405.

and experience and increase the number of recent medical school graduates who practice in underserved rural communities.

### **National Health Service Corps**

The National Health Service Corps (NHSC) recruits and places medical professionals in Health Professional Shortage Areas to meet the need for health care in rural and medically underserved areas. The NHSC provides scholarships or loan repayment as incentives for practitioners to enter primary care and provide health care to Americans in Health Professional Shortage Areas. By addressing medical school debt burdens, the NHSC also helps to ensure wider access to medical education opportunities.

The Government Accountability Office (GAO-01-1042T) described the NHSC as “one safety-net program that directly places primary care physicians and other health professionals in these medically needy areas.” Currently most of the more than 7 million people who rely on NHSC clinicians for their health care needs would not have access to care without the NHSC.

Since its inception in 1972, the NHSC has helped place 37,000 primary care health professionals in underserved communities across the country, many of whom remain in these areas following the completion of their service. According to the FY 2009 Health Resources and Services Administration Budget Justification, over 75 percent of the clinicians placed by the NHSC in underserved areas continued to serve in their position for at least one year after the completion of their service obligation.

Today, there are over 9,000 vacancies at NHSC approved sites across the country with more added every day, yet funding is inadequate to fill all of these needed slots.

**The AAFP recommends that Committee provide at least the President’s requested level of \$418.5 million for the National Health Service Corp for FY 2012 to include \$295 million in funds made available for NHSC operations, scholarships and loan repayments by the *Affordable Care Act*.**

### **AGENCY FOR HEALTHCARE RESEARCH AND QUALITY**

The mission of the Agency for Healthcare Research and Quality (AHRQ)—to improve the quality, safety, efficiency, and effectiveness of health care for all Americans—closely mirrors the AAFP’s own mission. AHRQ is a small agency with a huge responsibility for research to support clinical decision-making, reduce costs, advance patient safety, decrease medical errors and improve health care quality and access. Family physicians recognize that AHRQ has a critical role to play in patient-centered outcomes research also known as comparative effectiveness research.

### **Patient-Centered Outcomes Research**

AHRQ’s investment in patient-centered outcomes research will help Americans make the informed decisions we must make to focus on paying for quality rather than quantity. By determining what has limited efficacy or does not work, this important research can spare patients from tests and treatments of little value. Today, patients and their physicians face a broad array of diagnostic and treatment options without the scientific evidence needed to know what procedure or which drug is most likely to succeed or how best to time a given therapy. AHRQ is supporting research to answer those questions so that physicians and their patients can make the choices about care that are most likely to succeed. AHRQ also supports the essential research into the prevention of medical errors and reducing hospital-acquired infections.

**Medical Liability Demonstrations**

Solving the professional medical liability has long been one of the AAFP's highest priorities. Although the medical liability demonstrations announced by AHRQ in FY 2010 are quite modest, we support the effort to find alternatives to the current medical tort system.

**Primary Care Extension Program**

The AAFP supports the Primary Care Extension Program to be administered by AHRQ to provide support and assistance to primary care providers about evidence-based therapies and techniques so that providers can incorporate them into their practice. As AHRQ develops more scientific evidence on best practices and effective clinical innovations, the Primary Care Extension Program will disseminate them to primary care practices across the nation in much the same way as the federal Cooperative Extension Service provides small farms with the most current information and guidance.

**The AAFP recommends that the Committee provide at least \$405 million for AHRQ in FY 2012. In addition, we ask that the Primary Care Extension program receive the authorized level of \$120 million in FY 2012.**