

April 4, 2014

The Honorable Barbara Mikulski
Chair, Senate Appropriations Committee

The Honorable Richard Shelby
Ranking Member, Senate Appropriations
Committee

The Honorable Harold Rogers
Chair, House Appropriations Committee

The Honorable Nita Lowey
Ranking Member, House Appropriations
Committee

The Honorable Tom Harkin
Chair, Senate Health, Education, Labor and
Pensions Committee

The Honorable Lamar Alexander
Ranking Member, Senate Health, Education,
Labor and Pensions Committee

The Honorable Fred Upton
Chair, House Energy and Commerce
Committee

The Honorable Henry Waxman
Ranking Member, House Energy and
Commerce Committee

Dear Senators and Representatives:

The undersigned National Health Service Corps (NHSC) Stakeholder associations urge a sustained, long-term investment in the NHSC of both mandatory and discretionary funding to help care for our nation's most vulnerable populations. Through more than 40 national organizations, the NHSC Stakeholders represent the multiple health professionals, institutions, and underserved areas/patients that benefit from the NHSC's scholarship and loan repayment awards.

The NHSC offers scholarship and loan repayment awards to primary care health professionals in exchange for service in a federally designated Health Professional Shortage Area (HPSA). Additionally, the NHSC matches funding for State-based loan repayment programs with similar missions. In FY 2012, the NHSC created the Students to Service (S2S) Loan Repayment Program, which provides a primary care recruitment incentive as medical students choose their specialty and begin their careers in residency training.

As the nation faces multiple health professions workforce shortages, expanding the NHSC's reach is critical to improving the distribution of our national health care workforce. The NHSC Stakeholders appreciate the overall funding level of \$810 million for the NHSC proposed in the president's budget for FY 2015. Furthermore, the NHSC Stakeholders support the proposed 5-year mandatory funding investment (\$710 million for each of FYs 2016-2020¹). A funding approach that includes both mandatory and discretionary funding ensures annual flexibility with out-year stability. As such, we encourage congressional authorizers and appropriators to work together before current mandatory funding for the NHSC expires at the end of FY 2015.

¹ Fiscal Year 2015 HRSA Justification of Estimates for Appropriations Committees (HHS, March 2014)

The NHSC is widely recognized—both in Washington and in the underserved areas it helps—as a success on many fronts. The simple, yet historically effective design of the program:

- improves access to health care for the growing numbers of rural and urban underserved Americans;
- increases state investments in recruiting health professionals;
- provides incentives for practitioners to enter primary care;
- reduces the financial burden that the cost of health professions education places on new practitioners; and
- helps ensure access to health professions education for students from all backgrounds.

In spite of the NHSC's success, demand for health professionals across the country continues to grow. With a field strength of 8,899 in FY 2013, the NHSC fell far short of fulfilling the health care needs of all federally designated shortage areas. Even the potential 15,000+ field strength envisioned in the president's budget will likely leave a number of underserved areas still lacking access to primary care.

As of January 1, 2014, the Health Resources and Service Administration (HRSA) estimates that 17,653 additional practitioners are required to eliminate all current primary care, dental, and mental health HPSAs.² A more conservative ratio of 1 primary care physician to 2,000 population boosts this need to 25,700 additional practitioners to address current HPSAs.

In more tangible terms, the current NHSC practitioner deficit results in 59.4 million unserved primary care patients, 46.7 million unserved dental patients, and 94.9 million unserved mental health patients living within federally designated underserved areas spread across every state.

Thank you for considering NHSC Stakeholders' recommendations. We look forward to working with Congress to help ensure a sustained, long-term investment in the NHSC without sacrificing other federal health professions training support. Should you have any questions, please contact Matthew Shick at <mshick@aamc.org> or 202-862-6116.

Sincerely,

The National Health Service Corps Stakeholder Associations

² Designated Health Professional Shortage Areas Statistics: As of January 1, 2014 (Bureau of Clinician Recruitment and Service, HRSA, HHS March 2014) <http://datawarehouse.hrsa.gov/topics/shortageAreas.aspx>

Academic Pediatric Association
Alliance for Academic Internal Medicine
American Academy of Family Physicians
American Academy of Pediatrics
American Academy of Physician Assistants
American Association for Marriage and Family Therapy
American Association of Colleges of Nursing
American Association of Colleges of Pharmacy
American College of Nurse-Midwives
American College of Osteopathic Internists
American College of Physicians
American Congress of Obstetricians and Gynecologists
American Dental Education Association
American Medical Student Association
American Nurses Association
American Osteopathic Association
American Pediatric Society
American Psychological Association
Association of American Medical Colleges
Association of Clinicians for the Underserved
Association of Departments of Family Medicine
Association of Family Medicine Residency Directors
Association of Medical School Pediatric Department Chairs
Committee of Interns and Residents/SEIU Healthcare
National Association of Community Health Centers
National Association of Pediatric Nurse Practitioners
National Board for Certified Counselors
National Hispanic Medical Association
National Nursing Centers Consortium
National Rural Health Association
North American Primary Care Research Group
Physician Assistant Education Association
Primary Care Progress
Society for Pediatric Research
Society of General Internal Medicine
Society of Teachers of Family Medicine