



Testimony before the United States House of Representatives
Committee on Energy and Commerce
Subcommittee on Health
on
**“Examining Existing Federal Programs to Build a Stronger Health
Workforce and Improve Primary Care”**

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Chairman Guthrie, Vice Chair Bucshon, Ranking Member Eshoo, and Members of the Subcommittee:

Thank you for the opportunity to speak with you today about improving primary care and growing the health care workforce. I am Carole Johnson, Administrator of the Health Resources and Services Administration (HRSA), the agency of the Department of Health and Human Services that supports nearly 1,400 community health centers that provide primary care in rural and underserved communities regardless of patients' ability to pay; health services in rural communities and help for rural providers to remain financially viable; scholarships and loan repayment assistance for more than 20,000 clinicians in return for serving in underserved and rural communities; training and career ladder programs to grow the nation's supply of nurses, doctors, behavioral health providers, community health workers and other health professionals; care and treatment for more than a half a million individuals with HIV; and, maternal and child health screenings, services, and support for more than 58 million women and children.

I appreciate the opportunity to discuss with you three vital HRSA programs for which mandatory funding is expiring at the end of this fiscal year: the Health Center Program, the National Health Service Corps, and the Teaching Health Center Graduate Medical Education Program. The President's Fiscal Year 2024 Budget proposes extending funding for each of these critical programs. This investment would maintain and expand access to primary care services in underserved and rural communities, build and sustain the workforce needed to deliver this care, and expand the availability of mental health and substance use services and professionals across the country.

I would like to begin by thanking the Members of this Subcommittee for your long-standing bipartisan support for HRSA's programs. With the support of this Subcommittee, we have made significant gains in expanding access to health care services, particularly in communities that have struggled for far too long to recruit and retain health care providers and improve access to care. Today, HRSA-supported community health centers are providing primary care to 30 million people in rural and historically underserved communities across the country -- more than 90 percent of those with reported income status earn less than 200 percent of the federal poverty level. In the year

ahead, we anticipate that as many as 1 in 10 people in this country will get their primary care through a HRSA-supported community health center.

The Subcommittee's support has also been essential to developing and sustaining the health care workforce needed to deliver this care. We just celebrated the 50th anniversary of the National Health Service Corps, which provides scholarships and loan repayment to health care providers in return for practicing in the communities that need them most. This program has never been stronger: We recently reached an historic high of more than 20,000 family medicine providers, pediatricians, obstetricians, psychiatrists, dentists and other clinicians practicing in underserved and rural communities through the National Health Service Corps.

We also are helping communities to "grow their own" health care providers through the Teaching Health Center Graduate Medical Education Program. This innovative program recognizes that most primary care takes place in community settings, not acute care hospitals, and residency training should reflect that reality. Through the Teaching Health Center Program, we are supporting training of primary care physicians and dental residents in the community settings where they are most likely to practice. We have seen that clinicians trained through this program, as well as those who participate in the National Health Service Corps, tend to stay and remain in practice in the rural and underserved communities where these programs incentivize them to begin their careers, yielding a valuable long-term return on the federal government's investment.

Increasing Access to Care through Community Health Centers

Health centers are local organizations that provide comprehensive, high-quality primary health care services tailored to their community and regardless of their patients' ability to pay. HRSA's Health Center Program is a cornerstone of our country's health care system, especially for individuals and families who are uninsured; enrolled in Medicaid; living in rural, remote or underserved areas; struggling to afford their health insurance co-pays; experiencing homelessness; residing in public housing; or otherwise finding it hard to find a doctor or pay for the cost of care. Today, the approximately 1,400 HRSA-funded health centers operate nearly

15,000 health care service sites, including mobile clinics, and conduct community outreach events to engage patients in accessible settings and locations.

Yet, the unmet primary health care needs in the United States remain too high. The President's Budget takes significant steps to address this unmet need, while also preventing disruption in care for the 30 million patients currently served by health centers supported by HRSA. The President's Fiscal Year 2024 Budget extends the expiring mandatory funding for health centers and proposes a multi-year down payment on a pathway to double funding for the Health Center Program. The Fiscal Year 2024 budget provides \$7.1 billion for Health Centers, which includes \$5.2 billion in proposed mandatory resources, an increase of \$1.3 billion above the Fiscal Year 2023 enacted level. At this funding level, the Health Center Program will provide care for approximately 33 million patients and all health centers will have the funding necessary to provide needed mental health and substance use services and expanded hours of operation. HRSA will also be able to award grants for new health center service sites to address barriers to primary care for high-need communities.

