Congress should ensure necessary funding in fiscal year (FY) 2018 for vital federal programs/initiatives designed to support primary care and ensure an adequate physician workforce, including: Title VII Health Professions and the National Health Service Corps (NHSC). Congress should also fund essential health services and medical research by the Agency for Healthcare Research and Quality (AHRQ) and the National Institutes of Health (NIH) and public health programs supported by the Centers for Disease Control and Prevention (CDC). Funding should be prioritized to provide sufficient support at the dollar levels recommended below in the “What is ACP Asking of Congress” section.

What’s it all about?
Access to primary care services is an essential part of everyone’s health care. Studies show that seeing a primary care physician regularly and having access to preventive services leads to better health outcomes and savings to the system. Independent studies show that millions of patients in many parts of the country have poor access to primary care.

Several key federal health programs that are critical to helping support a sufficient supply of primary care physicians and physician specialties facing shortages and maintaining a cutting-edge healthcare system: The Title VII Health Professions is the only source of federal training dollars available for general internal medicine, general pediatrics, and family medicine; the National Health Service Corps (NHSC) provides scholarships and loan forgiveness to primary care physicians and certain other clinicians in exchange for service in an underserved area.

In addition, Congress must provide necessary and sufficient funding for public health, medical and health services research initiatives supported by the federal government including: the Centers for Disease Control and Prevention (CDC), which works to create the expertise, information, and tools needed to protect the nation’s public health—through health promotion, prevention of disease, injury and disability, and preparedness for new health threats; the Agency for Healthcare Research and Quality (AHRQ), which is the leading public health service agency focused on health care quality, providing the evidence-based information needed by consumers, clinicians, health plans, purchasers, and policymakers to make informed health care decisions; and the National Institutes of Health (NIH), which is the nation’s medical research agency, making important discoveries that improve health and save lives.

While Congress has passed a bill to fund these and other federal agencies through the end of the current FY2017 budget year, it must pass legislation to provide funding for the new fiscal year, FY2018, which begins on October 1, 2017.

✓ Read more about the annual appropriations process.

What’s the current status?
The federal budget and appropriations process is now underway for FY2018, which begins on October 1, 2017. It is up to Congress to decide on funding for all federal programs, including those in health care, as noted above, in a very challenging budget environment. As for the status of key federal programs noted above:

- **The Title VII Health Professions Training in Primary Care and Training Enhancement (PCTE)** received $38.92 million in FY2017, the same as the FY2016 and FY2015 levels. General internists, who have long been at the frontline of patient care, have benefitted from Title VII training models emphasizing interdisciplinary training that have helped prepare them to work with other health professionals, such as physician assistants, patient educators, and psychologists.
- **The NHSC** received **$310 million** in dedicated funding (a.k.a. mandatory funding not requiring annual congressional approval) in FY2017. However, this funding level, as well as its funding levels since FY2011 has
fallen far short of the levels anticipated after passage of the Affordable Care Act (ACA). For FY2018, the NHSC’s mandatory funding which was extended for two years, is set to expire, which means if Congress does not act by September 30th, there will be no funding for this program.

- **The CDC received $7.2 billion** in funding for FY2017, including about **$891 million** from the Prevention and Public Health Fund (PPHF) which is used to promote, develop, and fund various public health initiatives such as fighting the Zika virus.
- **AHRQ received $324 million in FY2017**, $10 million less than the FY2016 enacted level.
- **The NIH received $34 billion in FY2017**, $2 billion more than the FY2016 enacted level.

However, these funding levels are only assured through September 30, 2017. Congress must enact bipartisan legislation to fund the federal government, including the above programs, for the new fiscal year starting on October 1, 2017, or risk a government shut-down. The Trump administration has proposed deep FY2018 cuts in funding to the NIH and AHRQ, among other programs, although these recommendations are only advisory to Congress.

**Why should the 115th Congress address it?**

The combination of across-the-board cuts back in 2013 and only partial relief from existing budget caps in subsequent years have resulted in insufficient funding for these and other programs. These programs have a proven track record of success in supporting workforce, medical and health services research, and other national priorities. Congress must make the needed investments in vital federal programs and initiatives designed to maintain and expand access to primary care, ensure an adequate physician workforce, promote public health, and fund medical and health services research, and selectively lift existing budget caps as needed.

**What is ACP asking of Congress?**

Congress must act to pass legislation to ensure that these programs are adequately funded and that there are no interruptions in their funding due to a government shut-down. The following recommended funding levels are based on a consensus by experts in the field on what is needed, supported by evidence of their effectiveness:

- **Primary Care and Training Enhancement (PCTE):** Congress should fund the program at $71 million in FY2018 in order to maintain and expand the pipeline for individuals training in primary care.

- **National Health Service Corps (NHSC):** Congress should fund the NHSC by passing mandatory appropriations for at least $380 million to fund scholarships and loan repayment to health care professionals to help expand the country’s primary care workforce and meet the health care needs of underserved communities.

- **Centers for Disease Control and Prevention (CDC) and Prevention and Public Health Fund (PPHF):** Congress should fund the CDC at $7.8 billion for FY2018; including maintaining PPHF funding at $900 million as the 21st Century Cures law permits.

- **Agency for Healthcare Research and Quality (AHRQ):** Congress should fund AHRQ at $364 million, restoring the agency to its FY2015 enacted level after cuts in FY2016 and FY2017 so it can 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, and make the healthcare marketplace more efficient.

- **National Institutes of Health (NIH):** Congress should fund NIH for FY2018 at $36 billion so that the crown jewel of the country’s biomedical research efforts can continue to fund cures for disease and maintain the United States’ standing as the world leader in medical and biomedical research.

The College is keenly aware of the fiscal pressures facing Congress but strongly believes the United States must invest in workforce, public health, medical and health services initiatives that have a proven track record of effectiveness. View ACP’s written statement on FY2018 health care program funding priorities to the House and Senate Appropriations Subcommittees.

**Who can I contact to learn more?**

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Digital version of this issue brief can be found at: [https://www.acpservices.org/leadership-day/policy-priority-issues](https://www.acpservices.org/leadership-day/policy-priority-issues)