



AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*®

October 7, 2011

Honorable Harry Reid
U.S. Senate
Washington, DC 20510

Honorable Tom Harkin
U.S. Senate
Washington, DC 20510

Honorable Daniel Inouye
U.S. Senate
Washington, DC 20510

Honorable Mitch McConnell
U.S. Senate
Washington, DC 20510

Honorable Richard Shelby
U.S. Senate
Washington, DC 20510

Honorable Thad Cochran
U.S. Senate
Washington, DC 20510

Dear Sirs:

On behalf of the 132,000 internal medicine physicians and medical student members of the American College of Physicians (ACP), I am writing to provide the Appropriations Committee and Senate leadership with our recommendations on elements that should be included in a final FY2012 Labor-Health and Human Services-Education appropriations bill, elements which will fund investments in the primary care workforce and redesign the health care delivery system to improve health care quality and lower costs.

ACP is the largest physician specialty society, and second largest physician membership organization, in the United States. Internal medicine physicians specialize in primary and comprehensive care of adults and adolescents.

ACP applauds the Senate Appropriations Committee for favorably reporting a FY2012 Labor-Health and Human Services-Education appropriations bill which preserves funding for key programs to ensure access to health care and an adequate physician workforce. The Institute of Medicine (IOM) reports that it would take 16,261 additional primary care physicians to meet the need in underserved areas of the country prior to the enactment of the Affordable Care Act (ACA). In 2010, after enactment of the ACA, the Association of American Medical Colleges (AAMC) estimated that there will be a shortage of 130,600 active patient care physicians by 2025. Primary care accounts for 50 percent of the total projected shortage in 2025—about 65,800 FTE primary care physicians. These findings are consistent with recently published projections by researchers from the University of Missouri and the Health Resources and Services Administration (HRSA). The same study also predicted that population growth and aging will increase family physicians' and general internists' workloads by 29 percent between 2005 and 2025. The ACA will increase coverage by an estimated 32 million Americans, resulting in a significant impact on the health care workforce, particularly, primary care physicians, who the newly insured will seek to coordinate and manage their care.

The College is keenly aware of the fiscal pressures facing the Committee, but strongly believes the United States must invest in the following essential programs in order to achieve a high performance health care system and build capacity in our primary care workforce. As the bill comes before the full Senate for debate, and later, as the Senate bill is reconciled with the House bill in a conference report, we urge that funding for the following programs be preserved:

- The **Section 747, Training in Primary Care Medicine** is the only federal program dedicated to funding and improving the training of primary care physicians. We are pleased the Senate included \$39 million, rather than the \$0 provided in the recently-released House draft Labor-Health and Human Services-

Education appropriations bill for this invaluable program. This program has supported training for community and academic primary care clinicians as teachers and research fellows who have since gone on to make major contributions to such fields as health disparities, quality improvement and patient safety, prevention and community health, and cost-effectiveness analysis.

- The **National Health Service Corps** has a proven track record of training and recruiting physicians in primary care and other specialties in shortage to serve in underserved areas. We are pleased the Senate provides \$24.8 million in discretionary funding alongside the \$295 million in mandatory funding from the Community Health Center Fund.
- The **National Health Care Workforce Commission** will make recommendations on how to ensure a sufficient physician workforce to meet the demand, including examination of barriers to primary care; members of the Commission have been appointed but are unable to begin their work because the Commission has not received any funding. Unlike the House, we are pleased the Senate included \$3 million, which will allow the Commission to examine and make recommendations about our nation's workforce.
- The **Teaching Health Centers** (THC) development grants program will provide grants and Graduate Medical Education (GME) funding for THC to train primary care physicians in community-based, ambulatory patient care settings. While the Senate did not provide funds for program development, we are pleased the Committee acknowledged the \$230 million in mandatory funds available for GME payments to the eleven newly-established, community-based primary care residency programs.

The College has serious concerns about the House draft Labor-Health and Human Services-Education appropriations bill, its implications on the primary care workforce, and on ensuring vital access to primary care services. Specifically, the College is concerned about Section 525 of Title IV of that legislation. The ACA created near-universal health coverage for all Americans, and with enactment of this section, many positive elements established in the ACA will be undone. We believe the appropriations bills should not include policy riders that would restrict implementation of provisions from the ACA to expand health insurance coverage, improve quality, and control costs. More specifically, the College believes the **Center for Medicare and Medicaid Innovation**, which allows the Centers for Medicare and Medicaid Services to test models that promote broad payment and practice reform within Medicare, Medicaid and the Children's Health Insurance Program while preserving or enhancing the quality of care, and the **Patient-Centered Outcomes Research Institute**, a non-profit, tax-exempt corporation that will provide comparative effectiveness information to assist patients, clinicians, purchasers, and policy makers in making informed health decisions, have the ability to dramatically improve quality and control costs. A recent Harvard study on the *Economics of Smarter Health Care Spending* suggests that the United States may be able to save between 30 and 50 percent of total health care spending if the right incentives to clinicians, hospitals and other providers are put into place.

The federal government needs to make an investment in primary care, prevention, and wellness in order to achieve a sustainable, affordable and high quality health care system for all Americans. Providing Americans with health insurance coverage, although essential, will not ensure that patients have access to care in the absence of policies to increase the numbers of primary care physicians and other specialties facing shortages. The College greatly appreciates the past support of the Senate Appropriations Committee on these issues and looks forward to working, on a bipartisan basis, to reduce spending on programs that have not shown value, while continuing to fund investments in the primary care workforce and redesign the health care delivery system to improve health care quality and lower costs.

Yours truly,



Virginia Hood, MBBS, MPH, FACP
President