

**Written Testimony 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: FY2027 Appropriations, Department of Health and Human Services
May 21, 2026**

The American College of Physicians (ACP) is pleased to submit the following outside witness testimony for the record about its priorities, as funded under the U.S. Department of Health & Human Services, for Fiscal Year (FY) 2027. ACP is the largest medical specialty organization and the second-largest physician group in the United States. College members include 163,000 internal medicine physicians, 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 FY2027, ACP is urging that funding be either maintained or increased for the following proven programs to receive appropriations from the Subcommittee:

- Health Resources Services Administration (HRSA), \$10.5 billion, including:
 - Health Workforce, National Health Service Corps (NHSC), \$915.6 million in total program funding;
 - Primary Care Training and Enhancement (PCTE), \$71 million;
 - Title X Family Planning Program, \$390 million;
- Agency for Healthcare Research and Quality (AHRQ), \$500 million;
- Centers for Disease Control and Prevention (CDC) Injury Prevention and Control, \$11.6 billion, including:
 - Firearm Injury and Mortality Prevention Research, \$35 million;
 - Chronic Disease Prevention and Health Promotion, Social Determinants of Health, \$100 million;
- National Institutes of Health (NIH), \$51.3 billion, including:
 - Office of the Director, Firearms Research, \$25 million;
- Centers for Medicare and Medicaid Services (CMS) and Government Accountability Office (GAO):
 - Report language to ensure primary care physicians are receiving Medicare physician revaluations.

According to HRSA, the physician workforce shortage is worsening, and the United States faces a [projected shortage of up to 141,160 physicians by 2038](#)—including a

[shortage of over 70,000 primary care physicians](#). Therefore, it is imperative to address the physician shortage in general internal medicine and family medicine, the specialties that furnish the most primary care to adult and adolescent patients. Evidence clearly shows that increasing the number of primary care physicians helps reduce mortality. People living in counties with only one primary care physician (PCP) per 3,500 persons have a life expectancy of almost a year less than those individuals living in counties above that level. To reach the one PCP per 3,500 persons ratio in those counties (HRSA's threshold of a primary health care shortage area) would require an additional 17,651 PCPs, about fifteen more physicians per county. Without critical funding for vital workforce programs, this physician shortage will only grow worse. A [report](#) by the National Academy of Sciences, Engineering and Medicine 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 health, reducing costs, and improving the health care team experience).

Therefore, we urge the Subcommittee to provide **\$10.5 billion** for **HRSA** programs for FY2027 to improve the care of medically underserved Americans by strengthening the health workforce. The College urges at least **\$915.6 million** in total program funding for the **NHSC** in FY2027. 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 the 2025 fiscal year, with over 18,500 clinicians in the field, including over 2,400 physicians, NHSC members are providing culturally competent care to a target of over 19.5 million patients at more than 22,000 NHSC-approved health care sites in urban, rural, and frontier areas. Increased FY2027 funding would help maintain NHSC's field strength by helping to address the health professionals' workforce shortage and growing maldistribution. Funds from the American Rescue Plan Act (ARPA) enabled the NHSC to award **all** qualified applicants to the NHSC scholarship program and loan repayment programs. Accordingly, ACP urges permanently increasing by more than double the funding for the NHSC's scholarship and loan repayment programs. By increasing NHSC's overall program funding to \$915.6 million, the NHSC will sustain its funding since ARPA funding for the NHSC has been expended.

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**, to help restore 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 healthcare more efficient by providing quality measures to health professionals.

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 clinicians 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 FY2027, to expand the pipeline for individuals training in primary care. 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 benefited from PCTE grants for primary care training in rural and underserved areas that have helped prepare physicians for a career in primary care.

Also, within HRSA, ACP supports the administration's request for **\$390 million for Title X Family Planning** in FY2027. The College has extensive policy supporting programs that provide access to essential family planning services, such as Title X. ACP believes that it is essential for women to have access to affordable, comprehensive, nondiscriminatory public or private health care coverage that includes evidence-based care over the course of their lifespans. Accordingly, women should have sufficient access to evidence-based family planning and sexual health information and the full range of medically accepted forms of contraception which can be accessed through Title X Family Planning programs.

The College recommends **\$11.6 billion** for the **Center for Disease Control and Prevention's (CDC)** to create the expertise, information, and tools needed to protect the public health—through health promotion, prevention of disease, injury, and disability, and preparedness for new health threats. Within the CDC, the College also supports **\$35 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 from FY2020 to FY2026 after many years of no federal resources for researching the prevention of firearms-related injuries and deaths. More than ever, this research is needed. In 2024, 44,447 Americans lost their lives due to firearms, according to the [CDC](#). There were [656 mass shootings](#) in the U.S. in 2024 alone.

The College also supports the administration's budget request of **\$100 million for the Social Determinants of Health** within **Chronic Disease Prevention and Health Promotion programs**. While the public health emergency (PHE) caused by COVID-19 dramatically highlighted the urgent need to collect racial, ethnic, and language preference demographic data on testing, infection, hospitalization, and mortality during a pandemic; it also exposed the urgency to gather this data on a routine basis post PHE. 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 a pandemic, but for health care overall moving forward.

ACP supports **\$51.3 billion** for the **National Institutes of Health (NIH)**, 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. Within NIH, ACP strongly supports **\$25 million for research related to the prevention of firearms injury and mortality** within the **NIH Office of the Director**. Increased funding is still needed to overcome the decades-long lack of federal funding that set back our nation's response to the public health issue of firearm-related morbidity and mortality, including the NIH's research on the determinants of firearm injury, the identification of those at risk, and the evaluation of innovative interventions.

Lastly, ACP would like to include its FY2027 report language request that would call on the CMS to work with the GAO to investigate if increases in Medicare physician payment are reaching doctors or remaining at the employer level. ACP wants to ensure that these payment revaluations are helping primary care physicians as CMS intended. Please see report language text below:

Assessment of the Distribution of Increased Medicare Payments for Outpatient E/M and Add-On Services: The Committee is concerned that the increases to Medicare payment rates and work Relative Value Units (wRVUs) for Office/Outpatient Evaluation and Management (E/M) services implemented by CMS beginning in 2021, as well as the implementation of the G2211 add-on code in 2024, are being diverted from the physicians furnishing these services. The Committee is concerned that portions of the increased Medicare payments associated with these changes are being unnecessarily retained by employing entities or health systems rather than flowing to the physicians providing the patient care, as intended. CMS intended these revaluations to increase support for primary care and other cognitive services that have historically been undervalued. As such, the Committee directs CMS to work with the Government Accountability Office (GAO) to study the extent to which increases in Medicare payments attributable to the 2021 E/M revaluation and the 2024 implementation of the G2211 add-on code have directly accrued to the physician workforce and strengthened primary care, as compared to the portion retained by employing entities or health systems. The Committee directs GAO to provide a briefing on its findings to the Committees on Appropriations, Energy and Commerce, and Ways and Means of the House of Representatives, the Committee on Appropriations of the Senate, and the Committee on Finance of the Senate within 180 days of enactment of this Act with a report to follow.

The College greatly appreciates the support of the Subcommittee on these issues and looks forward to working with Congress during the FY2027 appropriations process.