



Tomorrow's Doctors, Tomorrow's Cures®

# Opportunities for Collaborating on Advocacy

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Lead

**CFAS Summit**

**AAMC, Washington, DC, June 3, 2019**

**June 3, 2019**

**Karen Fisher, J.D., Chief Public Policy Officer**

**Tannaz Rasouli, Senior Director, Public Policy  
and Strategic Outreach**



Association of  
American Medical Colleges

# Academic Medicine's Missions Function Like a Four-Chambered Heart

**Patient Care**

**Education**

**Research**

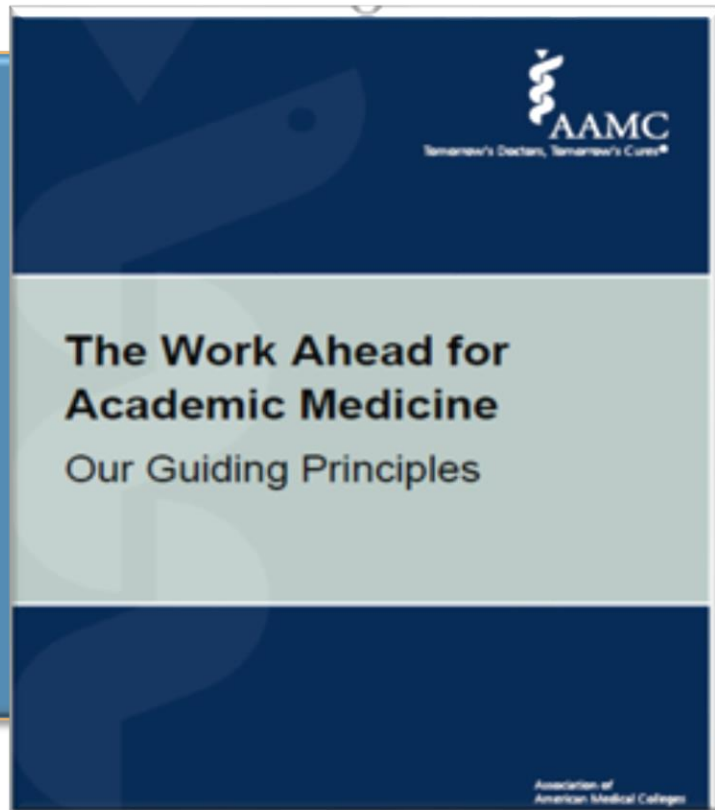
**Community**

# AAMC Advocacy Focuses on Federal Support for Academic Medicine's Missions



In tough economic and budget times these payments can be vulnerable

# AAMC Principles



**A health care system that provides high quality, cost effective care for all.**

**Medical science to prevent disease, alleviate suffering and improve quality of life.**

**A well-trained, culturally competent, diverse health care workforce improving health for all.**

# 2019 Advocacy Issues



- Lift Budget Caps
- Increase NIH Budget
- Preserve Medicaid DSH
- Protect 340B Program
- Lift Medicare GME Caps
- Strengthen HRSA Workforce Programs
- Reauthorize PCORI
- Strengthen ACA
- Address Surprise Bill
- Address Drug Pricing

# Advocates for NIH, GME Legislation



**300+ Orgs.  
Endorse \$41.6B  
for NIH in FY 2020**



**AD HOC GROUP FOR MEDICAL RESEARCH**  
*Ad Hoc Group Fiscal Year 2020 Recommendation*

The 318 undersigned members of the Ad Hoc Group for Medical Research, which represents patient groups, scientific societies, research institutions, health professionals, educators, and industry, are extremely grateful to Congress for making meaningful, reliable funding support for the National Institutes of Health (NIH) a key national priority. These investments in the NIH yield compound dividends in the form of improved health and quality of life for Americans, young and old.

For FY 2020, the Ad Hoc Group recommends an appropriation of at least \$41.6 billion for the NIH, a \$2.5 billion increase over the NIH's program level funding in FY 2019. This funding level would allow for meaningful growth above inflation in the base budget that would expand NIH's capacity to support promising science in all disciplines. It also would ensure that funding from the Innovation Account established in the 21<sup>st</sup> Century Cures Act would supplement the agency's base budget, as intended, through dedicated funding for specific programs.

