



Submitted electronically to
HELPWorkforceComments@help.senate.gov

**Association of
American Medical Colleges**
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April 9, 2021

The Honorable Patty Murray
Chair
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, DC 20510

Dear Chairwoman Murray and Ranking Member Burr:

The AAMC (Association of American Medical Colleges) appreciates the opportunity to provide comments in response to your call for stakeholder feedback regarding policy ideas to update and expand workforce training programs and encourage innovation. The COVID-19 pandemic has exposed gaps in our country's health workforce, imposed significant disruptions on the scientific workforce pipeline, and highlighted the need to strengthen our health care and research workforce infrastructure. The Health, Education, Labor, and Pensions (HELP) Committee has a strong and longstanding track record of bipartisan leadership in these areas, and the AAMC looks forward to collaborating with the Committee on policies that will create a health and research workforce that benefits all 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.

AAMC members on the front lines are continuing to experience first-hand the challenges that patients, the health care system, and the nation continue to face in combatting COVID-19. As our health and science workforce fight the current pandemic, while also addressing other existing and emerging threats, the AAMC urges Congress to consider opportunities to support and bolster our future health and research workforce. The Senate HELP Committee can help equip federal agencies, our nation's medical schools, and teaching hospitals with the resources they need to lay

the necessary groundwork to prevent or respond to the pandemic's recurrence, future public health emergencies, and provide the best cutting-edge care to patients across the country. Furthermore, funding for medical research supports not only new discoveries and better patient outcomes, but also boosts local economies AAMC-member institutions education, research, and patient care works support more than 6.3 million jobs and contribute more than \$562 billion to our nation's gross domestic product, playing a crucial role in our nations' workforce and economy.¹

Programs at the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), Department of Education (ED), and the Centers for Medicare & Medicaid Services (CMS) provide significant federal investment in the development of the health care, public health, and scientific workforces. However, more resources are needed to meet the growing demand for a diverse and inclusive workforce prepared to meet the nation's needs and promote equity.

Through the HELP Committee's leadership, Congress can ensure that federal agencies have the resources and authorities they need to enable existing and new programs to support the next generation of providers and researchers in addressing current and public health challenges and improving the health of people everywhere.

Supporting the Research Workforce

Throughout the COVID-19 pandemic, AAMC-member institutions used their capacity to lead research that resulted in successful vaccines and therapeutic candidates and to develop much-needed tests for COVID-19, while continuing to provide the world's most advanced and expert patient care informed by the latest innovations in fundamental and clinical research. However, the pandemic has resulted in major disruptions to the nation's research enterprise, impacting research progress in all disease areas.

The pandemic has taken an especially significant toll on the research workforce, including early-career investigators, scientists with caregiver responsibilities, researchers from underrepresented backgrounds, and, as highlighted in a recent report from the National Academies of Sciences, Engineering, and Medicine, on women in science, technology, engineering, mathematics, and medicine (STEMM).² Furthermore, recent results from an NIH survey of grantees show a disproportionate impact on early-stage investigators, who face anticipated negative impacts on their career trajectories; negative mental health impacts; and, decreased research productivity due to lack of access to research facilities and/or additional caregiver duties.³

¹ Brown, E., & Woollacott, J. (2018, March). Economic Impact of AAMC Medical Schools and Teaching Hospitals (Rep.). Retrieved <https://www.aamc.org/media/36036/download>

² Higginbotham, E., & Lund Dahlberg, M. (2021). Impact of COVID-19 on the Careers of Women in Academic Sciences, Engineering, and Medicine. S.I.: National Academies Press.

³ Bernard, M. A., MD, & Lauer, M. A., MD. (2021, March 25). The Impact of the COVID-19 Pandemic on the Extramural Scientific Workforce – Outcomes from an NIH-Led Survey – NIH Extramural Nexus. Retrieved from <https://nexus.od.nih.gov/all/2021/03/25/the-impact-of-the-covid-19-pandemic-on-the-extramural-scientific-workforce-outcomes-from-an-nih-led-survey/>

The AAMC is grateful to Congress for recent robust support for the NIH to begin to reverse years of effectively flat funding. The funding totals for NIH in the last six years have resulted in a renewed investment in trainees and early-stage investigators to support career transitions and efforts to build a strong and diverse research workforce pipeline. However, we are concerned that as a result of the pandemic, we risk losing those gains and delaying future progress in foundational and applied research across the NIH's broad portfolio. To ensure that we continue to see a healthy return on investment through both a healthier population and new economic activity, to support the career trajectories of graduate students, postdocs, and early-career investigators in the medical sciences, and to continue to build a diverse and robust research workforce, the AAMC recommends the following opportunities to support the medical research workforce.