Health Centers: Integrating Mental Health and Substance Use Disorder in Primary Care

With the support of Congress, in recent years HRSA has undertaken a number of initiatives to better integrate mental health and substance use disorder services into primary care. For example, over the past six months, through our grant programs we have awarded \$60 million to include mental health and substance use disorder training in primary care medical residency programs and nearly \$27 million to provide training and direct support to help pediatricians better meet the mental health needs of children. In the Health Center program specifically, we have built some behavioral health capacity through targeted grants and other supports. Yet health center capacity falls far short of meeting demand: health centers are currently only able to meet about a quarter of the estimated demand for mental health services among their patients and about six percent of the estimated demand for substance use disorder services.

The President's Budget proposes to address this unmet need head-on through a two-pronged approach: Investing \$700 million specifically for behavioral health services at health centers and

proposing to amend the Health Center Program authorizing statute, section 330 of the Public Health Service Act, to require all HRSA-funded health centers to offer mental health and substance use disorder services. The President's budget also proposes continued discretionary funding for health centers, including increased resources supporting early childhood screening and development investments, cancer screening, and activities to end the HIV epidemic. Our proposals reflect the urgent need to break down the silos that can hinder integrated, comprehensive care that best serves patients, improves health outcomes, and most efficiently uses health care dollars.

Health Centers: Improving Access to Care

The President's Budget also helps health centers to increase their hours of operation. Extended or weekend hours are essential for the many people who cannot easily miss a shift of work, live in rural or remote areas, have child care challenges, or otherwise face obstacles to accessing health care during standard business hours. This proposal would not only better serve patients, it would also help to prevent unnecessary and more expensive emergency department visits, particularly as research shows that health center patients generally have lower emergency room utilization and lower costs to Medicare and Medicaid than comparable non-health center patients. In other words, by making the health center model of care more easily accessible to high-need patients through expanded hours of operation, we can help to improve patient outcomes and make better use of federal resources. To address these needs, our Fiscal Year 2024 Budget proposes a \$250 million investment to support extended hours for providing primary health care services at health centers to improve access to care.

The Budget also takes steps to help the millions of people who continue to struggle to access primary care by providing funding that would support grants for new health centers or additional service sites for existing health centers. HRSA has not received funding for new health centers in five years, and at that time was only able to fund less than 15 percent of the qualified applications received. The Budget proposes to invest \$150 million in a New Access Point funding opportunity targeted to areas of highest need using an evidence-based methodology. As

noted above, increasing access to the health center model of care in high need areas is critical to advancing affordable, high quality primary care.

Building a Robust, High Quality Health Care Workforce

One of HRSA's highest priorities is growing the health workforce and connecting skilled health care providers to communities in need. For the last several years, our entire nation has witnessed first-hand the dedication and fortitude of our health care workforce. At the same time, we are experiencing critical challenges as we work to retain and grow the health care workforce.

The President's Budget makes a number of important investments to address these needs. For example, the Budget includes proposals to alleviate bottlenecks in the nursing training pipeline, support the mental health and well-being of the current health care workforce, train more behavioral health providers, and jumpstart innovation and modernization of health care workforce training. It includes increased funding to expand the nursing workforce, including by recruiting and supporting the nurse faculty and clinical preceptors necessary to train the next generation of nurses. Limited clinical nursing faculty is one of the most significant barriers impeding expansion of the nursing workforce at a time when the need for nurses continues to grow. The Budget also makes new investments to increase the number of Certified Nurse Midwives to expand access to maternal care.

In addition, the Budget builds on HRSA's current work supporting the mental health and well-being of the existing health care workforce by expanding these efforts to reach more frontline providers. In Fiscal Year 2022, HRSA invested \$103 million to support the mental health needs of and address burnout in the health care workforce. HRSA also would grow the number of behavioral health care providers under the President's Budget by making significant investments in training new professionals such as psychiatrists, psychologists, clinical social workers, marriage and family therapists, counselors, and peer support specialists. Recognizing that HRSA's National Center for Health Workforce Analysis has projected shortages across a wide range of health care occupations, HRSA would also launch a new initiative under the President's Budget supporting innovation in health care workforce training to generate new models and fuel

modernization of how workers are prepared and trained to practice. HRSA is also investing in and expanding rural residency training through our Rural Residency Planning and Development Program, which supports rural hospitals and communities in the creation and accreditation of new residency programs. Critically, the President’s Budget takes the important step of renewing and extending funding for the vital mandatory investments in the National Health Service Corps scholarship and loan repayment programs and the Teaching Health Center Graduate Medical Education Program that are growing the next generation of primary care providers and helping to deliver healthier communities.

