

S T A T E M E N T

Of The



**ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES**

2450 N Street, NW, Washington, DC 20037-1127
Phone 202-828-0400 Fax 202-828-1125
www.aamc.org

Jordan J. Cohen, M.D., President

on

**FY 2005 APPROPRIATIONS
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Submitted to the
Subcommittee on Labor, Health and
Human Services, Education and Related Agencies
Committee on Appropriations
United States House of Representatives
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The AAMC represents the nation's 126 accredited medical schools, some 400 major teaching hospitals and health systems, and 96 professional and scientific societies representing 105,000 faculty members. The Association appreciates the opportunity to address five programs that play critical roles in assisting medical schools and teaching hospitals to fulfill their missions of education, research, and patient care: the National Institutes of Health, health professions education funding, the Agency for Healthcare Research and Quality, the National Health Service Corps, and the Council on Graduate Medical Education. The AAMC thanks the Subcommittee for its steadfast support of these programs.

National Institutes of Health – As a result of the long-standing bipartisan commitment of this subcommittee and the Congress to the NIH, we have entered an exciting new era in medicine. NIH-supported research continues to improve the health and quality of life for all Americans in dramatic ways. The diagnosis and treatment of many diseases have undergone fundamental transformations thanks to NIH-funded research. These innovations are relieving pain and suffering and enhancing the quality of life of every American family touched by disease and disability. In addition, NIH-sponsored research has had a significant economic impact. Research conducted and supported by the NIH played a major role in the development of the biotechnology and medical device industries, and strongly supports the pharmaceutical industry, and NIH innovation continues to provide the basis for their ongoing success.

If we are to sustain this momentum and continue this transformation of health, this nation must maintain its commitment to medical research. The AAMC supports the recommendation of the Ad Hoc Group for Medical Research Funding, which asks the Congress to support an increase for NIH in FY 2005 of 10 percent, which would bring the total appropriation to \$30.6 billion.

Within the NIH budget, the AAMC believes there are four major areas of concern: peer-reviewed basic biomedical and behavioral science, clinical research, research resources, and research training. Peer-reviewed, investigator-initiated basic research is the heart of NIH research. These inquiries into the fundamental cellular, molecular, and genetic events of life are essential if we are to make real progress toward understanding and conquering disease. Additional funding is needed to sustain and enhance basic research activities, including maintaining commitments to increasing support for current researchers and promoting opportunities for new investigators and bold new ideas.

It is well established that human behavior is a major determinant of the prevalence and spread of some of our most devastating communicable diseases. We simply do not have an adequate understanding about how to promote healthful behaviors (e.g., vaccination compliance, avoidance of obesity, smoking cessation) and avoid harmful behaviors (e.g., alcoholism, sexually transmitted diseases, optimal compliance with diabetes and asthma control regimens). For this reason, it is essential that NIH continues to support soundly designed and rigorously peer reviewed behavioral research, no matter how distasteful

those behaviors may be to many.

The application of the results of basic research to the detection, diagnosis, treatment, and prevention of disease is the ultimate goal of medical research. Clinical research not only is the essential pathway for applying basic research findings, but it often provides important insights and leads that identify further basic research opportunities. The AAMC supports additional funding for the continued expansion of clinical research and clinical research training opportunities, including rigorous, targeted post-doctoral training; developmental support for new and junior investigators; career support for established clinical investigators, especially to enable them to mentor new investigators; and funding the recent expansion of the educational loan repayment program for clinical researchers to the extramural community.

The AAMC supports additional funding for the NIH's National Center for Research Resources (NCRR), which provides numerous and varied resources critical to a productive, cost-effective research environment in four categories: resources for clinical investigations; instrumentation and emerging technologies; animal and other research models; and research infrastructure.

NCRR Resources for Clinical Research – The AAMC strongly supports the General Clinical Research Centers (GCRC) program, which funds 78 such clinical research centers at university-based hospitals throughout the country. The GCRCs are indispensable because they offer centralized and highly specialized resources for patient-centered research aimed at understanding disease processes and discovering better therapies and cures. This collection of highly specialized staff and resources provides a supportive environment for patients, as well as unique infrastructure for patient centered research, and it enormously facilitates progress in research on tomorrow's life-saving therapies and cures.

