association of clinicians for the underserved

Senate Health, Education, Labor and Pensions Committee

Hearing on Access to Care: Health Centers and Providers in Underserved Communities

Testimony of:

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Chairman Alexander, Ranking Member Murray, and Members of the Committee,

Thank you for inviting me to speak to you today on this very important topic. My name is Dr. Andrea Anderson, a Family Physician, and the Medical Director of Family Medicine at Unity Health Care here in Washington DC. Unity is the largest federally qualified health center network in the District, and I have had the honor of serving patients there since 2004. I came Unity in fulfillment of my National Health Service Corps (NHSC) scholarship, subsequently became a NSHC loan repayor, and I have stayed ever since – a total of nearly 15 years. I am here today on behalf of the Association of Clinicians for the Underserved (ACU), the American Academy of Family Physicians (AAFP), and 39 other organizations that participate in the Friends of the NHSC Coalition. In all, these organizations represent thousands of physicians, nurse practitioners, physician assistants and other health related professionals who are united in their support for this crucial program.

As you know, the NHSC was created 45 years ago in a bipartisan manner, and since then has proven to be a highly effective program placing quality health care providers in the highest need areas of our country. As both a NHSC Scholar and Loan Repayor, I am honored to be here today to give you a firsthand perspective of the significance this program has on medical students, health professionals, underserved communities, your constituents, and ultimately the country as a whole.

Personal History/Mission

I deeply believe in the mission and purpose of the National Health Service Corps. As you can see in my background document, I have served many roles at Unity in addition to delivering primary care to my patients for close to 15 years. Currently, I serve as the Director of Family Medicine. In this capacity I direct clinical policy for over 80 Family Medicine clinicians. I am the former Medical Director of the Upper Cardozo health center, the largest of our 13 community health centers serving approximately 25,000 active patients. Previously, I directed Student and Resident placements at Unity for over 300 learners who passed through our doors during my tenure. Finally, I also directed our Health Literacy and Cultural Competency program and our Reach Out and Read Early Childhood literacy program because we know that research demonstrates direct and indirect effects on health outcomes, especially in vulnerable communities. In addition to delivering care to my patients, I also to help train the next generation of providers in my work as a core faculty member for the National Family Medicine Residency, a Teaching Health Center program with the Wright Center for GME. In this way I am actively involved with molding the next generation of culturally competent, community minded, dedicated, and committed members of the physician workforce. So I am a NHSC provider, at a Federally-Qualified Health Center, who teaches at a federally-supported Teaching Health Center. I am very happy to see the Committee take up all three programs today as I can positively attest to how they all work together to help us fill the shortage areas of the country and truly enable everyone to have access to primary care.

I signed my contract with the NHSC as a first-year medical student at Brown University because I believed as much then as I do now, and if not more today, in the mission and ideals of this program. The knowledge that I had committed to serving my community after school shaped the way I approached my studies and enhanced my outlook as a young student physician who would ultimately be assigned to an area somewhere in America in high need of health care professionals. By addressing the primary care shortage, NHSC physicians and other health professionals ensure access to healthcare for everyone, regardless of their ability to pay. We prevent disease and illness as we care for the most vulnerable people who have limited access to health care and might otherwise go without needed primary health care services.

As a Family Physician, I received rigorous training to care for children, adults, and pregnant women during my residency and Chief Resident/Academic Fellowship year at Harbor-UCLA in Southern California. Family physicians care for patients of all genders and every age through an ongoing, personal patient-physician relationship. Family doctors conduct one out of every five office visits – about 192 million visits annually. I am proud as a family physician to provide front line medical care to people of all socioeconomic strata and experiences.

In my time at Unity Health Care, I have cared for thousands of patients, walking with them through the challenges and choices of life and everything in between. I am proud to care for multiple generations of families through all the imaginable phases of this thing we call life. In addition to caring for them medically, I advocate for my patients, helping them navigate their way through a complex community and health care system. I have held my patients as newborns, visited them in the hospital, cared for their pregnancies, attended their school recitals and career days, celebrated their birthdays and graduations, and mourned at their funerals. I run into them at the grocery store and the barber shop and smile when they wave and rush over to me to report how they are heeding my advice to eat more vegetables, or to walk more, or whatever the small victory of the moment is. Even in a bustling metropolis, I can enjoy the personal relationships that one might only imagine possible in a small town. The NHSC has a national reach with an individual face. By making it possible for physicians like me to serve these populations, the NHSC addresses provider workforce shortages, health disparities and the social determinants of health. I am proud of be a part of such a profound legacy and urge you to continue the funding that would make it possible for the NHSC to continue recruiting top primary care providers to serve your constituents and all Americans.

