



**Association of
American Medical Colleges**
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November 18, 2020

The Honorable Mitch McConnell
Majority Leader
United States Senate
S-226, United States Capitol
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
H-232, United States Capitol
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
United States Senate
S-255, United States Capitol
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
H-204, United States Capitol
Washington, DC 20515

Dear Speaker Pelosi, House Minority Leader McCarthy, Senate Majority Leader McConnell, and Senate Minority Leader Schumer:

As you consider year-end legislation necessary to address the nation's most pressing needs, I write on behalf of the AAMC (Association of American Medical Colleges), to urge you to come to agreement on and pass critical COVID-19 relief and resources to contain the pandemic; pass final appropriations to fund key health and other agencies throughout the remainder of fiscal year (FY) 2021; and extend key health policy provisions that ensure access to care for the nation's most vulnerable patients.

The AAMC is a not-for-profit association dedicated to transforming health through medical education, health care, medical research, and community collaborations. Its members are all 155 accredited U.S. and 17 accredited Canadian medical schools; more than 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and their more than 179,000 full-time faculty members, 92,000 medical students, 140,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

Containing the COVID-19 Pandemic and Mitigating Its Impact

As you know, AAMC member teaching hospitals, physicians, and scientists continue to define the front lines of this pandemic, and while their efforts are a needed cornerstone in mitigating this crisis, additional resources are necessary to effectively respond to the pandemic and provide the best care for patients.

To combat the coronavirus as we enter a period when COVID-19 hospitalizations are at an all-time high, the AAMC urges additional action in six main areas: support for a national strategy that equips providers with the tools they need; federally funded research; funding to support state and local governments; maintaining telehealth improvements; provider financial relief; and higher education. Further information is provided for each of these issues below, many of which are described in greater detail in our [April 17 letter](#) to you.

A National Strategy That Equips Providers with the Tools They Need

In July, the AAMC published [*The Way Forward on COVID-19: A Road Map to Reset the Nation's Approach to the Pandemic*](#), which recommends 11 evidence-based actions — both immediate and long-term — as a comprehensive plan to address the current crisis through a coordinated, national framework on testing, contact tracing, vaccine distribution, supply shortages, addressing health equity, and strengthening our nation's public health infrastructure, among other recommendations. Urgent action is still needed at the federal level across nearly all these areas to support local response efforts.

AAMC member teaching hospitals and medical schools see the continued urgent need to substantially increase testing of both symptomatic and asymptomatic individuals to stop the spread of the coronavirus and to inform an evidence-based timeline for returning to work. Many institutions have developed their own laboratory developed tests to assist in conducting tests rapidly and effectively. The AAMC has recommended that the U.S. set a goal of conducting a sufficient number of tests per day to maintain a positivity rate of below 3% and support for a national strategy like this is essential. Simultaneously, a robust contact tracing network is necessary to communicate new cases and prevent the spread of COVID-19. We urge lawmakers to make support for these efforts a top priority in any year-end legislative package.

Likewise, as progress towards a safe and effective vaccine continues, the government should prepare now to subsidize all elements of the vaccine distribution and utilization process, including development of the vaccine itself, distribution, administration costs, effectiveness monitoring, and transparent and reliable communications that earn the public's trust. The entire process should be structured and involve many traditional vaccine providers, including health clinics, private practices, pharmacies, and urgent care clinics. The cost to individuals should be kept as low as possible, which will require additional federal investment. To allow states and other jurisdictions to begin operationalizing their vaccination plans as soon as possible, the AAMC strongly supports inclusion of emergency funding in a year-end package.

Shortfalls in critical health care supplies at the national, state, and local levels have hampered the nation's response to COVID-19. These include shortages in laboratory testing supplies for COVID-19 and other diseases (e.g., reagents, transport media, plastic trays, sample vials, swabs for testing), personal protective equipment for frontline workers, and medications needed for COVID-19 treatment. These shortages should urgently be eliminated. For supplies and equipment, the AAMC recommends increasing production to enable health care institutions to maintain a three-day supply on premises, a 14- day supply available within a two- to three-hour drive of the facility, and a 30- day supply warehoused within a geographic region, based on the usual "burn rates." In addition, the AAMC recommends a 30-day national stockpile of critical supplies and equipment.

The AAMC also supports a robust investment in the nation's core public health infrastructure, including the Centers for Disease Control and Prevention (CDC), to effectively respond to the current crisis and prepare for future pandemics. Chronic underfunding has taken its toll on the nation's preparedness framework and under-resourced state and local health departments have been forced to manage a growing list of threats without commensurate support. Academic medical centers take seriously their role in emergency preparations and response, and a robust and strong public health infrastructure is necessary to optimize this work.

