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# AAFP Sequester Concerns

The \$1.2 trillion in deficit reduction required by the Budget Control Act of 2011 will result in across-the-board cuts to key health programs in the next 10 years if Congress does not act by March 1. These cuts would threaten access to care for seniors and disabled Americans, harm essential family medicine training programs, worsen physicians shortages in rural and underserved areas of the country, and hinder family physicians' ability to determine how to deliver quality, cost-effective care.

## Medicare Physician Payment

The proposed 2% Medicare physician payment cut impedes improvements to our health care system. If enacted, it could lead to serious care access issues for Medicare patients, as well as medical practice employment reductions. Seniors in the Medicare program would face obstacles connecting with a patient-centered medical home, and would be forced to rely on episodic, acute care services, forgoing the more cost-effective, coordinated, and preventive care services provided by primary care physicians.

## Medicare Graduate Medical Education Funding (GME)

When Congress created the Medicare program in 1965 it established a funding stream for GME to support training for our nation's medical residents to provide care to Medicare beneficiaries. Medicare remains the single largest payer of GME — \$9.5 billion in 2009. An across-the-board reduction in funding to GME affects the primary care workforce more than other physician specialties. If GME reductions are deemed necessary, the cuts should be prioritized and targeted in order to protect funding for primary care training.

## Health Professions Programs (Title VII, Section 747)

Residency programs, faculty development, and medical school education are a few examples of the many primary care training programs funded by Title VII, Section 747. This federal program helps the health professions workforce respond to the nation's evolving workforce needs. Many studies show that an investment in primary care lowers health system costs, offers an outstanding return on investment, and ultimately provides patients with better quality health care. This modest program is crucial to the health of communities across America.

## The National Health Service Corps (NHSC)

To meet the need for health care in rural and medically underserved areas, the NHSC recruits and places medical professionals in Health Professional Shortage Areas (HPSAs). The NHSC also helps ensure wider access to medical education opportunities by addressing medical student debt, including scholarships or loan repayment options to new family physicians willing to serve in HPSAs. Cuts to the NHSC must be avoided.

## Agency for Healthcare Research and Quality (AHRQ)

The AHRQ's mission is to generate the evidence necessary to build a high-quality, high-value health care system. Its research helps maximize the monetary value of health care. AHRQ's Center for Primary Care, Prevention, and Clinical Partnerships (CP3) serves as the home for the AHRQ's Practice-Based Research Network of primary care ambulatory practices. This network studies community-based practice and is an important resource for primary care workforce data.