Provide Emergency Supplemental Funding to Federal Research Agencies as Outlined in the RISE Act

[The AAMC, along with more than 300 organizations](#), including the U.S. Chamber of Commerce, Google, patient advocates, higher education associations, and others, strongly supports the emergency funding outlined in the Research Investment to Spark the Economy (RISE) Act (H.R. 869/S. 289). This bipartisan, bicameral bill would support approximately \$25 billion in emergency funding for federal research agencies, including \$10 billion for the NIH, to fortify our research workforce infrastructure and mitigate the impact of the pandemic on the research enterprise. While past COVID-19 relief packages considered by Congress have proposed some research recovery funding for NIH, such funding has yet to be finalized in any of the packages that have been enacted to date. Additionally, funding provided in past COVID-19 packages to institutions and students through other mechanisms, such as the Higher Education Emergency Relief Fund (HEERF), would not fully address the challenges that research agencies are facing.

Given that research trainees are early in their research careers, they are especially vulnerable to the challenges that COVID-19-related disruptions are posing for the research community. Like other grantees, cost extensions with supplemental funding would allow trainees supported on research grants to receive salary support and finish the research they were originally intending to accomplish on a grant if their research was stalled as a result of the pandemic. In addition, extending the duration of funding specifically for training awards, such as NIH's National Research Service Award fellowships and institutional training grants, would allow additional time for early-stage researchers to complete research projects and the chance to transition to the next career phase in a more stable economic environment.

The longstanding federal commitment to NIH was instrumental in advancing the underlying research for multiple safe and effective COVID-19 vaccines that were ready for distribution less than a year after the first cases were discovered in the United States. To sustain this momentum and ensure medical research continues to improve the lives of people everywhere, we must ensure NIH has the resources it needs to support trainees and researchers at pivotal points in their careers without sacrificing new investments to push the bounds of medical discovery toward new

preventive interventions, treatments, and cures. Despite Congress' extraordinary investments in NIH over the last six years, the agency still can only fund one of every five promising proposals, and NIH's purchasing power remains below its inflation-adjusted levels nearly two decades ago. The setbacks from the pandemic only heighten these challenges and threaten the nation's research and innovation capacity, as scientists look to other nations for career opportunities or reconsider a career in science altogether. In addition to sustained, robust increases in the NIH's annual appropriation, the AAMC strongly urges the inclusion of the supplemental emergency funding for federal research agencies outlined in the RISE Act to support the research workforce and mitigate the pandemic's impacts on career advancement.

Support A Larger, More Diverse STEMM Workforce

The AAMC strongly shares the NIH's commitment to end structural racism and racial inequities in medical research and is dedicated to working with the agency on this critical issue through its newly launched UNITE initiative.⁴ The AAMC believes that an inclusive workforce with individuals from historically excluded and underrepresented groups in biomedical research is essential to gather the range of perspectives needed to identify and solve complex scientific and health equity problems, including those which disproportionately affect minority populations.

The AAMC provided additional suggestions and detail on opportunities for the NIH to address racism and racial inequities in medical research [in an April 9, 2021 response to the Request for Information](#), "Inviting Comments and Suggestions to Advance and Strengthen Racial Equity, Diversity, and Inclusion in the Biomedical Research Workforce and Advance Health Disparities and Health Equity Research." Beyond the recommendations provided to the NIH and the HELP Committee through this letter, the AAMC is committed to working with its members to support a more diverse and inclusive research workforce

Support Development of Computational Skills and Engineering for Cross-Disciplinary Applications

Artificial intelligence holds immense promise for the future of medical research and patient care. Maximizing its potential will require a different skillset from the future medical research workforce compared to the current workforce. For example, medical researchers increasingly rely on computational science not only to analyze large data sets but also to design studies. Yet these high-demand skills are not traditionally prevalent among medical researchers, and it is increasingly difficult to attract qualified computational scientists into the medical research space. The AAMC encourages Congress to enable federal research agencies to increase support for the development of skills, such as computer science and engineering, to promote cross-disciplinary collaborations as medical research and the practice of medicine transform in the future.

