



**Association of  
American Medical Colleges**  
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November 4, 2022

The Honorable Chuck Schumer  
Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Nancy Pelosi  
Speaker  
United States House of Representatives  
Washington, DC 20515

The Honorable Mitch McConnell  
Minority Leader  
United States Senate  
Washington, DC 20510

The Honorable Kevin McCarthy  
Minority Leader  
United States House of Representatives  
Washington, DC 20515

Dear Leader Schumer, Speaker Pelosi, Leader McConnell, and Leader McCarthy:

As Congress deliberates policies to enact by the end of year, including funding the federal government beyond the current deadline of Dec. 16, I write on behalf of the Association of American Medical Colleges (AAMC) to urge you to ensure that any end of year legislation includes key investments and provisions to support the nation's medical schools and teaching hospitals and the communities and patients they serve.

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members comprise all 157 accredited U.S. medical schools; 14 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and nearly 80 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and the millions of individuals across academic medicine, including more than 191,000 full-time faculty members, 95,000 medical students, 149,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Following a 2022 merger, the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International broadened the AAMC's U.S. membership and expanded its reach to international academic health centers.

### **FY 2023 Appropriations**

The AAMC appreciates your efforts on the Continuing Appropriation and Ukraine Supplemental Appropriations Act, 2023 to extend fiscal year (FY) 2022 spending levels through Dec. 16. We urge you to work towards the completion of FY 2023 spending bills as quickly as possible. Timely enactment of annual spending bills is crucial to ensuring stability for key federal programs, as delays in annual spending decisions promote budget uncertainty that disrupts medical research progress, public health efforts, workforce training, and other impactful work supported by the Department of Health and Human Services (HHS). Specifically, the AAMC makes the following recommendations:

- The AAMC urges that Congress provide at least the House Appropriations Committee-approved \$47.5 billion for the National Institutes of Health's (NIH) base funding in FY 2023, and to ensure that any funding for the new Advanced Research Projects Agency for Health (ARPA-H) supplements, rather than supplants, NIH's base budget. Earlier this year, nearly 400 organizations

representing patients, scientists, health professionals, research and academic institutions, educators, and industry, outlined the need for at least \$49.1 billion for NIH's base budget in FY 2023, in addition to any funding for ARPA-H. Progress toward this goal is essential to continue advancing research breakthroughs that help people everywhere live healthier, longer lives.

- To expand efforts to strengthen the diversity, supply, and distribution of the health care workforce, the AAMC urges Congress to ensure that the final FY 2023 spending bill provides at least the higher of the funding levels proposed by the House committee-approved and Senate bills for individual Health Resources and Services Administration (HRSA) Title VII and Title VIII programs. The AAMC and nearly 100 national organizations recommended a total of \$1.51 billion for HRSA Title VII and Title VIII health workforce development programs in FY 2023.
- The AAMC urges Congress to provide robust funding for National Health Service Corps (NHSC) and Children's Hospitals Graduate Medical Education (CHGME), including a one-time \$200 million CHGME mandatory appropriation supported by the Children's Hospital Association.
- Overall, the AAMC urges adoption of a robust allocation for the FY 2023 Labor, HHS, Education, and Related Agencies spending bill to support the above recommendations and key programs and agencies across the public health continuum, including the Centers for Disease Control and Prevention. These investments play a critical role in reinforcing the nation's research and health infrastructure, preparing the nation for future public health threats, and enabling scientists at academic medical centers to advance innovative interventions, diagnostics, treatments, and cures that directly benefit patients and communities

Additionally, the AAMC continues to support the President's request for emergency supplemental funding for the nation's COVID-19 and monkeypox responses to ensure adequate supplies of vaccines, treatments, and tests; the continuation of ongoing clinical trials for new countermeasures; and bolstering preparedness against future global infectious diseases. Throughout the COVID-19 public health emergency (PHE), our member medical schools, teaching hospitals and health systems, and their faculty physicians and scientists have been active in efforts to contain and mitigate the impact of the pandemic by developing and deploying diagnostics, driving the development and administration of countermeasures, and continuing to provide quality care to their communities. The progress we have seen since the initial waves of the pandemic has been a direct result of these efforts and the tireless work of public health professionals nationwide.

However, while we undoubtedly have made inroads in our efforts to contain the pandemic, the virus continues to evolve, and ongoing vigilance will be essential to ensure that we do not lose ground while the public health emergency persists. Additionally, the emergence and spread of monkeypox has added another threat to an already taxed public health and health care system. Among the lessons of the last three years is that without an aggressive response, we risk allowing these threats to endure. We cannot risk undermining our ongoing efforts to contain COVID-19 and monkeypox by failing to fund the tools that we know will be effective in keeping our population healthy. We encourage inclusion of supplemental funds to address these public health threats in any year-end package.

In addition to appropriations, a number of other important pending policies require attention before the end of the year.

