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: FY2018 Appropriations, Department of Health and Human Services

March 8, 2017

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 2018. ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 148,000 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 FY2018, 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, $71 million;
- National Health Service Corps (NHSC), HRSA, $380 million in total program funding;
- Agency for Healthcare Research and Quality (AHRQ), $364 million;
- Centers for Medicare and Medicaid Services (CMS), Program Management, Program Operations for Health Insurance Marketplace, $535 million;
- Centers for Disease Control and Prevention (CDC), $7.8 billion;
- Appropriate fully authorized funding to fight the opioid crisis for FY2018.
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 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.

The College urges **$380 million** in total program funding for the **National Health Service Corps (NHSC)**. Since the enactment of the Affordable Care Act (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 FY2018, the NHSC’s
funding situation is particularly dire and faces a funding cliff because its mandatory funding is set to expire.

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.

ACP supports **$535 million** in funding for the **Centers for Medicare and Medicaid Services, Program Management, Program Operations for Marketplaces**. This funding would allow the federal government to continue to administer the insurance marketplaces as authorized by the ACA 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 the requested 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 $7.8 billion overall for this mission, including: Injury Prevention and Control, Gun Violence Prevention Research, $10 million, for studying the effects of gun violence and unintentional gun-related injury on public health and safety; and such discretionary funds needed to continue to fight the Zika virus in fiscal year 2018.

The ACP supports appropriations for the fully authorized amount under the Comprehensive Drug Addiction and Recovery Act (CARA) of 2016 for FY2018 and the $500 million in the 21st Century Cures Act for FY2018 to fight the opioid crisis.

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, 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 work on the FY2018 appropriations process.