IMMEDIATE ACTION REQUESTED: Contact Congress on Key Legislation
December 2019

With a continuing resolution (CR) maintaining funding for federal programs until December 20, Congress has just three weeks to finalize "must-pass" federal funding bills and other legislation that would affect AAMC-member medical schools and teaching hospitals, and the patients they serve. AAMC urges you to work with your government relations staff to contact both Members of Congress and congressional staff to weigh in on critical bills and provisions, specifying their impact on your patients and institutions. Reaching out to all Members of Congress is critical, particularly to those in leadership and on key committees (see relevant committees for each issue below and committee membership lists in attached document).

Below is background information and brief talking points on key issues Congress is likely to address before the end of the year. Please feel free to contact Karen Fisher, JD, AAMC Chief Public Policy Officer, at kfisher@aamc.org, or AAMC Government Relations at advocacy@aamc.org, with questions and feedback. Thank you in advance for your efforts to engage Congress on these critical issues!

Fiscal Year (FY) 2020 Appropriations (House and Senate Labor-HHS Subcommittees)
AAMC is concerned that medical research and public health agencies are currently operating under a CR, which creates 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. AAMC provides the following recommendations as appropriators negotiate differences between the House-passed FY 2020 Labor-HHS-Education spending bill (H.R. 2740) and the Senate draft bill.

- **National Institutes of Health (NIH)** – Urge Congress to support the Senate's funding level of a $3 billion increase to $42.1 billion for NIH, while applying the House bill's principle of agency-wide growth.
- **Agency for Healthcare Research and Quality (AHRQ)** – Encourage lawmakers to provide at least the House-passed level of $358.2 million in budget authority for AHRQ in FY 2020.
- **Health professions training** – Urge Congress to support the House-passed funding level of $680 million for Title VII and VIII health professions and nursing programs, including $20 million for the Health Careers and Opportunity Program (HCOP).
- **Substance use disorder (SUD) education** – Ask Congress to provide the $4 million included in the House bill to the Substance Abuse and Mental Health Services Administration (SAMHSA) that would support grants to accredited medical schools to develop curricula to address SUD. Also urge support for $2 million in funding for SAMHSA-supported regional centers of excellence in SUD education.
- **Centers for Disease Control and Prevention (CDC**) - Urge 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. Also, strongly urge lawmakers to include $40 million for public health research into firearm morbidity and mortality research at CDC.

- **Preparedness** – Ask Congress to provide funding increases for the Hospital Preparedness Program (HPP) within the HHS Office of the Assistant Secretary for Preparedness and Response and continue funding for the National Ebola Training and Education Center (NETEC) and related initiatives.

Patient-Centered Outcomes Research Institute (PCORI) (House W&M, E&C; and Senate Finance)
PCORI is an independent non-government entity that supports clinical comparative effectiveness research through a process that engages stakeholders, standardizes methodologies, and identifies important research questions to help inform medical decision-making by patients and clinicians. As institutions that both generate and use patient-centered outcomes research, medical schools and teaching hospitals are among the most frequent PCORI awardees and can help integrate PCORI research into practice.

- Urge Congress to renew PCORI's authorization for another 10 years. Fulfilling PCORI's objective of supporting both research and its translation into clinical practice necessitates a longer commitment. A short-term reauthorization would undermine the ability of PCORI to continue this unique focus.

Opioid Workforce Act (H.R. 3414/S. 2892) (House W&M, E&C; Senate Finance)
Amid the opioid crisis, the nation faces a shortage of up to 121,900 physicians by 2032. In 2018, only 11% of individuals with a substance use disorder received treatment and 50 million Americans battled chronic pain. To help address this challenge, the bipartisan Opioid Workforce Act (H.R. 3414/S. 2892) would make available 1,000 new residency positions to teaching hospitals that have, or are in the process of establishing, approved residency programs in addiction medicine, addiction psychiatry, or pain medicine.