Training a Diverse and Culturally Competent Health Workforce

With the AAMC estimating a physician shortage of between 54,100 and 139,000 physicians by 2033, we must focus on training health professionals now to help ensure that every individual

⁴ UNITE: Ending Structural Racism. (2021, March 17). Retrieved from <https://www.nih.gov/ending-structural-racism/unite>

has access to high-quality health care.⁵ The Title VII health professions workforce development programs, which are authorized under the Public Health Service Act and administered by HRSA, increase the supply, distribution, and diversity of the health care workforce, reaching over 400,000 direct participants. These programs are structured to advance new delivery systems and models of care — for example, promoting interprofessional teams and integrating mental health services with primary care. Whether developing a new curriculum to address emerging public health crises, such as substance use disorders or COVID-19, or collaborating with community leaders in educating providers to deliver culturally competent care, the HRSA Title VII programs help ensure our health workforce is at the forefront of meeting all patients' health needs.

With the COVID-19 pandemic exposing health inequities for older Americans, racial and ethnic minority communities, and economically disadvantaged individuals, the historically underfunded HRSA Title VII programs can help by recruiting and training health professionals who are more likely to come from and serve these populations. A diverse health care workforce improves access to care, patient satisfaction, and the learning environment. Studies show that the Title VII programs lead to an increased number of underrepresented students enrolling in health professions schools, heightening awareness of factors contributing to health disparities, and attracting health professionals more likely to treat underrepresented patients.⁶ Title VII programs, such as the Health Career Opportunity Program, which are kindergarten through post-baccalaureate programs that help underrepresented and disadvantaged students enter the health professions pipeline, and Centers of Excellence, which mentor and train students from underrepresented backgrounds, are crucial in cultivating a diverse health workforce.

Other HRSA Title VII programs invest in training an interprofessional workforce to help treat patients from rural and underserved locations, such as Area Health Education Centers, Behavioral Health Workforce Education and Training, and Primary Care Training and Enhancement. The Title VII Geriatrics Academic Career Awards and Geriatrics Workforce Enhancement Program train our health workforce to care for older Americans, using innovative community-based training models to fit the geriatric communities' needs. Finally, the Title VII Public Health Workforce Training Centers provide clinical training and preventive medicine residency experience for our public health workforce to help train physicians to address future public health threats in rural and underserved communities.

As our nation looks to bolster our health workforce due to the COVID-19 pandemic, increasing investment in these proven Title VII programs is a critical way to ensure providers are trained to treat the ever-changing health needs of patients. For fiscal year (FY) 2022, [the AAMC urges Congress to provide \\$980 billion for the HRSA Title VII programs](#), which would double its current funding level and help prepare a health workforce ready for the next public health emergency.

⁵Dall, T., PhD, Reynolds, R., PhD, Chakrabarti, R., Undefined, Jones, K., Undefined, & Iacobucci, W., Undefined. (2020, June). The Complexities of Physician Supply and Demand: Projections From 2018 to 2033 (Rep.)

⁶Stewart, K., Brown, S. L., Wrensford, G., & Hurley, M. M. (2020). Creating a Comprehensive Approach to Exposing Underrepresented Pre-health Professions Students to Clinical Medicine and Health Research. *Journal of the National Medical Association*, 112(1), 36-43. doi:10.1016/j.jnma.2019.12.003

Increasing Federal Support for Physician Training

Over the last two decades, a worsening physician shortage has demonstrated the need to increase the number of physicians to help ensure access to care for people both during the COVID-19 pandemic and into the future. Currently, Medicare caps the number of graduate medical education (GME) positions it supports at each teaching hospital. One key element of addressing the physician shortage and improving provider diversity is increasing Medicare support for GME, which will help boost access to high-quality care, particularly for underserved populations in rural communities and urban areas that have been disproportionately affected by the pandemic.

A broad bipartisan coalition of members of Congress worked together to provide 1,000 new Medicare-supported GME positions – the first increase of its kind in nearly 25 years – in the Consolidated Appropriations Act, 2021 (P.L. 116-260). This increase was an important initial investment, but more still needs to be done to help ensure everyone can access the primary and specialty care they need.

To meet this need, Sens. Robert Menendez and John Boozman and Majority Leader Charles Schumer introduced the [AAMC-endorsed bipartisan Resident Physician Shortage Reduction Act of 2021](#) (S. 834), which would gradually raise the number of Medicare-supported GME positions by 2,000 per year for seven years, for a total of 14,000 new slots. Much like the year-end package, these positions would be targeted to hospitals with diverse needs, including hospitals in rural areas, hospitals serving patients from federally-designated Health Professional Shortage Areas (HPSAs), hospitals in states with new medical schools or branch campuses, and hospitals already training over their caps. The legislation has broad stakeholder support and has [been endorsed by over seventy members of the GME Advocacy Coalition](#).

