

May 22-23, 2018

Funding for Workforce, Medical and Health Services Research, Public Health Initiatives

Congress should ensure necessary funding in fiscal year (FY) 2019, at levels specified below, for vital federal programs/initiatives designed to support primary care and ensure an adequate physician workforce, including: Title VII Health Professions grants 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). Congress should also reject any harmful funding rescissions that would negatively impact health coverage for children or the ability of CMS to test innovative new payment models under Medicare, as outlined 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 FY2018 budget year, it must pass legislation to provide funding for the new fiscal year, FY2019, which begins on October 1, 2018.

What’s the current status?

The federal budget and appropriations process is now underway for FY2019, which begins on October 1, 2018. It is up to Congress to decide on funding for all federal programs, including those in health care. As for the status of key federal programs noted above:

- **The Title VII Health Professions Training in Primary Care and Training Enhancement (PCTE) received \$48.92 million** in FY2018, \$10 million more than the FY2017 enacted level. 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.
- **The NHSC received \$310 million** in dedicated funding (a.k.a. mandatory funding not requiring annual congressional approval) in FY2018. For the first time in many years, the NHSC received in addition to mandatory funds, discretionary funding—**\$105 million**—in the FY2018 Omnibus Appropriations Act to expand and improve access to quality opioid and substance use disorder treatment in underserved areas.

- **The CDC received \$8.3 billion** in funding for FY2018, including about \$840.6 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 \$334 million in FY2018**, \$10 million more than the FY2017 enacted level.
- **The NIH received \$37 billion in FY2018**, \$3 billion more than the FY2017 enacted level.

However, these funding levels are only assured through September 30, 2018. Congress must enact bipartisan legislation to fund the federal government, including the above programs, for the new fiscal year starting on October 1, 2018, or risk a government shut-down. In addition, on May 8, the President sent a request to Congress calling for \$15.4 billion in funding to be rescinded from vital programs, including \$7 billion from the Children’s Health Insurance Program (CHIP) and \$800 million from CMS’ Innovation Center, which tests new, innovative payment and delivery models under Medicare. The next day, Congress introduced a rescission package (H.R. 3) mirroring the President’s request. ACP sent a [letter](#) to Congress urging lawmakers to oppose H.R. 3, as it could harm access to coverage for children under CHIP, and hinder the very important advancements being made in the Innovation Center to bring about more value-based care.

Why and how should Congress address this issue?

The combination of across-the-board cuts back in 2013 and only partial relief from sequestration budget caps in subsequent years have resulted in insufficient funding for these programs. Fortunately, the Bipartisan Budget Act of 2018 has provided relief for both FY2018 and FY2019 by increasing these caps. These programs have a proven track record of success in supporting workforce and medical and health services research. 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.

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 shutdown. 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 FY2019 in order to maintain and expand the pipeline for individuals training in primary care.
- **National Health Service Corps (NHSC):** Congress should fund the NHSC at least at **\$415 million** in total program funding 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 **\$8.45 billion** for FY2019; including PPHF funding at **\$805 million**.
- **Agency for Healthcare Research and Quality (AHRQ):** Congress should fund AHRQ at **\$454 million**, restoring the agency to its FY2010 enacted level adjusting for inflation after cuts in FY2016 and FY2017 and a small increase in FY2018 so it can help clinicians 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 FY2019 at **\$39 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.

View written statements on FY2019 health care program funding priorities to the [House](#) and [Senate](#) Appropriations Subcommittees as well as ACP’s support for the [AHRQ](#), [CDC](#), and [NIH](#) agencies.

Senators and House members should vote against the *Spending Cuts to Expired and Unnecessary Programs Act* (H.R. 3), should it come to a vote, which would rescind billions of dollars from the CHIP program, and CMS’ Innovation Center.

Who can I contact to learn more?

advocacy@acponline.org; Digital version of this issue brief can be found at: <https://www.acpservices.org/leadership-day/policy-priority-issues>