Our organizations represent a combined membership of 560,000 physician and medical student members, most of whom are providing front line care to patients throughout the United States. We are grateful for the recent funding increases provided by Congress to support the improvement of our nation’s public health and physician workforce. We are calling on the White House and Congress to make funding for public health and physician workforce programs a top priority in fiscal year (FY) 2020.

Our members are the frontline physicians who provide physical and mental health care services to millions of patients each day. We provide care to children, the aged, those with chronic conditions, people battling addiction, and the many individuals who are seeking prevention and wellness services in an attempt to be healthier.

Despite the care provided by our members and other physicians, there are a myriad of health needs that go unmet in this country that take a toll on society and our economy. According to the Centers for Disease Control and Prevention (CDC), eighty-six percent of the nation’s $2.7 trillion annual health care expenditures are for people with chronic and mental health conditions, and as of 2012, about half of all adults—117 million people—had one or more chronic health conditions. One in four adults had two or more chronic health conditions¹.

However, the human and financial cost of disease can be reduced through greater access to preventive health services and evidence-based care. Doing so requires a commitment to maintaining a strong physician workforce, support for preventive services, and research to develop the new and better ways to prevent and treat disease and help people live healthier lives.

A significant obstacle to providing care for our patients is a growing shortage of physicians. The Association of American Medical Colleges estimates that by the year 2030, there could be a shortage of

more than 100,000 physicians in the United States. The physician workforce shortage is attributed to a number of factors, including population growth, an increase in the number of aging Americans, and physician retirement².

**Health Resources and Services Administration**

It is critical that the federal government respond to these challenges and invest in workforce programs that support a well-trained physician workforce. We ask that Congress provide the Health Resources and Services Administration (HRSA) with $8.75 billion in FY 2020. This funding supports community health centers, workforce training programs, and maternal and child health programs. Collectively, HRSA funding improves care for millions of Americans, improves and expands our healthcare workforce, and improves access to care in rural and underserved communities in every state.

**Centers for Disease Control and Prevention**

Additionally, our organizations ask that the CDC receive a budget of $7.8 billion in FY 2020, and that Congress continue to maintain the Prevention and Public Health Fund (PPHF), which provides significant support for critical public health programs. This funding supports data collection that allows states to make informed decisions on how to best allocate healthcare resources and provides resources for vaccinations, screening, and other critical preventive health services.

We are also requesting $50 million in new funding for public health research to study firearm-related morbidity and mortality prevention. Federally funded public health research has a proven track record of reducing public health-related deaths, whether from motor vehicle crashes, smoking, or Sudden Infant Death Syndrome. This same approach should be applied to increasing gun safety and reducing firearm-related injuries and deaths, and federal funding for research will be as critical to that effort as it was to these previous public health achievements. The foundation of a public health approach is rigorous research that can accurately quantify and describe the facets of an issue and identify opportunities for reducing its related morbidity and mortality.

**Agency for Healthcare Research and Quality**

The research into how to deliver health services most effectively and safely is supported by the Agency for Healthcare Research and Quality (AHRQ) for which we support $460 million in FY 2020 budget authority. AHRQ is producing evidence to support clinical decision making, reduce health care costs, advance patient safety, decrease medical errors, and improve health care quality and access. In this rapidly changing environment, there is an urgent need for information to help primary care practices use decision-making tools and health information technology to manage population health and promote practice improvement.

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National Institutes of Health

Despite our ability to treat many of our patients’ most common ailments, additional research is needed to develop more effective ways to prevent and treat the diseases that still lack effective prevention strategies and treatments. For these reasons, we support a request of $41.6 billion for the National Institutes of Health (NIH) in FY 2020. This amount would maintain a steady trajectory of annual increases for the NIH and support for research in every state.

Centers for Medicare and Medicaid Services

Lastly, our organizations believe that it is imperative that the Administration and Congress maintain support for program management, as well as health insurance assistance and oversight programs through the Centers for Medicare and Medicaid Services (CMS). CMS helps ensure program integrity supports programs that help consumers make informed decisions about their health insurance coverage. We urge Congress to provide at least $3.7 billion for CMS program management in FY 2020.

FY 2020 Appropriations Requests:

- Health Resources and Services Administration (HRSA): $8.75 billion;
- Centers for Disease Control and Prevention (CDC): $7.8 billion, including $50 million in new funding for public health research to study firearm-related morbidity and mortality prevention;
- Agency for Healthcare Research and Quality: $460 million;
- National Institutes of Health (NIH): $41.6 billion; and,
- Centers for Medicare and Medicaid Services (CMS): $3.7 billion