

**Statement for the Record of the American College of Physicians to the
Senate Appropriations Subcommittee on Labor, Health and Human Services,
Education, and Related Agencies
Re: FY2017 Appropriations, Department of Health and Human Services
April 15, 2016**

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 FY2017. ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 143,000 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 FY2017, ACP is urging funding for the following proven programs to receive appropriations from the Subcommittee:

- Health Resources Services Administration (HRSA), \$7.48 billion;
- Title VII, Section 747, Primary Care Training and Enhancement, HRSA, at no less than \$71 million;
- National Health Service Corps (NHSC), HRSA, \$380 million in total program funding, including at least \$20 million through discretionary appropriations;
- Agency for Healthcare Research and Quality (AHRQ), \$364 million.

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. With enactment of the Affordable Care Act (ACA), the Congressional Budget Office has estimated, as of March 2016, the demand for primary care services will increase with the addition of 38 million Americans receiving access to health insurance, including an additional 19 million under Medicaid/CHIP, by 2026. With increased demand, current projections indicate there will be a shortage of 14,900 to 35,600 primary care physicians by 2025. (IHS Inc., prepared for the Association of American Medical Colleges. 2016 Update, The Complexities of Physician Supply and Demand: Projections from 2013 to 2025. April 5, 2016. Accessed at:

https://www.aamc.org/download/458082/data/2016_complexities_of_supply_and_demand_projections.pdf).

HRSA is responsible for improving access to health-care services for people who are uninsured, isolated or medically vulnerable. Without critical funding for vital workforce programs, this physician shortage will only grow worse. A strong primary care infrastructure is an essential part of any high-functioning healthcare system, with **over 100 studies showing primary care is associated with better outcomes and lower costs of care**

(http://www.acponline.org/advocacy/where_we_stand/policy/primary_shortage.pdf).

Therefore we urge the Subcommittee to provide \$7.48 billion for discretionary HRSA programs for FY2017 to improve the care of medically underserved Americans by strengthening the health workforce.

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, Primary Care Training and Enhancement** program at \$71 million, in order to maintain and expand the pipeline for individuals training in primary care. The Section 747 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 Title VII training models emphasizing interdisciplinary training that have helped prepare them to work with other health professionals, such as physician assistants, patient educators, and psychologists. 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 College urges \$380 million in total program funding for the **National Health Service Corps** (NHSC), as requested in the President's FY2017 budget; this amount includes \$310 million in existing mandatory funds under current law, \$20 million in discretionary spending through new budget authority, and \$50 million in new mandatory funding. Since the enactment of the ACA, the NHSC has awarded over \$1.5 billion in 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 9,700 primary-care clinicians, NHSC members are providing culturally competent care to over 10 million patients at 16,000 NHSC-approved health care sites in urban, rural, and frontier areas. The increase in funds would expand NHSC field strength to over 10,150 and would serve the needs of more than 10.7 million patients, helping to address the health professionals' workforce shortage and growing maldistribution. The programs under NHSC have proven to make an impact in meeting the health care needs of the underserved, and with increased appropriations, they can do more. For FY2016, the NHSC's funding situation was particularly dire and faced a funding cliff because its mandatory funding was set to expire and was without any budget authority to at least temporarily continue operations with discretionary funding. The College was therefore pleased that the *Medicare Access and CHIP Reauthorization Act*, H.R. 2, continued the NHSC at its FY2015 funding level for FY2016 and FY2017 (through an extension of mandatory resources). However, with FY2017 being the last year of enacted dedicated mandatory funding, ACP believes that the Corps urgently needs discretionary funding to be able continue its operations should it face another mandatory funding cliff.

The **Agency for Healthcare Research and Quality** (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 \$364 million, restoring the agency to its FY2015 enacted level after a cut in FY2016. 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.

In conclusion, the College is keenly aware of the fiscal pressures facing the Subcommittee today, but strongly believes the United States must invest in these programs in order to achieve a high performance health care system and build capacity in our primary care workforce and public health system. The College greatly appreciates the support of the Subcommittee on these issues and looks forward to working with Congress as you begin to work on the FY2017 appropriations process.