



March 8, 2023

The Honorable Tammy Baldwin  
Chair  
Appropriations Subcommittee on Labor, Health  
and Human Services, Education and Related  
Agencies  
U.S. Senate  
Washington, DC 20510

The Honorable Shelley Moore Capito  
Ranking Member  
Appropriations Subcommittee on Labor, Health  
and Human Services, Education and Related  
Agencies  
U.S. Senate  
Washington, DC 20510

The Honorable Robert Aderholt  
Chair  
Appropriations Subcommittee on Labor, Health  
and Human Services, Education and Related  
Agencies  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Rosa DeLauro  
Ranking Member  
Appropriations Subcommittee on Labor, Health  
and Human Services, Education and Related  
Agencies  
U.S. House of Representatives  
Washington, DC 20515

Dear Chair Tammy Baldwin, Ranking Member Shelley Moore Capito, Chair Robert Aderholt, and Ranking Member Rosa DeLauro:

As we transition out of COVID-19 as a public health emergency, it is abundantly clear our nation's goals of having a system that ensures access to high quality healthcare for all is falling far short of its potential. We have all seen the deep racial, ethnic, geographic, and socioeconomic health disparities and inequities both within and beyond healthcare as people of color have disproportionately seen worse health outcomes, barriers to access, and low value care. For example, the opioid crisis, worsened by the pandemic, has ravaged American life as overdose deaths are the leading cause of injury-related death in the U.S. And yet, the nation is still grappling with how to deliver patient-centered care for those with substance use disorder. In parallel, the healthcare workforce is facing record burnout and attrition due to deteriorating mental health and added strains on institutional support. While policymakers and health systems take dramatic action to respond to existing healthcare challenges, they are doing so without sufficient research and evaluations on its impact on health outcomes, the value of care, and healthcare access.

The Agency for Healthcare Research and Quality (AHRQ) supports research to improve health care quality, reduce costs, advance patient safety, decrease medical errors, and broaden access to essential services. As the lead federal agency for funding health services research (HSR) and primary care research (PCR), AHRQ is the bridge between cures and care, and ensures that Americans get the best health care at the best value. The RAND Corporation released a [report](#) in 2020 as called for by the Consolidated Appropriations Act of 2018, which identified AHRQ as “the only agency that has statutory authorizations to generate HSR and be the home for federal PCR, and the unique focus of its research portfolio on systems-based outcomes (e.g., making health care safer, higher quality, more accessible, equitable, and affordable) and approaches to implementing improvement across health care settings and populations in the United States.” AHRQ offers valuable insights on every facet of the health care system. For example, the National Academy of Sciences, Engineering and Medicine 2021 [report](#) on *Implementing High Quality*



*Primary Care* highlighted the value of and need for federal investments in AHRQ through the National Center for Excellence in Primary Care Research.

While the vast majority of federally funded research focuses on one specific disease or organ system, AHRQ is the only federal agency that funds research at universities and other research institutions throughout the nation on health systems—the “real-life” patient who has complex comorbidities, the interoperability of different technological advances, and the interactions and intersections of health care providers. For example, some failures in the COVID-19 response can be addressed with more attention to the root causes of, and strategies for, addressing barriers to healthcare access, including what can be done in primary care to address health equity, and more broadly what are the patient-oriented primary care quality measures that would facilitate more engaged patient care.

As the lead agency for health services research and primary care research, AHRQ provides the resources that policymakers, health system leaders, medical providers, and patients need to determine the effectiveness of health systems delivery. In order to deliver better outcomes, we need to be able to differentiate which healthcare interventions work, for whom they work, and how to implement them, and HSR, PCR, and AHRQ are the process through which we develop that knowledge. For example, the effectiveness of telehealth is diminished if we do not have an evidence-based approach to provide equitable access regardless of race, ethnicity, geography, or income, and addressing questions like this is where AHRQ has a proven track record. Funding HSR and PCR through AHRQ is a key part of how we can move forward from COVID-19, prepare for the next potential health crisis, and address failures in the healthcare system that Americans continue to face.

The benefits of investing in health services research through AHRQ transcend the pandemic and provide benefits in saved lives, better value care, and improved patient outcomes across the health system. For example, the implementation of just one AHRQ-funded [study](#) on reducing hospital acquired conditions prevented an estimated 20,500 hospital deaths and saved \$7.7 billion in health care costs from 2014 to 2017. To maximize the translation of research findings across the public health and health care continuum to improved patient care and keep pace with the rapidly evolving and changing health care landscape, additional investments in AHRQ are needed.

For these reasons, as you draft the Labor, Health and Human Services, Education, and Related Agencies appropriations legislation for fiscal year 2024, the **151** undersigned members of the Friends of AHRQ respectfully **request no less than \$500 million in funding for the Agency for Healthcare and Research and Quality (AHRQ)**. This request reflects an inflation adjustment from FY10 and the demonstrated need to expand and accelerate HSR investments to inform decision-making on the health care system as it recovers from the pandemic.

AHRQ is the federal vehicle for studying and improving the United States healthcare system, and it needs the resources to meet its mission and this moment. Through this appropriation level, AHRQ will be better able to fund the “last mile” of research from cure to care.

Thank you for your support of AHRQ and health services research. For more information, please contact Josh Caplan at [Josh.Caplan@AcademyHealth.org](mailto:Josh.Caplan@AcademyHealth.org).

Sincerely,

ABIM Foundation



Academic Pediatric Association  
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Alliance for Aging Research  
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Federation of American Hospitals  
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Lupus and Allied Diseases Association, Inc.  
March of Dimes  
Marshfield Clinic Health System  
Mothers Against Medical Error  
National Association of Health Data Organizations  
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North American Primary Care Research Group  
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Oncology Nursing Society  
Oregon Health & Science University  
Pediatric Policy Council  
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Preparedness and Treatment Equity Coalition  
Public Health Institute  
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Society of Chairs of Academic Radiology Departments  
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Spina Bifida Association  
The Hilltop Institute at the University of Maryland, Baltimore County  
The Society for Healthcare Epidemiology of America  
The Society of Thoracic Surgeons  
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