

**John Cullen, MD, FAAFP—President, American Academy of Family Physicians  
Written Testimony to the House Appropriations Subcommittee on Labor, Health  
and Human Services, & Education, and Related Agencies – Fiscal Year 2020**

The American Academy of Family Physicians (AAFP) appreciates this opportunity to present our FY 2020 recommendations. As the nation’s largest medical association of primary care physicians, we are committed to improving the health of patients, families, and communities. We urge the Committee to provide appropriations for the agencies and programs in the Department of Health and Human Services (HHS) which our members and their patients rely on for access to care, the research to improve efficacy and safety, essential family physician workforce development programs, and disease prevention and health promotion efforts. On behalf of the AAFP, representing 131,400 family physicians and medical students, I recommend that the Committee restore the discretionary budget authority for the Health Resources and Services Administration (HRSA) to the FY 2010 level adjusted for inflation of \$8.56 billion; provide \$460 million in budget authority for the Agency for Healthcare Research and Quality (AHRQ); at least level-fund at \$3.7 billion the Centers for Medicare & Medicaid Services (CMS) for program management; and include \$7.8 billion for the Centers for Disease Control and Prevention (CDC). Funding for these agencies is critical to support a strong foundation of primary care in this country. An abundance of research has clearly shown that foundational family medicine and primary care is essential to improving the health of our nation. For example, a recent JAMA Internal Medicine [study](#) published February 18, 2019 found that every 10 additional primary care physicians per 100,000 population was associated with a 51.5-day increase in life expectancy – an increase that was more than 2.5 times that associated with a similar increase in non-primary care physicians. The inverse is also true and starker: as the density of primary care physicians decreases (11% decline across 10 years), there is a predictable increase in the number of deaths due to

preventable causes. The cost of inaction will be an increase in morbidity and higher premature mortality. The article also noted that investment in “the National Health Service Corps, the Teaching Health Centers program, and Title VII programs, also offer the opportunity to increase the density of primary care physicians, especially in underserved areas.” This pressing need for a greater investment in programs to support primary care and family medicine motivates the AAFP to strongly urge the Committee to prioritize the following programs within those HHS agencies:

**National Health Service Corps - \$120 million in discretionary funding** The National Health Service Corps (NHSC), administered by HRSA, plays a vital role in addressing the challenge of regional health disparities arising from physician workforce shortages by offering financial assistance to meet the workforce needs of communities designated as health professional shortage areas. We support the continuation of the \$120 million the Committee provided in the FY 2019 law to expand substance use disorder (SUD) treatment. The AAFP is committed to supporting the objectives of the NHSC in assisting communities in need of family physicians for their comprehensive primary care including appropriate SUD treatment. The NHSC trust fund extended by the Bipartisan Budget Act (PL 115-123) expires at the end of FY 2019, and we are working with the broad NHSC stakeholder community to strongly urge Congress to extend it.

**Title VII, §747 Primary Care Training & Enhancement - \$59 million** The AAFP is calling for an increase of \$10 million for the Primary Care Training & Enhancement program authorized by Title VII, of the *Public Health Service Act of 1963* and administered by HRSA.

**Rural Residency Planning and Development Program - \$15 million** The HRSA Rural Residency Planning and Development Program supports the development of new rural residency programs or Rural Training Tracks in family medicine, internal medicine and psychiatry. Most of the 62 million people living in

a rural community or county depend on a family physician for their health care. The AAFP welcomes this important initiative to address rural training challenges as a way to reduce health care disparities facing rural communities.

**Centers for Disease Control and Prevention - \$7.8 billion** Family physicians are dedicated to treating the whole person to 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 ask that the Committee provides at least \$1.2 billion for CDC Chronic Disease Prevention and Health Promotion.** The CDC also plays a pivotal role in increasing rates of immunization. Vaccines have proven to be a public health success by reducing the incidence of infectious disease and nearly eliminating many deadly threats. Recent outbreaks point to the need to remain vigilant regarding our nation's infectious disease efforts, especially those which are vaccine preventable. The AAFP supports programs, such as the CDC's National Center for Immunization and Respiratory Diseases (IRD) 317 immunization program, which provides surveillance, prevention, and outbreak support. **We request at least \$799 million for CDC's IRD line.** Within the Emerging and Zoonotic Infectious Diseases Vector-borne Diseases line, the AAFP urges increased funding to reduce the risk of tick-borne disease infections and to develop reliable diagnostic tests for tick-borne diseases which are frequently part of a differential diagnosis in primary care. The AAFP appreciates that the Committee clarified the CDC's authority to conduct research on the causes of gun violence, and we strongly urge that you provide the **CDC with \$50 million in FY 2020 to conduct public health research into firearm morbidity and mortality prevention.**

**Agency for Healthcare Research and Quality - \$460 million in budget authority** Primary care research, a core function of the Agency for Healthcare Research and Quality (AHRQ) translating science into improved patient care, transforming health care practice to meet patient and population needs, evaluating innovations to provide the best health care to patients, and engaging patients, communities, and practices to improve health, has suffered greatly from funding cuts. The shuttering of the National Guidelines Clearinghouse used by physicians, insurers, and health systems to access the latest evidence-based guidance about best medical practices was a direct result of inadequate federal funding. Without increased funding, the Practice-based Research Networks (PBRN) which cultivate, conduct, support, promote, disseminate, and advocate for primary care research in practice-based settings is similarly threatened. The AAFP strongly urges the Committee to increase AHRQ funding in order to protect the PBRN and restore the research initiatives to optimize care for patients with multiple chronic conditions as well as dedicated funding for AHRQ's Center for Primary Care Research.

**Office of Rural Health Policy - \$305.9 million** The programs administered by HRSA's Office of Rural Health Policy work to reduce the unique obstacles faced by physicians and patients in rural areas. Data from the Census Bureau's American Community Survey shows that 19.3% of the population (about 60 million people) lives in rural areas, but CDC has found that patients in rural areas tend to have shorter life spans, and access to health care is one of several factors contributing to rural health disparities. Access to high quality health care services for rural Americans continues to be dependent upon an adequate supply of rural family physicians who perform about 42% of the visits that Americans in rural areas make to their physicians each year. The AAFP strongly supports an increased investment in the Office of Rural Health Policy to \$305.9 million to support Rural Outreach Network Grants, Rural Health Research, State Offices of Rural Health, Rural Opioid Reversal Grants, Rural Hospital Flexibility Grants, and Telehealth as recommended by the National Rural Health Association.

**Title X - \$286.5 million** The AAFP supports continued funding for the Title X federal grant program dedicated to providing women and men with comprehensive family planning and related preventive health services. The AAFP strongly recommends adequate funding to support Title X clinics which offer necessary screening for sexually transmissible infections, cancer screenings, HIV testing, and contraceptive care of \$286.5 million in FY 2020.

**Centers for Medicare & Medicaid Services Program Management - \$3.7 billion** CMS plays a crucial role in the health care of over 125 million Americans enrolled in Medicare, Medicaid, and the Children's Health Insurance Program and also regulates private insurance coverage in the Marketplace. The AAFP recognizes the need for CMS to have adequate resources to manage these programs at a time when the agency continues to implement MACRA which prompted the ongoing transformation of the Medicare program to a system based on quality and healthy outcomes. The AAFP recommends that the Committee provide CMS with at least \$3.7 billion for program management to allow the agency to manage the complex implementation of MACRA.

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