

**Testimony of Stephen C. Shannon, DO, MPH, President and Chief Executive Officer, of the American Association of Colleges of Osteopathic Medicine Concerning the Department of Health and Human Services Appropriations for Fiscal Year 2013**

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

April 27, 2012

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), I am pleased to submit this testimony in support of increased funding in fiscal year (FY) 2013 for programs at the Health Resources Services Administration (HRSA), the National Institutes of Health (NIH), and the Agency for Healthcare Research and Quality (AHRQ). AACOM represents the administrations, faculty, and students of the nation's 26 colleges of osteopathic medicine at 34 locations in 25 states. Today, more than 20,000 students are enrolled in osteopathic medical schools. Nearly one in five U.S. medical students is training to be an osteopathic physician.

Title VII

The health professions education programs, authorized under Title VII of 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 and Title VIII nurse education programs are the only federal programs designed to train clinicians in interdisciplinary settings to meet the needs of special and underserved populations, as well as increase minority representation in the health care workforce.

According to HRSA, an additional 33,000 health practitioners are needed to alleviate existing health professional 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 access to care, these needs strain an already fragile health care system.

While AACOM appreciates the investments that have been made in these programs, we recommend increasing funding to \$247.5 million for Title VII. We strongly support investment in the following programs in order to address the primary care workforce shortage: Primary Care Training and Enhancement (PCTE) Program at \$58 million, the Health Careers Opportunity Program (HCOP) at \$14.9 million, the Centers of Excellence (COE) at \$22.9 million, the Geriatric Education Centers (GECs) at \$30.6 million and the Area Health Education Centers (AHECs) at \$33.142 million. Strengthening the workforce has been recognized as a national priority, and the investment in these programs recommended by AACOM will help meet the demand for a well trained, diverse workforce facing this country.

Teaching Health Centers Graduate Medical Education Program

The Teaching Health Center Graduate Medical Education (THCGME) Program is the first of its kind to shift GME training to community-based care settings that emphasize primary care and prevention. It is uniquely positioned to provide much needed primary care training in

underserved populations. However, because the program is the first of its kind, most community-based settings do not have existing infrastructure to provide this training. AACOM strongly supports the President's budget request of \$10 million to fund the THCGME Development Grants. This funding would allow potential THCGME training sites to develop the infrastructure needed to administer residency training programs.

#### National Health Service Corps

Approximately 50 million Americans live in communities with a shortage of health professionals, lacking adequate access to primary care. Through scholarships and loan repayment, the National Health Service Corps (NHSC) supports the recruitment and retention of primary care clinicians to practice in underserved communities. At the close of FY 2010, the NHSC provided a network of 7,500 primary health care professionals in 10,000 sites in underserved communities. However, this still fell approximately 20,000 practitioners short of fulfilling the need for primary care, dental and mental health practitioners in Health Professions Shortage Areas (HPSAs). Growth in HRSA's Community Health Center Program must be complemented with increases in the recruitment and retention of primary care clinicians to ensure adequate staffing, which the NHSC provides. AACOM strongly supports fully funding all aspects of the NHSC from both discretionary and mandatory funding sources and recommends that the full \$300 million in mandatory funding be allocated and should be supplemented by discretionary dollars in FY 2013.

#### Workforce Commission

As the United States struggles to address with health care provider shortages in certain specialties and in rural and underserved areas, the country lacks a defined policy to address these critical issues. The National Health Care Workforce Commission was designed to develop and evaluate training activities to meet demand for health care workers. Without funding, the Commission cannot identify barriers that may create and exacerbate workforce shortages and improve coordination on the federal, state and local levels. Having this type of coordinating body in place is becoming more critical as more Americans have insurance coverage and the population ages, requiring access to care. For these reasons, AACOM recommends that \$3 million be appropriated to fund the Commission.

#### National Institutes of Health

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 recommends \$32 billion in FY 2013 for the NIH.

In today's increasingly demanding and evolving medical curriculum, there is a critical need for more research geared toward evidence-based osteopathic medicine. AACOM believes that it is vitally important to maintain and increase funding for biomedical and clinical research in a variety of areas related to osteopathic principles and practice, including osteopathic manipulative medicine and comparative effectiveness. In this regard, AACOM encourages support for the NIH's National Center for Complementary and Alternative Medicine to continue fulfilling this essential research role.

Agency for Healthcare Research and Quality

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, as well as the funding provided to AHRQ in the ARRA, will help AHRQ generate more of this research and expand the infrastructure needed to increase capacity to produce this evidence. More investment is needed, however, to fulfill AHRQ's mission and broader research agenda, especially research in patient safety and prevention and care management research. AACOM recommends \$400 million in FY 2013 for AHRQ's base, discretionary budget. 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.