

**Remarks for the Committee on Energy and Commerce Member
Day
Congresswoman Xochitl Torres Small
July 25, 2019**

Chairman Pallone, Ranking Member Walden, and Members of the Committee, thank you for the opportunity to speak about the pressing issues facing New Mexico's Second Congressional district.

I first want to applaud the Energy and Commerce Committee's work to lift up rural and underserved communities.

Our rural communities are important threads in the fabric of our nation. They provide the food we put on our tables and the energy that powers our day-to-day lives.

More importantly, they represent the American values and traditions that are at the heart of who we are.

I love our values and way of life, but our rural communities are facing increased hardships like never before.

Since I was sworn-in, I've visited all 19 counties in New Mexico's Second Congressional District.

And in each place I visited, residents voiced the same message. They want the same economic opportunities and health care access that the bustling cities and growing suburbs have.

These are the issues I came to Congress to tackle, and it is also why I am here today speaking before the Committee with broad and far-reaching jurisdiction to address these problems.

When meeting with my constituents, access to basic health care leads nearly every conversation, because in southern New Mexico, it's not just about health care affordability, it's also about health care accessibility.

I have met expecting mothers who have to drive for hours, often across state lines, for prenatal appointments.

I have met veterans who have to get on a bus in the middle of the night to get to a doctor's appointment in Albuquerque the next day.

I have met teenagers in crisis who face a long waiting list for a much-needed mental health appointment.

And I have visited rural and community hospitals on the verge of closing.

These are daily challenges for the 60 million Americans living in rural communities.

I'm by no means an expert, but I think it is clear that one way to increase health care access in rural areas is increasing the number of doctors serving them.

In March, along with a bipartisan group of colleagues, I helped introduced The Resident Physician Shortage Reduction Act of 2019, H.R. 1763.

This bipartisan legislation takes critical steps toward reducing nationwide physician shortages, with an emphasis in rural areas, by increasing the number of Medicare-supported residency positions by 15,000 positions.

If passed, H.R. 1763 will significantly increase training programs for rural physicians and take the first steps towards expanding rural healthcare access and incentivizing medical students to serve our rural communities.

H.R. 1763 already has 139 cosponsors, including 16 members of this Committee. I strongly encourage the Committee to support this bill.

Similar in mission, I also helped introduce the Training the Next Generation of Primary Care Doctors Act alongside Representative Ruiz in May.

H.R. 2815 reauthorizes and expands the Teaching Health Center Graduate Medical Education (THCGME) Program.

The program has helped address physician shortages in low-income regions of the country such as the district I serve, because many

medical students go on to serve the communities where their residency program was located.

In the 2018-19 academic year, the THCGME Program supported the training of 728 residents in 56 primary care residency programs across 23 states. Of these graduates,

- 82 percent remain in primary care practice, compared to 23 percent of traditional GME graduates;
- 55 percent of practice in underserved communities, compared to 26 percent of traditional GME graduates; and
- 20 percent practice in rural America, compared to 8 percent of traditional GME graduates.

Training the next generation of rural healthcare providers means investing in the programs that have proven to keep them in areas with the highest need.

The THCGME program's success thus far helps meet this mission and I will continue to advocate for its expansion.

In the coming weeks, I plan to introduce legislation to address the maternal morbidity crisis faced in rural communities.

The bill will likely be directed to this committee and I look forward to working with each of you to move this critical legislation for a full floor vote.

Additionally, it is essential that we help those in rural communities get to their health care providers, even if they live several towns or counties away. When lack of transportation prevents people from attending routine or preventative care appointments, it increases health care costs and leads to worse health outcomes.

Currently, there are several federal programs that help patients in rural communities reach their medical providers with non-emergency medical transportation. Studies have proven that programs like these not only increase access to health care but also pay for themselves through health care savings.

However, these programs can't meet the immense need. We need to do more to expand federal patient transportation programs to ensure that no American is prevented from seeing their doctor due to issues with transportation.

Last, I can attest that across my diverse district, Republicans, Democrats, and independents all agree drug prices are too high and that Congress has an obligation to lower them.

Let's keep building on the momentum of the legislation passed in June and continue putting forth measures to protect our constituents suffering from inflated and unregulated drug prices.

Members of this Committee, even with the hardships rural communities face, we are often the first to be forgotten when

legislators and health care experts discuss health care quality, access, and affordability.

By working to solve these issues, this Committee can be on the forefront of advancing health care, no matter where a person lives.

Thank you again, Chairman Pallone and Ranking Member Walden for holding this hearing, and for your work delivering better health care to all our constituents.