

**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: FY2022 Appropriations, Department of Health and Human Services**

**May 19, 2021**

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 (FY) 2022. ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 163,000 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 FY2022, ACP is urging funding for the following proven programs to receive appropriations from the Subcommittee:

- Health Resources Services Administration (HRSA), \$9.2 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), \$500 million;
- Centers for Medicare and Medicaid Services (CMS), Program Operations for Federal Exchanges, \$296.5 million;
- Centers for Disease Control and Prevention (CDC), \$10 billion, Injury Prevention and Control, Firearm Injury and Mortality Prevention Research, \$50 million; National Center

for Chronic Disease Prevention and Health Promotion (NCCDPHP), Social Determinants of Health program, \$153 million;

- National Institutes of Health (NIH), \$46.1 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 21,400 to 55,200 primary care physicians by 2033. 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. A recent [report](#) by the National Academy of Sciences, calls on policymakers to increase our investment in primary care as evidence shows that it is critical for achieving health care’s quadruple aim (enhancing patient experience, improving population, reducing costs, and improving the health care team experience). Therefore, we urge the Subcommittee to provide **\$9.2 billion** for **HRSA** programs for FY2022 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 grants for primary care training in rural and underserved areas that have helped prepare physicians for a career in primary care.

The College urges at least \$860 million in total program funding for the NHSC in FY2022. In FY2021, 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 which have been extended through FY2023. 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 FY2020, with a projected field strength of over 14,000 primary care clinicians, NHSC members are providing culturally competent care to a target of almost 15 million patients at a targeted 18,000 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 only 150 scholarship awards in FY2020. There were 7,203 applications for loan repayment and only 3,079 new awards in FY2016. Accordingly, ACP urges the subcommittee to double the NHSC's overall program

funding to \$860 million to meet this need and to sustain the American Rescue Plan Act's \$800 million for the NHSC for when the pandemic subsides.

**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 **\$500 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, and to make the healthcare more efficient by providing quality measures to health professionals.

ACP supports at least **\$296.5 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, especially with increased need for health coverage due to the COVID-19 pandemic.

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 **\$10 billion** overall for this mission, especially in light of the ongoing COVID-19 public health emergency (PHE). The College also supports **\$50 million for the CDC's Injury and Prevention Control** to fund research on firearm Injury and mortality prevention research and support 10 to 20 multi-year studies to continue to rebuild lost research capacity in this area. ACP greatly appreciates funding for this research in FY2020 and FY2021 after many years of no federal resources for researching the prevention of firearms-related injuries and deaths. The College also supports the administration's budget request of **\$153 million for the NCCDPHP** to fund its Social Determinants of Health program. The PHE caused by the COVID-19 has highlighted the urgent need to collect racial, ethnic, and language preference demographic data on testing, infection, hospitalization, and mortality during a pandemic. These data should be shared with local, state, territorial, and tribal governments. Frequent, granular, and high-quality disaggregated demographic data are needed to fully understand the impact on racial and ethnic minority communities and better offer targeted care not only for COVID-19, but for health care overall.

Lastly, the College strongly supports **\$46.1 billion for NIH** in FY2022 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 FY2022 appropriations process.