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On behalf of the American Academy of Family Physicians (AAFP), I want to thank the House Appropriations Committee for demonstrating its commitment to a strong primary care workforce by seeking to double the appropriation for training under Title VII Section 747 of the Public Health Services Act in the American Recovery and Reinvestment Act of 2009 (ARRA). As one of the largest national medical organizations, representing family physicians, residents, and medical students, the AAFP is pleased to recommend that the House Appropriations Subcommittee on Labor, Health and Human Services, and Education continue that commitment to Title VII Section 747 in fiscal year 2010 and increase funding for other key HHS programs to allow health care reform to succeed and support better health care all.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

The Health Resources and Services Administration (HRSA) is charged with improving access to health care services for people who are uninsured, isolated or medically vulnerable. One of the most critical aspects of this mission is ensuring a health care workforce which is sufficient to meet the needs of patients and communities.

HRSA—HEALTH PROFESSIONS

For 40 years, the training programs authorized by Title VII of the *Public Health Services Act* evolved to meet our nation's health care workforce needs. While it is increasingly clear that our nation has a worsening shortage of primary care physicians, many "studies have found a strong, sometimes dose-dependent associations between Title VII funding and increased production of primary care graduates, and physicians who eventually practice in rural areas and federally designated physician shortage areas."¹

The sixth report of the Health Resources and Services Administration (HRSA) Advisory Committee on Training in Primary Care Medicine and Dentistry recommended an annual minimum level of \$215 million for the Title VII Section 747 grant program. The Committee reasoned that:

Title VII funds are essential to support major primary care training programs that train the providers who work with vulnerable populations. It is critical that funds not only be restored to 2005 levels, but that funding be increased, as the need for healthcare of

¹ Robert Graham Center. Specialty and Geographic Distribution of Physician Workforce: What Influences Medical Student & Resident Choices? 2009 Washington, DC.

the public, including those high-risk groups identified in this report, increases. It is critical that funds offset the acknowledged rate of inflation. This additional funding is also necessary to prepare current and future primary care providers for their critical role in responding to healthcare challenges including demographic changes in the population, increased prevalence of chronic conditions, decreased access to care, and a need for effective first-response strategies in instances of acts of terrorism or natural disasters.

Health care reform demands that we must modernize workforce and education policies to ensure an adequate number of primary care physicians trained to serve in the new health care delivery model. The patient centered medical home will give patients access to preventive care and coordination of the care needed to manage chronic diseases as well as appropriate care for acute illness. The medical home practice model provides improved efficiency and better health because it serves as a principal source of access and care. As a result, duplication of tests and procedures and unnecessary emergency department visits and hospitalizations can be avoided

Section 747 of Title VII, the Primary Care Medicine and Dentistry Cluster, is aimed at increasing the number of primary care physicians (family physicians, general internists and pediatricians). Section 747 offers competitive grants for family medicine training programs in medical schools and in residency programs. Section 747 is vital to stimulate medical education, residency programs, as well as academic and faculty development in primary care to prepare physicians to support the patient centered medical home.

The value of Title VII grants extends far beyond the medical schools that receive them. The United States lags behind other countries in its focus on primary care. However, the evidence shows that countries with primary care-based health systems have population health outcomes that are better than those of the U.S. at lower costs.² Health Professions Grants are one important tool to help refocus the nation's health system on primary care.

Although HRSA has not released the spending plan for the ARRA health professions training funds for FY 2009-2010, the omnibus appropriation increased Section 747 by less than one percent over the final FY 2008 amount to \$48,425,000 for FY 2009. It remains well below the \$92 million provided for Primary Care Medicine and Dentistry Training in FY 2003. The nation needs significant additional support from Section 747 because it is the only national federally-funded program that provides resources for important innovations necessary to increase the number of physicians who will lead the primary care teams providing care in patient centered medical homes.

² Starfield B, et al. The effects of specialist supply on populations' health: assessing the evidence. *Health Affairs*. 15 March 2005.

AAFP recommends a substantial increase in the fiscal year 2010 appropriation bill for the Health Professions Training Programs authorized under Title VII of the Public Health Services Act. We respectfully request that the Committee provide \$215 million for the Section 747, the Primary Care Medicine and Dentistry Cluster, which will signal the commitment of Congress to reform health care delivery in this nation.

HRSA—NATIONAL HEALTH SERVICE CORPS

The National Health Service Corps (NHSC) offers scholarship and loan repayment awards to primary care physicians, nurse practitioners, dentists, mental and behavioral health professionals, physician assistants, certified nurse-midwives, and dental hygienists serving in underserved communities. Research has shown that debt plays a complex yet important role in shaping career choices for medical students. The NHSC offers financial incentives for the recruitment and retention of family physicians to practice in underserved communities without adequate access to primary care. 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.

AAFP respectfully requests that the Committee fully fund these important scholarship and loan repayment programs by providing the authorized amount of \$235 million for NHSC in fiscal year 2010.

HRSA—RURAL HEALTH

Americans in rural areas 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.

Family physicians provide the majority of care for America's underserved and rural populations.³ 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. Rural Health Policy Development and Outreach Grants fund innovative programs to provide health care in rural areas. State rural health offices, funded through the National Health Services Corps budget, help states implement these programs so that rural residents benefit as much as urban patients.

³ 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.

AAFP encourages the Subcommittee to provide adequate funding in the fiscal year 2010 appropriation bill for the important programs administered by HRSA's Office of Rural Health to address the many unique health service needs of rural communities.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

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 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 promoting health care safety, quality and efficiency initiatives.

AHRQ—COMPARATIVE EFFECTIVENESS RESEARCH

One of the hallmarks of the patient centered medical home is evidence-based medicine. Comparative effectiveness research, which compares the impact of different options for treating a given medical condition, is vital to quality care. Studies comparing various treatments (e.g., competing drugs) or differing approaches (e.g., surgery and drug therapy) can inform clinical decisions by analyzing not only costs but the relative medical benefits and risks for particular patient populations.

AAFP commends the Congress for including \$1.1 billion in ARRA for comparative effectiveness research which holds out the promise of reducing health care costs while improving medical outcomes.

AAFP respectfully suggests that the Committee provide at least \$405 million for AHRQ in the fiscal year 2010 appropriations bill, an increase of \$32 million above the fiscal year 2009 level.