

Association of
American Medical Colleges
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November 25, 2014

The Honorable Edward J. Markey United States Senate Washington, D.C. 20510 The Honorable Rob Portman United States Senate Washington, D.C. 20510

## Dear Senators Markey and Portman:

On behalf of the Association of American Medical Colleges (AAMC), I write to thank you for your thoughtful approach to supporting hospitals that can provide specialized care for patients with Ebola and other infectious diseases. The AAMC is a not-for-profit association representing all 141 accredited U.S. medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and nearly 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 148,000 faculty members, 83,000 medical students, and 110,000 resident physicians.

The recent incidence of Ebola in the U.S. has highlighted the importance of maintaining hospital readiness to respond to potential threats as they arise. These events also have illustrated the unique and extensive requirements associated with safely and effectively treating patients with Ebola virus disease (EVD), and the value of specialized training and expertise in meeting those needs. Your legislation, the "Infectious Disease Hospitals Hubs Act" (S. 2942), recognizes the substantial costs that such specialized efforts impose on institutions – both in terms of preparedness and response – including unreimbursed expenses for care and lost opportunity costs due to service disruptions or public reaction.

As you know, academic medical centers have played a critical role in the national and global response to the Ebola outbreak, from advancing research on diagnostics, therapeutics, and vaccines, to the highly-specialized care delivered to EVD patients by AAMC-member institutions Emory University and University of Nebraska Medical Center (UNMC). In many states, the designated Ebola centers are AAMC-member institutions, and earlier this month, more than 130 medical schools and teaching hospitals expressed their readiness to work with state and federal officials in preparing for and responding to new cases. Their tripartite mission of leadership in medical research, medical education, and patient care uniquely qualifies these institutions for this role, and equipping them to respond should be a priority.

We hope to work with you and your colleagues to ensure that the expenses identified in your legislation are addressed in the FY 2015 emergency supplemental to meet the immediate needs of these facilities. We also hope to work with you over the long term to secure the nation's commitment to academic medicine more broadly. The federal investment in medical schools and teaching hospitals, such as through the National Institutes of Health (NIH) and through Medicare Indirect Medical Education (IME) clinical care payments, is the foundation that enables such

institutions to provide leading-edge services and expertise typically unavailable elsewhere. These qualities not only serve as an asset in countering Ebola and other infectious diseases, but also strengthen the infrastructure required to prepare for other unknown emerging threats and to maintain trauma centers, burn units, pediatric intensive care units, and other standby services.

Thank you again for your efforts to bolster our ongoing domestic preparedness and for your continued support of academic medicine.

Sincerely,

Atul Grover, M.D., Ph.D. Chief Public Policy Officer