



September 25, 2017

The Honorable Kay Ivey  
Office of the Governor  
600 Dexter Avenue  
Montgomery, AL 36130

Dear Governor Ivey:

We are writing on behalf of the Alabama Osteopathic Medical Association (AOMA) and the American Osteopathic Association (AOA), which represents the nation's 129,000 osteopathic physicians (DOs), residents and medical students. Currently, funding for teaching health center (THCs) programs for resident physicians who provide primary medical care directly to patients in Alabama will expire on September 30, 2017 unless Congress acts now to reauthorize the Teaching Health Center Graduate Medical Education (THCGME) program.

Failure to act puts patients who receive care at Cahaba Medical Care Foundation in Centreville are at risk. We urge you to connect with your U.S. congressional delegation and ask them to immediately reauthorize the THCGME program for a minimum of three years, with a sustainable per resident allocation. Failing to reauthorize the program could force teaching health centers in Alabama to close, which would have immediate impact on patients' access to care, disrupt the training of resident physicians, and end a successful effort to address primary care shortages.

Many of those resident physicians are DOs, who are likely to stay on as primary care physicians in your community. Nearly 800 resident physicians have been trained through the THCGME program since its inception, with most staying in the communities where they've trained. Without immediate action by Congress, Alabama's rural and underserved communities will lose vital physician visits and residents currently training in teaching health centers may lose their training positions. Bipartisan legislation was introduced by Senators Susan Collins (R-ME) and John Tester (D-MT) to address this impending threat to patients' access to care and to our future primary care workforce.

Enactment of S. 1754, the "Training the Next Generation of Primary Care Doctors Act of 2017" 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 and sustainability to the program, the legislation also creates a pathway for the addition of new THC residency programs.

The 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 Alabama. The majority of THCGME programs are osteopathically accredited, or dually accredited, and train 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.

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 shows that when compared to traditional postgraduate trainees, residents who train at THCs are more likely to practice primary care (82% vs. 23%) and remain in underserved (55% vs. 26%) or rural (20% vs. 5%) communities.<sup>1</sup> 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 Alabama'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.<sup>2</sup>

Without reauthorization by September 30th, Alabama's most vulnerable citizens may lose access to the care they receive through the THCGME program. This will also reverse the progress made in addressing the existing primary care physician shortage in rural and underserved.

Thank you for your strong consideration of our request. Please do not hesitate to call upon our associations for assistance on this priority issue.

Sincerely,



J. Patrick Boyett, DO  
President, AOMA



Mark A. Baker, DO  
President, AOA

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<sup>1</sup> <http://aathc.org/know-the-facts/>

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