Statement by the Association of American Medical Colleges (AAMC) on Federal Health Submitted for the Record to the House Committee on Energy and Commerce Subcommittee on Health hearing, titled, "Examining Existing Federal Programs to Build a Stronger Health Workforce and Improve Primary Care"
April 19, 2023

Thank you for the opportunity to submit a document for the record regarding the important role of federal health care workforce programs. We greatly appreciate the subcommittee's bipartisan leadership in this area, and we look forward to collaborating on policies to foster a robust and diverse health care workforce that is prepared to meet the needs of patients everywhere.

The AAMC (Association of American Medical Colleges) is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members are all 157 U.S. medical schools accredited by the Liaison Committee on Medical Education; 13 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and the millions of individuals across academic medicine, including more than 193,000 full-time faculty members, 96,000 medical students, 153,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Following a 2022 merger, the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International broadened the AAMC's U.S. membership and expanded its reach to international academic health centers.

The AAMC's recommendations for strengthening the health workforce and improving access to care can be summarized as follows:

1. Expanding federal support for graduate medical education (GME)
2. Investing in proven Health Resources and Services Administration (HRSA) Title VII workforce programs
3. Supporting programs that provide new pathways into medicine
4. Advancing immigration policies that bolster healthcare workforce and retain health professionals, including Conrad 30 and reduction of Green Card backlogs
5. Expanding medical schools at Minority Servicing Institutions, Historically Black Colleges and Universities, and in underserved communities
6. Retaining Public Service Loan Forgiveness (PSLF)
7. Expanding the National Health Services Corps (NHSC)
8. Ensuring the preservation of the health care safety net

AAMC Recommends Expanding Federal Support for GME

The AAMC continues to project that physician demand will grow faster than supply (primarily driven by a growing, aging U.S. population), leading to a projected shortage of up to 124,000 physicians by 2034. This includes shortages of both primary care and non-primary care specialty physicians (e.g., psychiatry, infectious disease, and general surgery). These shortages in the physician supply will have a real impact on patients, particularly those living in rural, frontier, island or non-contiguous settings, as well as other already underserved communities. The AAMC's "Health Care Utilization Equity" scenario finds that if underserved populations were to experience the same health care use patterns as populations with fewer barriers to access, the U.S. would need an additional 102,400 to 180,400 physicians just to meet *current* demand.[1] These estimates, which are separate from the 2034 shortage projection ranges, illustrate the magnitude of current barriers to care and provide an additional reference point when gauging the inadequacy of physician workforce supply.

Addressing the nation's physician workforce shortages in both primary care and other needed specialties requires a multipronged, innovative, public-private approach beyond just increasing the overall number of physicians, including implementing team-based care models and furthering the use of technology. We are open to and in fact, ask for, innovative solutions to address health workforce shortages. Since academic year 2002-2003, total medical school enrollment has grown by more than 38 percent, as medical schools have expanded class sizes and more than 32 new medical schools have opened. Indeed, our institutions have risen to the challenge, taking serious steps to enroll, educate, and produce more physicians. This expansion has been thoughtful, deliberate, and with significant cost – our institutions should be acknowledged and applauded. While this increase is encouraging, additional action is still needed to address the physician shortage.

We appreciate that Congress has taken bipartisan steps to expand Medicare support for graduate medical education (GME) to help address current and projected physician shortages. Although it is not within the purview of this subcommittee hearing, the AAMC urges Congress to build upon these efforts and to enhance investment in Medicare-supported GME, which helps offset a portion of the costs associated with operating residency training programs. While we are extremely grateful that Congress has provided 1,200 new Medicare-supported GME positions over the last three years, more must be done to address this looming crisis. As the nation's population ages and requires more medical care, it is imperative that the physician workforce is equipped to meet the needs of patients and communities. For this reason, the AAMC supports the bipartisan Resident Physician Shortage Reduction Act of 2023 (H.R. 2389), which would gradually increase the number of Medicare-supported GME positions by 2,000 per year over seven years.

