



Statement of

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U.S. Department of Health and Human Services**

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Subcommittee on Primary Health and Aging
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Mr. Chairman and Members of the Subcommittee, thank you for the opportunity to testify today on behalf of the Health Resources and Services Administration (HRSA). My name is Rebecca Spitzgo, and I am the Associate Administrator of the Bureau of Health Professions in HRSA, which is an agency of the Department of Health and Human Services (HHS).

HRSA focuses on improving access to health care services for people who are economically, geographically or medically vulnerable. Our mission is to improve health and achieve health equity through access to quality services and a skilled health care workforce. HRSA's programs support the health care workforce across the entire training continuum, from academic training to programs that support clinicians currently providing care to individuals in underserved and rural communities across the United States. HRSA supports the training of nurses, physicians, and other clinicians, and encourages providers to work in areas of the country where they are needed most.

In accomplishing our goals, we collaborate with colleagues across the Federal Government and with State and local governments, as well as a range of other partners in the private sector, including: community-based organizations, health care providers and academic institutions. Together with these key partners, we are working hard to meet the needs of the American people and to prepare for changes in the health care system to help ensure access to quality, efficient care.

I have been asked to speak to you today about HRSA's activities regarding the primary care workforce and the Nation's needs in this area. We appreciate your ongoing interest in HRSA programs and welcome the opportunity to discuss them with you, Mr. Chairman, and the Subcommittee.

Strengthening the Primary Care Workforce through Recent Investments

To date, the Affordable Care Act has supported the training of an additional 1,700 primary care providers, including physicians, advanced practice nurses, and physician assistants, as well as 200 behavioral health providers. And, with historic investments from the American Reinvestment and Recovery Act of 2009 (ARRA) and the Affordable Care Act, the numbers of clinicians in the National Health Service Corps have more than doubled from 3,600 in 2008 to nearly 8,900 in 2013. National Health Service Corps clinicians, who are located in every State, are providing care to approximately 9.3 million medically underserved people at more than 5,100 National Health Service Corps approved sites in urban, rural, and frontier areas. Approximately 50 percent of NHSC clinicians serve in HRSA-funded health centers.

The Affordable Care Act also provided \$230 million over five years to fund the Teaching Health Center Graduate Medical Education (GME) program. This funding has expanded residency training for primary care residents and dentists in community-based ambulatory patient care settings, including HRSA-funded health centers. This program supported more than 300 primary care resident full-time equivalents (FTEs) in 21 states in Academic Year 2013-2014. The number of residency programs and resident FTEs supported through this program has doubled each academic year since 2011, and we expect nearly 600 FTEs to be supported in Academic Year 2014-2015. There is evidence that physicians who receive training in community and underserved settings are more likely to practice in such environments.

HRSA's recent investments in nursing programs promote the supply, skills and distribution of qualified nursing personnel needed to improve the health of the public. These training programs increase nursing education opportunities for individuals from disadvantaged backgrounds; improve

nurse education, practice and retention while increasing quality of care; assist veterans with transition from military service to nursing school and civilian nursing careers; provide financial support to individuals pursuing an advanced nursing education/training; and, provide financial support to schools of nursing to increase the number of qualified nurse faculty. And, through our scholarship and loan repayment programs, today there are nearly 1,600 advanced practice nurses in the National Health Service Corps and nearly 2,600 nurses in the NURSE Corps working in high need communities.

Building a Primary Care Workforce for Tomorrow

The FY 2015 President's Budget includes a new workforce initiative that will help support the residency training of approximately 13,000 new physicians by 2024 and grow the number of National Health Service Corps Clinicians from 8,900 health care providers in 2013 to an annual field strength of 15,000 in FYs 2015-2020. This new investment in our health care workforce will increase the supply and distribution of the health care workforce, which when coupled with the adoption of new, more efficient models of care, will significantly increase access to primary care and other specialty services.

This new residency training program, the Targeted Support for GME program, will emphasize primary care, but will also include support for residency training in high-need specialties. Building on the Teaching Health Center GME program, it will focus on supporting residency training in ambulatory, preventive care delivered in team-based settings.

The Targeted Support for GME program aims to support residency training with a strong focus on ambulatory and preventive care and the goal of driving higher value health care that reduces long-term costs. In addition, residency programs will be held accountable for training residents and retaining them in primary care service in underserved areas, as well as providing a broad range of training experiences that include team-based care, expanded use of technology, and new, efficient models of care.

