



**John Meigs, Jr., MD, FFAFP – President, American Academy of Family Physicians
Written Testimony to the Senate Appropriations Subcommittee on Labor, Health
and Human Services, & Education, and Related Agencies – Fiscal Year 2018
May 31, 2017**

On behalf of the American Academy of Family Physicians (AAFP), representing 129,000 family physicians and medical students, I recommend the following appropriations for programs which are important to family physicians and our patients. I also write to urge the Committee to avoid the devastating impact of the Trump Administration's fiscal year 2018 budget request which would harm the health of America on both an individual and community-wide basis. The AAFP is deeply concerned that draconian cuts will damage health care services, safety and research.

The AAFP urges that the Committee:

- Restore the discretionary budget authority for the Health Resources and Services Administration (HRSA) to the FY 2010 level of \$7.48 billion;
- Provide \$364 million in budget authority for the Agency for Healthcare Research and Quality (AHRQ);
- Allocate \$4 billion to the Centers for Medicare & Medicaid Services (CMS) for program management;
- Provide \$7.8 billion to the Centers for Disease Control and Prevention (CDC);
- Appropriate \$4 billion for the Substance Abuse & Mental Health Services Administration (SAMHSA); and
- Continue the U.S. Department of Education's Public Service Loan Forgiveness (PSLF) program.

Founded in 1947, the AAFP's mission is to improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity. We believe that wise federal investment is important to that effort, particularly in a time of intense budgetary constraints. Within HRSA, we will highlight several programs which are priorities for the AAFP:

HRSA – Title VII, §747 Primary Care Training & Enhancement

The Administration's proposal to eliminate the Primary Care Training & Enhancement (PCTE) program authorized by Title VII, of the *Public Health Service Act of 1963* is short-sighted and unwise. PCTE, administered by HRSA, supports the education and training of family physicians. The PCTE strengthens medical education for physicians to improve the quantity, quality, distribution, and diversity of the primary care workforce.

An Annals of Family Medicine [<http://www.annfammed.org/content/13/2/107.full>] study projects that the changing needs of the U.S. population will require an additional 33,000 practicing primary care physicians by 2035. Another study in that journal noted that

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[\[http://www.annfammed.org/content/10/2/163\]](http://www.annfammed.org/content/10/2/163) meeting the increased demand for primary care physicians requires the expansion of the PCTE program, so we urge the Committee to increase the appropriation by \$20 million to \$59 million in FY 2018.

HRSA – National Health Service Corps

Since 1972, the National Health Service Corps (NHSC) has offered financial assistance to recruit and retain health care providers to meet the workforce needs of communities across the nation designated as health professional shortage areas (HPSAs).

Congress, as part of the bipartisan *Medicare Access and CHIP Reauthorization Act of 2015* (MACRA), provided a trust fund for the NHSC which expires at the end of FY 2017. The Administration's budget proposed that the NHSC receive mandatory funding in FY 2018 at the MACRA-authorized level of \$310 million. The AAFP is committed to supporting the objectives of the NHSC in assisting communities in need of family physicians, and we ask that the Committee support a program level, either appropriated or mandatory funding, of at least \$380 million for the NHSC in FY 2018 to allow for an increased NHSC field strength to meet the need of Americans in the many HPSAs with no NHSC placements.

HRSA – Teaching Health Centers Graduate Medical Education

Another HRSA program extended under a MACRA trust fund is the innovative Teaching Health Center Graduate Medical Education (THCGME) program which supports primary care medical and dental residencies in community-based settings across the country. The THCGME program addresses the overall shortage of primary care physicians and has been shown to produce graduates more likely to practice in safety net clinics.

[\[http://www.graham-center.org/rgc/publications-reports/publications/one-pagers/thc-graduates-safety-net-2015.html\]](http://www.graham-center.org/rgc/publications-reports/publications/one-pagers/thc-graduates-safety-net-2015.html) The Administration's budget proposes to extend the MACRA authorized mandatory funding for the THCGME program through FY 2019 for an additional investment of \$120 million. Unfortunately, that level will not cover the cost as outlined in the *New England Journal of Medicine* in [The Cost of Residency Training in Teaching Health Centers](http://www.nejm.org/doi/pdf/10.1056/NEJMp1607866) [\[http://www.nejm.org/doi/pdf/10.1056/NEJMp1607866\]](http://www.nejm.org/doi/pdf/10.1056/NEJMp1607866) on August 18, 2016. The AAFP recommends that the THCGME program be funded at \$142.5 million in FY 2018.

HRSA – Office of Rural Health Policy

The recent CDC study [\[https://www.cdc.gov/media/releases/2017/p0112-rural-death-risk.html\]](https://www.cdc.gov/media/releases/2017/p0112-rural-death-risk.html) finding that Americans living in rural areas are more likely to die from five leading causes than their urban counterparts demands a sustained investment in the Office of Rural Health Policy. Recognizing that 46 million Americans – 15 percent of the U.S. population – live in rural areas, the AAFP supports efforts to ensure that the U.S. eliminates disparities to access to quality care for all populations. We object to the Administration's proposal to eliminate funding for Rural Hospital Flexibility grants and State Offices of Rural Health. We ask that the Committee provide at least \$150 million for HRSA's Office of Rural Health Policy.