The AAMC also supports GME programs administered by HRSA, including Children's Hospitals GME (CHGME) and Teaching Health Center GME (THCGME), which help to increase the number of residents training in children's hospitals and community health centers, respectively. The $330 million in supplemental funding for THCGME in FY 22 enabled HRSA

[1] The Complexities of Physician Supply and Demand: Projections From 2019 to 2034, Prepared for the AAMC by IHS Markit Ltd., June 2021.

to support new community-based primary care residency programs. The AAMC continues to urge Congress to increase annual appropriations for these GME programs in FY 2024, including $738 million for CHGME.

AAMC Urges Congress to Invest in Proven HRSA Title VII Workforce Programs

To help shape the physician workforce, the AAMC recommends significantly increasing funding for the HRSA workforce development programs under Title VII and Title VIII of the Public Health Service Act. For FY 2024, the AAMC joins an alliance of national organizations, the Health Professions and Nursing Education Coalition (HPNEC), in recommending at least $1.51 billion combined for Title VII and Title VIII programs.

We recognize the value of diversity in health care and the health workforce and agree that diversity may manifest in different forms. The HRSA Title VII health professions and Title VIII nursing programs play an important role in connecting students to health careers by enhancing recruitment, education, training, and mentorship opportunities. Inclusive education and training experiences expose students and providers to backgrounds and perspectives that heighten cultural awareness in health care, resulting in benefits for all patients and providers. Studies also show that underrepresented students are more likely to serve patients from rural and under-resourced communities.[2] Despite their success and widespread interest, currently only 21 schools have HRSA Health Careers Opportunity Program (HCOP) grants and only 18 have HRSA Center of Excellence (COE) grants — down from 80 HCOP programs and 34 COE programs in 2005 before the programs' federal funding was cut substantially.

Part of fortifying the physician workforce is taking care of existing, practicing physicians. We know that physicians and other health professionals dedicate their careers to keeping people healthy, but too often they do not receive the care they need to address their own well-being. In these past years during the pandemic, we have seen an increase in stress and burnout among physicians, sometimes with a tragic, fatal end. The HRSA Title VII Preventing Burnout in the Health Workforce program authorized by the Dr. Lorna Breen Health Care Provider Protection Act (P.L. 117-105), which received no funding in the FY 23 omnibus, must receive funding to support existing physicians. We cannot afford to lose any of our physicians to the stress of the profession that they have dedicated so much time and energy to master.

Bipartisan members of Congress will attest that there is a shortage of health providers in rural, frontier, and island or non-contiguous communities. Important to addressing shortages across the spectrum of health providers in these rural areas is conducting education and training in these communities and drawing on members of these areas to enter health professions. Medical students who grow up in rural and under-resourced communities are much more likely to return to these areas to practice medicine, including primary care. Many medical schools aim to identify

[2] Stewart, K., Brown, S. L., Wrensford, G., & Hurley, M. M. (2020). Creating a Comprehensive Approach to Exposing Underrepresented Pre-health Professions Students to Clinical Medicine and Health Research. Journal of the National Medical Association, 112(1), 36-43. doi:10.1016/j.jnma.2019.12.003.
Goodfellow A, Ulloa JG, Dowling PT, Talamantes E, Chheda S, Bone C, Moreno G. Predictors of Primary Care Physician Practice Location in Underserved Urban or Rural Areas in the United States: A Systematic Literature Review. Acad Med. 2016 Sep;91(9):1313-21. doi: 10.1097/ACM.0000000000001203. PMID: 27119328; PMCID: PMC5007145.

potential candidates from rural and under-resourced communities and encourage them to pursue a career in medicine.[3] The HRSA Title VII Area Health Education Centers (AHECs) specifically focus on recruiting and training future physicians in rural areas, as well as providing interdisciplinary health care delivery sites. Additionally, the HRSA Title VII Primary Care Training and Enhancement (PCTE) and Medical Student Education programs support education and training programs for future primary care physicians. Though we have seen progress towards diversifying the future physician workforce across the spectrum of our AAMC-member institutions, there is more work to be done. As these programs undergo reauthorization, we look forward to working with House Energy and Commerce Committee and the full Congress to ensure these programs are authorized before they expire at the end of fiscal year 2025.

