



September 26, 2019

The Honorable James Inhofe
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

The Honorable Jack Reed
Ranking Member
Committee on Armed Services
United States Senate
Washington, DC 20510

The Honorable Adam Smith
Chairman
Committee on Armed Services
United States House of Representatives
Washington, DC 20515

The Honorable Mac Thornberry
Ranking Member
Committee on Armed Services
United States House of Representatives
Washington, DC 20515

Dear Chairman Inhofe, Ranking Member Reed, Chairman Smith, and Ranking Member Thornberry:

On behalf of the American College of Physicians (ACP), I am writing in reference to the important work being done by the conference committee as they finalize the fiscal year 2020 National Defense Authorization Act (NDAA). We urge that you and your colleagues preserve the much-needed investments in defense health care programs and initiatives designed to maintain and expand primary care, particularly ensuring that there is an adequate physician workforce in the Military Health Service (MHS) for both treating military personnel and their families and for training the next generation of military physicians. We are greatly concerned about the impact of proposals—such as the FY2020 Department of Defense (DOD) Budget Request—that would reduce the number of military medical billets by almost 18,000. Therefore, we ask that you oppose current plans to reduce end strength of uniformed medical personnel.

The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 159,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

The College is troubled that the large proposed decreases in military medical personnel could result in the reduction of Graduate Medical Education (GME) billets and/or entire military GME programs, severely impacting both the number of available physician faculty as well as new physicians in key specialties, such as general internal medicine. The potential reduction in physician faculty and new physicians could not only negatively impact military end strength requirements, but could also threaten physician levels at civilian teaching hospitals that partner with military teaching hospitals and the civilian medical residents that rotate at DOD teaching hospitals. In the current Medicare GME

system, funding limits on residency training positions have already impeded the establishment of new residency programs and additional training positions in existing programs. Therefore, the proposed cuts in military medical personnel billets could reduce the almost 1,500 residents in DOD-run residency programs straining both military and civilian GME programs. Coupled with the current uncertainty of when and how these DOD reductions will take place, there is the possibility that the recruitment and retention of physicians across the MHS could be put in jeopardy.

Accordingly, ACP respectfully requests that you include bill text in any final FY2020 NDAA bill—the same or similar to Sec. 718 of the House-passed NDAA bill—that would prevent DOD from realigning or reducing military medical end strength. Further, Sec. 718 would require appropriate review of medical manpower requirements, analysis of military treatment facilities impacted by reductions, measurement of network adequacy, disclosure of DOD’s intended reductions, and a period of time for Congress to consider these findings.

In closing, we urge the conference committee to ensure that military medical personnel end strength is left intact at least at current levels until there is the proper review and consideration of the impact that any reductions would have on the patients served by the MHS. Please support the inclusion of bill language in the final FY2020 NDAA conference report that would achieve this objective. The College looks forward to working with the conference committee as you move ahead with the fiscal year 2020 NDAA process. Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert M. McLean". The signature is fluid and cursive, with the first name being the most prominent.

Robert M. McLean, MD, FACP
President