

**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 2017**

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

April 15, 2016

The American Association of Colleges of Osteopathic Medicine (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)]; \$527 million in mandatory funding for the Teaching Health Center Graduate Medical Education (THCGME) Program; funding for the National Health Service Corps (NHSC) through the annual appropriations process to create stability and sustainability for the Program; \$34.5 billion for the National Institutes of Health (NIH); and \$364 million in base discretionary funding for the Agency for Healthcare Research and Quality (AHRQ).

AACOM represents the 31 accredited colleges of osteopathic medicine in the United States.

These colleges are accredited to deliver instruction at 46 teaching locations in 31 states. In the 2015-16 academic year, these colleges are educating over 26,100 future physicians – more than 20 percent of new U.S. medical students.

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.

As the demand for health professionals increases in the face of impending shortages, combined with faculty shortages across health professions disciplines, racial and ethnic disparities in health care, a growing, aging population, and the anticipated demand for increased access to care, 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 to allow for a new FY17 competitive grant cycle for the PCTE Program’s physician training and development.**

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 65 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.**

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 in the President's FY17 budget 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 FY17 and strongly opposes the elimination of this vital program in the President's FY17 budget.

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. THCs currently train more than 690 medical and dental residents and are caring for more than half a million patients in underserved rural and urban communities. This program will also provide long-term benefits. According to HRSA, physicians who train in THCs are three times more likely to work in such centers and more than twice as likely to work in underserved areas as physicians who train in other settings. **AACOM supports the President's FY17 budget request for the THCGME Program of \$527 million in mandatory funding through FY18-FY20. We will continue to work with Congress to support a sustainable and viable funding mechanism for the continuation of this successful program.**

The **NHSC** supports physicians and other health professionals who practice in health professional shortage areas across the U.S. In FY15, the NHSC had over 9600 primary care clinicians providing health care services. The NHSC projects that a field strength of more than 15,000 primary care clinicians will be in health professional shortage areas in FY17. In addition, more than 1200 students, residents, and health providers receive scholarships or participate in the NHSC Loan Repayment Program or Student to Service Loan Repayment Program to prepare to practice. **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 appropriation 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 a discretionary appropriation 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 an appropriation of \$34.5 billion for NIH in FY17, which accounts for inflation associated with biomedical research plus 5%.**

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 the President's FY17 budget request and FY15 levels.** This investment will preserve AHRQ's current programs while helping to restore its critical health care safety, quality, and efficiency initiatives.

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