



National AHEC Organization: Connecting Students to Careers, Professionals to Communities, and Communities to Better Health.

National AHEC FY2011 Budget Request

- 1. We request that the AHEC line item under Title VII in the FY11 LHHS appropriations bill be funded at \$125 million. AHECs make a difference.** The 56 AHEC Programs and their 235 + community-based AHEC Centers across the country are vital to training primary care providers for under-served populations. These Centers have more than 38 years experience in federal, state, and local partnerships that provide training in local under-served and rural communities. In 2009 there were 17,388 AHEC training sites in underserved areas across the Nation. A total of 49,169 health professions students participated in AHEC clinical training at community sites serving medically underserved populations. In addition, medically underserved communities were served by 16,283 on-site AHEC preceptors. The AHEC program provided 20,000 medical students (21%) with a clinical rotation in community-based primary care in a rural or underserved area. AHECs provide a unique focus on diversity of the primary care workforce and promoting training in underserved areas of the country, leading to the practice of providers in those settings. *Rural Health Works 2007* estimates that placing a new primary care physician in a rural community generates (with multipliers included) approximately \$1.5 million in revenue, \$900,000 in payroll, and 23 jobs in local economy. So, by recruiting and training providers, AHEC contributes to job and economic growth in communities.
2. The unprecedented investment made by the American Recovery and Reinvestment Act of 2009 created and expanded Community Health Centers and produced additional National Health Service Corp Scholars. Unlike a field of dreams, if you build them they will not just come. AHECs recruit and train the healthcare workforce who practice in **CHCs**, serve in the **NHSC** and work specifically with vulnerable, disadvantaged, minority, and rural and urban underserved people. Therefore, **an increase in federal funding to AHECs is needed to meet the demand for more high quality, culturally competent health professionals created by this infusion of capitol into CHCs, NHSCs, and other safety net provider programs.**
3. We request your support of the **reauthorization of the AHEC program** cited in the Senate Health Reform bill. This bill specifically reauthorizes the functions of the programs funded under Title VII of the Public Health Services Act.