

November 4, 2011

Dear Representative:

The undersigned organizations are writing to urge you to reassess and revise the provisions in HR 3070 that would eliminate funding for the primary care cluster of health professions in FY2012. Funding for primary care training is an investment in the future restraint of health care spending, as well as in improved health outcomes.

As lawmakers make difficult determinations regarding federal spending in the coming weeks and months, the importance of supporting and enhancing the primary care workforce to ensure access to quality and cost-effective health care should be an integral part of the discussion. These Health Resources and Services Administration (HRSA) programs are a small investment that will reap larger rewards.

The evidence is clear:

- Demonstration projects and international experiences that preferentially invest in primary care can reduce spending, particularly for inpatient and emergency department care (Health Affairs, Mar-Apr 2009).
- Key advisory bodies such as the Institute of Medicine (IOM) and the Congressional Research Service (CRS) also call for increased funding. The IOM (December 2008) pointed to the drastic decline in Title VII funding and described these health professions workforce training programs as “an undervalued asset.” The CRS found that reduced funding to the primary care cluster has negatively affected the programs during a time when more primary care is needed (February 2008).
- “There is compelling evidence that health care outcomes and costs in the United States are strongly linked to the availability of primary care physicians. For each incremental primary care physician (PCP), there is 1.44 fewer deaths per 10,000 persons. Patients with a regular primary care physician have lower overall health care costs than those without one.” (Council on Graduate Medical Education (COGME) December, 2010)

In addition, it is important to understand that we are already in a crisis regarding shortfalls in the education and training of primary care physicians and physician assistants. “Since 2000, primary care GME production has dropped to levels too low to sustain the current primary care physician workforce. More than 1,250 resident positions in adult primary care training programs have been lost (Academic Medicine, May 2011).” The combined production of primary care and general surgery is now down to less than 26% of GME output (primary care about 23%). In 2008, 37% of physician assistants were practicing in primary care; this reflects a decline from 1997 when 50% of physician assistants practiced in primary care and follows trends in the physician workforce. (Eighth Annual Report to the Secretary of the U.S. Department of Health and Human Services and to the U.S. Congress May 2010, ACTPCMD) Cutting funding that helps provide training to a new generation of primary care doctors and physician assistants is an ill-advised step backward.

Now is not the time to be penny-wise and pound-foolish by eliminating funding for these critical programs. When the Committee engages with the Senate to finalize FY2012 appropriations bill, we respectfully urge you to recede to the Senate's position on funding these critical programs.

Sincerely,

Alliance for Academic Internal Medicine  
American Academy of Family Physicians  
American Academy of Physician Assistants  
American Association of Colleges of Osteopathic Medicine  
American College of Osteopathic Family Physicians  
American College of Physicians  
American Medical Student Association  
American Osteopathic Association  
Association of Departments of Family Medicine  
Association of Family Medicine Residency Directors  
National Rural Health Association  
North American Primary Care Research Group  
Physician Assistant Education Association  
Society of General Internal Medicine  
Society of Teachers of Family Medicine