

**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 2019**

*Submitted for the Record to the House Appropriations Subcommittee on Labor, Health and
Human Services, Education, and Related Agencies
April 26, 2018*

The American Association of Colleges of Osteopathic Medicine (AACOM) represents the 34 accredited colleges of osteopathic medicine in the United States. These colleges are accredited to deliver instruction at 51 teaching locations in 32 states. Six of the colleges are publicly controlled, and 28 are private institutions. In the current academic year, these colleges are educating nearly 29,000 future physicians—more than 20 percent of all U.S. medical students.

AACOM strongly supports restoring funding for discretionary Health Resources and Services Administration (HRSA) programs to \$8.56 billion; funding for key priorities in HRSA’s Title VII programs under the Public Health Service Act, including adequate funding for the Centers for Excellence (COE), Health Careers Opportunity Program (HCOP), Scholarships for Disadvantaged Students (SDS) Program, Geriatrics Education Centers (GECs); \$40 million for the Area Health Education Centers (AHECs) Program; \$59 million for the Primary Care Training and Enhancement (PCTE) Program; \$4 million for the Rural Physician Training Grants; long-term sustainable funding for the Teaching Health Center Graduate Medical Education (THCGME) Program; at least \$330 million in funding for the National Health Service Corps (NHSC), either appropriated or mandatory funding; a minimum of \$39.3 billion for the National Institutes of Health (NIH), including funds provided to the agency through the 21st Century Cures Act for targeted initiatives; and \$454 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 medically underserved populations, as well as increase minority representation in the health care workforce. **AACOM supports total funding of \$690 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 COE, the HCOP, the SDS Program, the GECs, the AHECs, the PCTE Program, and 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 adequate funding of the COE Program.**

The **HCOP** 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 adequate funding of the HCOP Program.

The **SDS Program** provides scholarships to health professions students from disadvantaged backgrounds with financial need, many of whom are underrepresented minorities. **AACOM**

supports adequate funding of 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 adequate funding of 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 a request of \$40 million for the AHEC Program and strongly opposes any effort to eliminate this critical program.**

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

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). Currently, there are more than 730 residents being trained in 57 HRSA- supported THC residencies in 24 states. 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. 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. **AACOM is pleased that Congress supported this highly successful bipartisan program by extending it for fiscal years (FY) 2018 and FY19 through the Bipartisan Budget Act of 2018 (PL: 115-123). However, stable funding is necessary for the THCGME Program to continue to expand and increase the number of physicians that work in communities of need. AACOM strongly supports the continuation of and permanent funding for the THCGME Program, and will continue to work with Congress to support a sustainable and viable funding mechanism for the continuation beyond FY19. Furthermore, we strongly support the program's funding continue as mandatory funding beyond FY19.**

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 per the Bipartisan Budget Act of 2018 (PL: 115-123), stable funding is necessary for the continuation of this critically effective program. Therefore, AACOM supports the stability of the NHSC by requesting either appropriated or mandatory funding, of at least \$330 million for the NHSC.**

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 \$39.3 billion for the NIH, including funds provided to the agency through the 21st Century Cures Act for targeted initiatives.**

AHRQ plays an important role in producing the evidence base research 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 \$454 million in base discretionary funding for AHRQ, consistent with FY10 levels.** This investment will preserve AHRQ's current programs while helping to restore its critical health care safety, quality, and efficiency initiatives. **Additionally, AACOM opposes the consolidation of AHRQ into the NIH.**

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