



February 5, 2025

The Honorable Joan Huffman
Chair, Senate Finance Committee
Texas Senate
P.O. Box 12068
Austin, Texas 78711

Dear Chairwoman Huffman and Members of the Committee,

On behalf of the Texas Academy of Family Physicians (TAFP), thank you for the opportunity to submit written testimony regarding our budget priorities for the Texas Higher Education Coordinating Board (THECB). We appreciate your leadership and commitment to ensuring the health and well-being of all Texans.

The need to educate, train, recruit, and retain adequate numbers of family physicians remains critically important to ensuring access to medical care for all Texans. Family physicians often serve as a patient's first point of contact in the health care system, delivering preventive and early intervention services for both acute and chronic conditions that can reduce or eliminate the need for more costly specialty care or hospitalization. As a result, primary care is the only component of the health care system where an increased supply is associated with better population health, more equitable outcomes and lower total cost of care.ⁱ

To achieve state lawmakers' goals to improve access to care and restrain rising health care costs, necessitates fortifying Texas' primary care system. Primary care is key to promoting coordinated, efficient and appropriate use of health care services. Yet, with a booming population, more Texans struggle to access primary care when they need it. This is driven, in part, by a shrinking primary care physician pipeline. Extensive medical literature affirms that reduced access to primary care results in adverse health outcomes and higher costs.

In 2025, lawmakers affirmed their commitment to improve access to primary care by investing in programs that help attract and maintain family physicians. The Academy strongly supported these measures and now respectfully urges that lawmakers not only continue these critical programs, but invest in new ones. Doing so will strengthen Texas' family medicine physician pipeline, improve access to rural maternal services, and prepare the next generation of family physicians to care for Texas.

1. Increase funding for the Family Practice Residency Program (FPRP):

Texas' 40 family medicine residency programs are the lifeblood of our primary care workforce, preparing more than 300 new family physicians each year to care for patients. In addition to training, these residency programs provide access to primary & preventive care, mental health, and maternal care for Medicaid and CHIP patients, Medicare patients, and the uninsured.

The FPRP is among the state's oldest physician workforce development programs, dating back to 1977. It provides grants directly to Texas' nationally accredited family medicine residency programs, located in every region of the state. Data consistently shows that more than 70% of family doctors who complete residency in Texas stay in Texas and family physicians are more likely than other specialties to practice in rural areas.

Even as the state has increased the number of residents in training, the amount of THECB funding for family medicine residents has withered, dropping from \$14,300 per resident each year in 2011 to less than \$4,800 in 2022.

Recommendation: Increase funding for FPRP by \$11.85 million above the base request of \$16.5 million for the 2026-2027 biennium.

2. Invest \$5 million in 15 Family Medicine – Obstetrics (FM/OB) Fellowships

Family physicians are the backbone of Texas' rural health care system. Of all clinicians, family physicians are most likely to practice in rural areas due to the breadth of their training across various medical disciplines, including pediatric, adult medicine, obstetrics and gynecology, and mental health.

According to the Robert Graham Center, family physicians deliver babies in more than 40% of all U.S. counties, and more than half of these counties are in nonmetropolitan areas. Family physicians are the sole maternity care clinicians delivering babies in 16% of maternity care deserts across the country.

For family physician residents seeking additional maternity and women's health care training, there are only five FM/OB fellowships available in Texas and only 48 fellowships in the entire United States. FM/OB fellowships are 12-month programs that train family physicians to provide the full range of obstetrical care, including preventive care before, during and after pregnancy, labor and delivery, and surgical interventions, such as C-sections, when necessary.

Compared to other states with large rural populations, including Colorado and Kansas, Texas has limited FM/OB training programs, resulting in family medicine residents who want this additional training to leave Texas. Physicians are more likely to practice within 100 miles of their residency training, so Texas is losing these physicians to other states at a time it desperately needs to increase its obstetrical care workforce.

