

**Statement by the Association of American Medical Colleges on  
FY 2017 Appropriations for the Department of Health and Human Services  
Submitted for the Record to the House Appropriations Subcommittee on Labor, Health  
and Human Services, Education and Related Agencies – April 15, 2016**

The Association of American Medical Colleges is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Its members comprise all 145 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic societies. Through these institutions and organizations, the AAMC serves the leaders of America's medical schools and teaching hospitals and their 148,000 faculty members, 83,000 medical students, and 115,000 resident physicians.

The AAMC requests the following for federal priorities essential in assisting medical schools and teaching hospitals to fulfill their missions of education, research, and patient care: at least \$34.5 billion for the National Institutes of Health (NIH); \$364 million in budget authority for the Agency for Healthcare Research and Quality (AHRQ); \$524 million for the Title VII health professions and Title VIII nursing workforce development programs at the Health Resources and Services Administration (HRSA)'s Bureau of Health Workforce; and continued support for student aid through the Department of Education and HRSA's National Health Service Corps. The AAMC appreciates the Subcommittee's longstanding, bipartisan efforts to strengthen these programs.

**National Institutes of Health** – Congress's long-standing bipartisan support for medical research through the NIH has created a scientific enterprise that is the envy of the world and has contributed greatly to improving the health and well-being of all Americans. The foundation of scientific knowledge built through NIH-funded research drives medical innovation that improves health through new and better diagnostics, improved prevention strategies, and more effective treatments.

Nearly 84 percent of the NIH's budget is competitively awarded through almost 50,000 research and training grants to more than 300,000 researchers at over 2,500 universities and research institutions located in every state. At least half of this funding supports life-saving research at America's medical schools and teaching hospitals, where scientists, clinicians, fellows, residents, medical students, and trainees work side-by-side to improve the lives of Americans through research.

The partnership between NIH and America's scientists, medical schools, teaching hospitals, universities, and research institutions is a unique and highly-productive relationship, leveraging the full strength of our nation's research enterprise to foster discovery, improve our understanding of the underlying cause of disease, and translate this knowledge into the next generation of diagnostics, therapeutics, and other clinical innovations. This partnership not only lays the foundation for improved health and quality of life, but also strengthens the nation's long-term economy.

The AAMC thanks Congress for the bipartisan support that resulted in the inclusion of \$32.1 billion in the FY 2016 omnibus spending bill for medical research conducted and supported by the NIH.

If this nation is to continue to meet current and emerging health challenges, improve our nation's health, sustain our leadership in medical research, and remain competitive, it is essential to sustain predictable increases in the NIH budget.

The AAMC supports the Ad Hoc Group for Medical Research recommendation that Congress appropriates at least \$34.5 billion through the Labor-HHS-Education spending bill for FY 2017. This \$2.4 billion increase represents 5 percent real growth above the projected rate of biomedical inflation, and will help ensure that NIH-funded research can continue to improve our nation's health and enhance our competitiveness in today's global information and innovation-based economy.

The AAMC continues to be concerned about the long-lasting impact of the decline in the NIH budget on the next generation of scientists, who see training funds threatened and the possibility of sustaining a career in research diminished. The continued success of the biomedical research enterprise relies heavily on the imagination and dedication of a diverse and talented scientific workforce. Of particular concern is the challenge of maintaining a cadre of clinician-scientists to facilitate translation of basic research to human medicine. NIH supports many innovative training programs and funding mechanisms that foster scientific creativity and exploration.

Additional funding is needed if we are to strengthen our nation's research capacity, ensure a biomedical research workforce that reflects the racial and gender diversity of our citizenry, and inspire a passion for science in current and future generations of researchers.

The AAMC is disappointed the Subcommittee last year once again proposed to reduce the limit on salaries that can be drawn from NIH extramural awards at Executive Level III of the Federal Executive Pay Scale. Medical schools' and teaching hospitals' discretionary funds from clinical revenues and other sources have become increasingly constrained and less available to invest in research. If institutions and departments divert funds to compensate for a reduction in the salary limit, they have less funding for critical activities such as bridge funding to investigators between grants and start-up packages to young investigators to launch their research programs. A lower salary cap also will disproportionately affect physician investigators, who will be forced to make up salaries from clinical revenues, thus leaving less time for research. This may serve as a deterrent to their recruitment into research careers. The AAMC urges the Subcommittee to retain the limit at Executive Level II.

