



Association of  
American Medical Colleges  
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July 8, 2015

The Honorable Pete Sessions  
Chairman  
Committee on Rules  
U.S. House of Representatives  
H-312 The Capitol  
Washington, D.C. 20515

The Honorable Louise Slaughter  
Ranking Member  
Committee on Rules  
U.S. House of Representatives  
H-312 The Capitol  
Washington, D.C. 20515

Dear Chairman Sessions and Ranking Member Slaughter:

The Association of American Medical Colleges is deeply concerned by Amendment No. 29 to the 21st Century Cures Act (H.R. 6) offered by Representatives Dave Brat, Tom McClintock, Scott Garrett, and Marlin Stutzman. If adopted, this amendment would make the Cures Innovation Fund to support the National Institutes of Health (NIH) and the Food and Drug Administration (FDA) discretionary, instead of mandatory. If discretionary, the Cures Innovation Fund would further divert funding for other critical discretionary health programs and activities making it even more difficult to meet America's growing health challenges in this era of austerity.

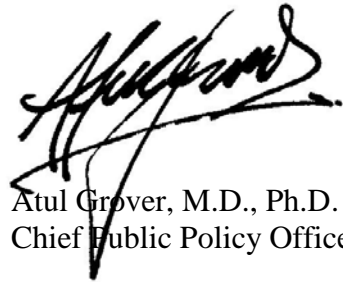
The AAMC is a not-for-profit association representing all 144 accredited U.S. allopathic medical schools, 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers, and 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 148,000 faculty members, 83,000 medical students, 115,000 resident physicians, and thousands of graduate students and post-doctoral trainees in the biomedical sciences.

The fiscal year (FY) 2016 allocation for the Labor, Health and Human Services, Education and Related Agencies Subcommittee is 2.4 percent (\$3.7 billion) less than the FY 2015 level. In addition, the programs and services funding by the "Labor-H" subcommittee have been cut by 12 percent (\$21 billion) since FY 2010, adjusted for inflation.

The draconian tradeoffs required by these cuts are evident in the appropriations bills now consideration. Discretionary increases to NIH in both the House and Senate Labor-HHS bill have necessitated deep cuts to other important health programs. For example, a \$1.1 billion increase provided to NIH in the House necessitated the termination of the Agency for Health Care Research and Quality (AHRQ), the elimination of women's preventive health services, and deep cuts to the health care workforce training. A \$2 billion increase for NIH in the Senate required deep cuts to AHRQ, community health centers, disability programs, women's preventive health services, and programs to prevent chronic diseases that are the leading causes of death in America.

Medical research is certainly a critical function of the federal government, and investments in NIH help discover cures for patients and strengthen the economy. But without a strong health workforce to treat patients, evidence about how to optimally deliver cures to patients, services that enhance patient's access to these cures, and programs that prevent disease and disability, the cures developed by NIH will fall short of their promise to improve and protect the health of all Americans. Making the Cures Innovation Fund discretionary and under the already austere, sequestered spending caps would further undermine programs that help patients get the most of new discoveries and provide necessary support while Americans await new cures. Harming patients in such a way is exactly the opposite of the intended goals of 21st Century Cures Act.

Sincerely,

A handwritten signature in black ink, appearing to read "Atul Grover". The signature is stylized and fluid, with a long horizontal stroke extending to the right.

Atul Grover, M.D., Ph.D.  
Chief Public Policy Officer

cc: Members, House Rules Committee