Recommendation: Allocate \$5 million to the THECB to expand the state's five existing FM/OB programs and to establish 10 new ones.

3. Maintain funding for the Physician Education Loan Repayment Program (PELRP):

The Physician Education Loan Repayment Program provides loan repayment assistance of up to \$180,000 over a four-year period to physicians practicing in Health Professional Shortage Areas (HPSAs) and for specific state agencies. The program incentivizes primary care physicians to practice in underserved areas and ensures the sustainability of care for Texas' most vulnerable populations. Since 2009, more than 2,300 physicians have participated in this highly successful program.

Recommendation: Maintain level funding for PELRP.

4. Maintain funding for the Texas Statewide Preceptorship Program

Texas' Primary Care Preceptorship Program has a longstanding record of introducing students early in their careers to the fields of Internal Medicine, Family Medicine and Pediatrics. These programs have placed more than 9,300 medical students in primary care clinics for two- to four-week internships since 1995 with remarkable results.

Recommendation: Preserve level funding for Texas' Primary Care Preceptorship Program.

5. Increase funding for rural residency and training programs

In the 88th Legislature, lawmakers appropriated \$3 million to the Rural Resident Physician Grant Program, which provides dollars for new residency positions in non-metropolitan areas. Studies show that primary care physicians who train in rural areas are more likely to practice there. Yet, these opportunities are too few to help rural communities reduce the critical shortage of primary care physicians and improve access to local health care.

Recommendation: Increase funding for the Rural Resident Physician Grant Program by \$1,000,000.

6. Invest \$10 million to create a Primary Care Research and Innovation Lab

Expanding the primary care workforce without better understanding how to optimize the practice of primary care, its integration into the larger health care system, and its ability to adapt to a rapidly growing population is like installing more power lines without knowing if they're going to the right place or can handle the load.

Texas should pair investments in its primary care workforce with research into how to improve its efficacy and ingenuity, developing strategies to improve patient management, health outcomes, and interprofessional collaboration. In other words, Texas must help primary care practices adapt now so they will be available in the future.

Research dollars dedicated to primary care account for only 0.3% of all federal research funding. Texas similarly spends little to no dollars specifically on primary care practice improvement.

According to the National Academy of Science, Engineering and Medicine, “The neglect of basic primary care research ... not only adversely affects primary care outcomes but also leads to the lack of a population-based understanding of illness and disease along the health care spectrum. Better [primary care research] support could lead to answers to questions that are critically important for improving population health.”

Texas should establish and fund its own Primary Care Research and Innovation Lab, in partnership with the state’s health science centers, with the express purpose of evaluating strategies to improve primary care resiliency, capacity, access, efficacy, cost effectiveness, and interprofessional, primary care collaboration. Texas has long incubated state-of-the-art medical and specialty services, such as cancer research to improve cancer treatment. That expertise now should be harnessed to research and reimagine a sustainable, resilient, integrated, cost-effective, and accessible primary care model that can power Texas’ health care system.

Recommendation: Allocate \$10 million to the THECB to establish a Primary Care Research and Innovation Lab

Texas communities, especially rural and underserved areas, have long struggled to recruit and retain primary care physicians and other health care professionals. This lack of access to primary care results in higher rates of preventable health conditions, including maternal and infant mortality, chronic disease, such as diabetes, cancer and stroke. The programs administered by the THECB play an essential role in addressing Texas’ primary care workforce challenges and ensuring the health of all Texans.

TAFP commends the Senate Finance Committee for championing investments in Texas’ primary care workforce and enduring commitment to improve access to health care for all Texans. By maintaining or boosting these investments, the state can curb health care costs, help Texans lead healthier, more productive lives, and improve the quality of life for all Texans.

Thank you for your time and attention to these critical issues. Please do not hesitate to contact us if you have any questions or require additional information.

ⁱ The National Academies of Science, Engineering and Medicine