

**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
National Association of Community Health Centers**

Joint Statement for the Record

**Hearing of the Energy and Commerce Subcommittee on Health
on
Supporting Tomorrow's Health Providers:
Examining Workforce Programs under the Public Health Service Act**

September 14, 2017

On behalf of the hundreds of thousands of physicians, medical students, and health centers represented by our seven 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, Council of Academic Family Medicine, and the National Association of Community Health Centers--we thank the subcommittee for working to address physician workforce issues in rural and underserved communities in a comprehensive approach.

Our organizations encourage Congress to enact the "Training the Next Generation of Primary Care Doctors Act of 2017" (H.R. 3394), and fund the Community Health Centers Fund (CHCF) along with the National Health Service Corps (NHSC) by September 30, 2017. These programs work together to change the landscape of access to care in underserved communities nationwide.

The Teaching Health Center Graduate Medical Education (THCGME) program is a vital source of training for primary care residents who expand access to care in both urban and rural medically underserved communities throughout the country. Failing to reauthorize the program for a minimum of three years and with a sustainable per resident allocation by September 30 could force teaching health centers (THCs) across the country to close, which would have immediate impact on patients, disrupt the training of resident physicians, and end a successful effort to address primary care shortages.

Located in 27 states, THCGME programs currently train more than 700 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. Those resident physicians will provide more than one million primary care medical visits to patients living in underserved communities this year alone.

True to the intent of the THCGME, physicians who train in these 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 percent

vs. 23 percent) and remain in underserved (55 percent vs. 26 percent) or rural (20 percent vs. 5 percent) communities.¹ 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, and helps 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).²

If enacted, H.R. 3394 would reauthorize the THCGME program for three years, matching the length of residency training, and include a per-resident allocation that better reflects the cost of training. In addition to providing much-needed stability to the program, the legislation also creates a pathway for the addition of new THC residency programs.

Established in 1972, the NHSC incentivizes primary care providers to work in the highest need areas of our country. NHSC consists of more than 10,000 primary care medical, dental, and mental health and behavioral health professionals who provide care to approximately 11 million medically underserved people³ at more than 5,000 sites that are designated as Health Professional Shortage Areas.

Like the THCGME and the NHSC, funding for the CHCF will expire on September 30. Without immediate action, services provided by Community Health Centers, which serve as the primary medical home for more than 27 million people in 9,800 rural and urban communities across America⁴ will be put in jeopardy.

We deeply appreciate the subcommittee's commitment in training the future primary care workforce. We look forward to working with members of the subcommittee to ensure the enactment of H.R. 3394, and the continued funding for the CHCF and the NHSC.

¹ <http://aathc.org/know-the-facts/>

² <https://bhw.hrsa.gov/grants/medicine/thcgme>

³ <https://nhsc.hrsa.gov/corpscommunitymonth/index.html>

⁴ <http://www.nachc.org/about-our-health-centers/>