**Agency for Healthcare Research and Quality** – Complementing the medical research supported by NIH, AHRQ sponsors health services research designed to improve the quality of health care, decrease health care costs, and provide access to essential health care services by translating research into measurable improvements in the health care system. The AAMC firmly believes in the value of health services research as the nation continues to strive to provide high-quality, evidence-based, efficient, and cost-effective health care to all of its citizens. The AAMC

joins the Friends of AHRQ in recommending \$364 million in budget authority for the agency in FY 2017.

The AAMC is disappointed the Subcommittee last year proposed to eliminate AHRQ. As the only federal agency with the sole purpose of generating evidence to make health care safer; higher quality; and more accessible, equitable, and affordable, AHRQ works to ensure such evidence is available across the continuum of health care stakeholders, from patients to payers to providers. These research findings will better guide and enhance consumer and clinical decision-making, provide improved health care services, and promote efficiency in the organization of public and private systems of health care delivery.

**Health Professions Funding** – HRSA’s Title VII health professions and Title VIII nursing workforce development programs are the only federal programs designed to improve the supply, distribution, and diversity of the nation’s primary care workforce. Through loans, loan guarantees, and scholarships to students, and grants and contracts to academic institutions and non-profit organizations, the Title VII and Title VIII programs fill the gaps in the supply of health professionals not met by traditional market forces.

Titles VII and VIII are structured to allow grantees to test educational innovations, respond to changing delivery systems and models of care, and address timely topics in their communities. By assessing the needs of the communities they serve and emphasizing interprofessional education and training, Title VII and VIII programs bring together knowledge and skills across disciplines to provide effective, efficient and coordinated care. Further, studies demonstrate that the programs graduate more minority and disadvantaged students and prepare providers that are more likely to serve in Community Health Centers (CHC) and the National Health Service Corps (NHSC).

In addition to promoting educational innovations and preparing the workforce for changing delivery systems, the programs also support faculty development, curriculum development, and continuing education opportunities. These are all important components to ensure faculty and providers are equipped to meet the nation’s changing needs and train the next generation of health professionals.

The AAMC joins the Health Professions and Nursing Education Coalition (HPNEC) in recommending \$524 million for these important workforce programs in FY 2017. This funding level is necessary to ensure continuation of all existing Title VII and Title VIII programs while also supporting promising initiatives such as the Pediatric Subspecialty Loan Repayment program, the Clinical Training in Interprofessional Practice program, the Rural Physician Training Grants, and other efforts to bolster the workforce. Additionally, because HRSA has been administering the Behavioral Health Workforce Education and Training Program, we also support the President’s FY 2017 budget proposal of shifting funds previously appropriated to the Substance Abuse and Mental Health Services Administration to HRSA.

The AAMC objects to the Administration’s proposal to eliminate the Title VII Area Health Education Centers (AHEC) program, which, in academic year 2014-2015 alone, trained health professions students in over 11,000 sites across the country, including community-based and

ambulatory care settings and CHCs. We appreciate the Administration's proposal to enhance the focus on academic support and pre-professional engagement for students from disadvantaged backgrounds through supporting the Health Careers Opportunity Program (HCOP). Research shows that HCOP has helped students from disadvantaged backgrounds throughout the educational pipeline achieve higher grade point averages and matriculate into health professions programs. Continued support for these and the full spectrum of Title VII programs is essential to prepare our next generation of medical professionals to adapt to the changing health care needs of the nation's aging and increasingly diverse population.

In addition to funding for Title VII and Title VIII, HRSA's Bureau of Health Workforce also supports the Children's Hospitals Graduate Medical Education (CHGME) program. This program provides critical federal graduate medical education support for children's hospitals to prepare the future primary care and specialty care workforce for our nation's children. We strongly support full funding for the Children's Hospitals Graduate Medical Education program at \$300 million in FY 2017.

**Student Aid and the National Health Service Corps (NHSC)** – The AAMC urges the Subcommittee to sustain student loan and repayment programs for graduate and professional students at the Department of Education. The average graduating debt of medical students is currently \$183,000, and typical repayment can range from \$329,000 to \$480,000.

Along with more than 50 stakeholder organizations, the AAMC urges the Subcommittee to provide a discretionary appropriation for the National Health Service Corps (NHSC) in FY 2017. As the nation faces multiple health professional shortages, sustained investments in workforce programs are necessary to help care for our nation's most vulnerable populations.

Recognizing that mandatory funding may be provided through other mechanisms, the appropriations committees retain primary responsibility for funding the administrative functions of the NHSC and for avoiding budgetary lapses in future years. We look forward to working with Congress to help ensure a long-term investment in the NHSC without sacrificing other federal health professions training support.

Once again, the AAMC appreciates the opportunity to submit this statement for the record and looks forward to working with the Subcommittee as it prepares its FY 2017 spending bill.