

Association of American Medical Colleges 655 K Street, NW, Suite 100, Washington, DC 20001-2399 T 202 828 0400

July 24, 2023

The Honorable Bernie Sanders Chair Health, Education, Labor and Pensions Committee United States Senate Washington, DC 20510

## Dear Chairman Sanders:

On behalf of the Association of American Medical Colleges (AAMC), I write in response to your introduction of the Primary Care and Health Workforce Expansion Act. The AAMC appreciates your commitment to expanding and diversifying the health care workforce, and recognizes your strong engagement with us on these issues. I write today, however, to express deep concern with counterproductive proposals included in the legislation that would jeopardize patient access to care, drastically cut payments to teaching hospitals and health systems, and ultimately harm the patients and communities our members serve.

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members are all 157 U.S. medical schools accredited by the Liaison Committee on Medical Education; 13 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and the millions of individuals across academic medicine, including more than 193,000 full-time faculty members, 96,000 medical students, 153,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Following a 2022 merger, the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International broadened the AAMC's U.S. membership and expanded its reach to international academic health centers.

The AAMC appreciates your longstanding leadership, focus, and dedication to health care workforce issues, and in particular the legislation's needed investments in the National Health Service Corps (NHSC), Minority Servicing Institutions (MSIs), Historically Black Colleges and Universities (HBCUs), Children's Hospitals Graduate Medical Education (CHGME), Teaching Health Center Graduate Medical Education (THCGME), Title VII and Title VIII health professions and nursing education and training programs, the expansion of rural physician training, and enhancements in telehealth. The AAMC is also a strong supporter of Medicare-supported graduate medical education (GME), the expansion of which is crucial for alleviating the physician shortage. Clearly, our messaging has resonated as it relates to those key priorities. The legislation would make laudable investments in these, and other key programs that support the training and recruitment of physicians and other health professionals.

At the same time, the AAMC must raise concerns about provisions in the legislation that would inadvertently undermine these priorities by imposing untenable cuts to teaching hospitals and health systems. The AAMC strongly opposes so-called "site-neutral" payment policy as it disregards the real differences between hospital outpatient departments (HOPDs) and physician offices or ambulatory surgical centers (ASC), including the higher costs of providing care in an outpatient hospital setting, the

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complex case mix of patients seen in hospitals, and the essential role of hospitals in medical education. These policies disregard the fact that the cost of care delivered in HOPDs is fundamentally different from other sites of care. Hospitals must have standby capacity for disasters and public health emergencies, remain open 24/7 to deliver emergency care, and are required to provide care to all patients coming to the emergency room. HOPDs also must comply with greater licensing, accreditation, and regulatory requirements than physician offices. Hospital-based clinics provide services for low-income and underserved patient populations that may not be available anywhere else in the community. In effect, these so-called "site-neutral" policies would have devastating consequences for the most vulnerable patients.

Additionally, the AAMC is deeply concerned about the use of the qualifying payment amount (QPA) outside of the context of determining individual cost-sharing for items and services covered by the balance-billing protections in the No Surprises Act. As designed by Congress, the QPA was never intended to be broadly used to establish a set limit on the amount paid to providers for services. Its deployment in this manner would disadvantage providers in contract negotiations and results in inadequate payment to providers.

The HOPD cuts included in this legislation would undoubtedly impact access to care for patients and communities and endanger teaching hospitals' and health systems' ability to provide and coordinate health care services that are otherwise unavailable to under-resourced patients. While this legislation seeks to bolster the health care workforce, these drastic cuts would endanger the financial viability of the very institutions dedicated to educating, training, and potentially employing these health care personnel. As a result, we are concerned that the unintended net effect of this legislation would be to further limit access to needed health care services. The AAMC has been vocal about our position on these issues as well – we cannot seek to build the diversity and the physician workforce by undermining the institutions and systems where the future workforce will deliver care. We ask for you to work with the AAMC, members of the committee, and other stakeholders to identify ways to strengthen the workforce but not cut the areas highlighted above.

Again, we appreciate your commitment to the health care workforce and welcome the opportunity to continue working with you to address health care challenges facing our country. If you have any further questions, feel free to contact me or my colleagues Tannaz Rasouli, Senior Director of Public Policy & Strategic Outreach (<a href="mailto:trasouli@aamc.org">trasouli@aamc.org</a>) or Leonard Marquez, Senior Director of Government Relations & Legislative Advocacy (<a href="mailto:lmarquez@aamc.org">lmarquez@aamc.org</a>).

Sincerely,

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Chief Public Policy Officer

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