Current Status of NHSC Funding

Beginning in 1972, funding for the NHSC had been through regular, annual appropriations. This changed under the American Recovery and Reinvestment Act (ARRA) and the Affordable Care Act (ACA). Both of these laws provided new mandatory funding to expand the program to additional communities. However in FY2011, recognizing this new program funding stream, Congress dramatically decreased the regular appropriation. By FY2012, all regular appropriations had been eliminated and the program became 100% reliant on the mandatory trust fund created under the ACA. When that initial funding stream expired at the end of FY2015, Congress extended the fund for two additional years within the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. Unfortunately that funding expired in October of 2017 without a new agreement, sending the program into turmoil and unable to make any new awards. By February of 2018 Congress was able to extend funding for the NHSC for another two years, through FY2019. That bill, the Bipartisan Budget Act of 2018, maintained level funding for the NHSC at $310 million.

Without Congressional action before October of this year, the NHSC will once again face the prospect of losing the $310 million currently provided through the mandatory trust fund. We are very thankful for the introduction of S. 192, by Chairman Alexander and Ranking Member Murray that shows your clear support for extending NHSC funding for an additional five years. This kind of stability is critical to the program's future. In addition, we are very grateful for S. 106, introduced by Senators Blunt and Stabenow, which calls for increased funding for the NHSC over the same five year period. We are also aware that other Senators on this very Committee previously introduced legislation calling for even more rapid growth for the NHSC, meeting the need in all shortage areas across the country. We are very grateful for this bipartisan show of support and

look forward to working with Congress and the Administration to ensure the NHSC is stable and strengthened.

NHSC Background
The NHSC program, established in 1972, is designed to incentivize primary care professionals to work in urban, rural, and frontier communities designated as having a health professional shortage. Since its founding, the NHSC has placed more than 50,000 providers in underserved communities, with more than 10,000 placements in the last year alone. In exchange for their service, the program helps to alleviate the burden of debt accumulated during the course of their education through scholarship and loan repayment programs.

The four NHSC programs are:
The Scholarship Program (SP) – Provides a full scholarship for eligible medical, dental, mental and behavioral health students in exchange for service after their training in high need health professional shortage areas (HPSAs). Awards are very competitive, with the program only able to fund 10% of current applications. They look for students who have a real interest in delivering care to underserved communities, and have a high probability of success in their primary care careers. There are about 1,000 scholars now, who will be serving in the field in the years ahead.

The Loan Repayment Program (LRP) – This is by far the largest part of the NHSC program, with over 8,800 of the current field strength receiving loan repayment. The program helps students repay school loans in exchange for service, starting with a two year commitment at $25,000 per year. In order to fund the highest need areas, the program awards loan repayment contracts to applicants serving in the highest scoring HPSAs first. Last year the program was only able to fund applicants down to a HPSA score of 16.

The State Loan Repayment Program (SLRP) – This program provides matching funds for qualifying state loan repayment programs. Not all states take advantage of this program, but there are 1,350 placements in the field through the state loan repayment programs. This is a very cost-effective program from a federal perspective because of the state matching requirement. In addition, since the state is putting up half the funding, they also have more flexibility on how they structure their program within their state. Some fund lower scoring HPSAs and others fund additional provider types not currently eligible under the federal loan repayment program, such as pharmacists and nurses.

The Students to Service Program (S2S) – The Students to Service program is the most recent addition to the NHSC toolbox, and the smallest in terms of field strength. However, it is a critical link between the scholarship program and the loan repayment program. The S2S program enables those students who are at a key decision point in their education to be able to choose the primary care path with financial support from the NHSC program.

NHSC placements are made at approved sites providing primary medical, dental and/or mental and behavioral health services. All NHSC providers must be open to all, regardless of ability to pay. Eligible facilities include:

- Federally-Qualified Health Centers
- Indian Health Facilities
- Correctional or Detention Facilities
- Certified Rural Health Clinics
- Critical Access Hospitals
- Community Mental Health Centers

- State or Local Health Departments
- School-Based Clinics
- Certain Private Practices
- Mobile Units
- Free Clinics

Current provider types include:

35%..... Nurse practitioners, physician assistants, certified nurse-midwives
29%..... Mental and behavioral health professionals
20%..... Physicians
16%..... Dentists and dental hygienists

The NHSC has proven to be a successful, sustainable solution to the shortage of providers in thousands of communities across the United States. According to HRSA, 82% of NHSC clinicians who complete their service obligation continue to practice in a shortage area up to one year later, and a majority continue to practice in a shortage area for more than 10 years after completing their service obligation. Despite this level of service, it would still take more than 20,000 additional providers to meet the existing need in the more than 15,000 federally-designated HPSAs across the country.