### **Strategic Investments in the Physician and Health Care Workforce**

The AAMC remains concerned about the projected shortage of up to 124,000 physicians by 2034, including shortfalls in both primary and specialty care. To help address this challenge, the AAMC supports the Resident Physician Shortage Reduction Act (S. 834/H.R. 2256), bipartisan legislation that would add 14,000 new Medicare-supported graduate medical education (GME) slots. This bill would

build upon Congress' bipartisan work and produce approximately 3,500 new physicians annually once fully implemented. Additionally, we are grateful that the Senate Finance Committee's bipartisan "Enhancing the Mental Health Workforce" discussion draft would expand support for physician training (see below). The AAMC urges you to invest in the health care workforce and provide additional Medicare support for physician training before the end of the calendar year.

The AAMC is committed to diversifying the health workforce, and supports the House Ways and Means proposed Pathway to Practice program, which would enable medical and postbaccalaureate students from rural and other disadvantaged communities who are underrepresented in the physician workforce to receive support earlier in the medical education pathway and throughout residency training. Importantly, the Pathway to Practice program prioritizes students who attended Historically Black Colleges and Universities, Minority Serving Institutions, or who participated in HRSA diversity pathway programs.

### **Addressing Mental and Behavioral Health Challenges**

The AAMC's member teaching hospitals and faculty physicians are directly involved in caring for both physical and behavioral health conditions, and they have experienced firsthand the devastating toll of the COVID-19 PHE on the nation's collective mental health and well-being. The pandemic and associated stressors have negatively impacted many people's well-being, resulting in a marked increase in the prevalence of mental health symptoms and substance use, as well as [suicidal ideation](#).<sup>1,2</sup>

We were encouraged that the Senate Finance Committee's recent bipartisan "Enhancing the Mental Health Workforce" discussion draft proposed to provide 400 additional Medicare-supported GME slots for psychiatry and psychiatry sub-specialties. In addition to the deficit of psychiatrists, shortages of other physicians and health professionals pose challenges for patients seeking mental and behavioral health services. As part of the AAMC's broader GME expansion request, we urge Congress to build on the committee's proposal by including the Opioid Workforce Act / Substance Use Disorder Workforce Act (S. 1438/H.R. 3441), which would invest in a broader array of mental and behavioral health-related specialties including addiction medicine, addiction psychiatry, pain medicine, and the associated prerequisites.

In addition to workforce shortages, we recognize that there are other barriers that prevent patients from accessing needed mental and behavioral health services, and therefore, we support other policies included in the discussion drafts released by the Senate Finance Committee. Medicaid beneficiaries face unique challenges in accessing behavioral health care, including inadequate provider networks and reimbursement policies that impede the coordination of physical and behavioral health services. For this reason, we endorse proposals to remove state-level policies that prohibit Medicaid reimbursement for physical and behavioral health services rendered on the same day and establish a demonstration model to help states strengthen mental health provider capacity. We support the inclusion of these policies in a year-end package.

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<sup>1</sup> Panchal, Nirmita, et al. "The Implications of COVID-19 for Mental Health and Substance Use." 10 Feb. 2021, <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

<sup>2</sup> Czeisler ME, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>

The AAMC also encourages enactment of the bipartisan, bicameral Mainstreaming Addiction Treatment Act (S. 445/H.R. 1384). This important legislation would suspend the outdated “X-waiver” requirement under the Drug Addiction Treatment Act of 2000, thereby expanding access to effective and evidence-based medication-assisted treatment.

### **Addressing Pending Medicare Payment Cuts**

The ongoing PHEs, coupled with additional challenges related to prevailing economic conditions, including staffing shortages and financial strain, have pushed teaching hospitals and faculty physician practices to their limits. Further compounding these concerns are looming cuts set to take effect on Jan. 1, 2023, unless Congress acts. Due to the Statutory Pay-As-You-Go (PAYGO) sequester, hospitals, physicians, and other health care providers are facing a mandated 4% Medicare payment cut. Additionally, the Centers for Medicare and Medicaid Services (CMS)’s recently proposed calendar year 2023 Medicare Physician Fee Schedule Rule included a cut to the Medicare conversion factor that amounts to approximately 4.5% to Medicare physician payment on top of the PAYGO cut. The AAMC urges Congress to avoid both of these potentially devastating Medicare payment reductions to ensure that these catastrophic cuts do not occur.

### **Extending Critical Waivers and Maintaining Access to Care**

Telehealth has proven to be a critical resource to deliver high quality patient care throughout the pandemic, particularly for patients in rural and underserved areas, individuals with disabilities, and elderly patients who have difficulty traveling. The flexibilities provided by Congress and the administration amidst the COVID-19 pandemic have transformed care delivery, and it is crucial that the advancements made in telehealth continue after the end of the PHE. The AAMC is supportive of the bipartisan, House-passed Advancing Telehealth Beyond COVID-19 Act of 2021 (H.R. 4040), which would extend through December 2024 key telehealth waivers implemented during the COVID-19 pandemic, including the removal of geographic restrictions and the expansion of originating sites for telehealth services, as well as flexibility for providers to continue to offer audio-only telehealth services. In addition, the bill would delay the requirement that a Medicare beneficiary attend an in-person visit with their provider prior to receiving behavioral health services via telehealth. The AAMC urges lawmakers to include this critical bill in end of year legislation to ensure that telehealth services can continue beyond their current expiration of 151 days after the end of the PHE.

