

Testimony to the House Subcommittee on Labor, Health and Human Services, & Education, and Related Agencies Appropriations FY 2017

April 15, 2016

The American Academy of Family Physicians (AAFP), which represents 120,900 family physicians and medical students across the country, submits this written statement for the record to urge the House Appropriations Committee to invest appropriately in our nation's primary care physician workforce in fiscal year 2017. In order to ensure high-quality, cost-effective health care for patients of all ages, the AAFP recommends that the Committee restore the discretionary budget authority for the Health Resources and Services Administration (HRSA) to the FY 2010 level of \$7.48 billion and provide \$364 million in budget authority for the Agency for Healthcare Research and Quality (AHRQ).

Within those agency budgets, we specifically highlight the need to provide the following appropriations for programs which are particularly important to family physicians and their patients:

- \$59 million for Health Professions Primary Care Training and Enhancement authorized under Title VII, Section 747 of the *Public Health Service Act* ;
- An additional \$70 million for the National Health Service Corps for a total program level of \$380 million at least \$20 million of which should be discretionary funding; and
- \$364 million for the AHRQ to support research vital to primary care practice.

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HRSA – Title VII Primary Care Training & Enhancement

The Primary Care Training & Enhancement (PCTE) program administered by the Health Resources and Services Administration (HRSA) and authorized by Title VII, §747 of the *Public Health Service Act* of 1963 is important to support the education and training of family physicians. The PCTE strengthens medical education for physicians to improve the quantity, quality, distribution, and diversity of the primary care workforce. Without additional funding, there will be no new grant competitions for four more years. For that reason, we urge the Committee to increase the appropriation by \$20 million from the FY 2016 level to \$59 million in FY 2017.

An *Annals of Family Medicine* [\[http://www.annfammed.org/content/13/2/107.full\]](http://www.annfammed.org/content/13/2/107.full) study projects that the rising number of primary care office visits for the expanding, aging, and increasingly insured population will require an additional 33,000 practicing primary care physicians by 2035. Another study in the same journal [\[http://www.annfammed.org/content/10/2/163\]](http://www.annfammed.org/content/10/2/163) noted meeting the increased demand for primary care physicians would require a major investment in training. The article explicitly called for the expansion of Title VII, Section 747 to improve access to primary care. But we already face family physician shortages. A National Association of Community Health Centers report found that more than two-thirds of centers are actively recruiting for at least one family physician.

[\[http://www.nachc.com/client/NACHC_Workforce_Report_2016.pdf\]](http://www.nachc.com/client/NACHC_Workforce_Report_2016.pdf)

The federal Advisory Committee on Training in Primary Care Medicine and Dentistry noted in a report released early in 2015

[\[http://www.hrsa.gov/advisorycommittees/bhpradvisory/actpcmd/Reports/eleventhreport.pdf\]](http://www.hrsa.gov/advisorycommittees/bhpradvisory/actpcmd/Reports/eleventhreport.pdf) that the funds “available through Title VII, Part C, sections 747 and 748 have decreased significantly over the past 10 years, and are currently inadequate to support the system changes.” The advisory committee recommended restoring funding to inflation-adjusted FY 2003 levels plus an additional \$25 million per year over the next five years beginning in FY 2017 to permit annual competitive grant cycles for primary care training grants.

For decades, these grants to medical schools and residency programs have helped increase the number of physicians who select primary care specialties and who go on to work in underserved areas. A 2014 study of the effect of a PCTE grant addressing faculty development needs found that targeted federal funding can bring about changes that contribute to an up-to-date, responsive primary care workforce. [\[http://www.jgme.org/doi/full/10.4300/JGME-D-14-00329.1\]](http://www.jgme.org/doi/full/10.4300/JGME-D-14-00329.1)

National Health Service Corps

Since in 1972, the National Health Service Corps (NHSC), also administered by HRSA, has offered financial assistance to recruit and retain health care providers to meet the workforce needs of communities across the nation designated as health professional shortage areas. The AAFP is committed to supporting the objectives of the NHSC in assisting communities in need of additional primary

care physicians, and we support the Administration's budget request for the NHSC of \$20 million in discretionary appropriations for FY 2017.

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." As the only medical society devoted solely to primary care, the AAFP recognizes the importance of the NHSC to the reducing geographic disparities in health care access.

Not only does the NHSC program of placing physicians and medical professionals in health professional shortage areas to meet the needs of patients in rural and medically underserved areas, it also provides scholarships as incentives for medical students to enter primary care and to provide health care to underserved Americans. By addressing medical school debt burdens, NHSC scholarships ensure wider access to medical education opportunities by providing financial support for tuition and other education expenses, and a monthly living stipend for medical students committed to providing primary care in underserved communities of greatest need.

More than 40,000 providers have served in the NHSC since its inception. In FY 2015, the National Health Service Corps (NHSC) had a field strength of 9,683 primary care and other clinicians. However, the need for primary care continues to exceed the available investment. The AAFP recommends that the Congress provide at least the program level of \$380 million for the NHSC in FY 2017.

Agency for Healthcare Research and Quality – Primary Care Research

The Agency for Healthcare Research and Quality (AHRQ) is the sole federal agency charged with producing research to support clinical decision making, reduce costs, advance patient safety, decrease medical errors and improve health care quality and access. AHRQ provides the critical evidence reviews needed to answer questions on the common acute, chronic, and co-morbid conditions that family physicians encounter in their practices on a daily basis.

Without AHRQ research, too little is known about appropriate care for real patients in primary care practices. More attention and research need to be directed to patients with more than one mental or physical health condition. In 2000, for example, an estimated 60 million Americans had multiple chronic conditions. By 2020, that population is expected to grow to an estimated 81 million. Care for people with chronic conditions is expected to consume 80 percent of the resources of publicly funded health insurance programs by 2020. Treatment of patients with multiple chronic conditions already accounts for 51 percent of total health expenditures. Unfortunately, FY 2016 cuts harmed AHRQ's efforts to research the care of those with multiple chronic conditions. The agency's research initiative aimed at optimizing care for patients with multiple chronic conditions halted this year due to lack of funds. Restoring AHRQ's funding to FY 2015 levels will support research to provide primary care physicians the tools they need for evidence-based practice. The AAFP urges the Committee provide no less than \$364 million in appropriated funds for AHRQ to support research vital to primary care.