



December 9, 2015

Honorable Hal Rogers  
Chairman  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Honorable Nita Lowey  
Ranking Member  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairman Rogers and Ranking Member Lowey:

On behalf of the American College of Physicians (ACP), I want to commend you and your colleagues for passing the Bipartisan Budget Act of 2015, creating a way forward to pass into law federal appropriations for Fiscal Year 2016. As the Committee on Appropriations works to complete year-end spending bills (or an omnibus spending-bill package), I urge you to both support and make the needed investments in vital federal programs and initiatives designed to maintain and expand primary care, ensure an adequate physician workforce, and promote public health. Therefore, below, I reaffirm ACP's FY2016 funding priorities and urge you to prioritize funding to support programs that have a proven track record of effectiveness in supporting workforce and other national healthcare priorities within your increased allocation. In addition, I must express great concern at some possible provisions in appropriations bills that would be detrimental to promoting primary care and public health. Accordingly also highlighted below is the College's support of and concerns about possible provisions that could be included in funding bills that your Committee is currently drafting.

The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 143,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

#### **Electronic Cigarettes:**

The College strongly supports regulation of all tobacco products and has developed numerous policy statements calling for comprehensive tobacco control efforts to prevent smoking and tobacco product use among young people and adults. In 2010, the College released the policy paper [Tobacco Control and Prevention](#). The paper included recommendations that state and federal governments work together to implement comprehensive tobacco use prevention and control efforts, that youth tobacco use education and prevention campaigns be initiated, that flavorings—including menthol—be banned in all tobacco products, **and that electronic nicotine delivery systems (also known as electronic cigarettes) be regulated by the Food and Drug**

**Administration (FDA).** Therefore ACP would strongly oppose any provision in an appropriations bill, such as the one contained in the FY2016 House Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations bill. This legislation would significantly weaken the FDA's ability to regulate electronic cigarettes and to prevent youth marketing and sales, such as the restriction of youth-oriented advertising and marketing and providing strong oversight of online sales to ensure age restrictions are being enforced.

**Agency for Healthcare Research and Quality (AHRQ):**

The College is also deeply concerned that the proposed total elimination of AHRQ funding in the FY2016 House Department of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) Appropriations bill and the prohibition of AHRQ-related research across other federal agencies with rare exception, will do great damage to the current and future initiatives to improve health care quality, patient safety, and the effectiveness of care provided to patients. The College strongly believes that AHRQ's activities and related outcomes research provides incomparable and invaluable data that cannot be replicated or replaced elsewhere in the federal government or the private sector. AHRQ is the leading public health service agency focused on health care quality. AHRQ's crucial research provides the evidence-based information needed by consumers, clinicians, health plans, purchasers, and policymakers to make informed health-care decisions. The College is acutely dedicated to ensuring AHRQ's vital role in improving the quality of our nation's health and, over the years, in written testimony to the LHHS Subcommittee, has consistently requested that the necessary resources be provided for its activities. Adequate funding allows AHRQ to help providers help patients by making evidence-informed decisions, fund research that serves as the evidence engine for much of the private sector's work to keep patients safe, make the healthcare market place more efficient by providing quality measures to health professionals, and ultimately, help transform health and health care. Accordingly, the College strongly recommends \$375 million in funding for the agency.

**Patient Centered Outcomes Research:**

The removal of \$100 million of funding in the FY2016 House LHHS Appropriations bill from the Patient Centered Outcomes Research Trust Fund will cripple the ability of the Patient Centered Outcomes Research Institute (PCORI), an independent non-profit entity, to continue to facilitate important unbiased medical and healthcare system research regarding the delivery of effective care in an efficient manner—with an emphasis on those factors that are important from the perspective of the patient. PCORI's research, which already includes the funding of over 400 research projects, will help patients and those who care for them make the best care decisions based on reliable information about the potential benefits and harm of various treatment options. This is the type of information ACP members and their patients want and need. The accompanying prohibition of discretionary funding for any patient-centered outcomes research would do great damage to the current and future initiatives to improve health care quality, patient safety, and the effectiveness of care provided to patients.