Essential to all of these recommendations is a need to take deliberate actions to support marginalized populations who have been disproportionately affected by the pandemic. The AAMC strongly recommends ensuring that any year-end legislation to address COVID-19 includes a strong emphasis on promoting health equity.

Federally Funded Research

As you know, the U.S. medical research enterprise is crucial to developing treatments, cures, diagnostics, and preventive interventions for existing and emerging diseases, and a robust research enterprise contributes to the nation's economic vitality. Research supported by the National Institutes of Health (NIH) has been playing a critical role in advancing our understanding of and countermeasures against the novel coronavirus. Given the devastating effect of the virus on multiple organ systems and various populations, additional opportunity remains to enhance current research, particularly as our knowledge about the impact of COVID-19 increases.

Additionally, in response to the pandemic, institutions suspended pre-pandemic research activities beyond critical and/or coronavirus-related research. Institutions and the research community are incurring substantial expenses to resume projects under enhanced safety protocols amidst the ongoing pandemic, with particular challenges for clinical trials, human subjects research, and the research workforce, including research trainees, postdoctoral candidates, early career faculty, and research technicians. Without additional support to recover foundational and applied research underway before the public health emergency, we risk losing ground on a wide array of issues, such as cancer, Alzheimer's disease, heart disease, and substance use disorders. Other science agencies are facing similar challenges, which poses a threat not only to our progress in scientific discovery but also to the future of our research and innovation workforce.

In addition to funding for new COVID-19-related research, the AAMC specifically recommends that Congress provide emergency supplemental appropriations to NIH and other research agencies to support the research workforce, help institutions suspend and resume research projects, extend time for research projects once they resume, and support career transitions for graduate students and postdoctoral fellows. The AAMC joined members of the higher education community most recently in a [Sept. 25 letter](#) reiterating areas of need for the research community supported by all federal research and development agencies, and we are among the more than 325 scientific and medical specialty societies, patient groups, research institutions, higher education societies, and industry members supporting the funding recommendations outlined in the bipartisan Research Investment to Spark the Economy (RISE) Act ([H.R. 7308](#), [S. 4286](#)) to address these challenges.

Provider Financial Relief and Other Related Policies

The AAMC is appreciative of the \$175 billion that Congress has allocated to the Provider Relief Fund, which has helped to address some of the challenges and financial stress the COVID-19 pandemic has placed on the health care system. However, more resources are needed to respond to the exploding number of cases across the country – particularly in existing hot spots as well as those areas that are newer “hot-spots” and did not receive Provider Relief Fund allocations based on early “hot-spot” distributions. We urge Congress to allocate additional resources to the Provider Relief Fund so that the health care system can continue to respond to the pandemic.

In the Coronavirus Aid, Relief, and Economic Security (CARES) Act ([P.L. 116-136](#)), Congress placed a moratorium on the 2% Medicare sequester authorized by the Budget Control Act of 2011 ([P.L. 112-25](#)) until Dec. 31, 2020, providing much-needed relief from these across the board payment cuts. This moratorium recognized the important role played by Medicare reimbursement in the financial wellbeing of our health care system, and we ask that Congress extend the suspension until at least the end of the public health emergency.

The AAMC also urges Congress to provide an additional increase in the Federal Medical Assistance Percentage (FMAP) by expanding on the 6.2 percentage point increase provided in the Families First

Coronavirus Act ([P.L. 116-127](#)). This increase has proven critical for states, who are struggling financially, to maintain their Medicaid programs. An additional increase beyond the initial 6.2 percentage points, along with a requirement that states spend the FMAP increase on patient care and provider reimbursement, would be a powerful way to ensure that safety-net providers have the necessary resources to care for Medicaid patients.

Additionally, teaching hospitals, physicians, and other providers take extraordinary steps to respond to the COVID-19 crisis, it is important to recognize that some providers may be thrust into new roles outside of their traditional scope of practice with limited resources or access to necessary tests or equipment. Many providers are being asked to postpone elective surgeries and other care which could ultimately lead to the possibility of missed diagnoses or delayed treatment. In these uncertain times, the AAMC urges Congress to build upon the “Good Samaritan” provisions included in the CARES Act (Sec. 3215) and extend those liability protections to all providers who provide medical services during the public health emergency.