GME programs administered by HRSA, including Children's Hospitals GME (CHGME), Teaching Health Center GME (THCGME), and the Rural Residency Program, help increase the number of residents training in children's hospitals, Federally Qualified Health Centers (FQHC), and rural areas. The AAMC continues to urge Congress to increase its funding for these GME programs in FY 2022, including \$485 million for CHGME, and supports the \$330 million supplemental funding for THCGME in the American Rescue Plan (P.L. 117-2).

Access to Student Financial Aid and Affordable Loan Repayment Options

While medical education remains an excellent investment for students, federal programs authorized in the Higher Education Act impact our future health care workforce, particularly those from underrepresented or low-income backgrounds and first-generation students. Providing future physicians with accessible student loans, affordable repayment options, and opportunities to practice in underserved areas are crucial to recruiting students from underrepresented backgrounds.

We are concerned that capping federal borrowing below the cost of attendance – currently available through Grad PLUS loans – may discourage some from applying to medical school,

especially those from disadvantaged backgrounds. Forty percent of medical students currently rely on Grad PLUS to cover the total cost of medical school attendance.⁷ Without Grad PLUS, the neediest borrowers and non-traditional students would be forced to take out private student loans with less favorable terms to fully finance their education. A shift to the private market is an additional barrier for medical students, especially for borrowers with low credit, and creates multiple loan payments during residency training. Furthermore, Grad PLUS, with its higher interest rates and lower default rates, has been a mutually beneficial use of limited federal resources. Restoring Federal Direct Subsidized Loans and Federal Direct Perkins Loan Program for graduate and professional students would also make federal student aid more affordable by reducing interest costs for disadvantaged medical students.

Another way to help ensure that medical school remains a good investment for students is by protecting and improving Income-Driven Repayment (IDR) plans. IDR plans establish manageable monthly payments during medical residency training and allow any graduate, making any amount of income, the ability to repay any level of debt while practicing in their chosen specialty. The AAMC continues to support bipartisan efforts to consolidate IDR plans, as proposed in the 116th Congress in the College Affordability Act (H.R. 4647) and the Student Loan Repayment and FAFSA Simplification Act (S.4247), which simplify the borrowing process for borrowers as they enter repayment.

Recruiting Providers to Rural, Underserved, and Nonprofit Facilities

Through HRSA, NIH, ED, the Department of Veterans Affairs, Department of Defense, and Indian Health Service, service programs are vital in recruiting physicians and other health professionals to serve vulnerable patients. Increasing federal investment in these programs is a proven way to increase the supply of health professionals to HPSAs, nonprofit facilities, and serving vulnerable populations.

Programs such as the National Health Service Corps (NHSC) have played a significant role in recruiting primary care physicians to federally-designated HPSAs by offering scholarship and loan repayment options to those participating in the program. We are pleased Congress recognized the vital role the NHSC has in caring for our nation's most vulnerable patients by providing the program with \$800 million in supplemental funding in the American Rescue Plan. The AAMC supports continued growth for the NHSC in FY 2022 appropriations, and we urge Congress to provide a level of funding for the NHSC that would fulfill the needs of current HPSAs.

Additionally, the Public Service Loan Forgiveness (PSLF) program administered by ED encourages physicians to pursue careers that benefit communities in need. In an annual AAMC survey of graduating medical students, over one-third of 2020 medical school graduates indicate an interest in pursuing PSLF.⁸ The AAMC supports preserving physician eligibility for PSLF to

⁷ LCME: Part 1-B, Table E-3: 2018-2019 (Rep.). (n.d.). Retrieved <https://lcme.org/publications/>

⁸ Medical School Graduation Questionnaire: 2020 All Schools Summary Report (Rep.). (2020). Retrieved <https://www.aamc.org/media/46851/download>

Chair Murray and Ranking Member Burr

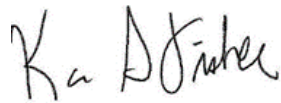
April 9, 2021

Page 8

help vulnerable patients and nonprofit medical facilities that use the program as a provider recruitment incentive.

Thank you again for your efforts to enhance the training of our nation's health workforce. We welcome the opportunity to expand on the information we have provided above and serve as a resource to you as you continue these efforts. Please feel free to contact Tannaz Rasouli, Senior Director, Government Relations, at trasouli@aamc.org, Matthew Shick, JD, Senior Director, Government Relations, at mshick@aamc.org, or me with any questions.

Sincerely,

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

Karen Fisher, JD
Chief Public Policy Officer