



May 2011

PRIMARY CARE TRAINING AND ENHANCEMENT

RECOMMENDATION

Congress should provide a robust investment in our nation's primary care workforce in order to ensure that it is adequate to provide efficient, effective health care delivery addressing access, quality and value. In particular:

- We also recommend that Congress provide the President's requested level of \$418.5 million for the National Health Service Corps for FY 2012.

BACKGROUND

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 medically-underserved areas. The NHSC provides scholarships or loan repayment as incentives for practitioners to enter primary care and provide health care to underserved Americans. By addressing medical school debt burdens, the NHSC also helps to ensure wider access to medical education opportunities.

The Government Accountability Office (GAO-01-1042T) described the NHSC as "one safety-net program that directly places primary care physicians and other health professionals in these medically needy areas." Currently more than 7 million people rely on NHSC clinicians for their health care needs, most of which are in underserved areas and would not have access to care without the NHSC.

Since its inception in 1972, the NHSC has helped place 37,000 primary care health professionals in underserved communities across the country, many of whom remain in these areas following the completion of their service. According to the FY 2009 Health Resources and Services Administration Budget Justification, over 75 percent of the clinicians placed by the NHSC in underserved areas continued to serve in their position for at least one year after the completion of their service obligation.

Today, there are over 9,000 vacancies at NHSC approved sites across the country with more added every day, yet funding is inadequate to fill all of these needed slots. Funding the NHSC at the President's requested level of \$418.5 million for FY 2012 would help fill these slots across the country and allow clinicians to deliver care to more underserved populations.

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