Dear Chairman Blunt, Chairwoman DeLauro, Ranking Member Murray, Ranking Member Cole, Chairman Shelby, Chairwoman Lowey, Vice Chairman Leahy, and Ranking Member Granger:

As you work to finalize funding levels for the FY 2020 Labor-HHS-Education appropriations bill, I write on behalf of the Association of American Medical Colleges (AAMC) to encourage you to provide robust funding for federal priorities that benefit patients nationwide and are essential in assisting medical schools and teaching hospitals to fulfill their missions of education, research, and patient care.

The AAMC is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Its members comprise all 154 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic societies. Through these institutions and
organizations, the AAMC serves the leaders of America’s medical schools and teaching hospitals and their 173,000 full-time faculty members, 89,000 medical students, 129,000 resident physicians, and more than 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

While we are concerned that medical research and public health agencies are currently operating under a continuing resolution (CR), we are encouraged by recent reports of agreement on the 302(b) subcommittee allocations that will allow the appropriations process to move forward. As you know, ongoing CRs create budget ambiguity that is inefficient for both the federal government and for stakeholders. Even worse, the prospect of flat or reduced full-year funding levels would delay progress toward cures and impede our ability to address critical public health challenges, jeopardizing the health of all Americans. We were grateful that passage of the Bipartisan Budget Act of 2019 offered relief from the non-defense discretionary spending caps by nearly $25 billion over FY 2019 to avoid this outcome. The AAMC strongly believes that investing in a thriving public health continuum should continue to be a top national priority, and we hope the recent agreement on subcommittee allocations paves the way to completion by the end of the calendar year of a Labor-HHS-Education spending bill with robust funding growth for several agencies and programs that are vital to improving health. To that end, the AAMC provides the following recommendations as you work to negotiate differences between the House-passed Labor-HHS-Education spending bill (H.R. 2740) and the Senate draft released on September 18, 2019.

**National Institutes of Health (NIH).** Over half of the research supported by the NIH takes place at America’s medical schools and teaching hospitals, where scientists, clinicians, fellows, residents, medical students, and trainees work side-by-side to improve health and quality of life through research. Your longstanding bipartisan leadership has been instrumental in advancing sustainable, robust funding growth for medical research.

We are immensely grateful that both the FY 2020 House-passed spending package and the Senate Appropriations Committee’s draft bill would continue the funding trajectory of recent years by providing NIH with a meaningful increase over the FY 2019 investment. **The Senate’s proposed funding level of $42.1 billion for the NIH in FY 2020** would fulfill the recommendation of the Ad Hoc Group for Medical Research and provide an even greater opportunity to expand NIH’s capacity to fund more promising research, provide support for the next generation of researchers, and allow the agency to address other critical needs. We also appreciate that **the House bill continues funding for targeted initiatives Congress has supported to date while also ensuring meaningful growth above inflation for all NIH Institutes and Centers.** The AAMC recommends a final funding level that maximizes the investment in NIH, as proposed in the Senate bill, while applying the House bill’s principle of agency-wide growth.
We are grateful that both bills maintain the salary cap for the Department of Health and Human Services (HHS) at Executive Level II as opposed to Level V of the federal pay scale, and we support the Senate language rejecting the president’s budget request to limit salary support. As you know, proposals to undermine salary support would, as described in NIH’s FY 2020 congressional justification, “limit the number of applicants with sufficient resources to participate in Federally-funded research,” and ultimately weaken research nationwide.

The AAMC also supports Section 533 of the House-passed bill, which would prevent HHS from implementing portions of its June 5 policy imposing new restrictions on extramural research with fetal tissue. The existing legal and ethical framework surrounding the use of fetal tissue in research provides rigorous and appropriate oversight, and further limitations are likely to produce a chilling effect on medical research that shows promise for potential treatments for Amyotrophic Lateral Sclerosis (ALS), spinal cord injury, Parkinson’s disease, and others.

Agency for Healthcare Research and Quality (AHRQ). Complementing the medical research supported by NIH, AHRQ sponsors health services research designed to improve the quality of care, decrease costs, and provide access to essential services by translating research into measurable improvements in the health care system. As the only federal agency with the sole purpose of generating evidence to make health care safer, higher quality, as well as 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. As a member of the Friends of AHRQ, the AAMC encourages lawmakers to provide at least the House-passed level of $358.2 million in budget authority for AHRQ in FY 2020.

Health Professions Funding. The Health Resources and Services Administration’s (HRSA) 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 address timely topics in their communities. Through loans and scholarships to students, and grants and contracts to academic institutions and non-profits, these programs fill the gaps in the supply of health professionals not met by traditional market forces. The full spectrum of Title VII programs, from workforce diversity programs to geriatric programs, prepare medical professionals to adapt to the changing needs of the nation’s aging and increasingly diverse population. The AAMC supports the Health Professions and Nursing Education Coalition (HPNEC) recommendation of $690 million for current Titles VII and VIII programs, and encourages lawmakers to provide at least the House-passed funding level of $680 million, including $20 million for the Health Careers and Opportunity Program, to help ensure the U.S. health workforce is equipped to address the nation’s health care challenges.