NCRR Instrumentation and Emerging Technologies – The Shared Instrumentation Grant (SIG) program helps researchers meet critical instrumentation needs by assisting institutions and investigators to acquire commercially available, sophisticated instrumentation that would be prohibitively expensive to support on a single grant application (awarding between \$100,000 and \$500,000 for the purchase of such equipment). These grants maximize the utility of federal research funds by allowing a number of scientists with similar large instrumentation needs to share such equipment, and promote interactions among scientists, frequently across scientific disciplines, thereby catalyzing mutually rewarding new research collaborations. Other research equipment, such as top-of-the-line mass spectrometers or confocal microscopes, cost in excess of \$1 million. The High-End Instrumentation Grant Program provides essential resources for a growing number of investigators would benefit from access to such high-end instrumentation, and must be expanded.

NCRR Animal and Other Research Models – The NCRR supports the development of

unique and highly specialized animal resources from microorganisms to nonhuman primates, including specialized laboratory animal colonies, cell lines, genetic stock, and other collections. NCRR also sponsors seven Regional Primate Research Centers and other primate resources to provide specialized facilities for more than 1,400 scientists who work with nonhuman primates as the most effective animal model in studies of reproductive medicine, geriatrics, hypertension, AIDS, vaccine development and other human health and disease problems. To address the critical need for training and career development of young veterinarians and other researchers, the NCRR has instituted special emphasis research career awards in pathology and comparative medicine to assist veterinarians motivated to pursue research careers. NCRR has also established mid-career investigator awards for veterinarians in mouse pathobiology, and is considering establishment of centers of clinical excellence in veterinary medicine, which is an urgent need in an age of structural and functional genomics.

NCRR Research Facilities – The Research Facilities Improvement Program provides grants to improve or construct research facilities, including animal facilities, at institutions funded by the Public Health Service. Congress passed legislation in 2000 that authorizes up to \$250 million annually for the construction of “21st Century” laboratories. This funding, allocated by merit review, would address perennially documented shortfalls in research space and physical plant. Federal funding is also beneficial in leveraging private philanthropy, state and municipal bond issues, and other mechanisms of debt financing.

Research training is the fourth area of concern. The AAMC supports efforts to reinvigorate research training, including developing expanded medical research opportunities for minority and disadvantaged students. For example, the volume of data being generated by the Human Genome Project, as well as the increasing power and sophistication of computing assets on the researcher’s lab bench, have created an urgent need, both in academic and industrial settings, for talented individuals well-trained in biology, computational technologies, bioinformatics, and mathematics to realize the promise offered by modern interdisciplinary research.

In addition, the Association urges the Subcommittee to provide sufficient funds to allow NIH to fulfill its commitment, articulated in March 2001, to increase stipends for graduate students and postdoctoral fellows by at least 10 percent. In particular, postdoctoral fellow stipends remain very low in view of their high levels of education and the irreplaceable contributions of these individuals to biomedical research in this country. These stipend increases are necessary if biomedical research is to remain an attractive career option for the brightest U.S. students. As post 9/11 immigration policies diminish the flow of the brightest young international scientists to U.S. laboratories, our dependence on U.S. graduates increases. Attracting the most talented students and postdoctoral fellows is essential if the United States is to retain its position of world leadership in biomedical and behavioral research.

Finally, the AAMC applauds the NIH Roadmap as an innovative effort by Director Zerhouni

to mobilize the leadership of the NIH and the medical research community to identify major needs, opportunities and roadblocks in translating the remarkable fruits of basic biomedical research into public benefit. The planning process focused on initiatives that would be accomplished best by a trans-NIH effort. They fall into three major clusters that deal with next-generation research instrumentation and tools, the creation of a multi-disciplinary workforce, and the creation of a national clinical research enterprise. Many of the specific proposals in the clinical research cluster were first developed and articulated in the Clinical Research Summit project jointly led by the AAMC, the American Medical Association, and Wake Forest University School of Medicine in 1999.

Health Professions Education – The AAMC thanks the Subcommittee for its continued support of Titles VII and VIII of the Public Health Service Act. The AAMC joins the Health Professions and Nursing Education Coalition (HPNEC) to support a FY 2005 appropriation of at least \$550 million for health professions programs. These programs work to improve the quality, geographic distribution, and ethnic diversity of the public health and health care workforce, particularly in underserved areas.

The AAMC is deeply concerned that the Administration's FY 2005 budget eliminates most of the Title VII health professions programs, calling for a 96 percent cut. The budget eliminates these critical programs at a time when shortages in the health professions leave many people without adequate access to health care. These drastic cuts will destroy essential training infrastructures at our nation's health professions schools, thus decreasing the ranks of targeted health professionals for years to come. The AAMC urges the Subcommittee to continue its commitment to the Title VII and VIII health professions programs.

