



July 11, 2016

Honorable Hal Rogers  
Chairman  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Honorable Nita Lowey  
Ranking Member  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Honorable Tom Cole  
Chairman  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
Committee on Appropriations  
Washington, DC 20515

Honorable Rosa DeLauro  
Ranking Member  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
Committee on Appropriations  
Washington, DC 20515

Dear Chairman Rogers, Chairman Cole, Ranking Member Lowey, and Ranking Member DeLauro:

As the full House Appropriations Committee will consider shortly the Fiscal Year 2017 Department of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) Appropriations bill, on behalf of the American College of Physicians (ACP), I urge you to support and make the needed investments in vital federal programs and initiatives designed to maintain and expand primary care, ensure an adequate physician workforce, and promote public health. Therefore, below, I reaffirm [ACP's FY2017 funding priorities](#) and urge you to prioritize funding to support programs that have a proven track record of effectiveness in supporting workforce and other national healthcare priorities. In addition, I must express great concern about some provisions in the Fiscal Year 2017 Department of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) Appropriations bill passed out of the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies on July 7, 2016, that would be detrimental to promoting primary care and public health.

ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 148,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

The College is highly encouraged by and commends the Subcommittee on increasing resources in the FY2017 House L-HHS Appropriations bill for the biomedical research of the National Institutes of Health, the public-health activities of the Centers for Disease Control and Prevention (CDC), and the treatment and prevention programs for opioid-use disorder of the

Substance Abuse and Mental Health Administration. Highlighted below is the College's support of and concerns about provisions that are already or could be included in the funding bill that your Committee will be considering in the near future:

- Agency for Health Care Research and Quality (AHRQ)
- Patient Centered Outcomes Research
- Center for Medicare and Medicaid Innovation (CMMI)
- Title VII Health Professions Training in Primary Care and Training Enhancement (PCTE)
- Research on Prevention of Firearms-related Injuries and Deaths
- Centers for Medicare and Medicaid Services, Program Management for Marketplaces
- Centers for Disease Control and Prevention, Office of Smoking and Health (OSH)
- Zika response

**Agency for Health Care Research and Quality (AHRQ):**

We strongly believe that AHRQ's activities and related outcomes research provides incomparable and invaluable data that neither can be replicated nor replaced elsewhere in the federal government or the private sector.

AHRQ is the leading public health service agency focused on health care quality. AHRQ's crucial research provides the evidence-based information needed by consumers, clinicians, health plans, purchasers, and policymakers to make informed health-care decisions. The College is acutely dedicated to ensuring AHRQ's vital role in improving the quality of our nation's health and over the years [in written testimony](#) to the Subcommittee, has consistently requested that the necessary resources be provided for its activities. Adequate funding allows AHRQ to 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, make the healthcare market place more efficient by providing quality measures to health professionals, and ultimately, help transform health and health care.

Unfortunately, the FY2017 House LHHS Appropriations bill cuts AHRQ by a substantial \$54 million (16 percent) from the enacted FY2016 level, decreasing its discretionary funding to \$280.24 million. This cut would be on top of the \$30 million cut that AHRQ already sustained in FY2016.

**Patient Centered Outcomes Research:**

The removal of \$150 million of funding in the FY2017 House LHHS Appropriations bill from the Patient Centered Outcomes Research Trust Fund will cripple the ability of the Patient Centered Outcomes Research Institute (PCORI), an independent non-profit entity, to continue to facilitate important unbiased medical and healthcare system research regarding the delivery of effective care in an efficient manner—with an emphasis on those factors that are important from the perspective of the patient. PCORI's research, which already includes the funding of over 400 research projects, will help patients and those who care for them make the best care decisions based on reliable information about the potential benefits and harm of various treatment options. This is the type of information ACP members and their patients want and need. The accompanying prohibition of discretionary funding for *any* patient-centered outcomes research

would also do great damage to the current and future initiatives to improve health care quality, patient safety, and the effectiveness of care provided to patients.

**Center for Medicare and Medicaid Innovation (CMMI):**

The removal of \$7 billion of funding in the FY2017 House LHHS Appropriations bill from CMMI would severely impact the implementation of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and its Quality Payment Program (QPP). Specifically CMMI would not be able to manage and operate the Advanced Alternative Payment Model (Advanced APMs) part of the QPP, defeating the intent of Congress to replace the Sustainable Growth Rate as the basis for Medicare physician reimbursement. In addition, CMMI would not be able to implement its recently announced advanced primary care medical home model called Comprehensive Primary Care Plus (CPC+) which incentivizes value and quality through a payment structure that supports comprehensive primary care. The College supports CMMI's mission of testing different payment models to achieve greater value, efficiency and, care for patients in the Medicare and Medicaid programs.

