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House Subcommittee on Labor, HHS, Education, and Related Agencies Appropriations
Agency for Healthcare Research and Quality (AHRQ)
April 9, 2025

Chairman Aderholt and Ranking Member DeLauro, thank you for this opportunity to offer testimony regarding funding for federal agencies that support health services research and health data, including the Agency for Healthcare Research and Quality (AHRQ). AcademyHealth improves health and health care for all by advancing evidence to inform policy and practice. We represent the interests of more than 3,000 health services researchers, health system and technology leaders, patients, policy analysts, and practitioners engaged in those endeavors.

For fiscal year (FY) 2026, AcademyHealth recommends a funding level of not less than $500 million in budget authority for AHRQ and for the Agency to remain intact and sufficiently supported to operate effectively. This request reflects sufficient funding for AHRQ to respond to the crises facing rural patients due to hospital closures, the rapid changes in telehealth coverage, the importance of Making America Healthy Again, identifying high-value care for patients with Long-COVID, and more. For this reason, AcademyHealth was proud to join with 193 other leading health organizations in sending a letter to your offices on March 3, 2025 with the Friends of AHRQ calling for this funding level.

AcademyHealth is gravely concerned by the Administration ignoring the bipartisan, bicameral Congressional consensus to invest in health. Appropriations laws are laws, and they have never been interpreted as optional by any previous Administration. Most dramatically, we have watched the Administration decimate the workforce at AHRQ, with an estimated 70 percent of the Agency staff that was in place on January 19, 2025, having been laid off or accepting buyouts. Hundreds of millions of dollars in appropriated grants seeking answers to provide care to rural residents best, reduce hospital-acquired infections, improve high-value care, and many other projects we will discuss later in this testimony are uncertain and at risk. Uncertainty in funding is toxic to health research as it prevents labs from hiring the staff they need to hire, negotiating contracts for data, and providing patient-centered care.

It is critical that Congress fully invest in health and ensure that the appropriated funding is spent as Congress intended. Codifying the unlawful cuts to the Agency would further erode Congress's Article I, Section 9 responsibilities. We also call on Congress not to codify any reorganization plan initiated by the Administration into the appropriations process. Federal agency structure is determined by law, requiring deliberative congressional action to ensure responsible expenditures of taxpayer money.

AHRQ plays a crucial role in the health system by providing foundational evidence for clinical practice guidelines. Through its funding of research and systematic reviews, AHRQ supports the development of evidence-based guidelines by providing the necessary scientific foundation for professional organizations. AHRQ's contributions, such as its support for the U.S. Preventive Services Task Force (USPSTF), offer comprehensive insights into healthcare access, quality, and outcomes. Initiatives like the Evidence-Based Practice Centers (EPCs) illustrate AHRQ's commitment to translating research into practice, ultimately aiming to improve healthcare quality and patient safety. By ensuring clinical guidelines are informed by up-to-date, rigorous evidence, AHRQ enhances the effectiveness and reliability of healthcare delivery.

The Agency has a unique responsibility from the rest of HHS due to it providing direct technical assistance to healthcare providers, enhancing care quality, safety, and efficiency particularly through its Center for Evidence and Practice Improvement (CEPI) and the Division of Practice Improvement (DPI).

AHRQ develops quality improvement tools like the Comprehensive Unit-based Safety Program (CUSP) and patient safety initiatives such as TeamSTEPPS®, which improve teamwork and reduce errors in clinical settings. Through CEPI, AHRQ conducts research as well as dissemination and implementation activities that support evidence-based practice across the healthcare landscape. The Division of Practice Improvement offers targeted assistance to integrate best practices, such as in Medication-Assisted Treatment (MAT) for opioid use disorder, and facilitates the adoption of evidence-based interventions, such as through its EvidenceNOW model. Additionally, AHRQ's customizable e-learning platforms provide necessary training for healthcare providers. These efforts collectively empower healthcare organizations to deliver high-quality, effective patient care, significantly enhancing healthcare outcomes nationwide.

Our funding request of no less than $500 million in FY26 provides AHRQ with the resources it needs to engage in these three research areas and other work they are pursuing to save lives while delivering better value care. For example, implementing 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. Additional investments in line with this request for AHRQ are needed to maximize the translation of research findings across the public health and health care continuum to improve patient care and keep pace with the rapidly evolving and changing health care landscape.

While policymakers and health systems take dramatic action to respond to existing healthcare challenges, they do so without sufficient research and evaluations on their impact on health outcomes, the value of care, and healthcare access. For example, it is abundantly clear our nation's goal of having a system that ensures access to high-quality healthcare for all is falling far short of its potential. In parallel, the healthcare workforce is facing record burnout and attrition.