**Title VII Health Professions Training in Primary Care and Training Enhancement (PCTE):**

For FY2016, the House LHHS Appropriations bill provided flat funding, meaning the program could be receiving fewer resources than it was six years ago as need has increased. The PCTE

Program distributes educational grants for primary care physician students, residents, and faculty to enhance primary care provider recruitment. In the 2013-2014 academic year alone, the PCTE program trained more than 30,000 students, residents and faculty, with over one-million primary-care patient interactions. Without adequate funding, the PCTE's capacity to complete its mission of improving the education of primary care providers would suffer. Congress should fund PCTE at \$71 million for FY2016.

**The National Health Service Corps (NHSC):**

The NHSC received \$310 million in mandatory funding in FY2015. However, this funding level, as well as its funding for the last four fiscal years, has fallen far short of the levels anticipated after passage of the Affordable Care Act. For FY2016, the NHSC's mandatory funding was set to expire. Fortunately, Congress passed and the President signed into law the Medicare Access and CHIP Reauthorization Act, H.R. 2, which extends the NHSC's mandatory funding for two more fiscal years (FY2016, FY2017) at the FY2015 level. However, ACP believes that the Corps also needs discretionary funding to continue and expand its mission. Disappointingly, the FY2016 House LHHS Appropriations bill did not provide any discretionary dollars for the NHSC. Congress should fund the NHSC at \$810 million for FY2016.

**Research on Prevention of Firearms-related Injuries and Deaths:**

As data-driven decision makers, ACP advocates for robust research about the causes and consequences of firearm violence and unintentional injuries and for strategies to reduce firearm-related injuries. The Centers for Disease Control and Prevention, National Institutes of Health, and National Institute of Justice should receive adequate funding to study the effect of gun violence and unintentional gun-related injury on public health and safety. Access to data should not be restricted, so researchers can do studies that enable the development of evidence-based policies to reduce the rate of firearm injuries and deaths in this nation. Therefore, the College would strongly oppose any provision, such as the one included in the FY2016 House LHHS Appropriations bill, which would prohibit the use of funds for federal agencies to carry out gun research or the gathering of data for future research.

**Meaningful Use (MU):**

The College would strongly support a provision that would amend current law to provide the Centers for Medicare and Medicaid Services (CMS) with the authority to grant a blanket exemption for 2015 to physicians, hospitals, and others who are affected by a penalty under the Stage 2 MU program. Clinicians must attest that they have met the requirements for Stage 2 MU for a period of 90 consecutive days during calendar year 2015. However, CMS did not publish the rule in the federal register informing clinicians what those requirements are until October 16, 2015 – meaning that by the time clinicians learned what they had to do, fewer than 90 days remained in the calendar year, insufficient time for them to comply. We understand that CMS welcomes this modification to current law, and ACP applauds efforts to address the problem. ACP was also disappointed that CMS chose to re-implement the full-year reporting period to meet the Stage 2 MU requirements in 2016-2017. The College believes that 90 days is sufficient time for practices to demonstrate that they are meaningfully using their EHR system and would support a provision to return to the 90-day requirement.

**United States Preventive Services Task Force (USPSTF):**

The College strongly believes in supporting and empowering patients in shared decision-making about their treatment. ACP has previously [stated](#) that in order to facilitate this, patients, “need to know that the independent clinicians and scientists charged with producing research on clinical effectiveness will be permitted by Congress to make their recommendations based solely on their assessment of the evidence, not the politics of the day or as the result of stakeholder pressure.” ACP believes strongly that evidence-based guidelines empower patients to make the best decisions for them and that this is best accomplished by providing them and their clinicians the best available clinical effectiveness evidence. Therefore, any provision by Congress restricting an agency such as the USPSTF from issuing evidence-based clinical guidelines, similar to the provision in the FY2016 House LHHS Appropriations bill, would be opposed by the College.

The College is keenly aware of the fiscal pressures facing the Committee but strongly believes the United States must invest robustly in outcomes research, primary care programs, physician workforce, and public health—and their proven track record of effectiveness—in order to achieve a high performance health care system and build necessary capacity in our primary care workforce and public health system.

Thank you for your consideration of this request.

Sincerely,

A handwritten signature in black ink, appearing to read "Wayne J. Riley". The signature is fluid and cursive, with a large initial "W" and "R".

Wayne J. Riley, MD, MPH, MBA, MACP  
President

CC: Members, House Committee on Appropriations; Members, House Appropriations Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies