A RESOLUTION TAKING ACTION ON THE CRITICAL SHORTAGE OF PRIMARY CARE DOCTORS IN THE U.S

WHEREAS, disease prevention programs for certain communities are not being implemented because health care deserts, that is, communities without doctors in pockets of the inner city and rural communities, are increasing and causing huge health disparities once again;

WHEREAS, roughly 65 million people live in a primary care desert;

WHEREAS, the U.S. could lose 100,000 doctors by 2025, 1/3 of which will be primary care physicians;

WHEREAS, this shortage of doctors, especially primary care doctors, as well as the lack of diversity in our physician workforce, have been long overlooked because many of the people harmed usually do not have a political voice and the clout to hold elected leaders accountable;

WHEREAS, medical schools remain closed systems and do not generate sufficient numbers of primary care physicians and few minority physicians, thus they are not responding to the needs of society ensuring positive patient outcomes;

WHEREAS, the Association of American Medical Colleges (AAMC) reports that in 1978, there were just 542 black males enrolled in U.S. medical schools and in 2014 there were only 515;

WHEREAS, the few doctors who will now take Medicare and Medicaid patients are limited by the federal government preventing them from having the resources necessary to provide the patients with adequate care;

WHEREAS, quality, accredited, off shore schools are significant sources of primary care doctors of color who are American citizens but attended an off shore medical school; whereas, primary care doctors of color who attended such accredited, off shore schools face an implicit bias and most doors remain closed to them, especially in most American teaching hospitals;

WHEREAS, "pipeline" programs have been proven to work but are underfunded, sporadically funded and undervalued;

WHEREAS, "pipeline" programs engage underrepresented students into a career track and may involve service, education, or research, while others may involve multiple components; and

WHEREAS, "pipeline" programs have proven to be effective at the elementary, middle and high school levels, as well as the college and post-baccalaureate levels.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) calls on Congress to increase the funding for African-American medical students and African-American
primary care residents;

BE IT FURTHER RESOLVED, that NBCSL calls for federal and state laws to support continuous, sustainable funding for the implementation and assessment of pipeline programs;

BE IT FURTHER RESOLVED, that NBCSL will initiate a plan of action to obtain sustainable private-sector support for pipeline programs for African Americans and other underrepresented people of color at all levels;

BE IT FURTHER RESOLVED, that most of this funding be distributed to institutions that focus on hiring and training African-American and other underrepresented doctors seeking to work in communities most in need;

BE IT FURTHER RESOLVED, that such legislation should include additional funding for medical school students focusing on general (primary care), internal medicine and family medicine;

BE IT FURTHER RESOLVED, NBCSL calls on state medical boards to work with off-shore medical schools to enable doctors that pursue degrees off-shore to receive the proper certifications with minimal obstacles; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, Vice President of the United States, members of the United States House of Representatives and the United States Senate, and other federal and state government officials as appropriate.

SPONSOR: Representative Brenda Gilmore (TN)
Committee of Jurisdiction: Health and Human Services Policy Committee
Certified by Committee Co-Chair: Representative Mia Jones (FL)
Ratified in Plenary Session: Ratification Date is December 3, 2016
Ratification is certified by: Senator Catherine Pugh (MD), President