



**Statement for the Record**  
**American College of Physicians**  
**Hearing before the U.S. Senate Committee on Health, Education, Labor and Pensions**  
**On**  
**Access to Care: Health Centers and Providers in Underserved Communities**  
**January 29, 2019**

The American College of Physicians (ACP) is pleased to submit this statement and appreciates that Chairman Alexander and Ranking Member Murray convened this hearing. Thank you for your shared commitment to ensure that all Americans have access to quality health care. ACP especially commends the Chair and Ranking Member as well as the entire Senate Health, Education, Labor and Pensions (HELP) Committee for having this hearing to address the need for health care providers in underserved communities. Federal programs that are funded through the Community Health Center Fund (CHCF), such as Federally Qualified Health Centers (FQHCs), the National Health Service Corps (NHSC), and the Teaching Health Center Graduate Medical Education (THCGME) program, play a critical role in providing an adequate number of primary care clinicians in Medically Underserved Areas (MUAs) and Health Professional Shortage Areas (HPSAs). It is vitally important that these programs are not only sustained over the long term, but expanded in order to meet the growing demand for primary care services in the future. We wish to assist in the HELP Committee's efforts by offering our input and suggestions about providers in underserved communities, specifically as those efforts relate to the NHSC.

The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 154,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

Since 2010, the NHSC has awarded over \$1.5 billion in scholarships and loan repayment to health care professionals to help expand the country's primary care workforce and meet the health care needs of underserved communities across the country. With a field strength of about 10,000 primary-care clinicians, NHSC members are providing culturally competent care to 11 million patients at 16,000 NHSC-approved health care sites in urban, rural, and frontier areas. Over 1,400 Community Health Centers (CHCs) treat patients all over the country in both rural and urban settings, serving 24 million people each year. The THCGME program provides funding to train medical residents in primary care, thereby increasing the overall number of primary care physicians. THCGME funding trains medical residents in primary care in community settings, including CHCs, with a focus on areas where there are health provider shortages. Over half (55 percent) of THCGME program training sites are in medically

underserved areas. The NHSC, CHCs, and the THCGME program all contribute significantly to making sure that patients are served in MUAs and HPSAs.

### **Investment in Primary Care**

Investing in primary care is critical to overall patient health but also in helping to reduce costs in the health care system. The Institute of Medicine defines primary care as “the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.”

The hallmarks of primary care medicine—first contact care, continuity of care, comprehensive care, and coordinated care—are increasingly necessary in taking care of an aging population with growing incidence of chronic disease and have proven to achieve improved outcomes and cost savings. Primary care physicians provide not only the first contact for a person with an undiagnosed health concern but also continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.

For many patients, primary care physicians are the first point of contact with the healthcare system. That means they are often the first to see depression, early signs of cancer or chronic disease, and other health concerns. They ensure patients get the right care, in the right setting, by the most appropriate provider, in a coordinated way. The two specialties that provide the majority of adult primary care in the United States are family medicine and internal medicine.

The data clearly shows the importance of primary care:

- U.S. adults who have a primary care physician have 19 percent lower odds of premature death than those who only see specialists for their care;
- Adults also have 33 percent lower health care costs;
- States with higher ratios of primary care physicians to population have better health outcomes, including decreased mortality from cancer, heart disease, or stroke;
- Medicare spending is also lower in states with more primary care physicians.<sup>1</sup>

Without primary care, the health care system will become increasingly fragmented and inefficient—leading to poorer quality care at higher costs.

Several years ago, ACP released a comprehensive, annotated summary of more than 100 studies,<sup>2</sup> conducted over the past two decades in the United States and abroad, that shows that the availability of primary care is consistently associated with better outcomes and lower costs of care. Community Health Centers, the NHSC and the THCGME program all help to ensure that patients have access to primary care and that there is an adequate supply of primary care clinicians, including physicians, to treat those patients.

### **Access to Primary Care**

Unfortunately, the existing primary care workforce is poorly distributed. There are 6,708 primary care HPSAs (designated by the Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally

qualified health center or other public facility). Over 67 million Americans are impacted by the lack of access to primary care.

### **Primary Care Workforce Shortage**

HRSA's National Center for Health Workforce Analysis projects that the total demand for primary care physicians will grow by 38,320 full-time equivalents (FTEs) between 2013 and 2025 and estimates a shortage of 23,640 primary care physician FTEs by 2025. Based on current utilization patterns by age, the increased demand in primary care is seen most prominently among general/family medicine and general internal medicine. According to HRSA, 10,201 additional primary care physicians are needed to meet these existing shortages.

According to the Association of American Medical Colleges, the primary care shortage is even worse. AAMC's 2018 findings show a shortfall of between 14,800 and 49,300 primary care physicians by 2030.

### **The National Health Service Corps Supports the Primary Care Workforce**

The NHSC provides scholarships and loan forgiveness to 5,711 providers and has a field strength of 10,200 primary care medical, dental, and mental and behavioral health professionals training in rural, urban, and frontier communities (FY2017). In return, health care providers serve for a period of service in a Health Professional Shortage Area (HPSA).

The NHSC services a vital purpose in helping to ease this workforce shortage through its scholarships and its loan forgiveness program that helps bring health care to those who need it most. More than 50,000 clinicians have served in the NHSC since its inception. From FY2011 through FY2017, the most recent year of final data available, the NHSC offered more than 39,000 loan repayment agreements and scholarship awards to individuals who agreed to serve for a minimum of two years in a HPSA. Today, nearly 10,200 NHSC members provide care to more than 11 million people.

Though these numbers are substantial, it will likely not be enough to meet the soaring demand for primary care and continued and stable funding is essential to the future of the program's mission.