AAMC Endorses New Pathways into Medicine

Medical education costs can also be a significant deterrent and burden for individuals interested in medicine, and the AAMC is deeply concerned about the impact these costs may have on the physician pathway.[4] Medical school leaders across the country are committed to serving the interests of medical students and reducing this burden. Some institutions have increased institutional aid, while a few have committed to eliminating debt or tuition altogether in the hopes of attracting diverse candidates and increasing interest in primary care.[5] In the 117th Congress, the AAMC endorsed both the Ways and Means Committees' "Rural and Underserved Pathway to Practice Program and "National Medical Corps Act" (H.R. 9105, as introduced in the 117th Congress) scholarship programs to help address the financial debt burden for students who are underrepresented in medicine. Importantly, the Pathway to Practice program would prioritize applicants who attended HBCUs or MSIs, as well as those who participated in certain HRSA pathway programs.

AAMC Encourages Congress to Reauthorize the Conrad 30 Program

Immigration must be mentioned as we consider health workforce shortages, as the US health workforce has been bolstered by individuals who have come from other countries to our nation and worked in the health sector. Over the last 15 years, the Conrad 30 J-1 visa waiver program has brought more than 15,000 physicians to underserved areas — comparable to (if not more than) the National Health Service Corps (NHSC), at no cost to the federal government. As the 118th Congress considers immigration reform, the AAMC reiterates that the bipartisan Conrad State 30 and Physician Access Reauthorization Act would allow Conrad 30 to expand beyond 30 waivers per state if certain nationwide thresholds are met. We applaud this bipartisan reauthorization proposal for recognizing immigrating physicians as a critical element of our nation's health care infrastructure, and we support the expansion of Conrad 30 to help overcome hurdles that have stymied growth of the physician workforce.

[3] Attracting the next generation of physicians to rural medicine, Peter Jaret, Special to AAMCNews, Feb. 2020.
[4] Physician Education Debt and the Cost to Attend Medical School: 2020 Update.
[5] Will free medical school lead to more primary care physicians? Ken Budd, Special to AAMCNews, Dec. 2019.

AAMC Supports Retaining Health Professionals by Reducing Green Card Backlogs

To bolster the workforce, the U.S. should address the backlog of applications for green cards by lifting per country caps that are impeding physicians and other healthcare professionals entering the U.S. from certain countries. At the same time, we are concerned that limiting the aggregate number of green cards each year only shifts the problem from one country to another. This is particularly problematic for nurses who, depending on state licensure requirements, may not be eligible for H-1B specialty occupation visas and instead apply directly for immigrant visas and green cards, potentially facing decade-long wait times while overseas. To break these backlogs, the bipartisan Healthcare Workforce Resilience Act (H.R. 2255, S. 1024 as introduced in the 117th Congress) would authorize the recapture of unused immigrant visas and redirect them to 25,000 immigrant visas for professional nurses and unused 15,000 immigrant visas for physicians. Importantly, these visas would be issued in order of priority date, not subject to the per country caps, and premium processing would be applied to qualifying petitions and applications.

AAMC Supports Expanding Medical Schools at Minority Servicing Institutions, Historically Black Colleges and Universities, and in Underserved Communities

According to the AAMC report, Altering the Course: Black Men in Medicine, only 3% of all physicians are Black men.[6] The projections related to the future physician workforce as measured through a diverse lens emphasize that interventions to increase the number of black men in medicine requires collective, current efforts. The pathway for students to be exposed to STEM and health professions must begin sooner and should include options to attend institutions committed to diverse communities. The AAMC encourages increasing federal investment in minority serving institutions (MSIs), including Historically Black Colleges and Universities (HBCUs), Predominantly Black Institutions (PBIs), Hispanic Serving Institutions, and Tribal Colleges and Universities. AAMC also supports the Expanding Medical Education Act (H.R. 801, S. 3422 as introduced in the 117th Congress), which would authorize HRSA grants to establish or expand medical schools, including regional branch campuses, and would prioritize HBCUs, MSIs, or those institutions that propose to establish or expand schools in medically underserved communities or areas with shortages of health professionals where no such schools exist. An increase of diverse physicians will help more diverse patients establish trusted, coveted physician-patient relationship and will hopefully lead to better clinical outcomes.

