



AMERICAN OSTEOPATHIC ASSOCIATION



September 21, 2017

The Honorable Paul Ryan
Speaker
U.S. House of Representatives
H-232, The Capitol
Washington, D.C. 20515

The Honorable Mitch McConnell
Majority Leader
United States Senate
S-221, The Capitol
Washington, D.C. 20510

The Honorable Nancy Pelosi
Minority Leader
U.S. House of Representatives
H-204, The Capitol
Washington, D.C. 20515

The Honorable Chuck Schumer
Minority Leader
United States Senate
S-230, The Capitol
Washington, D.C. 20510

Dear Speaker Ryan, Majority Leader McConnell, Minority Leader Pelosi, and Minority Leader Schumer:

On behalf of the hundreds of thousands of physicians, medical students, and health centers represented by our six organizations--the American Academy of Family Physicians, American Association of Colleges of Osteopathic Medicine, American Association of Teaching Health Centers, American Congress of Obstetricians and Gynecologists, American Osteopathic Association, and the Council of Academic Family Medicine --we write to urge for the immediate reauthorization of the Teaching Health Center Graduate Medical Education (THCGME) program at \$116.5 million, for the next three years, by September 30th.

Failure to reauthorize the program in a timely manner could force teaching health centers (THCs) across the country to close. This would have an immediate impact on patients' access to care in

The Honorable Paul Ryan
The Honorable Mitch McConnell
The Honorable Nancy Pelosi
The Honorable Chuck Schumer
September 21, 2017
Page 2

underserved communities nationwide, disrupt the training of resident physicians, and end a successful effort to address primary care shortages.

Without immediate action by Congress, our nation's rural and underserved communities may lose more than 1 million physician visits and more than 730 residents currently training in THCs may lose their training positions. Additionally, a short-term funding extension will not address immediate uncertainties. THCs cannot operate without the assurances of a long-term federal funding commitment, which is critical to supporting their ability to recruit new residents for the next academic year and to fulfill the commitments they have made to existing residents. Furthermore, the annual \$60 million funding level that expires on September 30th proved to be unsustainable. The continuation of funding at this will lead to further erosions of the program. In fact, within the last few months, two THCs – one in Detroit (MI) and another in Tulsa (OK) – have shut their doors.

Senators Susan Collins (R-ME) and Jon Tester (D-MT) and Representatives Cathy McMorris Rodgers (R-WA) and Niki Tsongas (D-MA) have introduced bipartisan legislation to address this impending threat to patients' access to care and to our future primary care workforce. Enactment of S. 1754/H.R. 3394, the "Training the Next Generation of Primary Care Doctors Act of 2017," would reauthorize the THCGME program for three years, matching the length of most primary care residency training, and include a per-resident amount that better reflects the cost of training¹. In addition to providing much-needed stability and sustainability for the program, the legislation also creates a pathway for the addition of new THC residency programs.

The THCGME program is a vital source of training for primary care residents expanding access to care in both urban and rural medically underserved communities throughout the country. Located in 27 states including Kentucky, New York, and California to name a few, THCGME programs currently train residents in much-needed primary care fields that have the largest shortages nationally, including family medicine, internal medicine, pediatrics, obstetrics and gynecology, psychiatry, geriatrics, and dentistry.

True to the intent of the THCGME program, physicians who train in THC programs are far more likely to stay in those communities and continue providing primary care. Data show that when compared to traditional postgraduate trainees, residents who train at THCs are more likely to practice primary care (82% vs. 23%) and remain in underserved (55% vs. 26%) or rural (20% vs. 5%) communities.² It is clear that the well-designed THCGME program not only plays a vital role in training our next generation of primary care physicians, but helps to bridge our nation's physician shortfall. The program also tackles the physician maldistribution problem, helping to address the need to attract and retain physicians in rural areas and medically underserved communities. In academic year 2015-2016, nearly all residents received training in primary care settings and 77% of residents trained in Medically Underserved Communities (MUCs).³

¹ <https://bhw.hrsa.gov/sites/default/files/bhw/grants/thc-costing-fact-sheet.pdf>

² <http://aathc.org/know-the-facts/>

³ <https://bhw.hrsa.gov/grants/medicine/thcgme>

The Honorable Paul Ryan
The Honorable Mitch McConnell
The Honorable Nancy Pelosi
The Honorable Chuck Schumer
September 21, 2017
Page 3

Without reauthorization and adequate funding by September 30th, our nation's most vulnerable citizens, primarily in rural communities, may lose access to care and the existing primary care physician shortage in these areas will immediately become more pronounced.

Thank you for your strong consideration of our request. Please do not hesitate to call upon our associations for assistance on this priority issue.

Sincerely,

American Academy of Family Physicians
American Association of Colleges of Osteopathic Medicine
American Association of Teaching Health Centers
American Congress of Obstetricians and Gynecologists
American Osteopathic Association
Council of Academic Family Medicine

cc: The Honorable Kevin McCarthy