



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

June 25, 2019

The Honorable Richard Neal
Chairman
House Ways & Means Committee
U.S. House of Representatives
1102 Longworth House Office Building
Washington D.C. 20515

The Honorable Kevin Brady
Ranking Member
House Ways & Means Committee
U.S. House of Representatives
1102 Longworth House Office Building
Washington D.C. 20515

Dear Chairman Neal and Ranking Member Brady:

As you convene the Ways and Means Committee markup of health legislation this week, I write on behalf of the Association of American Medical Colleges (AAMC) in support of legislation to expand the physician workforce on the front lines of the opioid epidemic; to reauthorize the Patient-Centered Outcomes Research Institute (PCORI); and to facilitate additional physician training in community hospitals.

The AAMC 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 are all 154 accredited U.S. 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 more than 173,000 full-time faculty members, 89,000 medical students, 129,000 resident physicians, and more than 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

As you know, the opioid epidemic has devastated communities across the country. Through their core missions, the nation's medical schools and teaching hospitals have joined with partners in their communities to launch a comprehensive response to this public health crisis. Your leadership has been critical in advancing key policy changes to help support these efforts, but challenges remain. For example, in 2016, more than 20 million adults needed treatment for a substance use disorder, but only 11 percent received such treatment. With the nation expected to

Chairman Neal and Ranking Member Brady

June 25, 2019

Page 2

face a shortage of up to 122,000 physicians by 2032, we must address the nation's health care workforce challenges if we are to ensure every patient who seeks treatment has access to it.

The bipartisan Opioid Workforce Act of 2019 (H.R. 3414) would confront this gap directly by responsibly increasing Medicare support for physician training at teaching hospitals with new or expanded accredited residency programs in addiction medicine, addiction psychiatry, or pain medicine. This modest, targeted approach would direct resources to facilities that are qualified and eager to address the shortages in these high-need disciplines, but otherwise would be ineligible due to the twenty-plus year freeze on Medicare graduate medical education (GME) support. The AAMC joins more than 50 organizations in support of the legislation, and we strongly urge the Committee to advance the bill.

The AAMC is also pleased that the Committee will be considering legislation to reauthorize the Patient-Centered Outcomes Research Institute (PCORI) and its funding mechanism through fiscal year 2026. Since its inception in 2010, PCORI has developed a national infrastructure for clinical comparative effectiveness research through a process that engages patients and other stakeholders, standardizes methodologies, and identifies important research questions to help inform medical decision-making by patients and clinicians. The more than 600 research-related projects PCORI has supported in 44 states are generating promising evidence for improving care and patient outcomes in key areas, such as cardiovascular disease, prostate cancer, opioid prescribing, and more.

Unless Congress acts, however, future such projects by this important institute will not be possible. To build on PCORI's success to date, the AAMC strongly supports a long-term reauthorization that ensures stability in funding and enables the institute to follow through on its unique mission. In its initial 10-year authorization, PCORI has built a new paradigm for research that both integrates patient perspectives and upholds the necessary academic rigor. It also has established a deliberate focus on dissemination to help implement the outcomes of such work meaningfully into practice. The nature of research on its own requires a multi-year commitment, and fulfilling PCORI's objective of supporting both research *and* its translation into clinical practice realistically necessitates an even longer commitment. As such, the AAMC is among more than 170 organizations that support a long-term reauthorization for PCORI to help make progress against challenges that otherwise have proven intractable.

We applaud the Committee for considering legislation to extend PCORI for another seven years, and we urge the support of all Committee Members. We look forward to working with you and your colleagues to ensure that our nation is able to build on the momentum that PCORI has generated to date, at minimum, through the bill the Committee will consider this week.

Finally, the AAMC appreciates and supports the inclusion of the bipartisan Advancing Medical Resident Training in Community Hospitals Act of 2019 (H.R. 1358) as part of the Beneficiary Education Tools Telehealth Extender Reauthorization (BETTER) Act of 2019 (H.R. 3417). The nation's medical schools and teaching hospitals have long championed the principles included in this legislation that would alleviate certain barriers to establishing physician training programs in

Chairman Neal and Ranking Member Brady

June 25, 2019

Page 3

community hospitals. The bill would address a provision in the Medicare GME regulations that negatively impacts hospitals that have inadvertently, and often unknowingly, triggered the establishment of very low permanent GME resident “caps” and associated payment levels because they served as a rotation site for small numbers of residents. By correcting these technical errors, the legislation would make it possible for affected non-teaching hospitals to establish their own full-time residency programs, and make it easier for community hospitals to train more residents.

Thank you again for your leadership.

Sincerely,

A handwritten signature in black ink that reads "Karen D. Fisher". The signature is written in a cursive, flowing style.

Karen Fisher, J.D.

AAMC Chief Public Policy Officer