



August 30, 2017

The Honorable Thad Cochran
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

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Chairman Cochran, Chairman Blunt, Vice Chairman Leahy and Ranking Member Murray:

As the Committee on Appropriations is expected to consider shortly its version of the Fiscal Year 2018 Department of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) Appropriations bill, on behalf of the American College of Physicians (ACP), 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. Therefore, below, I reaffirm [ACP's FY2018 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. In addition, I must express great concern about some provisions in the Fiscal Year 2018 Department of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) Appropriations bill passed out of the House Appropriations Committee on July 19, 2017, that would be detrimental to promoting primary care and public health.

ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 152,000 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.

Highlighted below is the College's support of and concerns about provisions that are already or could be included in the funding bill that your Committee will be considering in the near future:

- Agency for Health Care Research and Quality (AHRQ)
- Title VII Health Professions Training in Primary Care and Training Enhancement (PCTE)
- Research on Prevention of Firearms-related Injuries and Deaths
- Centers for Medicare and Medicaid Services (CMS), Program Management for Marketplaces
- Centers for Disease Control and Prevention, Office of Smoking and Health (OSH)
- Funding for essential health providers or women’s health services and family planning
- National Health Service Corps (NHSC)

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 FY2018 House LHHS Appropriations bill cuts AHRQ by a substantial \$24 million from the enacted FY2017 level, decreasing its discretionary funding to \$300 million. This cut would be on top of the \$30 million cut that AHRQ already sustained in FY2017 and the \$10 million cut in FY2016. **Accordingly, the College recommends a budget of \$364 million, restoring the agency to its FY2015 enacted level.**

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

For FY2018, the House 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 programs designed to encourage students to enter primary care fields, support the training of primary care medical residents and fellows, and the careers of primary care medical faculty. The College believes that without a substantial increase in funding for the seventh year in a row, the Health Resources & Services Administration (HRSA) will not be able to carry out a competitive grant cycle for physician training. This would be terribly misguided as the nation desperately 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 FY2018.**

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 FY2018

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.

Centers for Medicare and Medicaid Services, Program Management for Marketplaces

ACP supports adequate funding for the Centers for Medicare and Medicaid Services (CMS), Program Management for Marketplaces budget in order to carry out its duties as necessary. This funding allows the federal government to continue to administer the insurance marketplaces as authorized by the Affordable Care Act (ACA) if a state has declined to establish an exchange that meets federal requirements or chooses to partner with the federal government. CMS now manages and operates some or all marketplace activities in 39 exchanges. If the current \$218.6 million cut to CMS program management and operations included in the FY2018 House LHHS Appropriations bill is adopted it will be much more difficult for the federal government to operate and manage federally-supported marketplaces, state-partnership marketplaces, and federally-facilitated marketplaces, raising questions about where and how patients would obtain and maintain coverage. The accompanying prohibitions of discretionary funding for any ACA related activity and the collection of user fees would also greatly harm patient access to healthcare coverage. It is ACP's belief that all Americans – regardless of income level, health status, or geographic location – must have access to affordable health insurance.

Centers for Disease Control and Prevention, Office of Smoking and Health (OSH):

ACP has long advocated for efforts to reduce tobacco use in the United States. ACP has supported efforts to facilitate access to effective smoking cessation aids and has advocated for a comprehensive antismoking legislative agenda. ACP supports efforts by OSH to reduce initiation of tobacco product use, decrease the harms of tobacco products, and encourage cessation among tobacco product users, especially to prevent smoking and tobacco product use among young people. 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 ENDS (including electronic cigarettes) be regulated by the FDA. In 2015, access and use of ENDS products increased so dramatically, especially among youth, that the College reiterated this policy and made further recommendations in the policy paper [*Electronic Nicotine Delivery Systems*](#). **Accordingly, ACP strongly supports OSH funding at or above the FY2017 enacted level of \$205 million and asks you to reject the \$50 million cut in the FY2018 House LHHS Appropriations bill.**

Funding for essential health providers or women's health services and family planning:

The FY2018 House LHHS Appropriations bill eliminates the \$286 million for Title X family planning as well as any funding to a class of providers designated as prohibited entities—defined as those that are designated as non-profits by the Internal Revenue Service; are essential community providers (ECPs) primarily engaged in family planning and reproductive health services; provide abortions in cases that do not meet the Hyde amendment exception for federal payment; and that received over \$23 million in Title X family planning funds in fiscal

year 2016. This funding includes Medicaid, the Children's Health Insurance Program, Maternal and Child Health Services Block Grants, and Social Services Block Grants.

ACP opposes legislative or regulatory restrictions that would deny or result in discrimination in the awarding of federal grant funds and/or Medicaid and Children's Health Insurance Program funding to women's health clinics that are qualified under existing federal law for the provision of evidence-based services including, but not limited to, provision of contraception, preventive health screenings, sexually transmitted infection testing and treatment, vaccines, counseling, rehabilitation, and referrals.

Funding for the opioid crisis and 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 strongly supports CARA and encourages your committees to build upon the FY2017 enacted funding levels and adequately fund the programs authorized by CARA for FY2018. ACP is also pleased that the House FY2018 LHHs Appropriations bill does include the second year of an additional \$500 million in funding from the 21st Century Cures Act for the State Targeted Response to the Opioid Crisis. However, the FY2018 LHHs Appropriations bill cuts the Substance Abuse and Mental Health Services Administration (SAMHSA) overall by \$306 million. Within SAMHSA, the House FY2018 LHHs Appropriation bill cuts mental health funding by \$231 million, substance abuse treatment is flat funded, and substance abuse funding is cut by \$58 million. **ACP strongly urges your committees to fund SAMHSA at or above the FY2017 enacted level and reject the cuts of the House FY2018 LHHs appropriations bill.**

The National Health Service Corps (NHSC):

The NHSC received \$310 million in mandatory funding (pre-sequestration) in FY2017. However, this funding level, as well as its funding for the last seven fiscal years, has fallen far short of the levels anticipated after passage of the ACA. For FY2018, the NHSC's mandatory funding is set to expire. However, ACP believes that the Corps also needs discretionary funding to continue and expand its mission. Disappointingly, the FY2018 House LHHs Appropriations bill did not provide any discretionary dollars for the NHSC. **Congress should fund the NHSC at \$380 million for FY2018.**

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. Thank you for your consideration and the College looks forward to working with Congress as you move forward with the fiscal year 2018 appropriations process.

Sincerely,

A handwritten signature in black ink, appearing to read "Jack Ende", with a long horizontal flourish extending to the right.

Jack Ende, MD, MACP
President

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