



**Statement for the Record of the  
American College of Physicians  
to the House Appropriations Subcommittee on Labor,  
Health and Human Services, Education, and Related Agencies**

**March 19, 2009**

**Re: FY 2010 Budget, Department of Health and Human Services**

Chairman Obey and Ranking Member Tiahrt, thank you for allowing me to share the American College of Physicians (ACP's) views on the Department of Health and Human Services budget for FY 2010.

I am Jeffrey P. Harris, MD, FACP, President of the American College of Physicians, a general internist for three decades, who worked as a Clinical Associate Professor of Medicine at the University of Virginia School of Medicine. Until very recently, I practiced in a small, rural town in Virginia with a population of 40,000 people. I am pleased to be able to represent the College.

The American College of Physicians represents 126,000 internal medicine physicians, residents, and medical students. ACP is also the nation's largest medical specialty society and its second largest physician membership organization.

Today, I am urging the following funding levels:

- Title VII and Title VIII programs, under the Public Health Service Act, \$550 million;
- National Health Service Corps, \$235 million;
- Agency for Healthcare Research and Quality, \$405 million; and
- National Institutes of Health, at minimum a 7% increase over the FY 2009 baseline.

**Primary Care Workforce**

We are experiencing a primary care shortage in this country, the likes of which we have not seen. The expected demand for primary care in the United States continues to grow exponentially while the nation's supply of primary care physicians dwindles and interest by U.S. medical graduates in primary care specialties steadily declines. The reasons behind this decline in primary care physician supply are multi-faceted and complex. Key factors include the rapid rise in medical education debt, decreased income potential for primary care physicians, failed payment policies, and increased burdens associated with the practice of primary care.

A strong primary care infrastructure is an essential part of any high-functioning healthcare system. In this country, primary care physicians provide 52 percent of all ambulatory care visits,

80 percent of patient visits for hypertension, and 69 percent of visits for both chronic obstructive pulmonary disease and diabetes, yet they comprise only one-third of the U.S. physician workforce. Those numbers are compelling, considering the fact that primary care is known to improve health outcomes, increase quality, and reduce healthcare costs.

There are many regions of the country that are currently experiencing shortages in primary care physicians. The Institute of Medicine (IOM) reports that it would take 16,261 additional primary care physicians to meet the need in currently underserved areas alone. To help alleviate the shortage of primary care physicians, we believe sufficient funding should be provided for Title VII and Title VIII programs, as well as the National Health Service Corps.

### **Title VII and Title VIII Programs**

The health professions education programs, authorized under Titles VII and VIII of the Public Health Service Act and administered through the Health Resources and Services Administration, support the training and education of health care providers to enhance the supply, diversity, and distribution of the health care workforce, filling the gaps in the supply of health professionals not met by traditional market forces. The College was pleased that the American Recovery and Reinvestment Act (P.L. 111-5) provided a down payment of \$200 million for Title VII and Title VIII programs.

The College, along with the Health Professions and Nursing Education Coalition, is recommending that these programs require at least \$550 million to adequately educate and train a health care workforce that meets the public's health care needs. This amount includes restoration of Title VII to at least the FY 2005 level (close to \$300 million).

Lower funding or elimination of Title VII programs will have an immediate impact on the training and recruitment of health professions students and the educational infrastructures developed and supported by Title VII. It is important to note that these programs are unique in that they are the only federal investment in interdisciplinary training, which is vitally important as care is often provided in interdisciplinary settings. These programs are also designed to enhance minority representation in the health care workforce, which is essential when it comes to providing access to care as minority providers are more likely than others to care for underserved populations and help reduce the shortages in these specific areas. Moreover, not only does this funding support essential training programs, it also facilitates the delivery of care to the underserved areas of the country through the Area Health Education Centers (AHECs) and Health Education and Training Centers.

As the nation's health care delivery system undergoes rapid and dramatic changes, an appropriate supply and distribution of health professionals has never been more essential to the public's health. The Title VII and Title VIII programs are critical to help institutions and programs respond to these current and emerging challenges and ensure that all Americans have access to appropriate and timely health services.

### **National Health Service Corps**

In conjunction with other stakeholders, the College is recommending a combined appropriation of \$235 million for the National Health Service Corps (NHSC). We are pleased the ARRA

provided an additional \$300 million, which will enable 4,200 more clinicians to access the scholarship and loan repayment programs.

