

**Testimony of Stephen C. Shannon, DO, MPH  
President and Chief Executive Officer  
American Association of Colleges of Osteopathic Medicine  
Concerning the Department of  
Health and Human Services Appropriations for Fiscal Year 2018**

*Submitted for the Record to the House Appropriations Subcommittee on Labor, Health and  
Human Services, Education, and Related Agencies  
March 8, 2017*

The American Association of Colleges of Osteopathic Medicine (AACOM) represents the 33 accredited colleges of osteopathic medicine in the United States. These colleges are accredited to deliver instruction at 48 teaching locations in 31 states. Six of the colleges are publicly controlled, 27 are private institutions. In the 2015-16 academic year, colleges are educating nearly 26,000 future physicians—more than 20 percent of U.S. medical students.

**AACOM strongly supports restoring funding for discretionary Health Resources and Services Administration (HRSA) programs to \$7.48 billion; funding for key priorities in HRSA’s Title VII programs under the Public Health Service Act; \$59 million for the Primary Care Training and Enhancement (PCTE) Program; \$4 million for the Rural Physician Training Grants; \$25 million for the Centers of Excellence (COE); \$20 million for the Health Careers Opportunity Program (HCOP); \$49.1 million for the Scholarships for Disadvantaged Students (SDS) Program; \$35 million for the Geriatrics Education Centers (GECs); and \$40 million for the Area Health Education Centers (AHECs); the reauthorization of the Teaching Health Center Graduate Medical Education (THCGME) Program; \$380 million in funding for the National Health Service Corps (NHSC); at least \$2 billion over the enacted FY17 funding level of \$34.1 billion for the National Institutes of Health (NIH), in addition to funds provided**

**through 21<sup>st</sup> Century Cures for targeted initiatives; and \$364 million in base discretionary funding for the Agency for Healthcare Research and Quality (AHRQ).**

**The Title VII health professions education programs**, authorized under the *Public Health Service Act* and administered through HRSA, support the training and education of health practitioners to enhance the supply, diversity, and distribution of the health care workforce, acting as an essential part of the health care safety net and filling the gaps in the supply of health professionals not met by traditional market forces. Title VII programs are the only federal programs designed to train primary care professionals in interdisciplinary settings to meet the needs of special and underserved populations, as well as increase minority representation in the health care workforce. **AACOM supports total funding of \$580 million for Title VII and Title VIII programs.**

As the demand for health professionals increases in the face of impending shortages and the anticipated demand for access to care increases, these needs strain an already fragile health care system. AACOM appreciates the investments that have been made in these programs, and we urge the Subcommittee for inclusion and/or continued support for the following programs: **the PCTE Program, the Rural Physician Training Grants, the COE, the HCOP, the SDS Program, the GECs, and the AHECs.** The **PCTE Program** provides funding to support awards to primary care professionals through grants to hospitals, medical schools, and other entities. **AACOM supports a request of \$59 million for this important program.**

The **Rural Physician Training Grants** will help rural-focused training programs recruit and graduate students most likely to practice medicine in underserved rural communities. Health professions workforce shortages are exacerbated in rural areas, where communities struggle to attract and maintain well-trained providers. According to HRSA, approximately 58 percent

of primary care health professional shortage areas are rural. **AACOM supports the inclusion of \$4 million for the Rural Physician Training Grants.**

The **COE Program** is integral to increasing the number of minority youth who pursue careers in the health professions. **AACOM supports \$25 million for the COE Program.**

The **HCOP Program** provides students from disadvantaged backgrounds with the opportunity to develop the skills needed to successfully compete, enter, and graduate from health professions schools. **AACOM supports an appropriation of \$20 million for HCOP and strongly opposes any effort to eliminate this critical program.**

The **SDS Program** provides scholarships to health professions students from disadvantaged backgrounds with financial need, many of whom are underrepresented minorities. **AACOM supports increased funding of \$49.1 million for the SDS Program.**

**GECs** are collaborative arrangements between health professions schools and health care facilities that provide training between health professions schools and health care facilities that provide the training of health professions students, faculty, and practitioners in the diagnosis, treatment, and prevention of disease, disability, and other health issues. **AACOM supports \$35 million for the GECs.**

The **AHEC Program** provides funding for interdisciplinary, community-based, primary care training programs. Through a collaboration of medical schools and academic centers, a network of community-based leaders work to improve the distribution, diversity, supply, and quality of health personnel, particularly primary care personnel in the health care services delivery system, specifically in rural and underserved areas. **AACOM supports an appropriation of \$40 million for the AHEC Program in FY18.**

AACOM continues to strongly support the long-term sustainment of the **THCGME Program**, which provides funding to support primary care medical and dental residents training in community based settings. The majority of currently-funded medical residency programs are osteopathic or dually-accredited (DO/MD).

AACOM commends Congress for reauthorizing the THCGME Program through FY17 in the bipartisan *Medicare Access and CHIP Reauthorization Act of 2015*. However, a lack of continued funding greatly hinders the program's training of primary care physicians and has severely impacted recruitment efforts. **Therefore, AACOM strongly urges Congress to reauthorize the THCGME Program this year.**

In FY11, the THCGME Program commenced with few more than 10 residency programs to train just over 60 residents in the nation's underserved rural and urban communities. In the current 2016-17 academic year, there are approximately 740 residents being trained in 59 HRSA-supported THC residencies in 27 states and the District of Columbia. According to HRSA, physicians who train in teaching health centers (THCs) are three times more likely to work in such centers and more than twice as likely to work in underserved areas. In 2015, 66 percent of the residents who completed the THCGME Program continued to practice in the states where they were residents. The continuation of this program is critical to addressing primary care physician workforce shortages and delivering health care services to underserved communities most in need.

The **NHSC** supports physicians and other health professionals who practice in health professional shortage areas across the U.S. The NHSC projects that a field strength of more than 15,000 primary care clinicians will be in health professional shortage areas in FY18. **While we were pleased to see a two-year extension of this program in the *Medicare Access and CHIP***

***Reauthorization Act of 2015 (PL: 114-10) for FY16 and FY17, the appropriations committees retain primary responsibility for funding the administrative functions of the NHSC and for avoiding lapses in future years. Therefore, AACOM supports the stability and sustainability of this critical program by requesting that the Subcommittee provide \$380 million for the NHSC Program.***

Research funded by the **NIH** leads to important medical discoveries regarding the causes, treatments, and cures for common and rare diseases, as well as disease prevention. These efforts improve our nation's health and save lives. To maintain a robust research agenda, further investment will be needed. **AACOM supports a funding level of at least \$2 billion over the FY17 enacted level of \$34.1 billion for NIH, in addition to funds provided through 21<sup>st</sup> Century Cures for targeted initiatives.**

**AHRQ** supports research to improve health care quality, reduce costs, advance patient safety, decrease medical errors, and broaden access to essential services. AHRQ plays an important role in producing the evidence base needed to improve our nation's health and health care. The incremental increases for AHRQ's Patient Centered Health Research Program in recent years will help AHRQ generate more of this research and expand the infrastructure needed to increase capacity to produce this evidence; however, more investment is needed. **AACOM recommends \$364 million in base discretionary funding, consistent with FY15 levels.** This investment will preserve AHRQ's current programs while helping to restore its critical health care safety, quality, and efficiency initiatives.

AACOM appreciates the opportunity to submit its views and looks forward to continuing to work with the Subcommittee on these important matters.