

**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: FY2014 Budget, Department of Health and Human Services

March 15, 2013

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 FY2014. ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 133,000 internal medicine specialists (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 FY2014, 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, \$893,456,433 in discretionary funding, in addition to the \$305 million in enhanced funding through the Community Health Centers Fund;
- National Health Care Workforce Commission, \$3 million;
- Agency for Healthcare Research and Quality, \$430 million; and
- Sufficient funding of the Centers for Medicare and Medicaid Services, Operation and Management of Exchanges.

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 27 million Americans receiving access to health insurance, once the law is fully implemented. Current projections indicate 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 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 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 which 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 third year in a row for physician training; the nation needs new initiatives relating to increased training in multi-professional care, the patient-centered medical home, and other new competencies required in our developing health system.

The College urges \$893,456,433 in appropriations for the **National Health Service Corps** (NHSC), the amount authorized for FY2014 under the ACA; this is in addition to the \$305 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 over \$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. There are nearly three times the number of NHSC clinicians working in communities across America than there were four years ago, increasing Americans' access to health care. With field strength of nearly 10,000 clinicians, NHSC members are providing culturally competent care to more than 10.4 million people at nearly 14,000 NHSC-approved health care sites in urban, rural, and frontier areas. 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 budget of \$430 million. 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 market place more efficient by providing quality measures to health professionals, and ultimately, help transform health and health care.

Finally, ACP supports ensuring that sufficient funding is available for the **Centers for Medicare and Medicaid Services, Operation and Management of Exchanges** in order to become fully operational by 2014 and carry out their duties as necessary. Such funding will allow the federal government to administer the insurance exchange, as authorized by the ACA, if a state declines to establish an exchange that meets federal requirements. As of March 7, HHS has approved 24 states and the District of Columbia to fully or partially run their state's exchange, leaving 26 states which have not met approval or who have declined to run their own state exchange. 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 FY2014 appropriations process.