

Leadership Day, May 14-15, 2019

Fund Workforce, Medical and Health Services Research, Public Health Initiatives

Congress should ensure necessary funding in fiscal year (FY) 2020, at levels specified below, for vital federal programs/initiatives designed to support primary care, ensure an adequate physician workforce, and enhance public health and research. These include: Title VII Health Professions grants, the National Health Service Corps (NHSC), the Agency for Healthcare Research and Quality (AHRQ), the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Veterans Health Administration (VHA). Congress should also reject any funding cuts to these programs that could be imposed by arbitrary budget sequester caps, 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. Through Congress, annual funding is provided to several health programs within the Department of Health and Human Services 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. Another federal agency, the **Veterans Health Administration (VHA)** also plays a vital role in helping to sustain the nation’s physician workforce through its graduate medical education training programs and ensuring that our veterans have access to primary care, both inside and outside the VHA. The VHA trained 43,000 individual physician residents in academic year 2016-2017, all of whom received clinical training by rotating through about 11,000 VA-funded graduate medical education positions at VHA medical facilities.

Congress also provides annual funding for public health, medical and health services research initiatives. These include: 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; 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; and the **National Institutes of Health (NIH)**, which is the nation’s medical research agency.

What’s the current status?

While bills have been enacted into law to fund the federal agencies and programs above up until Oct. 1, 2019, Congress is now faced with the task of working in a bipartisan fashion to fund those same programs beyond that point into the new fiscal year 2020, which begins on Oct. 1, 2019, or the government shuts down. Further complicating this effort is something that Congress put in place in 2011 to keep federal spending at reduced levels to lower the national deficit – known as a sequester cap – that was temporarily lifted in FY 2018 and 2019 but that will once again be imposed on Oct. 1, unless Congress steps in to stop it. This arbitrary cap, if allowed to go back into effect, would result in disastrous cuts to the above-mentioned programs/agencies, which are currently funded at the following levels until Oct. 1:

- **The Title VII Health Professions Training in Primary Care and Training Enhancement (PCTE)** received \$48.92 million. 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). For FY 2020, the NHSC's mandatory funding will expire if Congress does not reauthorize it. The NHSC also received discretionary funding—\$105 million—to expand access to opioid treatment.
- **AHRQ received \$338 million**, \$4 million more than the FY 2018 enacted level.
- **The CDC received about \$8 billion**, roughly \$350 million less than the FY 2018 level and no funding for gun violence prevention research.
- **The NIH received \$39 billion**, \$2 billion more than the FY 2018 enacted level.
- **The VHA received \$77 billion**, \$3.3 billion more than the FY 2018 enacted level.

The VHA, which provides medical care to veterans, will need additional funding in FY2020, as a result of the enactment of the VA Mission Act in 2018. This new law is intended to streamline the VA's numerous medical care programs that deliver outside VHA-care into one cohesive program (the medical community care program), a goal that ACP supports but also has concerns about its impact on the traditional VHA program. ACP has offered detailed [comments](#), on a proposed rule to implement the VA Mission Act. Now Congress, through the annual appropriations process, must adequately fund both the new medical community care program but also traditional medical care within the VHA. ACP is concerned that there will a funding shortfall and that shortfall will fall squarely on traditional VHA services.

Why and how should Congress address this issue?

These programs have a proven track record of success and Congress must make the needed investments in these 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. With the current annual appropriations process underway for FY2020, and a looming sequester cap set to be imposed on Oct. 1, Congress must act to ensure adequate funding for these programs.

What is ACP asking of Congress?

Congress must act to pass legislation to ensure that these programs are adequately funded in FY 2020, that there are no interruptions in their funding due to a government shutdown, and that the sequester cap be permanently lifted. The following programs should be funded at these levels in FY 2020:

Primary Care and Training Enhancement (PCTE): At **\$71 million** in order to maintain and expand the pipeline for individuals training in primary care.

National Health Service Corps (NHSC): At **\$830 million** in total program funding to fund scholarships and loan repayment to health care professionals to expand the country's primary care workforce and meet the health care needs of underserved communities. Reauthorize the NHSC's mandatory funding.

Agency for Healthcare Research and Quality (AHRQ) and Patient-Centered Outcomes Research Institute (PCORI): Fund AHRQ at \$460 million, for research that serves as the evidence engine for much of the private sector's work to keep patients safe. Reauthorize PCORI to fund comparative effectiveness research for 10 years.

Centers for Disease Control and Prevention (CDC): At least **\$7.8 billion**, including **\$25 million for gun violence prevention research** as included in the House FY 2020 Labor-HHS-Education appropriations bill.

National Institutes of Health (NIH): At **\$41.6 billion**, so that U.S. biomedical research efforts can continue to fund cures for disease and maintain our standing as the world leader in medical and biomedical research, with **\$25 million for gun violence prevention research** as included in the House FY 2020 Labor-HHS-Education appropriations bill.

Veterans Health Administration (VHA): At **\$89 billion**, to provide enough resources for traditional VHA medical services and transition to the new community care program.

View ACP's written statements on FY2020 health care program funding priorities to the [House](#) and [Senate](#) Appropriations Subcommittees and [veterans' health care](#), as well as ACP's support for the [AHRQ](#), [CDC](#), and [NIH](#) agencies.

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>