

**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: FY2013 Budget, Department of Health and Human Services

March 29, 2012

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 FY2013. ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 132,000 internal medicine specialists (internists), related subspecialists, and medical students.

As the Subcommittee begins deliberations on appropriations for FY2013, ACP is urging funding for the following proven programs to receive appropriations from the Subcommittee:

- Title VII, Section 747, Primary Care Training and Enhancement, at no less than \$71 million;
 - National Health Service Corps, \$535,087,442 million in discretionary funding, in addition to the \$300 million in enhanced funding through the Community Health Centers Fund;
 - National Health Care Workforce Commission, \$3 million;
 - Agency for Healthcare Research and Quality, \$400 million in base discretionary funding;
- and

- Centers for Medicare and Medicaid Services, Operations and Management of Exchanges, \$574.5 million.

The United States is facing a growing shortage of physicians in key specialties, most 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), we expect the demand for primary care services to increase with the addition of 32 million Americans receiving access to health insurance, once the law is fully implemented. A recent study projects that there will be a shortage of up to 44,000 primary care physicians for adults, even before the increased demand for health care services that will result from near universal coverage is taken into account (Colwill JM, Cultice JM, Kruse RL. Will generalist physician supply meet demands of an increasing and aging population? Health Aff (Millwood). 2008 May-Jun;27(3):w232-41. Epub 2008 Apr 29. Accessed at <http://content.healthaffairs.org/content/27/3/w232.full> on 14 January 2011.). 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).

The health professions education programs, authorized under Title VII of the Public Health Service Act and administered through the Health Resources and Services Administration (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 to help institutions and programs respond to the current and emerging challenges of ensuring all Americans have access to appropriate and timely health services. Within the Title VII program, while we applaud the President's request for \$51 million for the **Section 747, Primary Care Training and Enhancement**, we urge the Subcommittee to fund the program at \$71 million, in order to maintain and expand the pipeline of primary care production and training. 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 that promoted interdisciplinary training that helped prepare them to work with other health professionals, such as physician assistants, patient educators and psychologists. Without a substantial increase of funding, HRSA will not be able to carry out a competitive grant cycle for the second year in a row for physician training; the nation needs new initiatives relating to increased training in inter-professional care, the patient-centered medical home, and other new competencies required in our developing health system.

The College urges \$535,087,442 million in appropriations for the **National Health Service Corps** (NHSC), the amount authorized for FY2013 under the ACA; this is in addition to the \$300 million in enhanced funding the Health and Human Services Secretary has been given the authority to provide to the NHSC through the Community Health Care Fund. Since enactment of the ACA, the NHSC has awarded nearly \$900 million 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 communities across the country and there are nearly three times the number

of NHSC clinicians working in communities across America than there were three years ago, increasing Americans' access to health care. With field strength of more than 10,000 clinicians, NHSC provides health care services to about 10.5 million patients across the country; the increase in funds must be sustained to help 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 more appropriations, they can do more.

We urge the Subcommittee to fully fund the **National Health Care Workforce Commission**, as authorized by the ACA, at \$3 million. The Commission is authorized to review current and projected health care workforce supply and demand and make recommendations to Congress and the Administration regarding national health care workforce priorities, goals, and policies. Members of the Commission have been appointed but have not been able to do any work, due to a lack of funding. The College believes the nation needs sound research methodologies embedded in its workforce policy to determine the nation's current and future needs for the appropriate number of physicians by specialty and geographic areas; the work of the Commission is imperative to ensure Congress is creating the best policies for our nation's needs.

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, providers, 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 base discretionary budget of

\$400 million. This amount will allow AHRQ to continue its critical health care safety, quality, and efficiency initiatives; strengthen the infrastructure of the research field; reignite innovation and discovery; develop the next generation of scientific pioneers; and ultimately, help transform health and health care.

Finally, ACP is supportive of the **Centers for Medicare and Medicaid Services, Operations and Management of Exchanges** request for \$574.5 million. Such funding will allow the federal government to administer an insurance exchange, as authorized by the ACA, if a state declines to establish one by early 2013 that meets federal requirements. If the Subcommittee decides to deny the requested funds, it may make it much more difficult for the federal government to organize a federally-facilitated exchange in those states, raising questions about where and how their residents would get coverage. It is ACP's belief that all legal Americans – regardless of income level, health status, or geographic location – must have access to affordable health insurance.

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 FY2013 appropriations process.