AMERICAN ACADEMY OF FAMILY PHYSICIANS

July 17, 2019

The Honorable Frank Pallone
Chairman
House Energy and Commerce Committee
Washington, DC 20515

The Honorable Greg Walden
Ranking Member
House Energy and Commerce Committee
Washington, DC 20515

Dear Chairman Pallone and Ranking Member Walden:

On behalf of the American Academy of Family Physicians (AAFP), which represents 134,600 family physicians and medical students across the country, I write to express our appreciation for action to reauthorize several expiring primary care programs within the *Reauthorizing and Extending America's Community Health* (REACH) Act of 2019 (HR 2328).

The bill extends the Teaching Health Center Graduate Medical Education program, along with Community Health Centers, and National Health Service Corps for four years. The legislation also updates the Independence at Home (IAH) program for three years. These programs provide consistent funding for primary care training, education, and health care access.

The AAFP appreciates the bipartisan cooperation that led to this agreement. However, it is our hope that the committee will continue to pursue increases in primary care investments, particularly for the THCGME program as the legislation moves forward. During the previous reauthorization, the AAFP and other stakeholders worked to encourage program expansion into new communities. While the Health Resources and Services Administration recently published a notice of funding availability, the agency estimated that only it would support five new programs. The AAFP appreciates this progress but believes developing residencies in new communities is an urgent need, especially in rural areas. The AAFP is pleased with Congress' current focus health care priorities, but believes that significant investments in primary care workface programs could accelerate progress towards our nation's most pressing goals – especially improving patient health and reducing costs. As this legislation proceeds, we urge the Congress to strive to achieve the reauthorization and financing framework as proposed in the *Training the Next Generation of Primary Care Doctors Act of 2019* (HR 2915), which would allow expansion in the number of residents trained from 728 to 900.

The benefits of primary care access are well-understood. For example, states with higher ratios of primary care physician-to-population ratios have better health outcomes, including lower rates of all causes of mortality: mortality from heart disease, cancer, or stroke; infant mortality; low birth weight; and poor self-reported health.[i] The impact of these better ratios holds true even after controlling for sociodemographic measures (percentages of elderly, urban, and minority; education; income; unemployment; pollution) and lifestyle factors (seatbelt use, obesity, and smoking).[ii] This is illustrated within the IAH program where patient centered, team based primary care achieves improved patient outcomes while reducing downstream costs – even for

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patient with complex and high cost needs. A 2016 Oregon study also showed that for every dollar spent on advanced primary care, there were savings of $13 within the health system.

Physician workforce issues certainly impact the nation's ability to improve the nation's health. A 2017 Government Accountability Office (GAO) report indicates that physician maldistribution significantly impacts rural communities.[iii] The patient-to-primary care physician ratio in rural areas is only 39.8 physicians per 100,000 people, compared to 53.3 physicians per 100,000 in urban areas.[iv] A U.S. Centers for Disease Control and Prevention study indicated that health care access impacts patient health outcomes in rural areas such as shorter life spans and other health disparities.[v] The report recommended greater access to basic primary care interventions such as high blood pressure screening, early disease intervention, and health promotion (tobacco cessation, physical activity, health eating).[vi] The findings are consistent with numerous others, including a longitudinal study published in *JAMA Internal Medicine*, indicating that a person's zip code may have as much influence on health and life expectancy as one's genetic code.[vii] Therefore, it is imperative that physician care is made more assessable through additional incentives and workforce investments, if the opportunities arise.

The REACH Act will reauthorize the Patient-Centered Outcomes Research Institute (PCORI) for an additional 3 years. Evidence-based family medicine practice requires continued PCORI-supported primary care research in areas such as Practice-Based Research Networks, practice transformation, patient quality and safety in non-hospital settings, multi-morbidity research, as well as the delivery of mental and behavioral health services in communities by primary care practices. The AAFP has encouraged more emphasis on primary care research and would strongly support its inclusion as a national priority.

Finally, we support the *Territories Health Care Improvement Act* (HR 3631). The bill will address the funding shortfall facing Medicaid programs in Puerto Rico and other U.S. Territories. The AAFP's Core Medicaid Principles policy calls for federal financial participation in territorial assistance programs to be equitable. We are pleased the committee reached a bipartisan agreement to advance program equity and prevent potential funding shortfalls.

Again, we appreciate your commitment to advancing health care access and bipartisan work to advance these primary care programs. We welcome the opportunity to work with you as on further improvements. For more information, please contact Sonya Clay, Government Relations Representative, at 202-232-9033 or sclay@aafp.org.

Sincerely,

Michael L. Munger, MD, FAAFP
Board Chair

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