



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

June 17, 2015

The Honorable Tom Cole
Chairman, Subcommittee on Labor,
Health and Human Services, Education
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Rosa Delauro
Ranking Member, Subcommittee on Labor,
Health and Human Services, Education
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Cole and Ranking Member Delauro:

On behalf of the American Academy of Family Physicians (AAFP), which represents 120,900 family physicians and medical students across the country, I write to inform you of our serious concerns with a number of provisions in the draft fiscal year 2016 House Labor, HHS, Education appropriations bill released on June 16, 2015. In particular, we are very troubled that the Subcommittee bill does not invest adequately in physician workforce training grants or in the National Health Service Corps. We also oppose the proposals to terminate the Agency for Healthcare Research and Quality and to defund the implementation of the *Affordable Care Act*.

The Health Resources and Services Administration (HRSA) is charged with administering the health professions training programs authorized under Title VII of the *Public Health Services Act* (PHSA) first enacted in 1963. In written [testimony](#) to the Subcommittee, the AAFP recommended an increase over the fiscal year 2015 enacted level to \$7.48 billion in discretionary funds for HRSA in FY 2016. We were disappointed that the draft bill includes \$299 million less than in FY 2015 for HRSA which is \$413 million less than the President's budget request.

Our nation faces a shortage of family physicians which is expected to worsen. In our written testimony, the AAFP had urged the Subcommittee to provide \$71 million to HRSA for the Title VII, Section 747 of the PHSA, Primary Care Training and Enhancement program, which supports the education and training of family physicians. Title VII primary care training grants are vital to departments of family medicine, general internal medicine, and general pediatrics; they strengthen curricula; and they offer incentives for training in underserved areas. In addition, we recommended that \$4 million be made available to HRSA for Rural Physician Training Grants (PHSA Title VII, §749B). Failure to invest in these important programs makes no sense and will further erode the needed primary care workforce that is essential to delivering better care at lower cost.

The National Health Service Corps (NHSC) is another program HRSA administers which works to ensure that our nation has an adequate physician workforce. The Government Accountability Office (GAO-01-1042T) described the NHSC as "one safety-net program that directly places primary care physicians and other health professionals in these medically needy areas." Unfortunately, the draft bill did not include any discretionary funding for the NHSC for FY 2016.

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The AAFP believes that Congress must reestablish annual appropriations for the NHSC to address the nation's Health Professional Shortage Areas (HPSAs) and mounting medical student debt. In 2014, more than 9,000 providers were placed in areas designated as HPSAs. NHSC professionals served nearly 10 million people in every state and territory. Despite this level of service, it would still take an additional 18,100 providers just to meet the existing need in all currently designated HPSAs. The AAFP supports the Administration's FY 2016 request for an additional \$287.4 million in discretionary appropriations for the NHSC in order to increase the number of placements and move closer to addressing the unmet needs across the country. Again, this funding is vital to building a strong primary care physician workforce that our nation desperately needs.

The AAFP urges the Subcommittee to reconsider the elimination of funding for the Agency for Healthcare Research and Quality (AHRQ). Terminating AHRQ is contrary to the effort to reduce costs in our nation's health care system. AHRQ supports important research to improve clinical decision-making, advance patient safety, decrease medical errors and enhance health care quality and access. In addition, AHRQ is uniquely positioned to support best practice research and to help advance its dissemination to improve primary care nationwide.

Evidence-based family medicine practice requires AHRQ-supported primary care research in areas such as Practice-Based Research Networks (PBRNs), practice transformation, patient quality and safety in non-hospital settings, multi-morbidity research, as well as the delivery of mental and behavioral health services in communities by primary care practices. The AAFP relies on research developed by AHRQ to answer key clinical questions based on the agency's Effective Health Care Program to help clinicians make better treatment choices. AHRQ provides the critical evidence reviews needed to answer questions on the common acute, chronic, and comorbid conditions that family physicians see on a daily basis. AHRQ research also examines health information technology to provide the evidence to inform meaningful use policy and practice so that health IT can be used more effectively to improve the quality of American health care.

AAFP policy calls for health care coverage for everyone in the United States through a primary care based system built on the patient-centered medical home. We oppose the provisions in this draft which seek to bar the use of appropriated funds to support the *Affordable Care Act* and thus would restrict health care coverage.

The Centers for Medicare and Medicaid Services (CMS) is charged with administering federal health care programs and will be implementing the recent changes to the Medicare program enacted in the *Medicare Access and CHIP Reauthorization Act* (MACRA, (PL 114-10)). The AAFP is concerned that \$3.3 billion for CMS management and operations, which is \$344 million below the FY 2015 level and \$919 million below the budget request, will not be adequate to serve the physicians and their patients covered by Medicare, Medicaid and Children's Health Insurance Program (CHIP), especially given the agency's enormous responsibilities for the transformation of health care delivery that result from MACRA.

America's family physicians urge you to include sound and appropriate investments in the primary care physician workforce and research outlined above that support more efficient health care for all. We appreciate your consideration and invite you to contact Teresa Baker, Senior Government Relations Representative, at 202-232-9033 or tbaker@aafp.org with any comments or questions.

Sincerely,



Reid B. Blackwelder, MD, FAAFP
Board Chair