The Association of American Medical Colleges (AAMC) is a not-for-profit association representing all 134 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems; and nearly 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 128,000 faculty members, 75,000 medical students, and 110,000 resident physicians. The association appreciates the opportunity to address four 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 (NIH); the Agency for Healthcare Research and Quality (AHRQ); health professions education funding through the Health Resources and Services Administration (HRSA)’s Bureau of Health Professions; and the National Health Service Corps. The AAMC appreciates the Subcommittee’s longstanding, bipartisan efforts to strengthen these programs.

National Institutes of Health – The NIH is one of the nation’s greatest achievements. The federal government’s unwavering 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 – indeed of all humankind.

The AAMC is grateful to the Subcommittee for its efforts to prioritize NIH funding in FY 2011 and supports the budget request of $31.748 billion for NIH in FY 2012. More than 83 percent of NIH research funding is awarded to more than 3,000 research institutions in every state; at least half of this funding supports life-saving research at America’s medical schools and teaching hospitals. This successful partnership not only lays the foundation for improved health and quality of life, but also strengthens the nation’s long-term economy.

The foundation of scientific knowledge built through NIH-funded research drives medical innovation that improves health and quality of life through new and better diagnostics, improved prevention strategies, and more effective treatments. NIH research has contributed to dramatically increased and improved life expectancy over the past century. A baby born today can look forward to an average life span of nearly 78 years – almost three decades longer than a baby born in 1900, and life expectancy continues to increase. People are staying active longer, too: the proportion of older people with chronic disabilities dropped by nearly a third between 1982 and 2005. Thanks to insights from NIH-funded studies, the death rate for coronary heart disease is more than 60 percent lower – and the death rate for stroke, 70 percent lower – than in the World War II era.

For example, a new ability to comprehend the genetic mechanisms responsible for disease is already providing insights into diagnostics and identifying a new array of drug targets. We are entering an era of personalized medicine, where prevention, diagnosis, and treatment of disease can be individualized, instead of using the standardized approach that all too often wastes health care
resources and potentially subjects patients to unnecessary and ineffective medical treatments and diagnostic procedures.

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 increasing support for current researchers and promoting opportunities for new investigators and in those areas of biomedical science that historically have been underfunded.

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 pathway for applying basic research findings, but it often provides important insights and leads to 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; and career support for established clinical investigators, especially to enable them to mentor new investigators.

Anecdotal evidence suggests that changes in health care delivery systems and other financial factors pose a serious threat to the research infrastructure of America’s medical schools and teaching hospitals, particularly for clinical research. The AAMC supports efforts to enhance the research infrastructure, including resources for clinical and translational research; instrumentation and emerging technologies; and animal and other research models.

Among the areas NIH has identified as ripe for investment and integral to the health of the American people is enhancing the evidence base for health care decisions. NIH’s long-standing investment in Comparative Effectiveness Research (CER) has informed the clinical guidelines that assist physicians and their patients in making better decisions about the most effective care. Knowledge from NIH-supported CER has changed the way diabetes, atrial fibrillation, hypertension, HIV/AIDS, schizophrenia, and many other conditions are treated. In addition to diagnostic and treatment trials, knowing more about the performance of disease prevention initiatives and medical care delivery will improve health.

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 genomics research, 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.

The AAMC is heartened by the Administration’s proposals to provide a four percent stipend increase for predoctoral and postdoctoral research trainees supported by NIH’s Ruth L. Kirschstein National Research Service Awards program. These stipend increases are necessary if medical research is to remain an attractive career option for the brightest U.S. students. 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.
As Raymond Orbach, former Under Secretary for Science at the Department of Energy for President George W. Bush, noted in a recent editorial in Science, “Other countries, such as China and India, are increasing their funding of scientific research because they understand its critical role in spurring technological advances and other innovations. If the United States is to compete in the global economy, it too must continue to invest in research programs.”

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, efficient, and cost-effective health care to all of its citizens. The AAMC joins the Friends of AHRQ in recommending $405 million for the agency in FY 2012.

