

United States Senate

WASHINGTON, DC 20510

July 24, 2012

The Honorable Kathleen Sebelius
Secretary
United States Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Sebelius:

When Congress crafted the Balanced Budget Refinement Act of 1999, a key goal was to encourage the training of physicians in rural and medically underserved areas. While 20 percent of the U.S. population resides in rural areas, less than nine percent of U.S. physicians practice in these areas. We write to express our strong support for a rural training provision in this statute that has yet to be utilized by the Centers for Medicare and Medicaid Services (CMS). This rural training provision will help alleviate a growing health care crisis facing rural America.

We urge the Department to implement the Integrated Rural Training Track (IRTT) provision, as authorized in section 407 (c)(1)(iv) of P.L. 106-113, to expand graduate physician training in rural areas. The statutory language gives the Secretary the authority to remove funding caps for IRTTs to encourage the training of physicians in rural areas. CMS has stated that lack of a formal definition of an IRTT prevented the agency from implementing the provision that would exempt IRTTs from GME funding restrictions.

We ask that you set a regulatory definition of the IRTT as:
A medical residency training program located in an urban area with a curriculum which includes for all residents in the IRTT program the following:

- A minimum of three block months of rural rotations. During a rural block rotation, the resident is in a rural area for four weeks or a month;
- A stated mission for training rural physicians;
- Public health training that focuses on rural health issues as part of a standard curriculum
- A minimum of four months of pediatric training to include neonatal, ambulatory, inpatient and emergency experiences through rotations or an equivalent longitudinal experience; and
- A minimum of two months of emergency medicine rotations or an equivalent longitudinal experience so that the resident will be fully prepared to handle rural emergency situations.

This definition is endorsed by American Academy of Family Physicians, American Osteopathic Association, Council of Academic Family Medicine and the National Rural Health Association.

Furthermore, we believe Congress' intent in authorizing the IRTT program was that the residency be able to expand its cap of residents and the hospital's intern/resident to bed ratio.

Many of our constituents must travel great distances to access health care. Research has shown that physicians who train in rural areas often end up practicing in rural areas. With provider shortages particularly acute in rural America, it is imperative that steps be taken to expand the training of physicians in rural areas. We thank you for your assistance with this request and look forward to working with you to improve our nation's access to care.

Sincerely,

Jim Tester

Lee Puckett

Mark F. B. A

Susan Collins

Al Franken

Tom Udare

Jeff P. ...

John ...

Janice K. ...

Paul ...

Jim Johnson

Amy Klobuchar

Herb Kohl

Pat Roberts

Patty Murray

Carl Levin

Maris Comstock

Paul Cochran

Mark Udall

Kent Conrad