



September 19, 2017

To Whom It May Concern:

As President and CEO of one of the oldest and largest urban academic medical centers in the country, I have watched the evolution of GME funding over the past forty years. Given the rapid changes in demographics and payment models, there is a great urgency for appropriately funding GME in critical access areas. Given the unique position and population of the Rio Grande Valley, the importance of creating a pipeline of physicians cannot be overstated. As is elegantly stated in the white paper, the statistics are overwhelming that many residents stay and practice in the areas in which they do their training.

The cost of recruitment of new physicians into some of these areas is overwhelming and prohibitive and in the end will cost the communities, the payors and CMS significantly more without this continuous influx of competent primary care and specialty physicians.

The proposal to create flexibility for underserved areas so that there is a strategic and targeted policy to provide new teaching hospitals in underserved areas of need additional time to reach their cap targets is both good policy and will have a significant return on investment in providing better care at a lower cost in these communities.

I have had an opportunity to see firsthand the great work being done at Doctors Hospital Renaissance and at the university in training these young men and women. In many cases, these young physicians will be the vanguard of a new population health reality for a growing and increasingly important patient base in South Texas.

I urge you to consider this proposal carefully on its strategic, financial and humanitarian merits. The new American healthcare will need innovative programs in underserved areas and this is a great example of how CMS can work with the academic and healthcare communities to provide better care to more people.

Sincerely,

Stephen K. Klasko, M.D., M.B.A.

President and CEO

Thomas Jefferson University and Jefferson Health