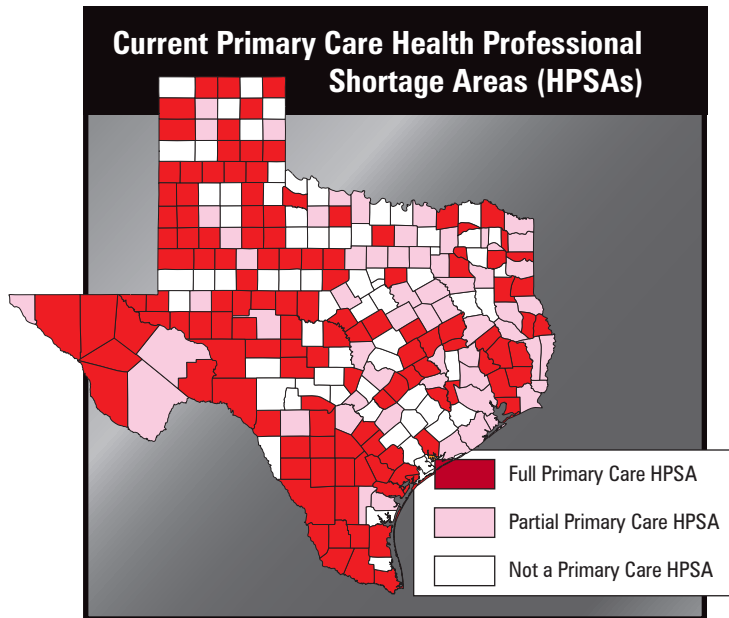


Texas' Physician Supply Pipeline Is Half Empty

Texas faces a current and impending shortage of physicians – particularly primary care physicians – to meet the health care needs of our growing population. This primary care physician shortage is worsened by the distribution of those we have. Most of the state's physicians choose to practice in affluent urban and sub-urban communities, leaving rural, border and inner-city communities without adequate access to primary and preventive care. Consider the following facts:



- Texas ranks 45th in the nation in the number of physicians per capita.
- The national average for direct care physicians to every 100,000 people is 220. Texas averages 152 for every 100,000 people.
- 116 Texas counties are considered full primary care health professional shortage areas. 60 counties are considered partial HPSAs.
- Nearly every county along the Texas-Mexico border is designated as having a shortage of primary care physicians.

Cost Effective Health Care

Several recent studies have conclusively shown the effectiveness of primary care physicians in lowering health care costs and improving overall quality of care, yet the number of U.S. medical graduates choosing to enter family medicine and general internal medicine residencies has fallen by almost 50 percent over the past 10 years.

The deteriorating supply of primary care physicians not only threatens the health of Texans, but also has disastrous economic implications as more patients will be forced to rely on expensive, overcrowded emergency rooms to receive basic health care.

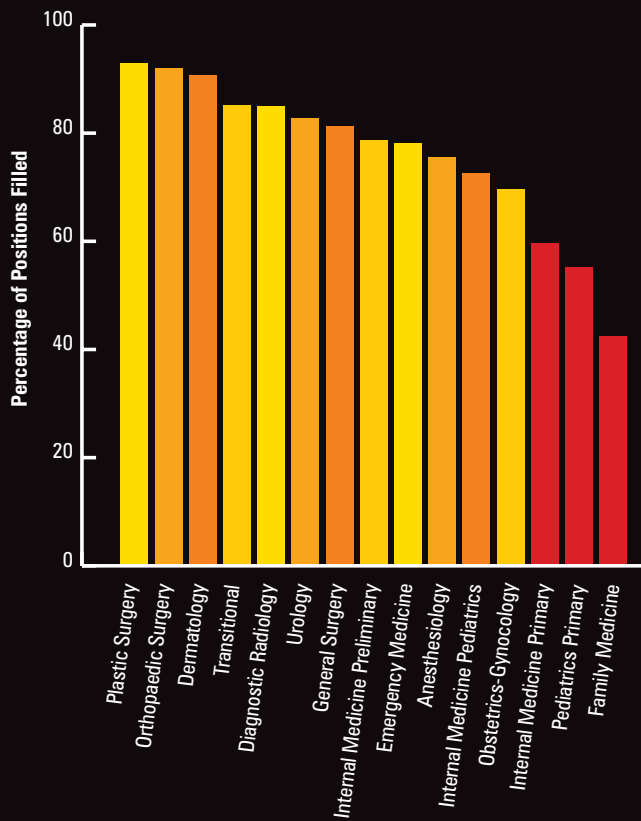
- ER visits in Texas jumped from 5.5 million in 1992 to 8.6 million in 2003.
- 42 to 56 percent of the visits to major Texas hospitals are primary care related.

A Dwindling Supply of Primary Care Physicians

Multiple factors contribute to Texas' shrinking supply of primary care physicians.

- The average medical school graduate carries a debt of more than \$100,000, causing many to pass over primary care in favor of more lucrative specialties.
- Medicaid, CHIP and Medicare are the primary insurers in most border and rural communities. Low reimbursement rates work against efforts to recruit and retain physicians to these areas.
- Texas taxpayers spend more than \$200,000 to educate one medical student, but a lack of available residency training slots force medical school graduates to leave the state to continue their graduate medical education training.

Average Percent of Residency Program Positions Filled by U.S. Medical Graduates in Selected Specialties, 2002–2006



Source: National Resident Matching Program

Graduate Medical Education: Behind the Numbers

Graduate medical education funding from the state has been unstable and inadequate in recent years. State funding for GME is now 60 percent less than four years ago. GME funds provide a two-fold benefit of educating and training Texas' future physician workforce, while at the same time providing large amounts of care to the uninsured as well as individuals receiving coverage through public programs.

- Primary care residency programs see a disproportionately high number of Medicaid, Medicare and uninsured patients.
- The relatively low salaries of residents (generally less than \$40,000 a year) help residency programs care for large numbers of indigent patients.
- Studies show physicians who complete both medical school and graduate medical education in Texas are three times more likely to enter practice in the state.
- 66 percent of residents who completed training in Texas in 2006 stayed in the state to enter practice and, of these, 45 percent stayed within 100 miles of their residency program.

The Solution to Grow Our Primary Care Physician Base

It takes at least 11 years to educate and train a primary care physician. Swift legislative action is needed to grow our primary care base to ensure Texas families have access to timely, cost-effective health care. The Primary Care Coalition respectfully urges the 80th Texas Legislature to:

- Increase funding for Family Practice Residency Programs and Primary Care Residency Programs.
- Maximize funding for primary care preceptorship programs, which increase medical student interest in pursuing residency training in primary care.
- Expand the state Physician Education Loan Repayment Program and consider tuition waivers for physicians who agree to practice for at least five years in rural or underserved areas.