Telehealth

We appreciate the significant actions that Congress and the administration have taken to support patients, hospitals, and physicians by providing important relief through waivers and other regulatory changes that have supported the widespread use of telehealth and other communication-based technologies during the current public health emergency. Teaching hospitals, faculty physicians, and other providers have responded to the public health emergency by rapidly implementing telehealth in their practices in order to provide continued access to medical care for their patients. At the onset of the COVID-19 pandemic, practices were providing approximately 50% of their ambulatory visits via telehealth, and currently they continue to provide about 25% of ambulatory visits by telehealth. By using telehealth, physicians have been able to monitor non-critically ill COVID-19 positive patients, follow up on patients with chronic disease who can be cared for without risking a visit to the hospital or clinic, and provide care to many Medicare beneficiaries without imposing the burden of travel.

Given the massive changes that have occurred and the improvements to patient access and patient satisfaction, we urge Congress to make permanent the current telehealth changes, including the removal of geographic and site of service restrictions, while ensuring reimbursement remains at a level that will support the infrastructure needed to continue to provide telehealth services.

One significant barrier to fully realizing the capabilities of telehealth is interstate licensure. Significant state variation with respect to licensing reciprocity and restrictions has created a barrier to fully respond to the challenges presented by the COVID-19 pandemic. The ability to provide access to care across state lines through telemedicine or by having providers temporarily re-locate to areas in need often is limited by state licensing laws. Licensure restrictions – traditionally an area of regulation left to states, especially during a pandemic – have resulted in reduced access to care for patients. Physicians are unable to treat patients across state lines unless they are licensed in the patient’s state or their state has a compact with the other state.

We support inclusion of the Temporary Reciprocity to Ensure Access to Treatment Act (TREAT Act, [H.R. 8283](#), [S. 4421](#)) as it provides important flexibility during an emergency to ensure that patients receive the care they need. This would have many important benefits for patients, including providing access and continuity of care for mental health treatment, oncology patients, and others with serious or life-threatening conditions, and allowing health systems to draw on available licensed clinicians to meet the demands of a surge as outbreaks continue to arise. The TREAT Act also would facilitate providers’ ability to respond to the next national emergency or pandemic.

State and Local Funding

It is the work of federal, state, and local governments to implement and prioritize policies and expenditures to respond to public health threats based on the CDC's professional guidance. Most public health actions are implemented at the state level; however, given the financial pressures on state and local governments due to chronic underfunding and lost revenue in the pandemic-induced financial crisis, additional federal financial assistance will be necessary to allow states to perform the necessary steps to protect the public's health during this ongoing pandemic. We urge you to provide the necessary financial relief to state and local governments so they are able to appropriately fulfill their critical public health role.

Higher Education

Due to the ongoing COVID-9 pandemic, medical school leaders face massive health and safety challenges as they continue to train our physician workforce during this highly uncertain and widely varying environment. The AAMC appreciates the increased funds to the Higher Education Emergency Relief Fund (HEERF) proposed by the House of Representatives and the Senate in their respective COVID-19 supplemental bills. However, under the proposed HEERF formulas, independent medical schools would receive less funding per student to train students during the pandemic. The AAMC urges Congress to use the formula established in the CARES Act to help institutions train the next generation of providers who will serve on the front lines of future public health crises.

Additionally, the AAMC supports loan forgiveness for health professionals during the COVID-19 pandemic, for those who are risking their lives to care for our most vulnerable patients. Congress can achieve this by providing emergency funds to the National Health Service Corps (NHSC), which provides scholarships and loan repayment options to providers serving in health professions shortage areas. The AAMC supports \$5 billion for the NHSC as proposed by the bipartisan Strengthening America's Health Care Readiness Act ([S. 4055](#)), or at least the \$800 million available through FY 2022 included in The Heroes Act ([H.R. 8406](#)).

Finalizing FY 2021 Appropriations

In addition to emergency funding to support the nation's COVID-19 response efforts, the AAMC encourages lawmakers to finalize without further delay funding levels for key health and science federal agencies.

National Institutes of Health (NIH)

Congress's longstanding bipartisan support for medical research has contributed greatly to improving the health and well-being of all Americans. The foundation of scientific knowledge built through NIH-funded research drives medical innovation that improves health through new and better diagnostics, improved prevention strategies, more effective treatments, and new cures; fortifies a reliable career path for the next generation of scientists; and boosts our global competitiveness and local and regional economies.

