



**Michael Munger, MD, FAAFP - 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 2019  
June 1, 2018**

On behalf of the American Academy of Family Physicians, representing 131,400 family physicians and medical students, I submit this testimony. Family physicians conduct approximately one in five of the total medical office visits in the United States annually – more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care and are essential to improving the health of patients, families and communities.

Family physicians depend on your Committee to provide funding levels necessary for the essential public health programs which support family physician workforce development, provide access to primary care to patients of all ages, generate the primary care research needed to improve efficacy and safety, and strengthen our nation's disease prevention and health promotion efforts. We recommend that the Committee provide the following appropriations for programs important to family physicians and our patients.

We strongly urge that you 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 \$454 million in budget authority for the Agency for Healthcare Research and Quality (AHRQ); \$4 billion to the Centers for Medicare & Medicaid Services (CMS) for program management; \$8.445 billion to the Centers for Disease Control and Prevention (CDC); and at least \$5.2 billion to the Substance Abuse & Mental Health Services Administration (SAMHSA).

We will highlight the following HRSA programs which are priorities for the AAFP:

**Title VII, \$747 Primary Care Training & Enhancement - \$59 million**

The AAFP is grateful to the Committee for increasing by \$10 million in FY 2018 the appropriation for the Primary Care Training & Enhancement (PCTE) program authorized by Title VII, of the *Public Health Service Act of 1963* and administered by HRSA. PCTE grants were found to be “a crucial, but often overlooked, factor in facilitating scholarly activity in departments of family medicine” in a study published in *Family Medicine* [<http://www.stfm.org/FamilyMedicine/Vol48Issue6/Morley452>]. These grants are essential to meeting the increased demand for family physicians and other primary care physicians. The AAFP urges the Committee to increase the appropriation to \$59 million in FY 2019.

**AAFP Headquarters**

11400 Tomahawk Creek Pkwy.  
Leawood, KS 66211-2680  
800.274.2237 • 913.906.6000  
fp@aafp.org

**AAFP Washington Office**

1133 Connecticut Avenue, NW, Ste. 1100  
Washington, DC 20036-1011  
202.232.9033 • Fax: 202.232.9044  
capitol@aafp.org

### **National Health Service Corps - \$330 million**

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 recruit and retain primary care physicians and other health care clinicians to meet the workforce needs of communities designated as health professional shortage areas. The Bipartisan Budget Act (PL 115-123) extended the trust fund for the NHSC of \$310 million in FY 2019. We commend the Committee for providing the NHSC with an additional discretionary appropriation of \$105 million in FY 2018 to expand substance use disorder (SUD) treatment and support the Rural Communities Opioid Response initiative. 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, and we ask that the Committee support a program level, either appropriated or mandatory funding, of at least \$330 million for the NHSC.

### **Office of Rural Health Policy - \$175.3 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 U.S. Census Bureau's American Community Survey shows that 19.3% of the population (about 60 million people) lives in rural areas. 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. We ask that the Committee provide at least \$175.3 million for the Office of Rural Health Policy to support Rural Outreach Network Grants, Rural Health Research, State Offices of Rural Health, Rural Opioid Reversal Grants, Rural Hospital Flexibility Grants, and Telehealth.

### **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 2019.

### **Agency for Healthcare Research and Quality - \$454 million**

The Agency for Healthcare Research and Quality (AHRQ) has released early findings from EvidenceNOW, a multimillion dollar initiative to help primary care practices across the country more rapidly improve the heart health of Americans. This \$112 million grant-funded initiative is the largest primary care research investment in the agency's history. The *Annals of Family Medicine* [[http://www.annfammed.org/content/16/Suppl\\_1](http://www.annfammed.org/content/16/Suppl_1)] April 2018 supplement published original research articles, an overview and rationale from AHRQ, and commentaries from nationally recognized experts. EvidenceNOW is aligned with the HHS Million Hearts® initiative and is aimed at reducing the research-to-practice delay in implementing best practices to deliver the ABCS of cardiovascular disease prevention: aspirin in high-risk individuals, blood pressure control, cholesterol management, and smoking cessation. The multi-state EvidenceNOW initiative engaged

1,500 small- to medium-sized primary care practices and nearly 8 million patients. AHRQ also convenes the U.S. Preventive Services Task Force which is vital in primary care in making evidence-based recommendations after a rigorous examination of peer-reviewed data. The AAFP urges budget authority of no less than \$454 million for AHRQ.

**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 in 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.

**Centers for Disease Control and Prevention - \$8.445 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 \$1.17 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. 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 \$798.4 million for CDC's IRD line.**

The AAFP appreciates that the Committee clarified the CDC's authority to conduct research on the causes of gun violence, and we recommend that you provide the **CDC with \$50 million in FY 2019 to conduct public health research into firearm morbidity and mortality prevention.**

**Substance Abuse & Mental Health Services Administration - \$5.2 billion**

The AAFP is committed to addressing opioid misuse at both the national and grassroots levels and supports SAMHSA's mission to reduce the impact of substance abuse and mental illness on America's communities. Family physicians continue 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).

### **Proposed Rescissions to FY 2018 Appropriations**

Last March, the AAFP commended the passage of the *Consolidated Appropriations Act, 2018* (PL 115-141) which maintained the strength of the health care system's infrastructure by making an important investment of \$88 billion, an \$10 billion increase over FY 2017, for the Department of Health and Human Services. However, we were deeply disappointed that the Administration proposed to rescind \$7 billion from the Children's Health Insurance Program (CHIP), \$800 million from the Center for Medicare and Medicaid Innovation (CMMI), and \$220 million from HHS departmental management.

CHIP is vital access to health care coverage for nearly 9 million children. Since its creation in 1997, CHIP has allowed states to expand health coverage voluntarily to children in families with incomes too high to qualify for traditional Medicaid but too low to afford private health insurance. Recently, the Congress allowed CHIP funding to lapse forcing states to request millions in emergency funding to keep children covered.

CMMI is uniquely charged with developing and piloting health care payment reforms to advance patient-centric care delivery to improve quality and lower costs for individuals and payers, which include the federal government. The AAFP believes a health care system built on a foundation of comprehensive and continuous primary care is best positioned to achieve these important goals. The work of CMMI is critical to moving toward Advanced Alternative Payment Models, as envisioned under the *Medicare Access and CHIP Reauthorization Act of 2015* (MACRA, PL 114-10), to test and prove the value of the Advanced Primary Care Alternative Payment Model (APC-APM).

The AAFP designed the APC-APM to improve patient choice, expand primary care physicians' access to APMs – including small, independent, and rural practices. The AAFP has submitted the APC-APM for consideration by the Physician-Focused Payment Model Technical Advisory Committee established by Congress in MACRA.

The model builds on the existing Comprehensive Primary Care (CPC) classic and CPC+ programs, moves further away from fee-for-service (FFS), better supports small and independent practices, and reduces administrative burdens.

**We urge Congress to reject the Administration's proposed HHS rescissions which threaten the good and important work of the Department.**

In conclusion, the AAFP thanks the Committee for its support for these key investments. They will make our country stronger by supporting our primary care workforce and public health system.

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