

**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: FY2021 Appropriations, Department of Health and Human Services

March 23, 2020

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 2021. ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 159,000 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 FY2021, ACP is urging funding for the following proven programs to receive appropriations from the Subcommittee:

- Health Resources Services Administration (HRSA), \$8.8 billion;
- Title VII, Section 747, Primary Care Training and Enhancement (PCTE), Health Resources and Services Administration (HRSA), \$71 million;
- National Health Service Corps (NHSC), \$860 million in total program funding;
- Agency for Healthcare Research and Quality (AHRQ), \$471 million;
- Centers for Medicare and Medicaid Services (CMS), Program Operations for Federal Exchanges, \$268.9 million;
- Centers for Disease Control and Prevention (CDC), \$8.3 billion, Injury Prevention and Control, Research on Prevention of Firearms-related Injuries and Deaths, \$50 million;

- Public Health and Social Services Emergency Fund (PHSSEF); highest possible funding level over the FY2020 \$2.7 billion enacted level;
- National Institutes of Health (NIH), \$44.7 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 21,100 to 55,200 primary care physicians by 2032. Without critical funding for vital workforce programs, this physician shortage will only grow worse. 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. Therefore we urge the Subcommittee to provide **\$8.8 billion** for **HRSA** programs for FY2021 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. 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.

The College urges at least **\$860 million** in total program funding for the **NHSC**. For FY2021, the NHSC's funding situation is particularly dire and faces a funding cliff because its mandatory funding is set to expire. In FY2020, the NHSC received \$120 million in discretionary funding to expand and improve access to quality opioid and substance use disorder treatment in underserved areas, in addition to \$310 million in mandatory funds. 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. In FY2019, with a field strength of over 13,000 primary care clinicians, NHSC members are providing culturally competent care to over 13 million patients at over 17,000 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. There is overwhelming interest and demand for NHSC programs, and with more funding, the NHSC could fill more primary care clinician needs. In FY2016, there were 2,275 applications for the scholarship program, yet only 205 new awards were made. There were 7,203 applications for loan repayment and only 3,079 new awards. Accordingly, ACP urges the subcommittee to double the NHSC's overall program funding to \$860 million to meet this need.

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 **\$471 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, to fund research that serves as the evidence engine for much of the private sector's work to keep patients safe, to make the healthcare marketplace more efficient by providing quality measures to health professionals, and, ultimately, to help transform health and health care.

ACP supports at least **\$268.9 million** in discretionary funding for federal exchanges within **CMS' Program Operations**, which has been funded at \$2.8 billion in FY2020. This funding would allow the federal government to continue administering 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. Without 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.

The **Center for Disease Control and Prevention's** mission is to collaborate to create the expertise, information, and tools needed to protect their health—through health promotion, prevention of disease, injury, and disability, and preparedness for new health threats. ACP supports **\$8.3 billion** overall for this mission, especially in light of the COVID-19 national emergency. The College also 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 to continue to rebuild lost research capacity in this area.

As the federal government responds to COVID-19, ACP supports **the highest possible funding level** for the **PHSSEF** in FY2021 over the \$2.7 billion enacted in FY2020 for the Assistant Secretary for Preparedness and Response to continue efforts to research, prevent, control, and treat of illnesses associated with the SARS-CoV-2 virus through the National Disaster Medical System, the Strategic National Stockpile, the Hospital Preparedness Program, Biomedical Advanced Research and Development Authority, and Medical Reserve Corps. PHSSEF funding is crucial in providing personal protective equipment (PPE) to the physicians and other clinicians on the frontlines of the COVID-19 outbreak. The PHSSEF must be funded adequately enough to maintain a robust pandemic response, especially when emergency supplemental funds are no longer available.

Lastly, the College strongly supports **\$44.7 billion for NIH** in FY2021 so the nation's medical research agency continues making important discoveries that treat and cure disease to improve health and save lives and that 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 FY2021 appropriations process.