AAMC Encourages Congress to Retain Public Service Loan Forgiveness

Public service loan repayment programs offered by HRSA, NIH, VA, the Department of Defense, and the Indian Health Service are effective, targeted incentives for recruiting physicians and other health professionals to serve specific vulnerable populations. Increasing federal investment in these programs is a proven way to increase the supply of health professionals serving health professional shortage areas (HPSAs), nonprofit facilities, and other under-resourced communities. For example, the Public Service Loan Forgiveness (PSLF) program administered by the Department of Education encourages physicians to pursue careers that

[6] Association of American Medical Colleges. Altering the Course: Black Males in Medicine. https://store.aamc.org/altering-the-course-black-males-in-medicine.html. Accessed April 13, 2023.

benefit communities in need. The AAMC supports preserving physician eligibility for PSLF to help vulnerable patients and nonprofit medical facilities that use the program as a provider recruitment incentive.

AAMC Supports Expanding NHSC to Address Shortage Areas

The National Health Service Corps plays a significant role in recruiting primary care physicians to federally-designated HPSAs through scholarships and loan repayment options. Congress provided a historic $800 million supplemental NHSC funding in FY 22, enabling NHSC to recruit the largest primary care workforce for the program in its 50-year history.[7] With a field strength of 20,215 in 2022, including 2,587 physicians, more than 21 million patients relied on NHSC providers for health care.[8] Despite the NHSC's success, it still falls far short of fulfilling the wide-ranging health care needs of all HPSAs due to growing demand for health professionals across the country. The AAMC supports continued growth for the NHSC in FY 2024 appropriations, and we urge Congress to provide a level of funding for the NHSC that would fulfill the needs of all current HPSAs.

AAMC Supports the Preservation of the Health Care Safety Net

The AAMC recognizes the critical role that community-based organizations, including community health centers, play in expanding access to care in rural, under-resourced, and historically marginalized communities, thereby advancing health equity. As anchor institutions in their communities, our member teaching hospitals and health systems and physician faculty partner with these organizations to redress historic inequities, build trust, and secure a healthier future for all.

AAMC-member institutions rely on key federal programs to help support and enhance collaborations with their community partners. One such program, the 340B Drug Pricing Program, allows certain types of "covered entities" to purchase outpatient drugs at a discount, thereby enabling them to "stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services." These covered entities, which include community health centers, certain types of hospitals, and specialized clinics, constitute the foundation of our nation's health care safety net, caring for a disproportionate number of historically marginalized and under-resourced patients.

Safety-net hospitals, many of which are teaching hospitals, play an important role in the 340B program: they provide access to a wide range of high-quality, specialized health care services, which patients may be unable to receive elsewhere. Academic medical centers will frequently partner with local community health centers by providing medical professional staffing, as well as financial, administrative, and IT support. Thanks to these partnerships, community health centers can provide their patients with coordinated care, referring them to the academic medical center should they require a more intensive or complex interventions. Community health centers

[7] Health Resources and Services Administration. Department of Health and Human Services Fiscal Year 2024 Justification of Estimates for Appropriations Committees. hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2024.pdf. Accessed April 10, 2023.
[8] *Ibid.*

also provide an opportunity for medical students and residents to work, learn, and collaborate in a community-based setting, thereby strengthening the medical education experience.

Our member institutions put their 340B savings to good and proper use. Without 340B, many AAMC-member teaching hospitals could struggle to maintain their community partnerships, which would significantly reduce patients' access to the continuum of care. AAMC-member institutions also utilize their 340B savings to ensure that uninsured and underinsured patients have access to cutting-edge treatment regimens for complex conditions like cancer, hemophilia, sickle cell disease, HIV/AIDs, and hepatitis C. In addition, they use their savings to invest in preventive, community-based care, which help to keep patients healthy and reduces the need for hospital-based care.

Again, the AAMC thanks the committee for its bipartisan work to address health care challenges related to access to care and workforce shortages. We urge you to continue bipartisan efforts to increase the federal government's investments in federal programs that have demonstrated results and impact. The cost of inaction today will lead to higher costs, reduced access, and ultimately an underserved, less healthy population tomorrow. We at the AAMC are committed to working with the entire House Energy and Commerce Health Subcommittee, and the full Congress to achieve this goal. If you have any further questions, please contact AAMC Chief Public Policy Officer Danielle Turnipseed, at dturnipseed@aamc.org, or Len Marquez, Senior Director, AAMC Government Relations and Legislative Advocacy, at lmarquez@aamc.org.