Now more than ever, we are seeing the value of the nation's investment in NIH-funded research, which, as described above, has been instrumental in our progress against the COVID-19 pandemic. The progress we have made against COVID-19 is rooted in a strong investment in NIH's broad portfolio over many decades. For these reasons, in addition to our recommendation above for at least \$15.5 billion in emergency funding for NIH to advance new COVID-related research and to mitigate the impact of the public health emergency on our nation's research enterprise, the AAMC urges quick enactment of a final FY 2021 spending bill with at least \$2 billion in increased funding over FY 2020 funding levels. Securing a reliable, robust budget trajectory for NIH is key in positioning the agency – and the patients who

rely on it – to capitalize on the full range of research in the biomedical, behavioral, social, and population-based sciences and develop resilience against both current and emerging threats.

Centers for Disease Control and Prevention (CDC)

The AAMC supports robust, sustained funding to begin to reverse years of chronic underfunding and support the public health system as it responds to the full panoply of public health threats and eventually rebuilds from the COVID-19 pandemic. The AAMC urges Congress to provide at least \$7.9 billion for the CDC for FY 2021.

Agency for Healthcare Research and Quality (AHRQ)

As the only federal agency with the sole purpose of generating evidence to make health care safer; higher quality; and more accessible, equitable, and affordable, AHRQ also works to ensure such evidence is available across the continuum of health care stakeholders, from patients to payers to providers. The AAMC urges Congress to provide at least \$343 million for AHRQ for FY 2021.

Health Resources and Services Administration (HRSA)

HRSA's Title VII health professions and Title VIII nursing workforce development programs allow grantees to test educational innovations, respond to changing delivery systems and models of care, and are instrumental in increasing the supply, distribution, and diversity of the health care workforce. These programs improve access to and quality of care for vulnerable populations — including elderly, children, and families living on low incomes and in rural and underserved communities. Additionally, as we face ever-changing public health threats impacting patients across the country, such as COVID-19, continued investment in Titles VII and VIII programs is essential to addressing the health challenges of today and the future.

The AAMC-led Health Professions and Nursing Education Coalition (HPNEC) recommends \$790 million for these critical workforce programs in FY 2021 and opposes the proposed elimination of the Health Careers Opportunity Program in the Senate Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) draft legislation. In addition to funding for Title VII and Title VIII, the AAMC also supports \$465 million for the Children's Hospital Graduate Medical Education program in FY 2021, which provides critical federal graduate medical education support for children's hospitals to prepare the future primary care and specialty care workforce for our nation's children. We also encourage Congress to provide \$11 million in funding to the HRSA Rural Residency Program, as included in the House Labor-HHS legislation, providing funding to rural residency tracks, and encouraging future physicians to practice in those communities.

National Science Foundation (NSF)

The NSF is the cornerstone of America's basic research enterprise, promoting scientific progress across all scientific and engineering disciplines. Basic science discoveries lay the groundwork for the medical research breakthroughs that improve the lives of all Americans. The AAMC urges Congress to provide at least \$8.55 billion for the NSF in FY 2021.

Department of Veterans Affairs (VA) Medical and Prosthetic Research Program

The VA research program supports critical veteran-centric research on the spectrum of basic, clinical, translational, and health systems research to improve not only the lives of America's veterans, but of all Americans. The AAMC urges Congress to provide at least \$840 million for the VA Medical and Prosthetic Research program in FY 2021.

Key Health Extenders and Other Policy Provisions

The AAMC greatly appreciates Congress's continued support of key health extenders and critical policies that help ensure patient access to care. As the pandemic continues to accelerate, it is more important now than ever to ensure that teaching hospitals and faculty physician practices are financially stable, and that Congress does not allow drastic payment cuts to occur. Additionally, the AAMC urges Congress to use this opportunity to enact other critical policy provisions that stand to protect, and even expand, patient access to care.

Medicaid Disproportionate Share Hospital (DSH) Funding

We are grateful that Congress recognized the importance of Medicaid disproportionate share hospital (DSH) funding by eliminating the FY 2020 cuts and reducing the scheduled FY 2021 cuts. This important program is a vital source of funding to help safety-net hospitals that provide care to a disproportionate number of low-income and uninsured patients.

We urge Congress to eliminate the \$4 billion in FY 2021 Medicaid DSH cuts that are scheduled to go into effect on Dec. 11. These cuts would be particularly harmful to major teaching hospitals, which rely on this funding to fulfill their mission of providing a wide range of critical community services and providing care to the most vulnerable patients. Medicaid DSH cuts during normal circumstances would be harmful to patients and access to care, allowing these cuts to move forward during a public health emergency would be devastating.

