

July 9, 2019

The Honorable Adam Smith
Chairman
U.S. House Armed Services Committee
2216 Rayburn House Office Building
Washington, DC 20515

The Honorable Jim Inhofe
Chairman
U.S. Senate Committee on Armed Services
Russell Senate Building, Room 228
Washington, DC 20510

The Honorable Mac Thornberry
Ranking Member
U.S. House Armed Services Committee
2208 Rayburn House Office Building
Washington, DC 20515

The Honorable Jack Reed
Ranking Member
U.S. Senate Committee on Armed Services
728 Hart Senate Office Building
Washington, DC 20510

Dear Chairmen Smith and Inhofe and Ranking Members Thornberry and Reed:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to urge Congress to implement legislation mandating a study in the next National Defense Authorization Act to assess the impact of potential cuts on cost and health care quality outcomes for military service members, dependents, and retirees before any drastic cuts are executed.

On April 3, 2019, in testimony submitted by the Defense Health Agency to the Senate Committee on Appropriations Subcommittee on Defense, the following was stated:

As part of the reforms directed by the FY 2017 and 2019 National Defense Authorization Acts (NDAAs), the Department has undertaken several initiatives regarding our military medical personnel. First, the Military Departments, the Joint Staff, and organizations within the Office of the Secretary of Defense conducted the required assessment of the operational medical requirements needed to support the National Defense Strategy. As a result of this assessment, the Military Departments plan to reduce overall uniformed medical positions.¹

To our knowledge, details have not been made public regarding the depth, span, and impact of the proposed billet cuts to military medical care teams, including uniformed physicians and other medical-branched service members. We are deeply concerned that any cuts by the U.S. Department of Defense (DOD) to military health care provider billets could jeopardize the success and impact of health care services for millions of servicemembers and beneficiaries.

Furthermore, any decrease in associated military graduate medical education (GME) positions would likely displace available GME positions in civilian programs and further exacerbate physician shortages. The quality and availability of GME opportunities could have a direct impact on the number of physicians

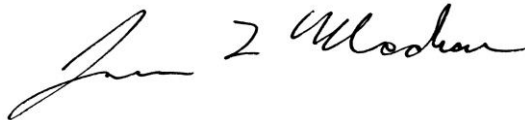
¹ <https://www.appropriations.senate.gov/imo/media/doc/04.03.19--Bono%20Testimony.pdf> (page 8)

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July 9, 2019
Page 2

the DOD can recruit, train, and retain to support the operational mission of the military services.² The AMA supports section 716 of H.R. 2500, which would prevent reductions in overall uniformed medical positions and GME positions, and urges Members of the U.S. Senate to include this provision in the final bill.

The AMA is committed to honoring our servicemembers and providing them with the best care available. We welcome the opportunity to work with Congress to ensure the quantity of military physicians and military GME residency and fellowship positions is not reduced.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J" and "M".

James L. Madara, MD

² <https://www.appropriations.senate.gov/imo/media/doc/04.03.19--West%20Testimony.pdf> (page 7)