HRSA – Title X

The AAFP supports the Title X federal grant program dedicated to providing women and men with comprehensive family planning and related preventive health services and

appreciate that the Administration's budget request proposed sustained funding for this important activity. The AAFP strongly recommends at least \$286.5 million in FY 2018 funding to support Title X clinics which offer necessary screening for sexually transmissible infections, cancer screenings, HIV testing, and contraceptive care.

Agency for Healthcare Research and Quality

The Agency for Healthcare Research and Quality (AHRQ) is the sole federal agency charged with producing evidence to support clinical decision making, reduce health care costs, advance patient safety, decrease medical errors, and improve health care quality and access. AHRQ provides critical evidence reviews needed to answer questions on the common acute, chronic, and comorbid conditions that family physicians treat daily in their practices. The Administration proposed to consolidate AHRQ into the National Institutes of Health (NIH) and cut its appropriation to \$272 million in FY 2018. The AAFP does not object to the consolidation per se, but we must respectfully insist that AHRQ's vital role in supporting and communicating primary care research be continued throughout the transition and acknowledged in the name of the new Institute. Since 1998, AHRQ has convened the U.S. Preventive Services Task Force, an independent, volunteer panel of national experts from the fields of primary care and preventive medicine which makes evidence-based recommendations about clinical services after a rigorous examination of peer-reviewed data. This important work must continue. The AAFP urges the Committee to provide no less than \$364 million in budget authority in FY 2018 for AHRQ or its successor Institute to continue research vital to primary care.

Centers for Medicare & Medicaid Services

CMS plays a crucial role in the health care of over 125 million Americans enrolled in Medicare, Medicaid, and in the Children's Health Insurance Program (CHIP) and regulates private insurance coverage in the Marketplaces. The AAFP recognizes the urgent need for CMS to have adequate resources to manage these critical programs, especially at a time when the agency is implementing MACRA. The AAFP is disappointed by the Administration's request for \$3.6 billion for program management in FY 2018 and recommends that the Committee provides CMS with \$4 billion for program management to allow the agency to effectively and efficiently manage the complex implementation of MACRA.

Centers for Disease Control and Prevention

Family physicians are dedicated to treating the whole person and integrate the care of patients of all genders and every age. In addition to diagnosing and treating illness, they provide preventive care, including routine checkups, health risk assessments, immunization and screening tests, and personalized counseling on maintaining a healthy lifestyle. CDC Chronic Disease Prevention and Health Promotion funding helps with efforts to prevent and control chronic diseases and associated risk factors and reduce health disparities. We were dismayed at the Administration's budget request to reduce funding of the Chronic Disease Prevention and Health Promotion by \$222.3 million to \$952 million and create a new America's Health Block Grant. We ask that the Committee provide \$1.1 billion for this important public health work.

The CDC also plays a pivotal role in increasing the rates of adult immunization for recommended vaccines to achieve Healthy People 2020 targets. Vaccines have proven to be a 20th century public health success by reducing the incidence of infectious disease and nearly eliminating many deadly threats, such as polio, measles, and mumps. Recent outbreaks point to the need to remain vigilant regarding our nation's infectious disease efforts. The AAFP supports programs, such as the CDC's National Center for Immunization and Respiratory Diseases 317 immunization program, which works to provide surveillance, prevention, and outbreak support and regret that the Administration proposed cutting to \$700.8 million this important Center. We ask that the Committee include \$784 million for immunization and respiratory diseases in FY 2018.

Substance Abuse & Mental Health Services Administration

The AAFP is committed to addressing opioid misuse at both the national and local levels and supports SAMHSA's mission to reduce the impact of substance abuse and mental illness on America's communities. Family physicians are working to destigmatize medication-assisted treatment and supporting state and national partnerships to improve the functionality, utility, and interoperability of prescription drug monitoring programs (PDMP). The AAFP urges the Committee to provide \$10 million to support PDMPs as authorized by the *Comprehensive Addiction and Recovery Act of 2016's* §109, the *National All Schedules Prescription Electronic Reporting Reauthorization*.

U.S. Department of Education – Public Service Loan Forgiveness

The AAFP urges the Committee to reject the Administration's proposal to eliminate the Public Service Loan Forgiveness program, which was set to begin providing loan relief in October 2017. The student debt incurred by pursuing medical training (including leading up to, during and following medical school) serves as a barrier to choosing family medicine, and the AAFP supports efforts that reduce debt burden. Many family physicians have taken qualifying employment with the expectation that after ten years in repayment they would be granted relief. This program should not be eliminated just as borrowers are becoming eligible.

In conclusion, the AAFP recognizes the intense budgetary pressure on the Committee, but we believe that these key investments will make our country stronger by supporting our primary care workforce and public health system. We look forward to working with the Committee as the FY2018 appropriations process gets underway.

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