

**Statement by the Association of American Medical Colleges (AAMC) on  
FY 2025 Appropriations for Programs in the Department of Health and Human Services Submitted  
for the Record to the House Appropriations Subcommittee on Labor, Health and Human Services,  
Education and Related Agencies – May 3, 2024**

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. For FY 2024, the AAMC recommends the following for federal priorities essential in assisting medical schools and teaching hospitals and health systems to fulfill their missions that benefit patients, communities, and the nation: at least \$51.3 billion for the National Institutes of Health (NIH), in addition to any funding for the Advanced Research Projects Agency for Health (ARPA-H); \$500 million for the Agency for Healthcare Research and Quality (AHRQ); \$1.51 billion for the Health Resources and Services Administration (HRSA) Title VII health professions and Title VIII nursing workforce development programs; \$758 million for the Children's Hospitals Graduate Medical Education (CHGME) program; and at least \$11.581 billion for the Centers for Disease Control and Prevention (CDC).

AAMC's members are all 158 U.S. medical schools accredited by the Liaison Committee on Medical Education; 13 accredited Canadian medical schools; approximately 400 academic health systems and teaching hospitals, 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, academic health systems and teaching hospitals, and the millions of individuals across academic medicine, including more than 193,000 full-time faculty members, 96,000 medical students, 153,000 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 participation in the AAMC by U.S. and international academic health centers.

To enable the necessary support for the broad range of critical federal priorities, the AAMC urges Congress to approve a funding allocation for discretionary spending, and, particularly, the Labor-HHS Subcommittee, that enables full investment in the priorities outlined below. The AAMC also supports the president's proposal to supplement the annual HHS investments with mandatory funding to support ongoing pandemic preparedness.

**National Institutes of Health.** Congress's longstanding bipartisan support for medical research has contributed greatly to improving the health and well-being of all, and the AAMC thanks Congress for continued support that resulted in the inclusion of \$300 million in new resources for medical research conducted and supported by the NIH in FY 2024. The foundation of knowledge built through NIH-funded research drives medical innovation that improves health through new and better diagnostics, improved prevention strategies, and more effective treatments. Over half of the life-saving research supported by the NIH takes place at [medical schools and teaching hospitals](#), where scientists, clinicians, fellows, residents, medical students, and trainees work together to improve the lives of Americans through research. This unique and highly productive relationship lays the foundation for improved health and quality of life and strengthens the nation's long-term economy. Additionally, the AAMC thanks lawmakers for recognizing the importance of retaining the salary cap at Executive Level II of

the federal pay scale in FY 2024.

In FY 2025, the AAMC joins nearly 400 partners in supporting the [Ad Hoc Group for Medical Research recommendation](#) that Congress provide at least \$51.3 billion for NIH's foundational work, which would represent an increase of \$4.2 billion over the comparable FY 2024 funding level. This funding level would allow NIH's base budget to keep pace with the biomedical research and development price index (BRDPI) and allow meaningful growth of roughly 6% above inflation. Importantly, the Ad Hoc Group strongly urges lawmakers to ensure that any additional funding the Subcommittee opts to provide for ARPA-H supplements our \$51.3 billion recommendation for NIH's base budget, rather than supplants the essential foundational investment in the NIH.

Securing a reliable, robust budget trajectory is key in positioning the agency – and the patients who rely on the research it funds – to capitalize on the full range of research in the biomedical, behavioral, social, and population-based sciences. We must continue to strengthen our nation's research capacity, solidify our global leadership in research, ensure a robust and diverse research workforce, and inspire a passion for science in current and future generations of researchers.

**Agency for Healthcare Research and Quality.** Complementing the medical research supported by NIH, AHRQ sponsors health services research designed to improve the quality of health care, decrease health care costs, and provide access to essential health care services by translating research into measurable improvements in the health care system. The AAMC joins the [Friends of AHRQ](#) in recommending at least \$500 million in funding for AHRQ in FY 2025.

**Health Professions Funding.** The HRSA Title VII and Title VIII programs educate current and future providers to serve the nation's ever-growing needs, while preparing for the health care demands of tomorrow. For decades, these programs have proven successful in recruiting, training, and supporting nurses, physician assistants, mental health providers, and other health professionals critical to addressing country's evolving health care needs.

