

Written Testimony
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Submitted for the record to the Senate Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
May 22, 2026

The Society of General Internal Medicine (SGIM) appreciates the opportunity to provide outside witness testimony to the Senate Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) for the Fiscal Year (FY) 2027 Labor-HHS appropriations bill. We appreciate your consideration of the following requests:

- Appropriate no less than \$500 million for the Agency for Healthcare Research and Quality (AHRQ)
- Appropriate at least \$51.3 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
- 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
- Include provisions that the Department of HHS shall support staffing levels necessary to fulfill its statutory responsibilities, including carrying out programs, projects, and activities funded in FY27; and
- Ensure that NIH continues to release the funds appropriated for its work as intended and in a timely manner

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

Data show that supporting comprehensive primary care is the most efficient way to improve Americans' health. However, primary care faces serious challenges, including a persistent workforce shortage that limits Americans' access to comprehensive primary care.

Reorganization of HHS as proposed by the FY 2027 President's Budget, including consolidation of AHRQ, the Office of the Assistant Secretary for Planning and Evaluation, and the Center for Disease Control and Prevention (CDC)'s National Center for Health Statistics to create a new Office of Strategy, will further threaten primary care.

This consolidation that eliminates most of AHRQ's functions represents an illegal rescission of funding and elimination of an authorized agency. Congress decisively rejected this consolidation last year and funded AHRQ at \$345 million. We urge you to reject this proposal again for the administration to retain all AHRQ's functions in AHRQ as an independent agency.

Unfortunately, AHRQ has released only about 5-7% of the appropriated funds for awarded grants in FY26 since last September after failing to spend \$80 million in Congressionally-approved funds in FY25. They have additionally failed to allocate hundreds of millions of mandatory dollars through the PCOR trust fund, as required by law. Adding further alarm, the agency has lost a significant portion of its staff. Some reports indicate that about 90 staff remain at AHRQ, which previously employed 300 staff, a 70% decrease.¹ In the FY26 appropriations that was signed into law, Congress required minimum staffing at HHS agencies to carry out their mission and execute on the appropriations. However, we have concerns that the agency is not showing any signs of attempting to recruit staff necessary to fulfill its statutory responsibilities. We urge you to hold AHRQ accountable and ensure that the agency follows the directives of Congress.

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, include provisions that the Department of HHS shall support staffing levels necessary to fulfill its statutory responsibilities, including carrying out programs, projects, and activities funded in FY27, and appropriate \$500 million in FY 2027 to allow the agency to deliver on its mission to enhance the quality, appropriateness, effectiveness, and safety of health services. The increased funding for AHRQ will allow further investment 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.

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 \$51.3 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.

¹ <https://rollcall.com/2026/04/07/nobody-answers-the-unraveling-of-a-patient-care-research-agency/>

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. Although FY 2026 appropriations were enacted on February 3, OMB did not approve NIH funding apportionment until mid-March, delaying grant funding nationwide. At the same time, slow release of new notice of funding opportunities (NOFOs) due to HHS political review is disrupting application timelines and creating uncertainty. As a result, despite NIH awarding fewer grants in FY 25 than at least the previous 3 years, they have awarded even fewer grants² and has disbursed less money³ than they did this time last year. In fact, as of May 12, 2026, the number of competitive awards issued is 52% lower in FY 26 than the four-year average between FY 21 and FY 24 at the same date. These delays risk undermining confidence in federal funding, disrupting lifesaving research and scientific progress in addressing the chronic disease epidemic, and ultimately shrinking the research workforce. For physician-scientists, training programs supported by NIH are particularly impactful given the time and financial commitments required to pursue a career in medicine. A stable, predictable funding environment is essential for the U.S. to remain a global leader in medical innovation and to advance new treatments for patients.

Furthermore, we are concerned that the President's Budget continues to propose that NIH fund all competing research project grants fully upfront, rather than incrementally. Because of this policy, NIH funded 2,000 fewer grants in FY 2025 compared to the previous year. Also known as multi-year funding, this policy significantly reduces the total number of grants that can be awarded each year, intensifying competition. This approach disproportionately disadvantages early-career investigators, risks shrinking the research workforce, and leaves many high-quality proposals unfunded. SGIM appreciates the subcommittee's work in the final FY2026 appropriations to limit NIH's use of multi-year funding to the FY 2025 level and 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.⁴ 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.⁵ Data and research show that half as many medical residents are choosing a career in general internal medicine compared to 10 years ago.⁶ This decline is exacerbated by the large portion of the primary care physician workforce nearing retirement,⁷ rising healthcare demands from an aging population, and increasing physician burnout and administrative burden, and insufficient reimbursement.⁸ To

² <https://report.nih.gov/nihdatabook/report/400>

³ <https://report.nih.gov/nihdatabook/report/401>

⁴ <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand>

⁵ <https://data.hrsa.gov/topics/health-workforce/workforce-projections>

⁶ 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

⁷ <https://www.aamc.org/data-reports/workforce/data/active-physicians-age-specialty-2021>

⁸ https://www.definitivehc.com/sites/default/files/resources/pdfs/Addressing-the_healthcare-staffing-shortage.pdf

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 all Americans, including those who live in rural and underserved areas. However, the FY 2027 President's Budget proposes reorganization that 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 \$10.5 billion in FY 2027 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. For instance, 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.^{9,10,11} For this reason, we urge you to support \$980 million in funding for the Title VII programs in FY 2027.

Thank you again for the opportunity to submit testimony as you begin your work on the FY 2027 appropriations bills. SGIM looks forward to working with you to ensure that there is appropriate funding for AHRQ, NIH, and HRSA in FY 2027, to support the delivery of high-quality coordinated primary care to reduce the burden of chronic diseases and improve the health of all Americans.

⁹ <https://www.healthaffairs.org/content/forefront/primary-care-investment-key-improving-population-health-and-reducing-disparities>

¹⁰ <https://pubmed.ncbi.nlm.nih.gov/30776056/>

¹¹ <https://pubmed.ncbi.nlm.nih.gov/20439859/>