The AAMC also supports first-time funding at levels provided in the House-passed spending bill for two programs authorized under Title VII addressing substance use disorder (SUD). The new funding includes $25 million for the Loan Repayment Program for SUD Treatment Work, which provides loan payment options to individuals who serve in
positions designated to combat SUD, and $10 million for the Mental and SUD Workforce Training Demonstration, which would support grants to institutions and other health providers to support the training of medical residents and fellows in psychiatry and addiction medicine.

In addition to funding for Title VII and Title VIII, HRSA’s Bureau of Health Workforce also supports the Medical Student Education (MSE), National Health Service Corps (NHSC), and Children’s Hospitals Graduate Medical Education (CHGME) programs. These programs are vital in training physicians, especially in primary care in rural and underserved locations. **We encourage lawmakers to provide at least the House-passed $350 million for CHGME, $120 million for the NHSC, and $40 million for MSE programs.**

**Substance Use Disorder Education.** Under your leadership, Congress has made important investments in addressing the opioid epidemic, and ongoing support will be key in curbing this public health crisis. The AAMC supports funding provided in the House-passed bill for two new bipartisan programs established in 2018 in the SUPPORT for Patients and Communities Act (P.L. 115-271) to help prepare health professionals to prevent and address the epidemic. A total of $4 million provided in the House bill to the Substance Abuse and Mental Health Services Administration (SAMHSA) would support grants to accredited medical schools to develop curricula consistent with DATA Act waivers, as authorized under Section 3202 of the SUPPORT Act and proposed in the Administration’s FY 2020 budget request. Physicians graduating from medical education programs that integrate such curricular content would be automatically eligible for the waiver required to prescribe buprenorphine to treat patients with opioid use disorder.

The House-passed bill also provides $2 million in funding for regional centers of excellence in substance use disorder (SUD) education, as authorized under Section 7101 of the SUPPORT Act. This program would enable medical schools, teaching hospitals, and other health professions educational entities to form interprofessional and regional partnerships to develop, evaluate, and disseminate evidence-based resources that educators can use to advance medical education around substance use disorders. The House voted with near-unanimous support (408-15) to include the funding for Section 7101 in its FY 2020 spending bill. The AAMC strongly supports full funding for both Sections 3202 and 7101 of the SUPPORT Act, as approved in the House-passed package.

**Centers for Disease Control and Prevention (CDC).** To protect Americans against existing and emerging public health threats, we must ensure a strong investment in the CDC, which supports our nation’s public health infrastructure. We note that the House-passed funding level of $8.22 billion would both help sustain critical programs at the CDC while also allowing funding for new and expanded initiatives at the agency.

Within that total, the AAMC urges Congress to include the House-passed $71.95 million for the CDC Racial and Ethnic Approaches to Community Health (REACH) program, which
directly addresses racial and ethnic health disparities. With racial and ethnic minority communities disproportionately affected by chronic diseases, REACH invests in community coalitions with a history of tackling these issues and provides necessary resources to address the root causes of disparities.

The AAMC also commends House lawmakers for including $50 million for public health research into firearm morbidity and mortality. As you know, the “Dickey amendment” does not prohibit CDC from funding research on gun violence, but its inclusion nonetheless has had a chilling effect on public health research at the federal level. Gun violence – from suicides to interpersonal violence and mass shootings – is devastating families and communities across the country. As with any public health challenge, research is essential in improving our understanding of the most effective interventions to address these preventable tragedies. **The AAMC strongly urges you to include full and explicit funding for firearm morbidity and mortality research at the CDC in the final spending bill.**

**Preparedness.** The AAMC is grateful that both the House-passed and Senate draft bills would increase funding for the Hospital Preparedness Program (HPP) within the HHS Office of the Assistant Secretary for Preparedness and Response and would continue funding for the National Ebola Training and Education Center (NETEC). We also appreciate that the House-passed bill would, in addition to providing funding to continue NETEC and the 10 existing regional Ebola and other special pathogen treatment centers, provide $6 million to expand the Regional Disaster Health Response System demonstration pilots. Without continued funding for these initiatives that were established beyond the traditional HPP mechanism at the height of the Ebola crisis five years ago, we risk erosion of a new infrastructure to address former gaps in our preparedness. **The AAMC recommends providing funding both to increase the investment in the traditional HPP program and to continue the NETEC and other related initiatives in the final spending bill.**

Thank you again for your leadership and your tireless work in service to all Americans. As you move forward with a final FY 2020 spending package, we ask that you prioritize the recommendations outlined above to support our mutual goal of improving the nation’s health and well-being.

Sincerely,

David J. Skorton, MD
President and CEO

cc: Karen Fisher, JD, Chief Public Policy Officer