The new program includes a \$100 million set aside for children's hospitals annually in FY 2015 and FY 2016 to be distributed via formula that will continue to support the same types of disciplines currently funded through the Children's Hospitals GME program. Children's hospitals and current awardees in the Teaching Health Center GME program will be eligible to compete for funding through the new program. The FY 2015 President's Budget also includes appropriations language that would make current Teaching Health Center GME balances available until expended and thereby would avoid having these funds expire at the end of FY 2015.

The FY 2015 President's Budget also builds upon the historic investments through ARRA and the Affordable Care Act that have more than doubled the National Health Service Corps. With more than 85 percent of Corps clinicians continuing to serve in high-need areas after they fulfill their service commitment, the National Health Service Corps helps ensure underserved rural and urban communities have access to quality health care both today and in the future.

Other HRSA investments also emphasize the importance of providing care in underserved communities. For example, 43 percent of individuals who graduated from or completed HRSA-funded health professions training and education programs reported working or pursuing further training in medically underserved communities one year after graduation or completion of their program.

In addition, the FY 2015 President's Budget includes \$10 million for a new Clinical Training in Interprofessional Practice program which will support community-based clinical training in interprofessional, team-based care to increase the capacity of primary health care teams to deliver quality, coordinated, safe and efficient care to patients, families and communities.

The FY 2015 President's Budget also recognizes the special need for primary care providers across rural America. The Budget includes four million dollars for the Rural Physician Training Grant program to provide support for medical schools to recruit and train students interested in rural practice and to develop training curriculum that focuses on the unique needs of preparing medical students for rural practice. These grants will focus on recruiting and training health physicians in rural settings with the ultimate goal of increasing the number of medical school graduates who practice in rural communities.

Supporting a Diverse Workforce

HRSA's workforce programs also play a critical role in supporting a diverse workforce across this country. Underrepresented minorities and individuals from disadvantaged backgrounds accounted for approximately 45 percent of those who completed HRSA's health professions training and education programs during the 2012-2013 Academic Year. According to self-reporting, more than half of the nearly 1,100 National Health Service Corps scholars and residents in the pipeline are minorities. As part of their National Health Service Corps commitment, these future primary care providers will serve in communities where they are needed most to provide culturally competent care.

And, when we look at specific disciplines, the impact of these programs is even more evident – a diversity not yet achieved in the national health care workforce. For example, in FY 2013 African American physicians represented 17.8 percent of the Corps physicians, which exceeds their 6.3 percent representation within the national physician workforce, and Hispanic physicians represented 15.7 percent of the Corps physicians, exceeding their 5.5 percent representation in the national physician workforce.

Training for Comprehensive Primary Care

HRSA's investments in the behavioral health disciplines are also significant. National Health Service Corps providers that include Health Service Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, Marriage and Family Therapists, and Psychiatric Nurse Specialists have more than tripled since 2008, increasing from approximately 700 to 2,440 in 2013. When we add in psychiatrists, psychiatric physician assistants, and psychiatric nurse practitioners, roughly one of every three clinicians in the National Health Service Corps (more than 2,800 out of nearly 8,900 as of September 30, 2013) provides behavioral health services.

HRSA and the Substance Abuse and Mental Health Services Administration (SAMHSA) have been partnering to address critical needs in behavioral health professionals and paraprofessionals trained to address the needs of transition-age youth (ages 16-25). This partnership will train and provide placement assistance for approximately 1,800 additional behavioral health professionals and 1,700 behavioral health paraprofessionals. Last week, HRSA and SAMHSA issued funding opportunities for this initiative.

In addition, HRSA funds several programs that support training and education for health

professionals to improve the integration of oral health into primary care. And, in the National Health Service Corps approximately 75 percent of the more than 1,300 dentists and dental hygienists are working at health centers or health center look-alikes.

HRSA also is helping to meet the need for new dental providers by expanding the dental workforce training and education programs, as well as by supporting State development and implementation of innovative programs to address dental workforce needs in underserved areas.

Strengthening America's Health Workforce

Taken together, HRSA's workforce programs emphasize the training of the next generation of primary care providers, strengthening up the primary care training and development infrastructure, providing incentives for students to choose primary care and to practice where the Nation needs them most, and repaying loans for primary care providers willing to work in some of the Nation's most underserved areas. To meet the health needs of Americans, HRSA will continue to make the recruitment, training and retention of primary care professionals a priority.

Thank you again for providing me the opportunity to share HRSA's primary care workforce priorities with you today. I am pleased to respond to your questions.