- Urge legislators to cosponsor the Opioid Workforce Act introduced by Reps. Brad Schneider (D-Ill.), Susan Brooks (R-Ind.), Ann Kuster (D-N.H.), and Elise Stefanik (R-N.Y.) in the House and Sens. Maggie Hassan (D-N.H.) and Susan Collins (R-Maine) in the Senate. They also should urge House and Senate leaders to include this bill in any year-end legislative package. To cosponsor the bill, congressional offices should contact: Vic Goetz, vic.goetz@mail.house.gov (Rep. Schneider), Erin McMenamin, erin.mcmenamin@mail.house.gov (Rep. Brooks), Marisa Salemme, marisa.salemme@mail.house.gov (Rep. Kuster), or Ben Nyce, ben.nyce@mail.house.gov (Rep. Stefanik). For the Senate bill contact: Ian Hunter, ian_hunter@hassan.senate.gov (Sen. Hassan) or Amy Pellegrino, amy_pellegrino@aging.senate.gov (Sen. Collins).
- On December 5, the AAMC will host a GME Day of Action bringing together health care stakeholders to urge Congress to pass the Opioid Workforce Act. Please use the AAMC-developed GME Day of Action Toolkit in your outreach efforts, and **invite your congressional delegation to attend the GME Day of Action briefing on December 5 at 9 a.m. in Rayburn House Office Building Room 2075.**

Medicaid Disproportionate Share Hospital (DSH) Program (House E&C; Senate Finance)
Unless Congress acts before December 20, Medicaid DSH funding to safety net hospitals will be reduced by $44 billion in FYs 2020-2025, forcing hospitals to reduce critical health care services to the nation's most vulnerable patients. AAMC-member teaching hospitals provide a disproportionate

amount of care to Medicaid patients and provided nearly $10.5 billion in uncompensated care in 2017.

- Urge legislators to support the House Energy and Commerce Committee's bipartisan legislation to eliminate the scheduled cuts for FYs 2020 and 2021 and reduce the cuts in FY 2022.

Surprise Medical Bills (House E&C, Ways & Means, and Education & Labor; Senate HELP)
Congress is considering several legislative policies seeking to protect patients from surprise medical bills, drive down health care costs, and increase transparency. The AAMC supports bipartisan efforts to address these issues. However, separate bills passed by the Senate HELP and House Energy and Commerce Committees include a geographic median in-network benchmark rate for payments to providers to resolve out-of-network surprise medical bills. The AAMC opposes Congress setting a benchmark rate in statute and is urging Congress overall and the other committees of jurisdiction (House Ways and Means and Education and Labor) to choose a different approach that does not include a statutory rate, includes arbitration, and recognizes teaching hospital and academic physician missions.

- Urge Congress not to set a payment rate in statute to resolve surprise bills. A statutory rate would be particularly damaging for teaching hospitals and affiliated physicians, which on average can be more expensive than other hospitals due to the complexity of their patients, their unique facilities and services, and their education and research missions. Also, setting a rate in statute will effectively set a payment "ceiling" that would likely result in efforts to reduce payments in the next contractual negotiations, including for already in-network physicians and facilities.
- Urge support for arbitration to address payment discrepancies between providers and insurers, commonly referred to as independent dispute resolution (IDR). Providers and insurers should utilize an arbitrator to determine the payment for out-of-network claims, while holding the patient harmless.
- State firm opposition to setting a benchmark rate in statute; however, if Congress ultimately moves forward with this approach, the legislation must also require the Department of Health and Human Services (HHS) to account for high-acuity and teaching hospitals and physicians when establishing the rate - similar to Rep. Doris Matsui's (D-Calif.) amendment in the House Energy and Commerce bill. This is not a formal endorsement of the amendment, but it is critical to address academic health centers' unique services and higher costs should Congress decide to move forward with a rate. Any limitations regarding arbitration also should account for the unique rules and missions of teaching hospitals and physicians.
- Urge Congress to reject section 302 of the Senate Health, Education, Labor, and Pensions (HELP) bill that would prohibit anti-tiering/steering and all-or-nothing clauses in provider-insurer contracts. These clauses are critical for many teaching hospitals to ensure patients continue to access the important services they provide. While the contracting provisions were not included in the E&C-passed legislation, CBO has scored section 302 as a "saver" so it could be viewed as an attractive "pay-for" for other policies.