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Public Witness Testimony for the House Appropriations
Labor/HHS/Education Subcommittee – April 16, 2010
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As one of the largest national medical organizations, representing 94,700 family physicians, residents, and medical students, the AAFP recommends that the House Appropriations Subcommittee on Labor, Health and Human Services, and Education continue its commitment to Title VII in fiscal year 2011 and increase funding for other key Health Resources and Services Administration programs to allow health reform to succeed. We also recommend increased funding for the Agency for Healthcare Research and Quality to provide better health care all.

HEALTH RESOURSES AND SERVICES ADMINISTRATION
The *Patient Protection and Affordable Care Act* (PL 111-148) holds the promise of health security for Americans and moves us toward genuine health system reform, but it will require the support of this Committee to invest in the necessary primary care physician workforce. Primary care physicians will serve as a strong foundation for a more efficient and effective health care system. We are pleased that the health reform law reauthorizes the Title VII health professions programs including the grants for the education and training of primary care physicians under Title VII, Section 747.

Workforce shortages
Successful implementation of health reform requires an investment to strengthen our nation's primary care workforce. The current national primary care physician workforce of just over 200,000 is estimated to be 8,000-10,000 lower than projected demand based on adjusted average population utilization patterns, according to the Robert Graham Center for Policy Studies in Family Medicine and Primary Care. However, distribution is not equitable leaving many areas with physician shortages, especially in rural and underserved communities with measurable social deprivation.

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. Those demographic trends will cause primary care physician shortages to worsen. By 2025, the current downturn in primary care physician production is expected to yield a workforce 28.5 percent below need based on current practice models or 50 percent below the level needed to provide all Americans with a patient-centered medical home.

The recently enacted health reform legislation includes a number of provisions to increase the primary care workforce. It amends and expands many of the existing health workforce programs authorized under Title VII (health professions) and makes a number of changes to Medicare graduate medical education (GME) payments to teaching hospitals, in part to encourage the training of more primary care physicians. The new law also establishes a national commission to study projected health workforce

needs and make appropriate recommendations. Increasing the level of federal funding for primary care training would 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.

This Committee has demonstrated its commitment to a strong primary care workforce by doubling the appropriation for training under Title VII Section 747 of the Public Health Services Act in the *American Recovery and Reinvestment Act of 2009* (PL 111-5) and calling for increased appropriations for the current fiscal year.

> **The AAFP urges the Committee to provide a FY 2011 appropriation of $170 million for the Title VII Section 747 Primary Care Training and Enhancement and the Integrative Academic Administrative Units programs as authorized by the *Patient Protection and Affordable Care Act*. We also recommend an appropriation of at least $600 million for all of the Health Professions Training Programs authorized under Title VII of the Public Health Services Act.**

Rural Health Needs
Physician shortages are harder for Americans in rural areas who face more barriers to care than those in urban and suburban areas. Rural residents also struggle with the higher rates of illness associated with lower socioeconomic status.

We were pleased that Title VII, Section 749B, the "Rural Physician Training Grants" program, was enacted to help medical schools to recruit students most likely to practice medicine in underserved rural communities, provide rural-focused training and experience, and increase the number of recent medical school graduates who practice in underserved rural communities.

Family physicians provide the majority of care for America's underserved and rural populations.[1] Despite efforts to meet scarcities in rural areas, the shortage of primary care physicians continues. Studies, whether they be based on the demand to hire physicians by hospitals and physician groups or based on the number of individuals per physician in a rural area, all indicate a need for additional physicians in rural areas.

HRSA's Office of Rural Health administers a number of programs to improve health care services to the quarter of our population residing in rural communities.

> **The AAFP requests that the Committee provide $4 million in FY 2011 for Title VII Section 749B Rural Physician Training Grants. The AAFP also encourages the Committee to provide $176 million for the programs administered by HRSA's Office of Rural Health to address the many unique health service needs of rural communities.**

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[1] Hing E, Burt CW. Characteristics of office-based physicians and their practices: United States, 2003–04. Series 13, No. 164. Hyattsville, MD: National Center for Health Statistics. 2007.

Teaching Health Centers
The AAFP supported the authorization in the health reform legislation of the innovative Teaching Health Centers program under Title VII Section 749A to increase primary care physician training capacity. 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. As a result, we have been training physicians using experiences which poorly prepare them to practice primary care in the community outside the hospital.

The Teaching Health Center program will train primary care residents in non-hospital settings where most primary care is delivered. A Teaching Health Center can be any 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.

> **The AAFP recommends that the Committee appropriate the full authorized amount for the new Title VII Teaching Health Centers development grants of $50 million for fiscal year 2011.**

National Health Service Corps
The National Health Services Corps (NHSC) has long served to provide access to health care to underserved Americans and offer incentives for practitioners to enter primary care. NHSC also provides important student debt relief for new physicians.

Student debt was found to be a significant barrier to the production of primary care physicians by a report published in March 2009, by the Graham Center with the support of the Macy Foundation[2]. The AAFP supports the work of the NHSC toward the goal of full funding for the training of the health workforce and zero disparities in health care. We recognize that this Committee provided an increase for the NHSC in the *American Recovery and Reinvestment Act*, and we commend Congress for increasing the authorization level for the NHSC in the new health reform law.

> **The AAFP recommends that the National Health Service Corps receive $414.1 million in FY 2011 as authorized in the *Patient Protection and Affordable Care Act* which makes $290 million of that amount available from a fund created in Section 10503.**

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[2] The Robert Graham Center. *Specialty and Geographic Distribution of the Physician Workforce: What Influences Medical Student & Resident Choices?* March 2, 2009.

Workforce Commission
The AAFP has called for a commission on national health workforce issues which represents the multiple stakeholders and reports to Congress and the Executive Branch as appropriate. We were pleased that the health reform bill established a National Health Care Workforce Commission to provide "analysis of, and recommendations for, eliminating the barriers to entering and staying in primary care, including provider compensation." We also recognize the importance of the National Center for Health Care Workforce Analysis as well as State and Regional Centers for such analysis. The legislation authorized such sums as necessary to establish the Commission as well as $8 million in planning grants and $150 million for implementation grants. The National Center was authorized at $7.5 million annually and the State and Regional Centers were authorized at $4.5 million annually.

> **The AAFP recommends that the Committee fully fund the National Health Care Workforce Commission, the National and State and Regional Centers for Health Care Workforce Analysis in FY 2011.**

AGENCY FOR HEATLHCARE RESEARCH AND QUALITY

To assure the success of health reform, we must also focus on paying for quality rather than quantity. 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, comparative effectiveness research.

Primary Care Extension Program
The AAFP commends the Congress for authorizing in the *Patient Protection and Affordable Care Act* a 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. Family physicians Kevin Grumbach, MD and James W. Mold, MD, MPH recognized that small primary care practices need a similar kind of support offered by the federal government to farms by the Cooperative Extension Service to implement innovation and best practices.[3]

> **The AAFP requests that the Committee provide $731 million for AHRQ in FY 2011 to provide for the funding requested by the President's budget request of $611 million as well as the important new Primary Care Extension program authorized by the health reform law at $120 million.**

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[3] Grumbach K, Mold JW. A Health Care Cooperative Extension Services: Transforming Primary Care and Community Health. *JAMA,* June 24, 2009—Vol 301, No. 24.