Postponing Medicare Physician and Health Care Professional Cuts

Additionally, the AAMC asks that Congress include the Holding Providers Harmless From Medicare Cuts during COVID-19 Act of 2020 ([H.R. 8702](#)). This critical, bipartisan legislation would halt for two years the pending evaluation and management (E/M) services payment cuts authorized in the most recent proposed calendar year (CY) 2021 Medicare Physician Fee Schedule (MPFS) rule. The changes proposed by Centers for Medicare and Medicaid Services (CMS) would increase payment for E/M services in 2021, but due to statutory budget neutrality provisions, would require payment reductions of 10.61% for other services in order to offset the additional E/M payments. This bill would provide much-needed stability for Medicare physicians and other health care professionals as they continue to respond to the pandemic and protect patients' access to care by holding harmless the services that CMS proposed cutting in the CY 2021 MPFS rule, while maintaining the increases for E/M payments.

Physician Workforce Shortages

Though immediate relief is needed now, the AAMC also urges Congress to look beyond the pandemic and to use this opportunity to address the physician shortage and ease outdated restrictions on Medicare support for graduate medical education (GME). The U.S. is expected to experience a shortage of between 54,100 and 139,000 physicians by 2033 in both primary and specialty care, and we believe that the increasing physician shortage over the last two decades has demonstrated that we need to increase the number of physicians. This shortage is being felt acutely as we mobilize on the front lines to combat COVID-19. In fact, data have shown that the U.S. has fewer practicing physicians per 1,000 people than nearly all comparable countries.

An investment is needed now to ensure an appropriate physician workforce that is able to accommodate a growing and aging population, as well as mitigate future crises. The Resident Physician Shortage Reduction Act ([H.R. 1763](#), [S. 348](#)) would take a step toward addressing the physician shortage by gradually and responsibly increasing Medicare's cap on GME by 15,000 slots over five years. We estimate that this will produce an estimated 3,750 new physicians annually when fully implemented. The

additional primary care and specialist physicians trained by lifting the cap on Medicare-supported GME will allow the U.S. to more robustly respond to the needs of patients across the country both in the near term and into the future.

Addressing Surprise Medical Bills

The AAMC asks that if Congress includes surprise medical billing legislation in end-of-year legislation, you ensure it does not further destabilize health care providers by setting payment rates in statute. We support a federal solution to surprise medical billing that takes patients out of the middle and ensures they can only be held responsible for their in-network cost sharing when they cannot reasonably control or determine the network status of their health care facility or provider. Legislative proposals that would dictate a set payment rate in statute would effectively set a payment ceiling for providers – who are still on the front lines responding to the COVID-19 pandemic – and jeopardize access to care for patients by incentivizing insurers to further narrow their networks.

HRSA “Primary Care Cliff”

The mandatory appropriations funds for the NHSC, Teaching Health Centers Graduate Medical Education (THCGME), and Community Health Centers (CHC) expire on Dec. 11, 2020. Increased funding for these programs is vital in caring for our nation's most vulnerable patients. The AAMC joins the health professions community in urging Congress to provide five years of increased mandatory funding for the NHSC, THCGME, CHC, helping ensure the long-term stability of these programs.

National Defense Authorization Act

As our country faces growing physician workforce shortages, the AAMC opposes funding cuts to the Uniformed Services University of the Health Sciences (USUHS) as well as proposals to reduce the number of military medical billets by approximately 18,000. The Department of Defense (DOD) medical school and GME programs play an important role in developing the next generation of health care providers for military servicemembers and their families. Indeed, the mission of USUHS is to “support the readiness of America’s Warfighter and the health and well-being of the military community by educating and developing uniformed health professionals, scientists and leaders; by conducting cutting-edge, military-relevant research; and by providing operational support to units around the world.” USUHS supports nearly 700 medical students, and DOD teaching hospitals support nearly 4,000 medical resident FTEs, including military and civilian medical residents that rotate through these GME positions. Not only do these programs provide unique education and training with military exposure and competencies, they also serve as a critical recruitment pipeline for military physicians and researchers.

The AAMC believes that emergency support for COVID-19 relief, final FY 2021 appropriations, and key health policy provisions must be addressed before the end of the calendar year. Addressing these key national priorities will help ensure support for public health systems as well as frontline health care providers and medical researchers at academic medical centers, as they respond to the ongoing pandemic and other daily threats. We thank you for considering our request and urge passage of these critical provisions without delay.

Sincerely,



Karen Fisher, JD
Chief Public Policy Officer
Association of American Medical Colleges