



**Michael D. Maves, MD, MBA**, Executive Vice President, CEO

June 25, 2008

The Honorable Robert C. Byrd  
Chairman  
Committee on Appropriations  
United States Senate  
S-131 Capitol Building  
Washington, DC 20510

Dear Chairman Byrd:

As you prepare to mark up the Fiscal Year 2009 Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) appropriations bill, the American Medical Association (AMA) would like to share the views of our physician and medical student members on funding priorities for health programs. While we understand the budget challenges faced by the Committee this year, the programs discussed below deliver considerable returns on investment and we urge the Committee to provide them with adequate funding.

Agency for Healthcare Research and Quality (AHRQ)

The AMA strongly supports AHRQ's mission to support research designed to improve health care quality and outcomes, improve patient safety, decrease health care errors, promote evidence-based decision-making, reduce costs, and broaden access to essential services. Research sponsored or conducted by AHRQ on critically-important issues such as patient safety, health care disparities, comparative effectiveness, and Methicillin-resistant *Staphylococcus aureus* (MRSA), helps to identify effective treatments and efficient approaches for financing and delivering health care services.

In order to undertake such activities, however, AHRQ needs adequate funding. Since Fiscal Year 2005, the agency has lost \$19 million in purchasing power due to inflation and years of flat funding. These funding shortfalls have made it difficult for AHRQ to fulfill its important mission, including the implementation of the Patient Safety and Quality Improvement Act of 2005 (P.L. 109-41).

**We appreciate your past support for AHRQ and urge you to provide additional resources and budget authority in 2009 to enable the Agency to fulfill its new and ongoing responsibilities.**

Health Professions and National Health Service Corps Funding

Through loans, loan guarantees, and scholarships to students, as well as grants and contracts to academic institutions and non-profit organizations, Title VII of the Public Health Service Act is an essential component of the nation's health care safety net. The Title VII program helps increase the supply of primary medical care and preventive medicine specialists and helps ensure that health care professionals are trained to provide quality care, represent the diverse makeup of the general population, and are available to communities across the country, particularly those in underserved areas.

The Title VII primary care cluster, which provides funding for general internal medicine and general pediatrics, is the only federal funding dedicated specifically to the education and training of the primary care workforce. Data indicate that Title VII-funded programs have increased the family physician workforce in rural and low income communities. While the diversity of the population of physicians-in-training and in practice is far from optimal, Title VII programs such as the Centers of Excellence, Health Careers Opportunity, Scholarships for Disadvantaged Students, Faculty Loan Repayment, and Minority Faculty Fellowship, have helped to increase the diversity of the workforce. As in past years, the President's proposed budget would eliminate all Title VII health professions education programs. These training programs are crucial to developing a well-prepared, well-distributed, and diverse health care workforce.

The National Health Service Corps (NHSC) is similarly vital to the health care of our nation. The NHSC helps recruit and retain primary care clinicians, including dental, mental, and behavioral health professionals, to make medical care accessible to the millions of people who live in communities without access to primary health care. The NHSC has a proven track record of serving the underserved in both rural and urban settings – 60 percent of its clinicians are located in rural areas, while the remainder serve urban populations in settings such as Community Health Centers (CHC), health departments, and other critical access facilities. Loan repayment programs from the NHSC have a high completion rate (over 90 percent) and tend to retain the majority of their physicians in underserved areas.

Since its creation, the NHSC consistently has received significantly more applications for positions than it is able to support with the funding provided by Congress. Funding for the NHSC has decreased by \$47 million (27 percent) since FY 2003, and the President's FY 2009 budget would reduce funding for the NHSC by 2.4 percent from the FY 2008 omnibus appropriations. Limited funding has reduced new NHSC awards from 1,570 in FY 2003 to an estimated 947 in FY 2008, a nearly 40 percent decrease.

We are deeply concerned that cuts to Health Professions programs and the National Health Service Corps will irreparably harm necessary investments in the nation's health care workforce. The AMA opposes these funding cuts, especially given current projections of serious physician shortages as the baby boomers retire and age.

**We urge the Committee to restore funding to these vital health professions programs.**

#### Public Health

The AMA is very concerned that key public health services and programs continue to be underfunded. Congress should make a substantial investment in the nation's critical public health infrastructure and public health programs and services.

Vaccines have been hailed as one of the most cost-effective public health measures, preventing disease and saving millions of lives worldwide, and all individuals should have access to them. They continue, however, to be undervalued and underfunded year after year. The AMA urges increased funding for the National Center for Immunization and Respiratory Diseases (formerly the National Immunization Program) at the Centers for Disease Control and Prevention (CDC), under Section 317 of the Public Health Service Act. This program provides vaccines for children from working families who do not qualify for the federal entitlement program, Vaccines for Children (VFC), as well as for adolescents and adults. The 317 Program is essential to ensure the timely immunization of children, adolescents, and adults, and yet funding has not kept pace with the cost to implement newly recommended vaccines for children and adolescents, and has never adequately funded vaccines for adults.

The Honorable Robert C. Byrd

June 25, 2008

Page 3

While our nation has been fortunate to date in not being confronted with a pandemic influenza outbreak, most experts believe that it is not a question of if, but when, the United States will face another influenza pandemic. We must ensure that funding is adequate to enable the CDC to continue important programs related to biosurveillance, upgrading state and local influenza pandemic preparedness activities, and bolstering the Strategic National Stockpile. In addition, our nation continues to face natural and manmade disasters, as illustrated by the recent flooding in the Midwest. Congress should fully support the needs of emergency preparedness programs and activities. Finally, we urge increased funding for training of public health physicians through the CDC's Epidemic Intelligence Service program, which serves a critical role in training epidemiologists.

We also urge adequate funding for CDC's core public health programs, such as research on the impact and health care costs of family violence and elder mistreatment. Similarly, we urge funding for the CDC's National Center for Injury Prevention and Control to establish a network of consortia on the medical aspects of child abuse and neglect. We also support adequate funding for Title X family planning programs.

**Public health agencies and programs are the nation's primary investment in disease prevention and health promotion, and play a crucial role in slowing the growth of health care costs, reducing health disparities, and improving the quality of life for millions of Americans. We urge you to provide adequate funding for these and other important public health programs.**

#### National Institutes of Health (NIH)

The AMA appreciates past Congressional support for doubling the nation's investment in promising research supported and conducted by the NIH, which has resulted in critical new discoveries in the treatment of diabetes, hypertension, and depression, as well as in understanding the genetic factors in Alzheimer's Disease. However, funding for NIH research has remained flat for the last five years, thereby discouraging young scientists from pursuing careers in research and jeopardizing medical innovations and cures. With rising levels of obesity, diabetes and other chronic diseases, and an aging population, sustained support for NIH research programs is more important than ever.

**We urge the Committee to make the necessary investment in NIH to maintain progress in biomedical research advances and medical innovation.**

#### Conclusion

We appreciate your leadership on health appropriations issues, and thank you for considering our comments. We look forward to working with you to ensure that our citizens are as healthy as possible.

Sincerely,

A handwritten signature in black ink that reads "Mike Maves". The signature is written in a cursive, flowing style. To the right of the signature is a vertical red line.

Michael D. Maves, MD, MBA