September 19, 2017

The Honorable Lamar Alexander  
Chairman  
U.S. Senate Committee on Health, Education, Labor and Pensions  
United States Senate  
455 Dirksen Senate Office Building  
Washington, D.C. 20510  

The Honorable Patty Murray  
Ranking Member  
U.S. Senate Committee on Health, Education Labor and Pensions  
United States Senate  
428 Senate Dirksen Office Building  
Washington, D.C. 20510  

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the American Osteopathic Association (AOA) and the nearly 130,000 osteopathic physicians and osteopathic medical students we represent, we write to stress the need to immediately reauthorize the Teaching Health Center Graduate Medical Education (THCGME) program for a minimum of three years and with a funding level that would provide for a sustainable per resident amount by September 30th. Failing to reauthorize the program could force teaching health centers (THCs) across the country to close. This would have an immediate impact on patients’ access to care in underserved communities nationwide, disrupt the training of resident physicians, and end a successful effort to address primary care shortages.

Without immediate action by Congress, our nation’s rural and underserved communities may lose more than one million physician visits and more than 730 residents currently training in THCs may lose their training positions. Bipartisan legislation was introduced by Senators Susan Collins (R-ME) and Jon 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 amount that better reflects the cost of training1 – providing much-needed stability to the program.

The majority of THCGME programs are accredited by the AOA or are dually accredited (DO/MD) programs, supporting nearly 800 osteopathic resident physicians through their training since the program began. It trains 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. It is a vital source of training for primary care residents to help expand access to care in rural and underserved communities throughout the country.

As osteopathic physicians, we are trained in a patient-centered, hands-on approach to care that focuses on the whole person, including the physical, mental, and psychosocial aspects of health. Our training and philosophy includes a strong emphasis on primary care – in fact, approximately half of all osteopathic physicians practice in primary care specialties. Given this strong presence in primary care, osteopathic medicine aligns naturally with the mission and goals of the THCGME program that has proven successful in helping address the existing gaps in our nation’s primary care workforce.

True to the intent of the THCGME program, residents who train in THC programs are far more likely to practice primary care and remain in the communities in which they have trained. 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. 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.

Without reauthorization and funding by September 30th, our nation's most vulnerable citizens, primarily in rural communities, may lose access to care and the existing primary care physician shortage in these areas will immediately become more pronounced. Enactment of this program will ensure primary care physicians are trained and continue to provide care in underserved communities. Please direct any questions to Nick Schilligo, Vice President of Public Policy with the American Osteopathic Association, at nschilligo@osteopathic.org.

Sincerely,

Mark A. Baker, DO
President

---

2 http://aathc.org/know-the-facts/
3 https://bhw.hrsa.gov/grants/medicine/thcgme