Committee on Energy and Commerce

Opening Statement as Prepared for Delivery
of
Ranking Member Frank Pallone, Jr.

Health Subcommittee Hearing on "Examining Existing Federal Programs to Build a Stronger Health Workforce and Improve Primary Care"

April 19, 2023

Today, the Committee continues its critical work of strengthening our health care systems by building a stronger health care workforce and improving access to primary care.

I am delighted that we will be considering my bill, the DOC Act, which permanently authorizes and increases funding for the Teaching Health Center Graduate Medical Education Program. This program supports the training of primary care medical and dental residents in high-need communities. It is the only federal program that invests in this training of future physicians in a community-based setting rather than a hospital setting.

This is important for a number of reasons. We know that physicians often choose to practice close to their training sites. By moving primary care training into the community, teaching health centers help to address the workforce shortages in underserved areas and increase access to primary care.

This program has been incredibly successful since it was established by the Affordable Care Act. Today, there are 72 Teaching Health Centers programs in 24 states, with 969 medical residents handling more than one million patient visits annually in rural and urban communities. It's because of this success that the program has been reauthorized several times with strong bipartisan support. Reauthorization is critical but oftentimes these reauthorizations have been short-term, leaving the program in a state of uncertainty.

The threat of expiration makes it difficult for teaching health centers to plan and recruit for their residency programs. Low funding levels also jeopardize the sustainability of programs and their ability to address primary care workforce shortages in underserved areas.

Unfortunately, unlike the Medicare Graduate Medical Education (GME) program, which funds GME slots in teaching hospitals at over $16 billion a year, the Teaching Health Centers program is not permanently authorized or funded. My bill provides the long-needed security that these programs have asked for. It will create a reliable stream of doctors for high-need communities with funding for 48 new programs across the country and creating an estimated 1,060 new residency slots. It is still a tiny fraction of the GME slots that we fund in teaching hospitals. This kind of investment is exactly what we need to increase access to primary care in underserved areas.

We will also discuss legislation that will extend funding for community health centers, which provide primary care to more than 30 million people across the country, including many living in poverty and in rural areas. While I am disappointed the funding included in the legislation today does not reflect increases in the cost of providing care, it is critical that we do not allow this funding to lapse. I am pleased that the legislation we are discussing today provides for long-term stable funding for these centers.

We will also examine legislation that will reauthorize other expiring public health programs, including the Special Diabetes Program and the Special Diabetes Program for Indians. Both of these programs provide critical research and care. In particular, the Special Diabetes Program for Indians funds critical treatment and prevention efforts for American Indians and Alaska Natives, who have the highest prevalence of diabetes in the country.

I am pleased we will be considering legislation introduced by Representative Blunt Rochester, to address shortages and bolster the nursing workforce by expanding state-based nursing workforce centers and establishing a national nursing-focused research center.

We will also discuss legislation that seeks to improve existing programs at the Health Resources and Services Administration, including the Organ Procurement and Transplantation Network, or OPTN. More than 6,000 Americans die each year while waiting for organ transplants, and this problem is even more pronounced for people of color and people in rural communities. HRSA has undertaken a number of efforts to modernize the OPTN, and the legislation before us today seeks to complement those efforts. It would make OPTN contracts more competitive in order to increase oversight and enhance the performance of the program.

I look forward to continuing to work with my colleagues on these important pieces of legislation, but I'd like to once again request that this Committee immediately schedule a hearing to examine the very real health impacts to all Americans of extremist right-wing judges' attacks on the federal drug approval process. Today we expect a decision from the Supreme Court, but the decisions, to date, challenging FDA's decades-old approval of the drug mifepristone are not grounded in science or in law.

We should hold a hearing on the detrimental impacts these decisions could have on the drug approval process so we can ensure Americans continue to have access to FDA-approved medication. There is no time to wait and that's why every Democrat on this Committee has requested the Republican majority schedule a hearing immediately. We must examine the very real impacts these dangerous decisions could have on the American people. Thank you and I yield back.