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 bridges cures and care. It ensures that individuals and communities get the best health care at the best value. To deliver better and more equitable outcomes, we need to differentiate which healthcare interventions work, for whom they work, and how to implement them. HSR, PCR, and AHRQ are how we develop that knowledge.

Next, I want to highlight three primary areas where AHRQ excels in developing, supporting, disseminating, and delivering the tools the health system needs: improvements in rural health care, better telehealth optimization, and more efficient health care delivery.

AHRQ has designated rural populations as a priority population for its work. As rural health systems struggle with hospital closures, AHRQ is a critical agency for improving high-value patient care in these regions. For example, AHRQ can assist rural hospitals by:

- **Conducting research on best practices for delivering high-quality care in rural settings.** The first step in providing better health outcomes and quality of life for rural communities is identifying unique challenges, including health care quality and access. AHRQ prioritizes rural America's health by confronting its unique needs. The Agency has pioneered projects and programs dedicated to understanding telehealth and its place in improving rural patients' health.
- **Providing technical assistance and training**. While rural areas have seen a rapid increase in opioid-related deaths, rural doctors and health systems may not have access to new medication recovery options, so AHRQ facilitates innovative education programs that can reach them.

Telehealth has emerged as a critical and widely used tool for providing healthcare outside of physical healthcare spaces. However, while there are telehealth benefits, many patient-centered challenges still

need to be addressed by AHRQ and HSR. Essential questions that HSR could address include understanding the training and support of health care professionals and patients need to use telehealth (including mental health) property, the best workforce configurations for the deployment of telehealth, which type of traditional patient visits were most effectively transferred to virtual visits and for which patient populations, and how changes in telehealth payment policy did and did not affect the sustainability of telehealth visits and health systems operations.

AHRQ has a strong record of funding and disseminating scalable results on each of these points, as well as more, when measuring the quality and delivery of telemedicine. For example:

- On the **safety** of telemedicine: [Treatment and Follow-up Care Associated With Patient-Scheduled Primary Care Telemedicine and In-Person Visits in a Large Integrated Health System](#)
- On the **effectiveness** of telemedicine: [Impact of Technology-Based Interventions on Patient-Reported Outcomes in Asthma: A Systematic Review](#)
- On the **patient-centered** needs of telemedicine: [Contribution of Continuous Virtual Monitoring to Hospital Safety, Quality, and Value of Care for COVID-19 Patient](#)
- On the **efficiency** of telemedicine: [Parent Experience and Cost Savings Associated With a Novel Tele-physiatry Program for Children Living in Rural and Underserved Communities](#)
- On identifying **disparities** in telemedicine: [Disparities in Use of Video Telemedicine Among Patients With Limited English Proficiency During the COVID-19 Pandemic](#)

AHRQ and health services research are the primary tools for identifying, studying, and eliminating health inefficiencies and promoting high-value care for all patients, regardless of their geographic location, race, gender, or language preference. For example, AHRQ can make health care access fairer for all patients by:

- **Collecting and analyzing data to drive evidence-based policymaking.** AHRQ collects data on healthcare disparities, outcomes, and access to care, all of which aid in identifying where inequities exist and whether they decrease over time. Specific data projects managed by AHRQ include the [Healthcare Cost and Utilization Project (HCUP)](#), which is the nation's most comprehensive source of hospital data and the [Medical Expenditure Panel Survey (MEPS)](#), which is a set of surveys of families, individuals, medical providers, and employers on health status, use of medical care, charges, insurance coverage, and patient satisfaction.
- **Promoting appropriate research and effective dissemination of findings.** AHRQ specializes in disseminating and implementing research, including extramural research grants. The Agency creates online resources, such as interactive data tools, research briefs, and fact sheets, to disseminate its findings and make them more accessible to healthcare providers, policymakers, and patients. Additionally, AHRQ collaborates with a wide variety of partners at all levels of government, including clinicians and health systems, patient organizations, and others, to disseminate its findings and provide technical assistance in implementation.
- **Encourage patient-centered care.** AHRQ actively promotes patient-centered care, which recognizes and addresses the unique needs and circumstances of individual real-life patients, particularly those from underserved communities.

The accomplishments of the health services research field would not be possible without the leadership and support of this Subcommittee. AcademyHealth recognizes the importance of investing federal funds strategically. As an investment multiplier, AHRQ more than earns a place among your top appropriations priorities.

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