For example, the HRSA Workforce Diversity programs have proven successful in bolstering recruitment, training, and retention of underrepresented minority students and faculty. The programs offer innovative and varied education and training experiences that allow providers to learn about backgrounds and perspectives other than their own. These programs include: Centers of Excellence (COE), which provides grants for mentorship and training programs; Health Careers Opportunity Program (HCOP), which invests in K-16 health outreach and education programs through partnerships between health professions schools and local community-based organizations; Scholarships for Disadvantaged Students (SDS), which grants scholarships for health professions students from minority and/or socioeconomically disadvantaged backgrounds; Faculty Loan Repayment, which provides loan repayment awards to retain minority health professions faculty in academic settings to serve as mentors to the next generation of providers. Despite their success and widespread interest, however, currently only 21 schools have HRSA HCOP grants and only 26 have HRSA COE grants — down from 80 HCOP programs and 34 COE programs in 2005 before the programs' federal funding was cut substantially.

The Medical Student Education Program provides grants to public institutions of higher education in the top quintile of states with a projected primary care shortage, to support graduate education for medical students preparing to become physicians. The program was established in FY 2019 and is designed to prepare and encourage medical students who are in training in the most underserved states to choose residencies and careers in primary care that serve tribal communities, rural communities, and/or medically underserved communities after they graduate. In the academic year 2022-2023, the program trained 3,680 medical students and a total of 806 medical students graduated.

We appreciate that Congress has allocated modest increases for a handful of HRSA Title VII and Title VIII programs in recent years; however, funding for many programs, including the health and nursing workforce pathway programs, has been stagnant. The AAMC joins the [Health Professions and Nursing Education Coalition \(HPNEC\)](#) in recommending \$980 million in funding for the Title VII programs, which would nearly double funding for the programs and would help HRSA address pressing health challenges, health inequities, and patients' evolving needs across America, and a total Title VII and VIII funding level of \$1.51 billion for these critical workforce programs in FY 2024. Recognizing federal budget constraints, the HPNEC recommendation for HRSA Title VII and Title VIII has not increased for four years. This proposed funding level will help address health workforce shortages in critical areas of need and shape the future health workforce at all stages of the continuum. Additionally, the newly requested Health Care Workforce Innovation program has potential in promoting innovations to address pervasive workforce challenges.

AAMC also supports \$758 million in FY 2025 for the HRSA CHGME program, which provides federal graduate medical education support for children's hospitals to train the future primary care and specialty care pediatric workforce. Likewise, we encourage the Subcommittee to provide robust funding to HRSA's Rural Residency Programs to expand training opportunities in rural areas. Another important HRSA program, the National Health Service Corps (NHSC), has also played a significant role in recruiting primary care physicians to federally designated Health Professions Shortage Areas (HPSAs) through scholarships and loan repayment options. The AAMC supports continued growth for the NHSC in FY 2025 appropriations, and we urge Congress to provide a level of funding for the NHSC that would fulfill the needs of current HPSAs.

**Centers for Disease Control and Prevention.** [The AAMC joins the CDC Coalition](#) in a recommendation of at least \$11.581 billion for the CDC in FY 2025. In addition to ensuring a strong public health infrastructure and protecting Americans from public health threats and emergencies, CDC programs are crucial to reducing health care costs and improving health. Within that total, the AAMC supports \$35 million for CDC-supported firearm safety research and providing \$25 million for firearm morbidity and mortality prevention research at the NIH in FY 2025. The AAMC also supports \$268.1 million, including \$250 million for the Community Violence Intervention initiative, for Community and Youth Violence Prevention at the CDC. Also within the CDC total, the AAMC supports increased or new funding for: Data Modernization Initiative (DMI) (\$340 million); Center for Forecasting and Outbreak Analysis (CFA) (\$100 million); and Advanced Molecular Detection (AMD) program (\$175 million).

**Additional Programs.** The AAMC also supports at least \$474 million for the Hospital Preparedness Program within the Office of the Assistant Secretary for Preparedness and Response (ASPR), in addition to \$40 million to continue the regional preparedness programs created to address emerging and other special pathogens, including funding for regional treatment centers, frontline providers, and the National Emerging Pathogen Training and Education Center (NETEC).

Once again, the AAMC appreciates the opportunity to submit this testimony and looks forward to working with the Subcommittee as it prepares its FY 2025 spending bill.