January 30, 2015

The Honorable Kevin Brady
Chairman, Subcommittee on Health
House Committee on Ways and Means
1102 Longworth House Office Building
Washington, DC 20515

Dear Chairman Brady:

On behalf of the undersigned organizations, we offer the following comments with respect to the draft Hospital Improvements for Payment (HIP) Act of 2014. Specifically, we would like to request that community-based training currently under the Teaching Health Center Graduate Medical Education (THCGME) Program be considered for inclusion in this bill.

We encourage the Committee to support community-based training in order to increase the number of primary care physicians and dentists to meet the health care needs of the nation's public, as well as provide sustainable Medicare GME funding for primary care residency training. The THCGME Program is *currently* and *directly* addressing our critical primary health care workforce shortage – delivering new primary care physicians and dentists to the communities where they are needed most – and should be considered a model for meeting future healthcare workforce needs. In addition, we note that the Institute of Medicine's report, *Graduate Medical Education That Meets the Nation's Needs,* recommends innovative models of training such as the current THCGME Program, to address the primary care workforce shortage while providing health care services to rural and urban underserved communities.

As you know, funding uncertainty for this program is leading to instability for Teaching Health Centers (THC) currently operating 60 programs in some of the country's most underserved areas. The THCs provide primary care medical and dental training opportunities in community-based settings, with over 550 residents providing health care to thousands of patients annually in urban and rural communities.

We support maintaining the historic per resident amount of $150,000 annually, to pay for the costs of training residents. These THC programs are required by law to meet strict accountability requirements in which every federal dollar is used exclusively for primary care training.

The THCGME Program is instructive as you consider ways to ensure training opportunities are available in both urban and rural areas, and how to more effectively deliver primary care physicians and dentists to underserved communities. The programs are training residents in accredited GME programs including family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, and geriatrics. According to the Health Resources and Services Administration, these primary care residents trained in

community-based settings are *three times more likely* than traditionally-trained residents to practice primary care in a community-based setting.

We look forward to continuing our work with the Committee and other Congressional leaders on the critical GME programs that are directly confronting the nation's primary care workforce shortage, while providing medical and dental health care services to underserved communities in the country's highest need areas. We are pleased to offer our organizations' support for language to be included in the legislation to provide community-based medical education payments to primary care teaching centers.

We congratulate you on your work on this legislation and look forward to working with you as this process moves forward. If we can be of any assistance, please do not hesitate to contact us.

Sincerely,

American Academy of Family Physicians
American Association of Colleges of Osteopathic Medicine
American Association of Teaching Health Centers
American College of Obstetricians and Gynecologists
American Dental Association
American Osteopathic Association
Association of Departments of Family Medicine
Association of Family Medicine Residency Directors
National Association of Community Health Centers
North American Primary Care Research Group
National Rural Health Association
Society of Teachers of Family Medicine