The NHSC scholarship and loan repayment programs provide payment toward tuition/fees or student loans in exchange for service in an underserved area. The programs are available for primary medical, oral, dental, and mental and behavioral professionals. Participation in the NHSC for four years or more greatly increases the likelihood that a physician will continue to work in an underserved area after leaving the program. Over the years, the number of clinicians in those programs has grown from 180 to over 4,000. In 2000, the NHSC conducted a large study of NHSC clinicians who had completed their service obligation up to 15 years before and found that 52 percent of those clinicians continued to serve the underserved in their practice. The programs under NHSC have proven to make an impact in meeting the health care needs of the underserved, and with more appropriations, they can do more.

The NHSC estimates that nearly 50 million Americans currently live in health professions shortage areas (HPSAs) - underserved communities which lack adequate access to primary care services - and that 27,000 primary care professionals are needed to adequately serve the people living in HPSAs. Currently, over 4,000 NHSC clinicians are caring for nearly 4 million people. The outstanding need remains unmet.

Limited funding has reduced new NHSC awards from 1,570 in FY 2003 to an estimated 947 in FY 2008, a nearly 40 percent decrease. The NHSC scholarship program already receives seven to fifteen applicants for every award available. The National Advisory Council on the National Health Service Corps has recommended that Congress double the appropriations for the NHSC to more than double its field strength to 10,000 primary care clinicians in underserved areas.

### **Agency for Healthcare Research and Quality**

The Agency for Healthcare Research and Quality (AHRQ) is the leading public health service agency focused on health care quality. AHRQ's research provides the evidence-based information needed by consumers, providers, health plans, purchasers, and policymakers to make informed health care decisions.

The College is dedicated to ensuring AHRQ's vital role in improving the quality of our nation's health and supports a fiscal year 2010 budget allocation of \$405 million for AHRQ. This amount will allow AHRQ to carry out its congressional mandate to improve health care quality and reduce costs by identifying which treatments work best and at what cost. The College's request of an additional \$32 million over the FY 2009 funding level would be designated for increased research in patient safety, health information technology, resources for research into the causes of and solutions to raising health care costs, chronic care management and strategies to translate research into practice.

The additional \$32 million will allow AHRQ to expand its investigator-initiated research program, a critically important element of our nation's health care research effort. This funding stream provides for many clinical innovations, innovations that improve patient outcomes. It will also facilitate the translation of research into clinical practice and disease management strategies, and address the health care needs of vulnerable populations. Investment in AHRQ's

investigator-initiated research is an investment in America's health. Additionally, investment in investigator-initiated research represents a cost-effective and efficient use of our federal health research dollars. The relatively modest investment provided to clinical investigators in the form of grants often result in advancements with positive economic implications far outweighing the original investment.

The College was pleased that the ARRA provided AHRQ with \$300 million for comparative clinical effectiveness research. This funding, along with an additional \$400 million for the Office of the Director of the National Institutes of Health and \$400 million to the Secretary of Health and Human Services, will stimulate the development of comparative effectiveness research and provide a good foundation for the establishment of the recommended, national comparative effectiveness entity. Furthermore, the Act prohibits the government from using the research for making any coverage or payment decisions or issuing clinical guidelines. The sole purpose is to develop this research and disseminate the results to all stakeholders.

### **National Institutes of Health**

Together, the FY 2009 omnibus and the ARRA provided \$38.5 billion to the National Institutes of Health (NIH), which will fund over 16,000 new research grants for live-saving research into diseases such as cancer, diabetes and Alzheimer's.

In his budget, the President envisions doubling our investment in basic research. Consistent with his proposal, we respectfully urge the Subcommittee to increase funding for NIH by at least 7 percent over the FY 2009 baseline.

### **Conclusion**

Mr. Chairman and Ranking Member Tiahrt, I appreciate the opportunity to offer testimony on the importance of the Department of Health and Human Services budget for FY 2010.

In conclusion, I would like to reiterate the College's recommended funding levels:

- Title VII and Title VIII programs, under the Public Health Service Act, \$550 million;
- National Health Service Corps, \$235 million;
- Agency for Healthcare Research and Quality, \$405 million; and
- National Institutes of Health, at minimum a 7% increase over the FY 2009 baseline.

The United States must invest in these programs in order to achieve a high performance health care system. The College greatly appreciates the support of the Subcommittee on these issues and looks forward to working with Congress as you being to work on the FY 2010 appropriations process.