As the lead federal agency to improve health care quality, AHRQ’s overall mission is to support research and disseminate information that improves the delivery of health care by identifying evidence-based medical practices and procedures. The Friends of AHRQ funding recommendation will allow AHRQ to continue to support patient-centered health research and other valuable research initiatives including strategies for translating the knowledge gained from patient-centered research into clinical practice, health care delivery, and provider and patient behaviors. 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 – The Title VII and VIII health professions and nursing education programs are the only federal programs designed to improve the supply, distribution, and diversity of the nation’s health care workforce. For almost 50 years, Title VII and Title VIII have provided education and training opportunities to a wide variety of aspiring health care professionals, both preparing them for careers in the health professions and helping bring health care services to our rural and underserved communities. 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. The AAMC supports the FY 2012 request of $762.5 million for these important workforce programs in the upcoming fiscal year.

Since 1963, the Title VII and Title VIII education and training programs have helped the workforce adapt to the evolving health care needs of the ever-changing American population. In an effort to renew and update Titles VII and VIII to meet current workforce challenges, the programs were reauthorized in 2010—the first reauthorization in the past decade. Reauthorization not only improved the efficiency of the Title VII and Title VIII programs, but also laid the groundwork for innovative programs with an increased focus on recruiting and retaining professionals in underserved communities.

The AAMC appreciates the Subcommittee’s longstanding support of the Title VII and Title VIII programs, as well as bipartisan recognition that a strong health care workforce is essential to the
continued health and prosperity of the American people, particularly in the face of unprecedented existing and looming provider shortages. However, recognition alone will not solve the significant disparities between the needs of the American people and the number of providers willing and able to care for them. To ensure that the nation’s already fragile health care system is able to care for the expanding elderly population; meet the unique needs of the country’s sick and ailing children and minority populations; and provide essential primary care services to the neediest amongst us, it is essential that Congress prioritize the health care workforce with a strong commitment to the Title VII and Title VIII health professions programs in FY 2012.

In addition to funding for Title VII and Title VIII, HRSA’s Bureau of Health Professions also supports the Children’s Hospitals Graduate Medical Education program. This program provides critical federal graduate medical education support for children’s hospitals to prepare the future primary care workforce for our nation’s children and for pediatric specialty care – the greatest workforce shortage in children’s health care. The AAMC has serious concerns about the president’s plan to eliminate support for this essential program in FY 2012, as well as the $48.5 million (15 percent) cut imposed on the program in FY 2011. At a time when the nation faces a critical doctor shortage and more Americans are about to enter the health insurance system, any cuts to funding that supports physician training will have serious repercussions for Americans’ health. We strongly urge restoration to $317.5 million in FY 2012.

National Health Service Corps – The AAMC lauds the commitment of the Affordable Care Act to address health professional workforce shortages by authorizing up to $535.1 million for the NHSC in FY 2012. The NHSC is widely recognized—both in Washington and in the underserved areas it helps—as a success on many fronts. It improves access to health care for the growing numbers of underserved Americans, provides incentives for practitioners to enter primary care, reduces the financial burden that the cost of health professions education places on new practitioners, and helps ensure access to health professions education for students from all backgrounds. Over its 39-year history, the NHSC has offered recruitment incentives, in the form of scholarship and loan repayment support, to more than 37,000 health professionals committed to serving the underserved.

In spite of the NHSC’s success, demand for health professionals across the country remains high. At a field strength of 7,530 in FY 2010, the NHSC fell over 24,000 practitioners short of fulfilling the need for primary care, dental, and mental health practitioners in Health Professions Shortage Areas (HPSAs), as estimate by HRSA. While the “American Recovery and Reinvestment Act of 2009” (P.L. 111-5) provided a temporary boost in annual awards, this increase must be sustained to help address the health professionals workforce shortage and growing maldistribution.

The AAMC supports the president’s FY 2012 budget request of $124 million, which returns the NHSC to FY 2008 discretionary levels. The president’s budget also assumes that the NHSC has access to $295 million in additional dedicated funding through the HHS Secretary’s CHC Fund. This additional funding is necessary to sustain the increased NHSC field strength and help address current health professional workforce shortages. The AAMC further recommends that the Subcommittee include report language directing the Secretary to provide this enhanced funding for the NHSC over the FY 2008 level, as directed under health care reform.