National Health Service Corps: Building the Next Generation of the Health Workforce

For more than 50 years, the National Health Service Corps has worked to increase access to care by supporting health care providers dedicated to working in underserved urban, rural and tribal areas by providing scholarships and loan repayment in return for service in these high need communities. The National Health Service Corps includes medical, dental and behavioral health providers and consists of the foundational scholarship and loan repayment program as well as a state loan repayment program to support states in meeting their unique primary care needs, dedicated resources for loan repayment in rural areas, and a dedicated substance use disorder provider loan repayment program.

With the combination of mandatory funding, base appropriations and pandemic relief funds, more than 20,000 National Health Service Corps participants were practicing in underserved and rural communities in return for scholarships and loan repayment last year – the largest number in program history. National Health Service Corps participants tend to remain practicing in high need communities after their service commitment is completed. The two-year reported retention rate among National Health Service Corps participants who completed their service obligation in Fiscal Year 2020 is 86 percent.

Recognizing the ongoing demand for high quality clinicians in high need communities across the country, the President’s Budget seeks to sustain this record level of National Health Service Corps participation by proposing \$966 million in Fiscal Year 2024, including \$790 million in annual mandatory funding and a sustained three-year mandatory investment in the program.

Without an increased mandatory investment in this program, HRSA will be unable to maintain this historic field strength of providers, reducing the opportunity to leverage this flagship program for incentivizing new providers to practice in under-resourced communities at a time when these clinicians are needed more than ever.

Teaching Health Centers: Training Providers in the Community

By building primary care residency programs in health centers, rural health clinics, and other community settings rather than the traditional acute hospital care model, the Teaching Health Center Graduate Medical Education program prioritizes the needs of the community while delivering high-quality clinical training. New doctors of family medicine, internal medicine, pediatrics, obstetrics and gynecology, psychiatry, and dentistry have completed their residency training in underserved and rural communities through the program, providing a vital source of training and care.

The program also works to retain these physicians in the community upon completion of their residency. In a national census of third-year family medicine residents, those who trained in teaching health centers were more likely to plan to work in safety net clinics than other residents.¹ The program also has been shown to attract residents from rural and disadvantaged backgrounds.² Teaching Health Center Graduate Medical Education Program residents often go on to work in community-based health care settings similar to those in which they train, which is vital to growing and diversifying the health care workforce in areas of most need.

The President's Budget would extend the Teaching Health Center Graduate Medical Education Program's mandatory funding for three years with an initial investment of \$157 million for Fiscal Year 2024 that grows in subsequent years as the impact of pandemic relief funds wind down. This proposal would support more than 1,400 residents in various stages of residency

¹ Bazemore A, Wingrove P, Petterson S, Peterson L, Raffoul M, Phillips RL Jr. Graduates of Teaching Health Centers Are More Likely to Enter Practice in the Primary Care Safety Net. *Am Fam Physician*. 2015;92(10):868.

² Talib, Z, Jewers, MM, Strasser, JH, Popiel, DK, Goldberg, DG, Chen, C, Kepley, H, Mullan, Regenstein, M. Primary Care Residents in Teaching Health Centers: Their Intentions to Practice in Underserved Settings After Residency Training. *Academic Medicine*. 2018; 93(1): 98-103.

training during Fiscal Year 2024 and grow to support more than 2,000 residents by Fiscal Year 2026. Continued mandatory Teaching Health Center Graduate Medical Education funding will provide teaching health centers with the confidence to continue recruitment efforts to fill and expand their available primary care resident slots. Disruptions in the growth of the Teaching Health Center Graduate Medical Education funding would be devastating for current medical residents who depend on these resources to complete their clinical training and also would likely create a chilling effect on future recruitment for the program as prospective residents, medical schools, and community-based providers are likely to be dissuaded from participating if funding does not appear sustainable.

Conclusion

HRSA is committed to pulling all available levers to support and grow the health care workforce while ensuring that historically underserved and rural communities get the primary care services they need to thrive. We know that communities depend on the life-saving and life-sustaining services and high-quality providers supported through the Health Center, National Health Service Corps, and Teaching Health Center Graduate Medical Education programs. We look forward to continuing to work with the Subcommittee to sustain and grow these proven programs.

Thank you, again, for the opportunity to speak with you today and I look forward to your questions.