



Michael D. Maves, MD, MBA, Executive Vice President, CEO

Letter also sent to Rep. DeLauro, Sen. Shelby and Sen. Harkin

April 20, 2011

The Honorable Dennis Rehberg
Chairman
U.S. House of Representatives
Appropriations Subcommittee on Labor, Health and
Human Services, Education and Related Agencies
2358B Rayburn House Office Building
Washington, DC 20515

Dear Chairman Rehberg:

As you prepare to mark up the Fiscal Year 2012 Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) appropriations bill, the American Medical Association (AMA) would like to share the views of our physician and medical student members on funding priorities for health programs. While we recognize the severe budget constraints under which the Subcommittee is operating this year and the difficult decisions you face, we believe that the programs discussed below deliver considerable return on investment and we urge the Subcommittee to provide them with adequate funding.

Health Resources and Services Administration—Physician Workforce and Community Health Centers

Many authorities agree that by 2025 the United States will face a shortage of physicians to meet the needs of a growing and aging U.S. population. While demand for access to physician services will be increasing, physician shortfalls up to 130,000 across all specialties are predicted. The Balanced Budget Act of 1997 capped the number of resident physicians each teaching hospital could claim for reimbursement under Medicare. While new U.S. allopathic and osteopathic medical schools are opening and many medical schools are expanding enrollments, core graduate medical education (GME) training programs are experiencing minimal growth due to limited funding.

The Patient Protection and Affordable Care Act (ACA) authorized the redistribution of certain unused GME residency slots, as well as funding to create additional primary care residency slots. Unfortunately, these slots alone will not be enough to address the predicted physician shortages and ensure that we have a fully trained physician workforce available to serve the needs of patients. Several important residency programs, however, such as preventive medicine and occupational medicine, do not benefit from Medicare GME funding but instead, rely on appropriations funded through your subcommittee; these programs should be adequately funded

to avoid shortages. Similarly, we urge the Subcommittee to fund the children's hospital GME payment program, which supports the training of pediatric residents in free-standing children's hospitals. President Obama's FY 2012 budget proposal would eliminate funding for this important program. **Ensuring stable, adequate funding for residency programs is vital for increasing our nation's physician workforce supply.**

The health professions programs under Title VII of the Public Health Service Act help to increase the supply of primary medical care and preventive medicine specialists and help to ensure that health care professionals are trained to provide quality care, represent the diverse makeup of the general population, and are available to communities across the country, particularly those in underserved areas. The Title VII primary care cluster, which provides funding for general internal medicine and general pediatrics, is the only federal funding dedicated specifically to the education and training of the primary care workforce. Title VII-funded programs have led to increases in the family physician workforce in rural and low income communities.

While the diversity of the population of physicians-in-training and in practice is far from optimal, Title VII programs such as the Centers of Excellence, Health Careers Opportunity, Scholarships for Disadvantaged Students, Faculty Loan Repayment, and Minority Faculty Fellowship, have helped to increase the diversity of the workforce. Studies published in peer-reviewed journals such as *Annals of Family Medicine*, *American Journal of Public Health*, *Mount Sinai Journal of Medicine*, and *Academic Medicine*, demonstrate the positive impact that Title VII funding has on students, and on the populations that these health professionals treat. The ACA enhances Title VII programs, including authorizing increases in the number of residents trained in general pediatrics, general internal medicine, and family medicine, to address our nation's health care workforce needs. **The AMA urges continued financial support for Title VII programs that enhance the diversity, distribution, and supply of our nation's physician workforce.**

The National Health Service Corps (NHSC) program is vital to addressing the health care needs of our nation. The NHSC recruits and retains primary care physicians (e.g., general internal medicine, general psychiatry, general pediatrics, ob-gyns, etc.) and other health care providers (e.g., nurse practitioners, dentists, mental and behavioral health professionals, physician assistants, and dental hygienists) in underserved areas by providing incentives through loan forgiveness programs and scholarships. The NHSC improves access to health care for underserved areas, provides incentives for practitioners to enter primary care, reduces the financial burden that the cost of health professions education places on new practitioners, and helps ensure access to health professions education for students from all backgrounds. Over 7,500 physicians, dentists, and other NHSC primary health care clinicians are working today in underserved communities nationwide. Demand is still high for health care professionals in underserved rural and inner-city areas. The ACA authorized a total of \$1.5 billion in supplemental funding for the NHSC over a five-year period—FY2011 through FY2015. In addition, the ACA increases the amounts authorized to be appropriated for the NHSC under the

regular appropriations process. **We urge continued, enhanced funding for the NHSC as directed by the ACA.**

Community Health Centers (CHCs) provide a key link to health care for some of our most vulnerable patients who have difficult accessing the traditional health care system. With 50 million Americans currently uninsured, CHCs play a critical role in helping people receive needed health care regardless of their financial status. **CHCs provide cost-effective health care, and we urge you to maintain their funding.**

Agency for Healthcare Research and Quality (AHRQ)

The AMA supports adequate funding to fulfill the AHRQ's mission, which is focused on research designed to improve the quality of health care, to increase the efficiency of its delivery, and to broaden access to the most essential health services. To accomplish these goals, the agency funds, conducts, and disseminates research aimed at reducing the costs of care, promoting patient safety and health care quality and outcomes, decreasing health care errors, promoting evidence-based decision-making, and increasing the effectiveness of health care services. Research sponsored or conducted by AHRQ on critically-important issues, such as patient safety, health care disparities, medical liability reform, and Methicillin-resistant *Staphylococcus aureus* (MRSA), help to identify effective treatments and efficient approaches for financing and delivering health care services.

We also strongly support providing federal incentives to states to test and evaluate a wide range of alternative medical liability reforms including, early disclosure and compensation programs, health courts, and safe harbors for the practice of evidence-based medicine. **Therefore, we urge you to increase funding to enable AHRQ to provide additional grants to states to develop, implement, and evaluate medical liability reform models.**

Centers for Disease Control and Prevention (CDC)

Public health agencies and programs are the nation's primary investment in disease prevention and health promotion, and play a crucial role in slowing the growth of health care costs, reducing health disparities, and improving the quality of life for millions of Americans. The Centers for Disease Control and Prevention (CDC) is confronted with increasing challenges and responsibilities, ranging from bioterrorism preparedness, strategies to fight emerging and reemerging infectious diseases and prevent antimicrobial resistance, chronic disease prevention and wellness promotion, eliminating health disparities, injury control and violence prevention, public health research, improvements in nutrition and immunization, to community health promotion efforts, especially with respect to dealing with the obesity epidemic. In addition, CDC programs will play a critical role in improving the public's health as the ACA is implemented, particularly through the Prevention and Public Health Fund.

Vaccines have been hailed as one of the most cost-effective public health measures, preventing disease and saving millions of lives worldwide, and all individuals should have access to them.

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The AMA urges increased funding for the Section 317 program, which provides vaccines for children from working families who do not qualify for the federal entitlement program, Vaccines for Children (VFC), as well as for adolescents and adults. The 317 Program is essential to ensuring the timely immunization of children, adolescents, and adults, and yet funding has not kept pace with the cost to implement newly recommended vaccines for children and adolescents, and has never adequately funded vaccines for adults. **We urge you to provide adequate funding for these and other important public health programs.**

Conclusion

We appreciate your leadership on health appropriations issues in this challenging fiscal environment, and thank you for considering our comments. We look forward to working with you to ensure that our citizens are as healthy as possible.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Maves". The signature is written in a cursive, flowing style.

Michael D. Maves, MD, MBA