

ACTPCMD

Advisory Committee on Training in Primary Care Medicine and Dentistry

November 10, 2011

The Honorable Tom Harkin
Chair
Committee on Health, Education, Labor
and Pensions
United States Senate
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Enzi
Ranking Member
Committee on Health, Education, Labor
and Pensions
United States Senate
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Fred Upton
Chair
Energy & Commerce Committee
United States House of Representatives
2125 Rayburn House Office Building
Washington, DC 20510

The Honorable Henry A. Waxman
Ranking Member
Energy & Commerce Committee
United States House of Representatives
2125 Rayburn House Office Building
Washington, DC 20510

Dear Chairman Harkin, Ranking Member Enzi, Chairman Upton, and Ranking Member Waxman:

The Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) respectfully urges Congress during the ongoing deficit negotiations to seek fiscally responsible ways to sustain funding for graduate medical education (GME) and prioritize primary care GME.

Although we recognize the unique opportunity presented by the Joint Select Committee on Deficit Reduction to identify areas to address the challenges of the deficit, we ask that you *seriously consider* the importance of the training of primary care physicians, for patient care and our health care system in order to help meet the nation's growing health care demands. We believe that the GME program should reflect the future needs of the health care system by prioritizing primary care as well as the training of physicians in the non-hospital sites where they will be providing care. Furthermore, we believe that GME should be more closely associated with specific workforce needs. With rising projections of workforce shortages to meet the health care needs of a growing and aging population, we support the expansion of GME positions in the area of primary care, where there is substantial current demand and anticipated growing shortages – especially in rural and underserved areas.

As you know, Medicare provides the principal funding for the training of medical residents.

Reducing this funding in any way will have a devastating impact on hospitals with teaching programs for physician residents and on those who rely on them for care. These programs currently receive approximately \$9.5 billion annually, which is used to fund an insufficient number of residency slots each year. Cutting funding for GME programs would result in still fewer future physicians being trained, and as a result, fewer patients being treated. Evidence shows that because residents often begin their medical careers in a geographical location near where they trained, fewer local physician residents could reduce the already small supply of primary care physicians in those areas. However, without appropriate GME funding, this growth will be stifled with serious implications for access to health care for your constituents.

As the Joint Select Committee on Deficit Reduction continues its work, we urge you to prioritize primary care GME to help address the nation's primary care physician workforce shortage and the health care needs of all Americans.

ACTPCMD is authorized by sections 222 (42 U.S.C.217a) and 749 (42 U.S.C. 293) of the Public Health Service Act, as amended by section 5103(d) and re-designated by section 5303 of the Affordable Care Act. The Committee is charged with providing advice and recommendations on policy and program development to the Secretary and submitting an annual report to the Secretary and Congress concerning the activities under Sections 747 and 748 of the Public Health Service Act (PHS), as amended. In addition, the Committee develops, publishes and implements performance measures and longitudinal evaluations, as well as recommends appropriation levels for Part C of title VII of the PHS Act, as amended.

Thank you for your attention to this important matter.

Respectfully,

A handwritten signature in black ink, appearing to read "SC Shannon". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Stephen C. Shannon, DO, MPH
Senior Member, ACTPCMD