As a result of the strong, bipartisan vision of Senate and House Labor-HHS-Education Appropriations Subcommittee leaders Roy Blunt, Patty Murray, Rosa DeLauro, and Tom Cole, over the last four years, Congress has helped the agency regain some of the ground lost after years of effectively flat budgets. This most welcome renewed investment in NIH has advanced discovery toward promising therapies and diagnostics, reenergized existing and aspiring scientists nationwide, and restored hope for patients and their families. To further realize the potential of medical research, we must continue this forward momentum.

We recognize that the impractical budget caps imposed by the Budget Control Act of 2011 restrict the ability of appropriators to invest adequately in critical federal priorities. To enable the FY 2020 appropriations process to advance in a timely manner, we urge Congress to swiftly reach a bipartisan budget agreement that sufficiently raises the nondefense discretionary spending caps to ensure continued scientific innovation and progress in medical research. We believe that any discretionary caps deal must treat nondefense increases similar to defense increases. We further urge a funding allocation for the Labor-HHS Subcommittee that allows for the necessary investment in NIH and other agencies that promote the health of our nation.

318 Signatories as of 04.19.19  
Academic Consortium for Integrative Medicine and Health

May 3, 2019

Dear Member of Congress:

The undersigned organizations, representing over 75 strongly encourage you to cosponsor the "The Resident of 2019" (S. 348, H.R. 1763). This bipartisan legislation Medicare support for graduate medical education (GME) physician workforce shortage. While we understand the many challenges Congress faces in the coming months, we stress the need to expand Medicare's support for physician training to ensure all Americans have access to the care they deserve.

As you may know, the demand for physicians continues to grow faster than supply, leading to a projected shortfall of between 42,600 and 121,300 physicians by 2030 with predicted shortages in both primary and specialty care. Physicians are a critical element of our health care infrastructure and workforce, and if we do not address this impending problem, patients from pediatrics to geriatrics, will find it difficult to access the care they need. While this is a serious issue for all of us, it is especially problematic because of our aging population and physician retirement. A person's need for a physician increases with age, and the U.S. population aged 65 and older is predicted to grow 50% by 2030.

America's medical schools, teaching hospitals, and their physician partners are doing their part by investing in physician and health care provider training and leading innovations in new care delivery models that are more efficient and include better use of technologies — like telehealth — that improve patient access to care. Even with these efforts, however, shortages and access challenges will persist unless we expand the physician workforce.

Though shortfalls will affect all Americans, the most vulnerable populations, like those in rural and underserved areas, will be the first to feel the impact of the deficit of physicians. We are particularly concerned for our senior population whose Medicare eligibility and utilization of health care grows daily.

We look forward to working together to support the training of future physicians and to secure the passage of this important legislation.

Sincerely,

Alliance for Academic Internal Medicine  
Alliance of Specialty Medicine

**75+ Orgs. Endorse  
Resident Shortage  
Reduction Act**

# 2019 Environment Divided Government



**Slim House Democratic Majority**  
**Slim Senate Republican Majority**  
**Veto Override = 2/3 Majorities in Both**

**Bipartisanship the Only Way to Advance Policy**

\* NC 9<sup>th</sup> Congressional District Seat Empty Until New Election Held; State Did Not Certify 2018 Election Due to Evidence of Vote Tampering

# 2019 Environment

## Very Tight Schedule



### 35 Legislative Days Until the End of FY 2019

When Both House and Senate Are in Session

- 13 additional days only Senate in session

### 63 Legislative Days Until the End of CY 2019

When Both House and Senate Are in Session

- 10 additional days only Senate in session



# 2019 Environment

## Elections Loom Over All



- **Hill, Presidential Campaigns Already Starting**
  - **22** Republican Senators Up for Re-election (3 to retire)
  - **12** Democratic Senators Are Also Up for Re-election (1 to retire)
  - **26 (2 Rs and 24 Ds)** Candidates Running for President, including **7** Current D Senators and **5** Current D Representatives
- **Every Issue Has Potential Election Implications**

# AAMC Action



## Who We Are

We are a community of 337,000 students, residents, researchers, faculty members, and others in academic medicine who advocate on behalf of patients and the doctors and nurses who are working on behalf of health care for all.

## What We Fight for

- Preventing impending doctor shortage
- Keeping teaching hospitals thriving
- Making it easier for doctors to enter public service
- Protecting and expanding NIH-funded medical research

**Our Impact: 21,000 Sent Letters to Congress, 16,000 Signed Petitions**



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# Questions - Feedback

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