The Title VII and VIII programs support the training of individuals who tend to serve in rural and other underserved areas, caring for minority and disadvantaged communities. By recruiting from, and providing training in, traditionally underserved regions, the health professions programs are filling the pipeline with well-trained providers who will be key components of the health care safety net. Graduates of Title VII and VIII-supported programs are up to 10 times more likely to practice primary care in medically underserved communities. With over 3,800 Primary Care Health Professions Shortage Areas and 60 million people living in those areas, now is not the time to deplete the few federal resources we have dedicated to bolstering the health workforce.

The Administration and Congress have placed a priority on eliminating health disparities. However, eliminating these programs will seriously hinder reaching this goal. An Institute of Medicine report released in February of this year notes the evidence supports the importance of increasing racial and ethnic diversity among health professionals, as it "is associated with improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, better patient-provider communication, and better educational experiences for all students while in training." Studies have shown that the primary care training programs under Title VII graduate up to 5 times more minority and

disadvantaged students than other programs.

Agency for Healthcare Research and Quality – The AAMC appreciates your continued support for the Agency for Healthcare Research and Quality (AHRQ) in FY 2004. Maintaining AHRQ’s funding is critical in continuing research needed to improve health care quality, access, and financing in the United States. AHRQ is the lead federal agency focused on improving patient safety, reducing health care costs, and expanding access to health care. AHRQ’s research provides the evidence-based information needed to reduce medical errors and more efficiently utilize health care resources. The AAMC, as a member of the Friends of AHRQ, is recommending \$443 million for the agency in FY 2005.

Congress and the Administration have recently asked AHRQ to undertake new and important responsibilities. The Medicare Modernization Act includes a \$53 million authorization for the agency to conduct comparative efficacy studies of health services and convene the Citizens’ Health Care Working Group. However, the President’s budget for the agency in the FY 2005 budget does not include the additional funding to complete these tasks. The President’s budget also requires that AHRQ strengthen its current investments in patient safety and health information technology—again without providing a corresponding increase in funding.

We ask that you provide a funding level of at least \$443 million for the agency. This includes the \$53 million authorized in the Medicare Modernization Act and \$86 million to ensure adequate funding for the following other high priority research needs: understanding the causes of and developing effective approaches for controlling rising health care costs; continuing to implement the Institute of Medicine’s report: *Crossing the Quality Chasm*; increasing our investment in evidence-based medicine, and strengthening efforts to translate research into practice, which becomes even more critical as we work to assure that the significant funding increases made in biomedical and clinical research actually lead to improved services for the American people.

National Health Service Corps – The National Health Service Corps (NHSC) is the most effective mechanism through which the federal government can intervene to redress the present and future inadequacies of health services delivery and inequities in health status and disease burden. The primary mission of the NHSC is to assist underserved communities to develop, recruit, and retain community-responsive, culturally competent, primary care clinicians dedicated to practicing in health professional shortage areas. Open to doctors, dentists, nurse-midwives, nurse practitioners, physician assistants, and mental health professionals practicing in primary care, the NHSC administers the NHSC Scholarship program, which provides students with funding for tuition, fees, other reasonable education expenses, and a monthly stipend in return for a minimum two-year commitment to serve in a designated area; and the Loan Repayment program, which offers fully-trained primary care providers up to \$25,000 per year for the first two years of service in a designated area.

The AAMC supports the Administration's proposal for \$205 million for the NHSC in FY 2005 for additional scholarships and loan repayment contracts that would allow for increased access to health care in underserved areas by developing new delivery sites and a larger number of clinicians providing care.

Council on Graduate Medical Education – The AAMC strongly urges continuation of funding for the Council on Graduate Medical Education (COGME). Since its inception, COGME's diverse membership has given the health policy community an opportunity to discuss national workforce issues. The fifteen formal reports and multiple ancillary materials provided by COGME have offered important findings and observations in the rapidly changing health care environment and have argued for a system of graduate medical education that develops a physician workforce to meet the healthcare needs of the American people.

In conclusion, the AAMC emphasizes the essential linkage between robust support of medical research and support for health services and public health research to ensure that the benefits of basic and clinical medical research will flow to all Americans. We appreciate the continued support the Subcommittee has given these programs and look forward to working with Subcommittee members to sustain these worthy initiatives.