### **National Health Service Corps Funding**

ACP strongly supports the NHSC and its mission addressing the health professionals' workforce shortage and growing maldistribution. NHSC programs make an impact in meeting the health care needs of the underserved. ACP has routinely made annual funding requests to both the House and Senate appropriations committees for substantial increases in NHSC funding.

The Affordable Care Act (ACA) created mandatory funding for the NHSC for five fiscal years—NHSC-dedicated funding (part of the CHCF) at the discretion of the Secretary of Health and Human Services (HHS). Fiscal Year 2015 was the last year that the NHSC received mandatory funding through the original ACA authorization at the \$310 million level, and a FY2016 funding source for the NHSC was uncertain. Fortunately in April 2015, the Medicare Access and CHIP Reauthorization Act (MACRA), H.R. 2, extended the NHSC's mandatory funding for two more fiscal years (FY2016, FY2017) at the same FY2015, \$310 million level.

However, NHSC funding was set to expire yet again after FY2017, with no mandatory funds having been appropriated to the NHSC at the start of FY2018. A stopgap appropriation to last the NHSC for two quarters was passed to keep the program going. In February 2018, the Bipartisan Budget Act of 2018 (BBA of 2018) did provide mandatory funding for two fiscal years, FY2018 and FY2019, at the same level since FY2015 (\$310 million). And as we all know, after FY2019, the mandatory funding will again expire and Congress must again act to keep the NHSC funded.

The omnibus appropriations bill for FY2018 appropriated discretionary funds (\$105 million) for the NHSC for the first time in many years, bringing the NHSC's total program level to \$415 million for FY2018. This funding was specifically directed towards health care providers that offer opioid and other substance use disorder treatment in HPSAs and made substance use disorder counselors eligible for the NHSC loan repayment program. While it is unlikely that this funding would increase physician field strength; the additional funding will help maintain the funding available to physician applicants, because the funds are specified to support the newly added providers. Fortunately, Congress again provided the \$105 million in FY2019 to the NHSC for substance use disorder providers. However, in a turbulent discretionary appropriations environment and sequester level budget caps set to return if a budget deal is not reached, this additional funding is not ensured for FY2020 and beyond.

The NHSC (and the programs funded by the CHCF) have faced a steep "primary-care cliff" in 2015, 2017, and now in 2019 where funding completely drops off unless Congress acts to reauthorize it. This short-term funding situation is detrimental to the NHSC's operations and its programs have suffered the consequences of lurching from one short-term funding authorization to another, lacking the needed stability of long-term funding and endangering physician training and patients in underserved communities. Accordingly, ACP believes that it is imperative that Congress reach bipartisan agreement to reauthorize funding for the NHSC and other essential health programs over the long term.

The NHSC is key in not only providing primary care to underserved areas, but also in encouraging clinicians to pursue a career in primary care to help alleviate the primary care provider shortage. NHSC members greatly contribute to their communities by improving the health of the patients they serve. Most (55 percent) NHSC members continue to practice in underserved areas ten years after service. Another study found that six years after service, 26 percent of NHSC participants were located in the very same HPSA of their NHSC service and 69 percent were in a HPSA location. Tuition debt impacts 72 percent of medical students, and they owe a median of \$180,000. With more resources, the NHSC can award more new applications and help medical students pay off debt while providing primary care.

There is overwhelming interest and demand for NHSC programs, and with more funding, the NHSC could fill more primary care clinician needs. In FY2016, there were 2,275 applications for the scholarship program and yet only 205 awards were made. There were 7,203 applications for loan repayment and only 3,079 new awards. In 2018, 4,605 open NHSC positions could not be filled because NHSC field strength was not enough to meet the needs of every eligible NHSC site.

Accordingly, the College calls on Congress to not only authorize NHSC funding for the long term, but to also increase that funding significantly—essentially double the overall program funding level—to meet the demand that clearly exists. The NHSC needs a stable funding source to continue its efforts of

providing primary care in underserved areas; future funding disruptions could mean that the NHSC cannot process new applications or service existing participants. With a doubling of resources, the NHSC can also increase its overall field strength of primary care clinicians, including physicians. While funding for CHCs and the THCGME is also important, these programs received recent funding increases through the BBA of 2018 for FY2018 and FY2019 while the NHSC's funding remained flat for those fiscal years.

### **Conclusion**

The College strongly believes the United States must invest robustly in workforce and delivery system initiatives that support primary care and the public health. The NHSC not only has a proven track record of effectiveness but there is also a demonstrated need and demand for the continuation of this program that benefits underserved areas of the country. Accordingly, Congress should pass legislation to increase funding for the NHSC programs for at least five fiscal years.

ACP sincerely appreciates Chairman Alexander and Ranking Member Murray for convening this hearing and for the shared bipartisan commitment to ensure that patients have access to primary care services. We appreciate the HELP Committee's inviting input from the physician community and our hope is that the information we shared will provide the committee with a clinician perspective. We stand ready to continue to serve as a resource and welcome the opportunity to continue to work with you as you develop policy on this issue during the 116th Congress. Please contact Jared Frost, Senior Associate, Legislative Affairs, by phone at (202) 261-4526 or via email at [jfrost@acponline.org](mailto:jfrost@acponline.org) with any further questions or if you need additional information. Thank you.

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<sup>1</sup> American College of Physicians. How Is a Shortage of Primary Care Physicians Affecting the Quality and Cost of Medical Care? Page Accessed at [https://www.acponline.org/acp\\_policy/policies/primary\\_care\\_shortage\\_affecting\\_hc\\_2008.pdf](https://www.acponline.org/acp_policy/policies/primary_care_shortage_affecting_hc_2008.pdf)

<sup>2</sup> Ibid.