



November 15, 2016

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

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

The Honorable William Thad Cochran
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Barbara Mikulski
Vice Chairwoman
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Chairman Rogers, Ranking Member Lowey, Chairman Cochran, and Vice Chairwoman Mikulski:

As the House and Senate Committees on Appropriations work to complete year-end spending bills (or an omnibus spending bill package), I urge you to 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. Specifically, I encourage you to not only prioritize funding to support programs and initiatives that have a proven track record of effectiveness in supporting workforce and other national healthcare priorities but also those that show great promise in being able to improve health outcomes and reduce costs, as outlined below.

The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 148,000 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.

FUNDING PRIORITIES

While ACP is pleased with the increased funding for the National Institutes of Health, the Centers for Disease Control and Prevention (CDC), and the Substance Abuse and Mental Health Administration, as contained in the FY 2017 Labor, Health and Human Services, and Education Appropriations (LHHS) bills, we urge full consideration of the following ACP priorities, which includes some areas of concern.

Agency for Health Care Research and Quality (AHRQ):

We strongly believe that AHRQ's activities and related outcomes research provides incomparable and invaluable data that neither can be 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 over the years [in written testimony](#) has consistently requested that the necessary resources be provided for its activities.

Unfortunately, the FY2017 House LHHS Appropriations bill cuts AHRQ by a substantial \$54 million (16 percent) from the enacted FY2016 level, decreasing its discretionary funding to \$280.24 million. The FY2017 Senate LHHS Appropriations bill cuts AHRQ by \$10 million from the FY2016 enacted level. These cuts would be on top of the \$30 million cut that AHRQ already sustained in FY2016. **Accordingly, the College recommends a budget of \$364 million, restoring the agency to its FY2015 enacted level after a cut in FY2016.**

Center for Medicare and Medicaid Innovation (CMMI):

The College supports CMMI's authority to test and expand innovative models of care to better align physician payment to improve quality, cost-effectiveness, and efficient patient-centered care using a fast-track process that allows for widespread adoption of the models that demonstrate actuarial success. The removal of \$7 billion of funding in the FY2017 House LHHS Appropriations bill from CMMI would severely impact the ability to test new models of care, including implementation of the bipartisan Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and its Quality Payment Program (QPP). Specifically, the implementation of the advanced Alternative Payment Model (APM) pathway—which is intended by the law to be the ultimate goal for participating clinicians within the QPP—is nearly impossible without a fully functioning CMMI. Expansion under the authority of the Innovation Center is statutorily required for certain models, particularly for the patient-centered medical home (PCMH), to be considered advanced APMs. Therefore, eliminating CMMI's funding would greatly impede the bipartisan goal of Congress to replace the Sustainable Growth Rate as the basis for Medicare physician reimbursement with a true value-based alternative. CMMI innovation pathways include critical programs, such as the Comprehensive Primary Care Plus (CPC+), which utilizes a PCMH model; the Independence at Home Demonstration; and the Oncology Care Model.

In addition, since the College strongly supports CMMI's mission of testing different payment models to achieve greater value, efficiency and care for patients in the Medicare and Medicaid programs, ACP is deeply troubled about reports of possible legislative action that could limit or restrict the range and length of possible CMMI models and/or add required congressional approval to expand actuarially proven innovation models. These restrictions would greatly hinder—if not defeat—CMMI's ability to quickly and effectively implement successfully developed innovation models into the Medicare and Medicaid programs.

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

For FY2017, the House and Senate LHHS Appropriations bills provided flat funding (at \$38.92 million) for **Section 747, Primary Care Training and Enhancement**. The PCTE Program distributes educational grants for primary care physician students, medical residents, fellows, and faculty to enhance primary care provider recruitment. The College believes that without a

substantial increase in funding for the sixth year in a row, HRSA will not be able to carry out a competitive grant cycle for physician training; the nation needs new initiatives supporting expanded training in multi-professional care, the patient-centered medical home, and other new competencies required in our developing health system. **The Congress should fund PCTE at \$71 million for FY2017.**

Funding for Comprehensive Addiction and Recovery Act (CARA) authorized programs:

The College applauds the bipartisan work of Congress in passing CARA that endeavors to address the serious and growing epidemic of opioid and substance-use disorders throughout the United States. The College was appreciative that the Continuing Appropriations and Military Construction, Veterans Affairs, and Related Appropriations Act, 2017, and Zika Response and Preparedness Act contained \$7 million in new funding for CARA authorized programs within the Departments of Health and Human Services and Justice through December 9, 2016. The College strongly supports CARA and encourages your Committees to build upon the down payment in the CR/Zika package and adequately fund the programs authorized by CARA for FY2017.

Patient Centered Outcomes Research Institute (PCORI):

The removal of \$150 million of funding in the FY2017 House LHHS Appropriations bill from the Patient Centered Outcomes Research Trust Fund would cripple the ability of the Patient Centered Outcomes Research Institute (PCORI), an independent non-profit entity, to continue important unbiased medical and healthcare system research regarding the delivery of effective care in an efficient manner—with an emphasis from the perspective of the patient. PCORI's research 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.

Oversight of Electronic Cigarettes and Premium Cigars:

ACP has serious concerns about two provisions included in the House version of the FY2017 Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations bill that would prevent the Food and Drug Administration (FDA) from fully implementing its final rule regulating and reviewing all tobacco products. The College strongly supports the FDA's oversight and regulation of tobacco products as authorized by the bipartisan Family Smoking Prevention and Tobacco Control Act of 2009. The first House provision, Section 749, would stop the FDA from enforcing the final rule unless it explicitly excluded large and premium cigars from its oversight. The second House provision, Section 761, would prevent FDA product review of certain tobacco products, such as e-cigarettes, cigars, among others, by changing the date from when these products could be reviewed—effectively exempting those products that are already on the market from FDA product review. **These House provisions would significantly weaken the FDA's ability to regulate electronic cigarettes, cigars, and other currently regulated tobacco products and ensuring age restrictions are being enforced to prevent youth marketing and sales.**

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 strongly opposes any provision, such as the one included in the FY2017 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.

In conclusion, the College is keenly aware of the fiscal pressures facing the Committees 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,

A handwritten signature in black ink that reads "Nitin Damle". The signature is written in a cursive, flowing style.

Nitin S. Damle, MD, MS, MACP
President

Cc: Members of House and Senate Appropriations Committees