

**Statement for the Record of the American College of Physicians to the  
House Appropriations Subcommittee on Labor, Health and Human Services,  
Education, and Related Agencies**

**Re: FY2019 Appropriations, Department of Health and Human Services**

**April 25, 2018**

The American College of Physicians (ACP) is pleased to submit the following statement for the record on its priorities, as funded under the U.S. Department of Health & Human Services, for Fiscal Year 2019. 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. As the Subcommittee begins deliberations on appropriations for FY2019, ACP is urging funding for the following proven programs to receive appropriations from the Subcommittee:

- Title VII, Section 747, Primary Care Training and Enhancement (PCTE), Health Resources and Services Administration (HRSA), \$71 million;
- National Health Service Corps (NHSC), \$415 million in total program funding;
- Agency for Healthcare Research and Quality (AHRQ), \$454 million;
- Centers for Medicare and Medicaid Services (CMS), Program Operations for Federal Exchanges, \$690 million;
- 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;

- Centers for Disease Control and Prevention (CDC), Injury Prevention and Control, Research on Prevention of Firearms-related Injuries and Deaths, \$50 million;
- National Institutes of Health (NIH), \$39.3 billion.

The United States is facing a shortage of physicians in key specialties, notably in general internal medicine and family medicine—the specialties that provide primary care to most adult and adolescent patients. Current projections indicate there will be a shortage of 14,800 to 49,300 primary care physicians by 2030. (IHS Inc., prepared for the Association of American Medical Colleges. 2018 Update, The Complexities of Physician Supply and Demand: Projections from 2016 to 2030. March, 2018. Accessed at: [https://aamc-black.global.ssl.fastly.net/production/media/filer\\_public/85/d7/85d7b689-f417-4ef0-97fb-ecc129836829/aamc\\_2018\\_workforce\\_projections\\_update\\_april\\_11\\_2018.pdf](https://aamc-black.global.ssl.fastly.net/production/media/filer_public/85/d7/85d7b689-f417-4ef0-97fb-ecc129836829/aamc_2018_workforce_projections_update_april_11_2018.pdf)). Without critical funding for vital workforce programs, this physician shortage will only grow worse.

The health professions' education programs, authorized under Title VII of the Public Health Service Act and administered through HRSA, support the training and education of health care providers to enhance the supply, diversity, and distribution of the health care workforce, filling the gaps in the supply of health professionals not met by traditional market forces, and are critical in helping institutions and programs respond to the current and emerging challenges of ensuring that all Americans have access to appropriate and timely health services. Within the Title VII program, we urge the Subcommittee to fund the **Section 747 PCTE** program at **\$71 million**, in order to maintain and expand the pipeline for individuals training in primary care. 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. For example, general internists, who have long been at the frontline of patient care, have benefitted from PCTE training models emphasizing interdisciplinary training that have helped prepare them to work with other health professionals, such as physician assistants, patient educators, and psychologists.

The College urges at least **\$415 million** in total program funding for the **NHSC**. For the first time in many years, the NHSC received discretionary funding—\$105 million—in the FY2018 Omnibus Appropriations Act to expand and improve access to quality opioid and substance use disorder treatment in underserved areas in addition to \$310 million in mandatory funds for FY2018. 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 care to over 10.7 million patients at over 16,000 NHSC-approved health care sites in urban, rural, and frontier areas. These funds would help maintain NHSC’s field strength helping to address the health professionals’ workforce shortage and growing maldistribution. The College was pleased that the NHSC received \$105 million in discretionary funding for FY2018 and urges that the NHSC should receive at least the FY2018 program level of funding for FY2019.

**AHRQ** is the leading public health service agency focused on health care quality. AHRQ’s research provides the evidence-based information needed by consumers, clinicians, health

plans, purchasers, and policymakers to make informed health care decisions. The College is dedicated to ensuring AHRQ's vital role in improving the quality of our nation's health and recommends a budget of **\$454 million**, restoring the agency to its FY2010 enacted level adjusted for inflation. This amount will allow 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 marketplace more efficient by providing quality measures to health professionals, and, ultimately, help transform health and health care.

ACP supports at least **\$690 million** in discretionary funding for federal exchanges within **CMS' Program Operations**, which has been funded at \$2.52 billion the last several fiscal years. This funding would allow the federal government to continue to administer the insurance marketplaces as authorized by the Affordable Care Act if a state has declined to establish an exchange that meets federal requirements. CMS now manages and operates some or all marketplace activities in over 30 states. If the Subcommittee decides to deny these funds, it will be much more difficult for the federal government to operate and manage a federally-facilitated exchange in those states, raising questions about where and how their residents would obtain and maintain coverage.

ACP supports expanded appropriations for the **CARA of 2016**'s grant programs for FY2019 and continuing 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 the Subcommittee 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.

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 CDC should receive adequate funding to study the effect of firearm violence and unintentional firearm-related injury on public health and safety. The College supports **\$50 million for the CDC's Injury and Prevention Control** to fund research on prevention of firearms-related injuries and deaths and support 10 to 20 multi-year studies and help rebuild lost research capacity in this area.

Lastly, the College strongly supports **\$39.3 billion for NIH** in FY2019 so that the nation's medical research agency continues making important discoveries that treat and cure disease to improve health and save lives and maintain the United States' standing as the world leader in medical and biomedical research.

The College greatly appreciates the support of the Subcommittee on these issues and looks forward to working with Congress on the FY2019 appropriations process.