

**Testimony Prepared by the Society of General Internal Medicine
Submitted for the record to the House Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
April 9, 2025**

The Society of General Internal Medicine (SGIM) appreciates the opportunity to provide outside witness testimony to the House Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) for the Fiscal Year (FY) 2026 Labor-HHS appropriations bill. We appreciate your consideration of the following requests:

- Restore the Agency for Healthcare Research and Quality (AHRQ) and appropriate \$369 million for the agency;
- Appropriate \$48.6 billion for the National Institutes of Health (NIH), including proportionate increases for the National Center for Translational Sciences and the National Institute on Minority Health and Health Disparities; and
- Appropriate at least \$10.5 billion for the Health Resources and Services Administration (HRSA), including \$980 million for the Title VII Health Professions Training Programs.

SGIM is a member-based medical association of more than 3,300 of the world's leading general internal medicine physicians, who are dedicated to delivering high-quality clinical care for adults of all ages, especially those with multiple chronic diseases who would benefit from having a physician to coordinate a comprehensive approach to their care. As such, we recommend that the Labor-HHS Subcommittee address the following priorities to support the delivery of high-quality coordinated primary care to reduce the burden of chronic diseases and improve the health of all Americans.

AHRQ Is Vital to Supporting a High Performing Healthcare System

Primary care is critical to a high-performing healthcare system to keep people healthy and is already facing serious challenges, including a persistent workforce shortage that limits Americans' access to comprehensive primary care. Data show that supporting comprehensive primary care is the most efficient way to improve Americans' health. However, the reorganization of HHS, including the merger of AHRQ with the Office of the Assistant Secretary for Planning and Evaluation to create a new Office of Strategy, will further threaten primary care.

This merger and elimination of most of AHRQ's functions represents an illegal rescission of funding and elimination of an authorized agency. AHRQ's health services research portfolio improves the quality, efficiency, and safety of health care in this country; its loss will result in devastating consequences. To make health care more effective and safer, AHRQ-supported health services research provides information on interventions and therapies that can meaningfully improve care delivery, avoid preventable harms, and control costs. AHRQ plays a vital role in enhancing patient safety, reducing serious safety events and preventing infections. AHRQ-supported strategies reduced serious safety events by 65% in a Maryland/DC health system. It also reduced patient falls by 25% in a Mississippi medical center, saving approximately \$238,000. Additionally, AHRQ's National Center for Excellence in Primary Care Research is the only dedicated research entity that focuses on innovation in primary care, which plays an integral role in improving Americans' health and reducing the burden of chronic

diseases. AHRQ's loss will have harmful effects on the health care that people receive and move the country further from its goal of improving Americans' health and reducing the burden of chronic disease.

Therefore, SGIM urges this subcommittee to ensure that the administration retains AHRQ and all its functions, and to appropriate \$369 million in FY 2026 to allow the agency to deliver on its mission to enhance the quality, appropriateness, effectiveness, and safety of health services through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health system practices, including the prevention of diseases and other health conditions. Additionally, this will allow AHRQ to invest further in primary care research, which is an investment in health of individuals as well as in the overall well-being and economic stability of communities nationwide. Enhanced primary care services lead to better health outcomes, reduced healthcare costs, and decreased hospitalizations and emergency department visits. This investment would acknowledge the pivotal role of primary care in achieving a healthier future for all Americans. Should Congress agree with the administration that AHRQ should not remain an independent agency to improve efficiency across HHS, SGIM urges this subcommittee to work with your colleagues on the Committee on Energy and Commerce and the administration to ensure that the agency's essential scientific functions are preserved.

Ensure that the United States Continues to be the World's Leader in Biomedical Research

Robust, sustained, and predictable funding is important for all biomedical research. SGIM requests that Congress appropriate at least \$48.6 billion in funding to NIH and proportional increases for the National Center for Advancing Translational Sciences and the National Institute on Minority Health and Health Disparities. This would build on Congress' recent investments in NIH that have allowed for advances in discoveries toward promising therapies and diagnostics, supported current and new scientists nationwide, and advanced the potential of medical research. It will also allow NIH to continue to support the Clinical and Translational Science Awards, which are critical to growing the physician-scientist workforce.