**Title VII Health Professions Training in Primary Care and Training Enhancement (PCTE):**

The health professions' education programs, authorized under Title VII of the Public Health Service Act and administered through (HRSA), support the training and education of health care providers to enhance the supply, diversity, and distribution of the health care workforce, filling the gaps in the supply of health professionals not met by traditional market forces, and are critical in helping institutions and programs respond to the current and emerging challenges of ensuring that all Americans have access to appropriate and timely health services. Within the Title VII program, we urge the Committee to fund the **Section 747, Primary Care Training and Enhancement** program at \$71 million, in order to maintain and expand the pipeline for individuals training in primary care. The Section 747 program is the only source of federal training dollars available for general internal medicine, general pediatrics, and family medicine. For example, 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. Without a substantial increase in funding, for the sixth year in a row, HRSA will not be able to carry out a competitive grant cycle for physician training; the nation needs new initiatives supporting expanded training in multi-professional care, the patient-centered medical home, and other new competencies required in our developing health system.

**Research on Prevention of Firearms-related Injuries and Deaths:**

As data-driven decision makers, ACP advocates for robust research about the causes and consequences of firearm violence and unintentional injuries and for strategies to reduce firearm-related injuries. The Centers for Disease Control and Prevention, National Institutes of Health, and National Institute of Justice should receive adequate funding to study the effect of gun violence and unintentional gun-related injury on public health and safety. Access to data should not be restricted, so researchers can do studies that enable the development of evidence-based policies to reduce the rate of firearm injuries and deaths in this nation. Therefore, the College strongly opposes any provision, such as the one included in the FY2017

House LHHS Appropriations bill, which would prohibit the use of funds for federal agencies to carry out gun research or the gathering of data for future research.

**Centers for Medicare and Medicaid Services, Program Management for Marketplaces**

ACP supports adequate funding for the Centers for Medicare and Medicaid Services (CMS), Program Management for Marketplaces budget in order to carry out its duties as necessary. This funding allows the federal government to continue to administer the insurance marketplaces as authorized by the Affordable Care Act (ACA) if a state has declined to establish an exchange that meets federal requirements or chooses to partner with the federal government. CMS now manages and operates some or all marketplace activities in 39 exchanges. If the current \$580 million cut to CMS program management and operations is adopted it will be much more difficult for the federal government to operate and manage federally-supported marketplaces, state-partnership marketplaces, and federally-facilitated marketplaces, raising questions about where and how patients would obtain and maintain coverage. The accompanying prohibition of discretionary funding for any ACA related activity would also harm patient access to healthcare coverage. It is ACP's belief that all legal Americans – regardless of income level, health status, or geographic location – must have access to affordable health insurance.

**Centers for Disease Control and Prevention, Office of Smoking and Health (OSH):**

ACP has long advocated for efforts to reduce tobacco use in the United States. ACP has supported efforts to facilitate access to effective smoking cessation aids and has advocated for a comprehensive antismoking legislative agenda. ACP supports efforts by OSH to reduce initiation of tobacco product use, decrease the harms of tobacco products, and encourage cessation among tobacco product user, especially to prevent smoking and tobacco product use among young people. In 2010, the College released the policy paper [Tobacco Control and Prevention](#). The paper included recommendations that state and federal governments work together to implement comprehensive tobacco use prevention and control efforts, that youth tobacco use education and prevention campaigns be initiated, that flavorings—including menthol—be banned in all tobacco products, and that electronic nicotine delivery systems ENDS (including electronic cigarettes) be regulated by the FDA. In 2015, access and use of ENDS products increased so dramatically, especially among youth, that the College reiterated this policy and made further recommendations in the policy paper [Electronic Nicotine Delivery Systems](#). **Accordingly, ACP strongly supports OSH funding at or above the FY2016 enacted level of \$210 million.**

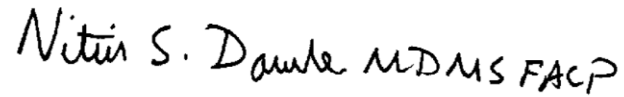
**Zika response:**

The College commends the Subcommittee on its prioritization of funding for a response to fight the Zika virus, including \$390 million for various activities and \$300 million to establish the new Infectious Diseases Rapid Response Reserve Fund within CDC. However, ACP believes that Congress must also provide the highest possible funding level for research, prevention, control, and treatment of illnesses associated with the Zika virus that is commensurate with the public health emergency that the virus represents. Accordingly, ACP calls for a Zika response package that delivers the emergency funding and resources necessary to fully and robustly respond to

the Zika virus while not using funding from other essential health initiatives to offset a Zika response effort.

In conclusion, the College is keenly aware of the fiscal pressures facing the Committee today, but strongly believes the United States must invest in these programs in order to achieve a high performance health care system and build capacity in our primary care workforce and public health system. The College greatly appreciates the support of the Committee on these issues and looks forward to working with Congress as you continue work on the FY2017 House Labor-HHS Appropriations bill.

Sincerely,

A handwritten signature in black ink that reads "Nitin S. Damle MD MS FACP". The signature is written in a cursive, slightly slanted style.

Nitin S. Damle, MD, MS, FACP  
President

Cc: Members of the House Appropriations Committee