NHSC Impact on Clinicians and Communities

I can say without hesitation that the more you dig into the statistics on the NHSC, the more supportive you will be. I want to highlight a few more things that I believe show the value of the program as well. First of all, NHSC providers tend to reflect the communities they serve. This means that NHSC placements in rural areas tend to come from other rural areas, underrepresented minority communities tend to see more of their NHSC providers with similar cultural and geographic backgrounds. This is because the NHSC gives students a chance to see themselves as clinicians, whether that be a PA, a dentist, or a physician. The Scholarship program enabled me to envision how I could finance my path to become a doctor. The Loan Repayment program enables literally thousands of students to afford to repay their loans and work in the communities that they care about and are committed to. Over the years, medical school debt has increased some 20-fold. According to the Association of American Medical Colleges, the median four-year cost to attend a public medical school is about $240,000 and a private medical school degree can be more than $340,000. The average medical school graduate comes out carrying about $190,000 or more in debt. Fourteen percent start their residency training owing $300,000 or more. These debt levels are larger than most mortgages. I can tell you first hand that my family could not have afforded to send me through medical school alone. When I was in high school I couldn't even imagine how I could possibly afford to be a doctor. Like most physicians, I was a top student. I was accepted into several highly competitive universities. I was accepted to an eight-year combined medical program out of high school at Brown University. Fortunately, I learned of the NHSC from an advisor at Brown when I was an undergraduate. I already had a desire to work in community medicine and public health with underserved populations and I was glad to know that there was a way this could be possible. I had to apply, and I was so grateful to be accepted as a scholar to fund my attendance of the Warren Alpert Medical School of Brown University. We know that the NHSC is a resource for all providers, regardless of their background who are committed to serving the most vulnerable communities. However, one hidden benefit of the NHSC is the opportunity that it affords for educationally or economically disadvantaged students. Research shows that among students who incur debt, Underrepresented Racial Minority (URM) students face similar levels of total debt. However, URM students are twice as likely to carry some educational debt because they are often more likely to hail from low-income families.

These astute student doctors are often the very ones who are more likely to serve populations similar to their cultural background and studies show that having these doctors in communities actually has a positive benefit on the health outcomes of the patients, especially the patients of color. In addition, their presence is impactful and inspirational to the next generation, fostering a positive cycle of representation and encouragement. Having the NHSC Scholarship Program available was one of the things that encouraged me and allowed me to see myself as a physician. I know it helps diversify the field of clinicians among all the eligible provider types.

In addition to enabling lower-income, rural, urban, and underrepresented minority students to become clinicians, there is one other aspect I would like to emphasize for the Committee. As you know, many times rigid structures discourage our best and brightest from helping those most in need. It is easier to take a job in a well-off community, often making much more in salary alone, than to fight your way through the red-tape in order to help an underserved community. Fortunately, with some urging from Congress, the NHSC has enabled more and more part-time placements. This flexibility has enabled a new generation of providers to serve in high need areas, while maintaining the mission of the program. For example, the part-time commitment allows participants to care for a new family, obtain a public health degree, or work in academia or health policy enacting research or policies that can reach a wider breath and impact these communities while providing face to face clinical care part-time. More importantly, this improves and extends retention and increases patient access to their regular primary care provider. There is still room for improvement, but these communities also benefit by ensuring that the next generation can participate in the NHSC, by extending their commitment concomitant to their part-time status.

NHSC Funding Request

While thankful for the support shown by this Committee, we remain very concerned about the base funding for the program provided through the trust fund. As evident during the last extension debate, even strong bipartisan support may not enable passage before October. The loss of this base funding will cause even greater damage to the program as people lose faith in the stability of the program. This will result in a dramatic decrease in field strength, jeopardizing access to care for millions of people.

We understand that our country faces record debt levels and there are nearly continuous negotiations on federal spending levels. However, I truly believe that based on the merits of the program, the NHSC can withstand any kind of debate that focuses on value, impact, and long-term savings. We know that access to primary care saves lives and saves money, and the NHSC is designed to increase access to primary care services where we need it most. For this reason, we urge the Congress to fund the NHSC at a level that would enable it to fund at least the current applicants for the program. <u>This is possible through a systematic doubling of the current funding for the program</u>.

Doubling the funding for the NHSC would enable an additional 11 million people to have access to primary care. We know the need far exceeds this, with more than 72 million people living in primary care shortage areas, 54 million living in dental shortage areas, and more than 111 million living in mental health shortage areas. We know there are thousands of applicants already looking to serve!

The current funding level for the program allows for only 40% of Loan Repayment applicants and a mere 10% of scholarship applicants to be granted awards. I mention this to bring attention to the fact that although it is usually difficult to recruit primary care clinicians to these shortage areas, the NHSC is clearly an effective and popular way to overcome this difficulty. As we look for ways

to increase access to primary care, we have literally thousands of passionate health professionals applying to the NHSC to serve in our most needed areas of the country. I would urge you to fund as many of these applicants as possible and help our rural and underserved communities get the primary care access they need today.

Conclusion

Today, more than 10,000 NHSC clinicians serve 11 million people across the country. I stand before you proud to be one of them. We are hopeful that we can strengthen and grow the program to help address the urgent need of millions of people for primary health care services. These millions of people have faces and names. They have hopes and dreams. They are my patients that I see every day. They are our neighbors. They are your constituents. They are the babies that I welcome to this world and the wrinkled hands that I hold as they exit that same world. They are you and they are me. They are the present and the future of America. Without action by Congress, $310 million in funding for the NHSC will expire later this year. The NHSC program has proven time and time again to be an effective program, and I can assure you, as an alumnus, in my opinion, that the NHSC is one of the best programs this country has devised to incentivize primary care medical providers to be able to choose primary care and to serve in underserved communities. I appreciate the opportunity to testify before you today, and we thank you for making the National Health Service Corps a priority. I would be glad to answer any questions you may have.