



September 13, 2018

The Honorable Rodney Frelinghuysen  
Chairman  
Committee on Appropriations  
United States House of Representatives  
Washington, DC 20515

The Honorable Nita Lowey  
Ranking Member  
Committee on Appropriations  
United States House of Representatives  
Washington, DC 20515

The Honorable Richard Shelby  
Chairman  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

The Honorable Patrick Leahy  
Vice Chairman  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

Dear Chairman Frelinghuysen, Ranking Member Lowey, Chairman Shelby, and Vice Chairman Leahy:

On behalf of the American College of Physicians (ACP), I am writing in reference to the important work being done by the conference committees as they finalize fiscal year 2019 appropriations bills for the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019, H.R. 6157, and the Energy and Water, Legislative Branch, and Military Construction and Veterans Affairs Appropriations Act, 2019, H.R. 5895. We urge you and your colleagues to make much-needed investments in federal healthcare programs and initiatives designed to maintain and expand primary care, ensure an adequate physician workforce, promote public health, and provide for veterans' health care, as outlined below. Please continue the bipartisan process in place to complete these bills and avoid a government shutdown prior to Oct. 1<sup>st</sup>.

The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 154,000 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.

As noted in previous communications to Congress, ACP has engaged with appropriators on the importance of funding key programs that support access to primary care as provided for under [the U.S. Department of Health and Human Services](#) as well as [the Veterans Health Administration](#). Specifically, ACP urges Congress to:

- **Fully fund the Veterans Health Administration:**  
ACP strongly urges Congress to provide the Department of Veterans Affairs (VA) with sufficient resources for the VA's vital healthcare mission for *all* of our nation's veterans, both for our

veterans receiving care through traditional Veterans Health Administration (VHA) services and for veterans needing access to care in the community. The VHA should be adequately funded and supported going forward, including the demonstrated need to ensure funding for those veterans who legitimately need access to care in the community, as stipulated in the recently-enacted VA Mission Act, without diverting precious funds from existing VHA medical services or other vital federal health programs.

- **Fund Title VII, Section 747, Primary Care Training and Enhancement (PCTE) at \$71 million for fiscal year 2019:** The PCTE Program distributes educational grants for primary care physician students, medical residents, fellows, and faculty to enhance primary care provider recruitment. While the College appreciates the \$10 million increase to the program in FY2018, ACP urges more funding because the Section 747 PCTE program is the only source of federal training dollars available for general internal medicine, general pediatrics, and family medicine. In order to maintain and expand the pipeline for individuals training in primary care, more resources are necessary.
- **Fund the Agency for Health Care Research and Quality (AHRQ) at \$454 million for fiscal year 2019:** We strongly believe that AHRQ's activities and related outcomes research provides incomparable and invaluable data that can be neither replicated nor replaced elsewhere in the federal government or the private sector. The College is dedicated to ensuring AHRQ's vital role in improving the quality of our nation's health and has consistently requested in written testimony over the years that the necessary resources be provided for its activities. AHRQ recently discontinued funding for the National Guidelines Clearinghouse due to a lack of funding. Restoring funding for the National Guidelines Clearinghouse is essential to facilitate evidence-based clinical practice.
- **Fund the National Health Service Corps (NHSC) at a minimum of \$415 million for fiscal year 2019:** The NHSC awards scholarships and loan repayment to health care professionals to help expand the country's primary care workforce and meet the health care needs of underserved communities across the country. With a field strength of over 10,000 primary care clinicians, NHSC members are providing culturally competent and effective care to over 10.7 million patients at over 16,000 NHSC-approved health care sites in urban, rural, and frontier areas, including community health centers. These funds would expand NHSC's field strength helping to address the health professionals' workforce shortage and growing maldistribution.
- **Fund the Centers for Medicare and Medicaid Services (CMS), Program Operations for Federal Exchanges at least \$690 million for fiscal year 2019:** If a state has declined to establish an exchange that meets federal requirements, this funding makes it possible for the federal government to continue to administer the insurance marketplace. CMS now manages and operates some or all marketplace activities in over 30 states. Without these resources, it would be difficult or impossible for the federal government to operate and manage federally facilitated exchanges in those states, raising questions about where and how their residents would obtain and maintain health coverage.

- **Expand Comprehensive Drug Addiction and Recovery Act (CARA) appropriations, \$1 billion; and continue increased State Targeted Response to the Opioid Crisis (Opioid STR) grant program funding, \$1.5 billion:** ACP supports expanded appropriations for CARA's grant programs for FY2019 and supports continuation of the Opioid STR grant program's increase for FY2019. The College greatly appreciates CARA grant programs funded at the level of \$360 million for FY2018 and the tripling of Opioid STR grants program to \$1.5 billion provided under the FY2018 omnibus. For FY2019, the College urges Congress to increase CARA funding to \$1 billion to help expand proven programs such as evidence-based medication-assisted treatment and first-responder training and access to naloxone for overdose reversal, as included in the CARA 2.0 Act of 2018. ACP also strongly supports the continued increase of Opioid STR grant funding level at \$1.5 billion for FY2019.

In closing, we urge the Congress to act on these above-named policies, pass bipartisan appropriations legislation to extend and fund these important programs and to further expand access to vital primary care services for all Americans. The College is keenly aware of the fiscal pressures facing the Congress at this time but strongly believes the United States must invest robustly in workforce and delivery system initiatives that support primary care and the public health, including programs that have a proven track record of effectiveness but also those that demonstrate the kind of innovation we need in any high-performing health care system.

Sincerely,



Ana María López, MD, MPH, FACP  
President

CC: Energy and Water, Legislative Branch, and Military Construction and Veterans Affairs Appropriations Act, 2019, Conferees and Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019, Conferees.