As teaching hospitals have surged to meet the capacity demands imposed on them by the PHE, Acute Hospital Care at Home (AHCAH) Program waivers have become a valuable resource to both alleviate capacity issues and provide patients access to care. These waivers allow eligible hospitals to have regulatory flexibility to treat certain patients, who would otherwise be admitted to the hospital, in their homes and to allow such hospitals to receive Medicare payment under the Inpatient Prospective Payment System (IPPS). AAMC member teaching hospitals report positive outcomes and high patient satisfaction from their AHCAH patients. Hospitals have made robust investments in their programs with some viewing their AHCAH programs as a long-term solution to ongoing capacity issues. However, teaching hospitals and their patients face uncertainty regarding the future of the program due to its reliance on the consistent renewal of the PHE. The AAMC urges Congress to include the Hospital Inpatient Services Modernization Act (H.R. 7053/S. 3792), legislation that would extend the existing AHCAH waiver for two years after the end of the PHE, in end of year legislation.

### **Protecting Access to Diagnostics to Best Inform Patient Care**

The AAMC was pleased to see that the continuing resolution included a five-year reauthorization of the four expiring Food and Drug Administration (FDA) user fee agreements without additional policy riders like proposed legislation to provide additional FDA oversight of laboratory developed tests (LDTs). The AAMC has raised significant concerns with the provisions included in the Senate Health, Education, Labor, and Pensions (HELP) Committee-passed Food and Drug Administration Safety and Landmark Advancements (FDASLA) Act of 2022 and believes that any legislation regarding oversight of LDTs should provide adequate flexibility for academic medical centers. The development and administration of these tests are well-integrated into the continuum of patient care at academic medical centers, and they are critical to informing treatment decision-making. The language included in FDASLA would have negative impacts on the practice of medicine, the utilization of innovative diagnostics, and the delivery of timely care to patients in need.

### **Protecting Safety-Net Providers, Their Patients, and Communities**

Financial challenges are acutely felt among safety-net hospitals, which care for a disproportionate number of low-income patients, and as a result, operate on thin financial margins. Section 203 of Title II of the Consolidated Appropriations Act, 2020, changed the way that these institutions calculate their Medicaid Disproportionate Share Hospital (DSH) cap, prohibiting them from accounting for losses associated with patients who are dually eligible for both Medicaid and a third-party coverage source. Section 203 has resulted in unintended, acute financial losses for many of our safety-net members in both rural and urban communities, and we encourage you to address this issue in a year-end package.

### **Protecting Health Care Workers**

Hospital and health care workers have faced intimidation, physical attacks, and threats of violence since well before the pandemic. A research paper published in the Workplace Health and Safety journal showed that 44.4% of nurses reported experiencing physical violence and 67.8% reported verbal abuse between February and June 2020. Not only are these incidents traumatizing for providers, they also can impede care for other patients and take up limited hospital resources. Federal actions are needed to protect health care workers. The AAMC urges lawmakers to include the Safety from Violence for Healthcare Employees (SAVE) Act (H.R. 7961) in end of year legislation. This bill would create specific consequences for violence against health care workers, making it easier to properly charge offenders. Furthermore, this legislation would extend grants to hospitals for violence reduction efforts to train hospital personnel and purchase equipment to help design a safer work and care environment.

### **Improving Medicare Advantage Prior Authorization Practices**

The AAMC has significant concerns about prior-authorization practices in the Medicare Advantage program that place significant burdens on physicians and can also result in adverse effects on patient care. A study conducted by the HHS Office of Inspector General (OIG) showed 75% of initially rejected services and procedures were overturned by Medicare Advantage when appealed by providers. Having to consistently appeal these decisions only to have a majority of them overturned is inefficient and places unnecessary stress on both patients and providers. An American Medical Association (AMA) survey conducted in December 2021 found that 93% of physicians saw delays in care due to prior authorization,

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and 82% said the delays caused by prior authorization caused patients to forgo treatment altogether.<sup>3</sup> The Improving Seniors' Timely Access to Care Act of 2022 (H.R. 3173/S. 3018), which the House passed in August, would implement an electronic prior authorization program in Medicare Advantage that would simplify processes and save time for both providers and patients. The AAMC urges lawmakers to include this bill in end of year legislation to improve care for patients and relieve some burden on their physicians.

We welcome the opportunity to provide any additional feedback or information on these requests. If you have any further questions, feel free to contact me or my colleagues Tannaz Rasouli, Senior Director of Public Policy & Strategic Outreach ([trasouli@aamc.org](mailto:trasouli@aamc.org)) or Leonard Marquez, Senior Director of Government Relations & Legislative Advocacy ([lmarquez@aamc.org](mailto:lmarquez@aamc.org)).

Sincerely,



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Association of American Medical Colleges

CC:

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<sup>3</sup> American Medical Association. 2021 AMA prior authorization (PA) physician survey. <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>