

Advisory Committee on Training in Primary Care Medicine and Dentistry

Shane Rogers
Designated Federal Official

December 27, 2021

The Honorable Xavier Becerra
Secretary of Health and Human Services
200 Independence Ave S.W.
Washington, DC 20201

The Honorable Patty Murray
Chair, Committee on Health, Education,
Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Richard Burr
Ranking Member, Committee on Health, Education,
Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Frank Pallone
Chair, Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Cathy McMorris Rodgers
Ranking Member, Committee on Energy and
Commerce
House of Representatives
Washington, DC 20515

Dear Secretary Becerra, Chairman Murray, Ranking Member Burr, Chairman Pallone, and Ranking Member McMorris Rodgers:

The Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) would like to inform you of its support for utilizing Title VII grant funding to address workforce shortages at Indian Health facilities, including both federal Indian Health Service (IHS) and Tribal sites.

The ACTPCMD is authorized by sections 222 and 749 of the Public Health Service (PHS) Act. The ACTPCMD provides advice and recommendations on policy and program development concerning medicine and dentistry activities under Section 747 of the PHS Act. The ACTPCMD also develops, publishes, and implements performance measures and longitudinal evaluations, as well as recommends appropriation levels for training programs in primary care medicine and dentistry under Part C of Title VII of the PHS Act, as amended.

American Indians and Alaska Natives (AI/AN) suffer from significant health disparities resulting in lower life expectancy and lower health status compared to other Americans. For example, AI/AN life expectancy is 5.5 years less than all U.S. races, and AI/AN have significantly higher rates of death from alcohol, chronic liver disease and cirrhosis, diabetes mellitus, accidents and unintentional injury, and assault (homicide).¹

Contributing to the health disparities is the large workforce shortage at Indian Health facilities, including both federal IHS and Tribal sites. As one example of the significant shortage, in 2017 there were 910 available physician positions at all federal IHS facilities, of which the Government Accountability Office reported 261 (29%) vacancies.² In addition, federal IHS health workforce vacancies are as high as 31% in some federal IHS Areas despite IHS' having numerous sites eligible for the National Health Service Corps.

The ACTPCMD applauds Congress' intention to address the IHS workforce shortage issue through the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening

¹ Indian Health Service. Disparity Fact Sheet. <https://www.ihs.gov/newsroom/factsheets/disparities>. Accessed January 5, 2022.

² GAO, Indian Health Service: Agency Faces Ongoing Challenges Filling Provider Vacancies. GAO-18-580 (Washington, DC.: August, 2018). Figure 3: Physician Vacancy Rates in the Eight Indian Health Service (IHS) Areas with Substantial Direct Care Responsibilities, November 2017. <https://www.gao.gov/assets/gao-18-580.pdf>. Accessed January 5, 2022.

Integrated Outside Networks Act (VA MISSION Act) of 2018, which would allow 100 residents to be funded by the Veterans Health Administration for training in IHS and Tribal health facilities.

An additional opportunity to address this shortage would be to utilize Title VII, sections 747 and 748, training grant programs at the 24 federal hospitals, 51 federal health centers, and other health facilities operated by IHS. Although many IHS facilities have medical, dental, and Physician Assistant (PA) rotation opportunities, one glaring absence is the lack of medical and dental training programs at federal IHS sites.³ Though there is no prohibition against operating training programs at federal IHS sites, a lack of resources and technical assistance appear to be the limiting factor.

There are significant benefits to a health facility and its surrounding community from the operation of medical and dental training programs:⁴

1. financial benefits from increased referrals,
2. improved quality of care,
3. increased social conscience among trainees,
4. improved capabilities within sponsoring institutions,
5. increased retention of graduates into the permanent workforce and reduced recruitment costs.

Workforce grant programs tailored to benefit federal IHS facilities may be one method of increasing the likelihood of establishing successful training programs at IHS sites, and thereby accruing the multiple benefits from such programs as mentioned above.

Therefore, the ACTPCMD recommends the Secretary, Health and Human Services (Secretary) and Congress:

1. Give preference to eligible IHS and Tribal entities for all Title VII grant programs authorized under the Public Health Service Act section 747(a)(1) [42 U.S.C. § 293k(a)(1)].
2. Interpret the term “other approved primary care dental trainees” listed under the Title VII, Section 748 authorization, to include trainees of the dental therapy profession.
3. Increase appropriations for Title VII, sections 747 and 748, training grant programs to target IHS and other Tribal health training facilities.
4. Develop funding programs to establish, maintain, expand and evaluate medical, dental, and PA training programs at federal IHS facilities;
5. Develop funding programs that facilitate the training and recruitment of medical, dental, and PA providers at federal IHS facilities;
6. Coordinate with other HRSA-funded programs to ensure graduates of Title VII, sections 747 and 748, training grant programs receive preference in obtaining incentives for remaining at IHS and other tribal health care facilities;
7. Develop mechanisms to increase technical resources available to IHS sites to help them become successful in establishing training programs, particularly graduate medical and dental education programs.

We are deeply committed to working with you to enhance the productivity of the programs under the Committee’s purview and to protect and improve the health of the nation, especially in rural, frontier, tribal, and other underserved areas. We greatly appreciate your consideration of these recommendations.

Sincerely,

/s/Anita Duhl Glicken, MSW
Chair, Advisory Committee on Training in Primary Care Medicine and Dentistry

³ Ibid.

⁴ Pugno PA, Gillanders WR, Kozakowski SM. The direct, indirect, and intangible benefits of graduate medical education programs to their sponsoring institutions and communities. J Grad Med Educ. 2010 Jun;2(2):154-9.