March 24, 2015

The Honorable Thad Cochran
Chair, Senate Appropriations Committee

The Honorable Harold Rogers
Chair, House Appropriations Committee

The Honorable Barbara Mikulski
Ranking Member, Senate Appropriations Committee

The Honorable Nita Lowey
Ranking Member, House Appropriations Committee

The Honorable Roy Blunt
Chair, Senate Labor-HHS Appropriations Subcommittee

The Honorable Tom Cole
Chair, House Labor-HHS Appropriations Subcommittee

The Honorable Patty Murray
Ranking Member, Senate Labor-HHS Appropriations Subcommittee

The Honorable Rosa DeLauro
Ranking Member, House Labor-HHS Appropriations Subcommittee

Dear House and Senate Appropriators:

Thank you in advance for your commitment to saving the National Health Service Corps (NHSC), which faces a funding cliff at the end of FY 2015. The undersigned NHSC Stakeholders recommend a discretionary appropriation of $287.4 million for FY 2016. As the nation faces multiple health professional shortages, sustained, long-term investments in workforce programs are necessary to help care for our nation's most vulnerable populations. Recognizing that mandatory funding may be provided through other mechanisms, the appropriations committees still retain primary responsibility for funding the administrative functions of the NHSC and for avoiding budgetary lapses in future years.

Through more than 50 national organizations, the NHSC Stakeholders represent the multiple health professionals, institutions, and underserved areas/patients that benefit from the NHSC's history of public service.

The NHSC offers scholarship and loan repayment awards to primary care health professionals in exchange for practicing in a federally designated Health Professional Shortage Area (HPSA). Additionally, the NHSC matches funding for State-based loan repayment programs with similar missions.

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 and retaining 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 9,242 in FY 2014 caring for more than 9.7 million patients, the NHSC still 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 leave a number of underserved areas still lacking access to primary care.

As of September 30, 2014, the Health Resources and Service Administration (HRSA) estimates that 18,100 additional practitioners are required to eliminate all current primary care, dental, and mental health HPSAs.

In more tangible terms, the current NHSC practitioner deficit results in 59 million unserved primary care patients, 47 million unserved dental patients, and 96 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 Stakeholders

Academy of General Dentistry
America’s Essential Hospitals
American Academy of Family Physicians
American Academy of Pediatrics
American Academy of Physician Assistants
American Association for Marriage and Family Therapy
American Association of Child and Adolescent Psychiatry
American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Nurse Practitioners
American College of Nurse-Midwives
American College of Physicians
American Congress of Obstetricians and Gynecologists
American Dental Association
American Dental Education Association

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1, 2, 3 Fiscal Year 2016 Justification of Estimates for Appropriations Committees (HRSA, HHS, February 2015)
American Dental Hygienists Association
American Medical Association
American Medical Student Association
American Osteopathic Association
American Psychiatric Association
American Psychological Association
American Public Health Association
American Society for Clinical Pathology
Association of American Medical Colleges
Association of Asian Pacific Community Health Organizations
Association of Clinicians for the Underserved
Association of Departments of Family Medicine
Association of Family Medicine Residency Directors
Association of Minority Health Professions Schools
BlackDoctor.org
Commissioned Officers Association of the U.S. Public Health Service, Inc.
Committee of Interns and Residents/SEIU Healthcare
First Focus
National AHEC Organization
National Alliance of State & Territorial AIDS Directors
National Association of Community Health Centers
National Association of Pediatric Nurse Practitioners
National Association of Rural Health Clinics
National Black Nurses Association
National Council for Behavioral Health
National Council for Diversity in the Health Professions
National Health Care for the Homeless Council
National Organization of Nurse Practitioner Faculties
National Rural Health Association
National Rural Recruitment and Retention Network – 3RNet
North America Primary Care Research Group
Physician Assistant Education Association
Primary Care Progress
Society of General Internal Medicine
Society of Teachers of Family Medicine
Student National Medical Association
Trust for America’s Health