SGIM urges members of the Labor-HHS subcommittee to ensure that NIH continues to use the funds appropriated for its work as intended and to reject grant cancellations that will undermine progress in developing new therapies to address the chronic disease epidemic and the future biomedical research workforce. Should unlawful rescissions be enacted, NIH is at risk of not being able to support the foundational, high-risk research that is typically not supported by industry, which will slow scientific progress to address the country's growing chronic disease epidemic. Besides the research itself, federal funds support NIH's education and research opportunities for the next generation of investigators. For physician-scientists, these training programs are particularly impactful given the time and financial commitments required to pursue a career in medicine.

Furthermore, cuts to NIH funding will result in fewer R01s – the most used grant program for independent research projects. Projects funded by R01s produce results that are specific and actionable as the grants focus on a “discrete” problem. Additionally, applicants must provide a “public health relevance” statement that makes the connection between the subject to be studied and a direct benefit to public health. Investment in clinical trials is also at risk, which would result in less fundamental discovery research, slower progress delivering new innovations and

life-saving advances, and erosion of U.S. leadership in biomedical research. Therefore, SGIM urges this subcommittee to continue its bipartisan commitment to NIH and ensure that the funds appropriated continue to advance discoveries to improve the health of all Americans.

Support a Robust Primary Care Workforce

The National Center for Health Workforce Analysis projects a shortage of 87,150 primary care physicians in 2037, including a shortage of 28,890 general internal medicine physicians.¹ In the same time frame, the number of internal medicine physicians will meet just 76% of the overall demand for care, and a mere 42% of the demand in rural areas.² Data and research show that half as many medical residents are choosing a career in general internal medicine compared to 10 years ago.³ This decline is exacerbated by the large portion of the primary care physician workforce nearing retirement,⁴ rising healthcare demands from an aging population, and increasing physician burnout and administrative burden, and insufficient reimbursement.⁵ To make America truly healthy, we must reverse these trends by increasing federal investment to train and prepare new primary care physicians to meet the nation's growing healthcare needs.

HRSA plays a key role in supporting the health care workforce, ensuring that providers are available to Americans who live in rural and underserved areas. The future of this work is now in question as the HHS' recently announced reorganization folds HRSA into the New Administration for a Health America (AHA). While the new entity will have divisions to support the health care workforce and primary care, it is not clear that it will incorporate all the vital work currently being supported by HRSA. For these reasons, SGIM urges the subcommittee to support no less than \$9.17 billion in FY 2026 to support HRSA's activities and programs that are essential to protect the health of all Americans.

Additionally, the HRSA Title VII Health Professions Training Programs have a long history of supporting primary care physicians' training and providing health care to communities with limited access to care. These programs improve the supply and distribution of the primary care workforce and train the next generation of health professionals to meet our nation's growing health care needs. Specifically, the Primary Care Training and Enhancement (PCTE) program supports a workforce that delivers comprehensive primary care services, which we know leads to better health outcomes and lower costs.^{6,7,8} For these reasons, we urge you to support \$580.3 million in funding for the Title VII programs, including \$ 49.9 million for the PCTE program in FY 2026.

¹ <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand>

² <https://data.hrsa.gov/topics/health-workforce/workforce-projections>

³ Paralkar N, LaVine N, Ryan S, et al. Career Plans of Internal Medicine Residents From 2019 to 2021. *JAMA Intern Med.* 2023;183(10):1166–1167. doi:10.1001/jamainternmed.2023.2873

⁴ <https://www.aamc.org/data-reports/workforce/data/active-physicians-age-specialty-2021>

⁵ https://www.definitivehc.com/sites/default/files/resources/pdfs/Addressing-the_healthcare-staffing-shortage.pdf

⁶ <https://www.healthaffairs.org/content/forefront/primary-care-investment-key-improving-population-health-and-reducing-disparities>

⁷ <https://pubmed.ncbi.nlm.nih.gov/30776056/>

⁸ <https://pubmed.ncbi.nlm.nih.gov/20439859/>