



Statement of the American Academy of Family Physicians

Outside Witness Testimony to the Senate Committee on Appropriations Concerning the Bill to Fund the Departments of Labor, Health and Human Services, & Education, and Related Agencies Appropriations for FY 2015

April 29, 2014

The American Academy of Family Physicians (AAFP), representing 110,600 family physicians and medical students nationwide, urges the Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education to invest in our nation's primary care physician workforce in the fiscal year 2015 appropriations bill to promote the efficient, effective delivery of health care by providing these appropriations for the Health Resources and Services Administration and the Agency for Healthcare Research and Quality:

- \$71 million for Health Professions Primary Care Training and Enhancement authorized under Title VII, Section 747 of the *Public Health Service Act* (PHSA);
- \$10 million for Teaching Health Centers development grants (PHSA Title VII, §749A);
- \$4 million for Rural Physician Training Grants (PHSA Title VII, §749B);
- \$100 million for the National Health Service Corps (PHSA § 338A, B, & I);
- \$375 million for the Agency for Healthcare Research and Quality (PHSA § 487(d)(3), SSA §1142); and
- \$3 million for the National Health Care Workforce Commission (ACA § 5101).

Founded in 1947, the AAFP is dedicated to preserving and promoting the science and art of family medicine and ensuring high-quality, cost-effective health care for patients of all ages. The AAFP appreciates the opportunity to comment on the FY 2015 appropriations levels needed to achieve those important goals.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

Our nation faces a shortage of primary care physicians. The total number of office visits to primary care physicians is projected to increase from 462 million in 2008 to 565 million in 2025 requiring nearly 52,000 additional primary care physicians by 2025.¹ The Health Resources and Services Administration (HRSA) is the federal agency charged with administering the health professions training programs authorized under Title VII of the *Public Health Services Act* and first enacted in 1963. We urge the Committee to restore funding for discretionary HRSA programs to the FY 2010 level of \$7.48 billion in the FY 2015 bill.

Title VII Health Professions Training Programs – In the last 50 years, Congress has revised the Title VII authority in order to meet our nation's changing health care workforce needs. We now face burgeoning demand for family physicians and must work to increase their number in the United States. As the only

¹ Petterson, S, et al. Projecting US Primary Care Physician Workforce Needs: 2010-2015. Ann Fam Med 2012; vol.10 no. 6:503-509.

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medical specialty society devoted entirely to primary care, the AAFP is gravely concerned that a failure to provide adequate funding for the Title VII, Section 747 Primary Care Training and Enhancement (PCTE) program, will destabilize education and training support for family physicians. Between 1998 and 2008, in spite of persistent primary care physician shortages, family medicine lost 46 training programs and 390 residency positions, and general internal medicine lost nearly 900 positions.² A study published in the *Annals of Family Medicine* on the impact of Title VII training programs found that physicians who work with the underserved in Community Health Centers and National Health Service Corps sites are more likely to have trained in Title VII-funded programs.³ Title VII primary care training grants are vital to departments of family medicine, general internal medicine, and general pediatrics; they strengthen curricula; and they 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 people. These demographic trends will exacerbate family physician shortages. Although PCTE grants are important to family medicine, there has not been a competitive cycle for these grants since FY 2010. The AAFP urges the Committee to increase the level of federal funding for primary care training to at least \$71 million in FY 2015 to allow for a robust new grant cycle to support family medicine education and training in the new competencies required to meet the needs of patients of all ages.

Teaching Health Centers – The AAFP has long called for reforms to graduate medical education programs 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 (THC) program authorized under Title VII, § 749A to increase primary care physician training capacity that HRSA administers. Federal financing of graduate medical education has led to training mainly in hospital inpatient settings even though most patient care is delivered outside of hospitals in ambulatory settings. The THC program provides resources to any qualified community based ambulatory care setting that operates a primary care residency. We believe that this program requires an investment of \$10 million in FY 2015 for planning grants.

Rural Physician Workforce Needs – HRSA's Office of Rural Health focuses on rural health policy issues and administers rural grant programs. As the medical specialty most likely to enter rural practice, family physicians recognize the importance of dedicating appropriate resources to rural health needs. A recent study found that medical school rural programs have had a significant impact on rural family physician supply and called for wider adoption of that model to substantially increase access to care in rural areas compared to a greater reliance on international medical graduates or unfocused expansion of traditional medical schools.⁴ HRSA's Rural Physician Training Grant program will help medical schools recruit students most likely to practice medicine in rural communities. This program will help provide rural-focused experience and increase the number of medical school graduates who practice in underserved rural communities. The AAFP recommends that the Committee provide \$4 million for Rural Physician Training Grants in FY 2015 as called for in the President's budget request.

Primary Care in Underserved Areas – 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

² Phillips RL and Turner, BJ. The Next Phase of Title VII Funding for Training Primary Care Physicians for America's Health Care Needs. *Ann Fam Med* 2012; vol.10 no. 2:163-168.

³ 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; vol. 6 no. 5:397-405.

⁴ Rabinowitz, HK, et al. Medical School Rural Programs: A Comparison With International Medical Graduates in Addressing State-Level Rural Family Physician and Primary Care Supply. *Academic Medicine*, Vol. 87, No. 4/April 2012.

medically underserved areas. The NHSC offers scholarships or loan repayment as incentives for physicians 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 President's budget request includes \$810 million for the NHSC, of which \$710 million is mandatory funding. If the NHSC is funded at the President's requested level in FY 2015, underserved patients will benefit from an NHSC field strength of more than 15,400 primary care clinicians compared to the FY 2013 field strength of 8,899. The AAFP supports the President's budget request for this important program and recommends that the Committee provide an appropriation of \$100 million for the NHSC in FY 2015 to supplement the authorized and requested mandatory funds.

AGENCY FOR HEATLHCARE RESEARCH AND QUALITY (AHRQ)

AHRQ is the only federal agency responsible for generating evidence to make health care safer; better; and more accessible, equitable and affordable. AHRQ provides the critical evidence reviews that the AAFP and other physician specialty societies use to produce clinical practice guidelines. These evidence-informed guidelines are important to family physicians as well as to patients and their families. AHRQ takes the results from the NIH whose research restricts subjects to limit the variables in clinical studies and brings the practical information to the practicing physicians who treat patients without those clinical restrictions. AHRQ supports critical primary care investigations through Practice-based Research Networks that examine practice transformation, patient quality and safety in non-hospital settings, multi-morbidity research, as well as mental and behavioral health care in communities and primary care practices. The AAFP asks that the Committee provide \$375 million in base discretionary funding for AHRQ in FY 2015.

NATIONAL HEALTH CARE WORKFORCE COMMISSION

Appointed on September 30, 2010, the 15-member National Health Care Workforce Commission was intended to serve as a resource with a broad array of expertise. The Commission was directed to analyze current workforce distribution and needs; evaluate health care education and training; identify barriers to improved coordination at the federal, state, and local levels and recommend ways to address them; and encourage innovations. There is broad consensus about the waning availability of primary care physicians in the United States, but estimates of the severity of the regional and local shortages vary. The AAFP supports the work of the Commission to analyze primary care shortages and propose innovations to help produce the physicians that our nation needs and will need in the future. We request that the Committee provide \$4 million in FY 2015 so that this important Commission can finally begin this important work.