

Friends of the Health Resources and Services Administration

c/o American Public Health Association • 800 I Street NW • Washington, DC, 20001 • 202-777-2742

Testimony of the Friends of the Health Resources and Services Administration

Submitted for the record to the Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies
Concerning the Health Resources and Services Administration
April 13, 2016

Friends of HRSA is a nonpartisan coalition of [170 national organizations](#) representing millions of public health and health care professionals, academicians and consumers invested in the Health Resources and Services Administration's mission to improve health and achieve health equity. For fiscal year 2017, we recommend restoring HRSA's discretionary budget authority to the FY 2010 level of \$7.48 billion. HRSA is the primary federal agency responsible for improving health, and does so through access to quality health services, a skilled workforce and innovative programs. Over the past three years, HRSA's discretionary budget authority has slowly been restored, but still remains nearly 18 percent below the FY 2010 level – far too low to fully address the nation's current health needs. Restoring funding to HRSA will allow the agency to more effectively fill preventive and primary care gaps.

Our nation's ability to deliver health services that meet the pressing health challenges of the 21st century is essential for a healthy and thriving population. To meet our nation's persistent and changing health needs, and to keep pace with our growing, aging and diversifying population, and evolving health care system, we must make deliberate investments in robust systems of care and a high-performing workforce ready to respond to the current demands and able to take on unexpected health needs as they arise. The agency is continuously exploring and supporting efforts that drive quality care, better leverage existing investments and achieve improved health outcomes at a lower cost. HRSA's programs have been successful in improving the health of people at highest risk for poor health outcomes.

HRSA operates programs in every state and U.S. territory. The agency is a national leader in improving the health of Americans by addressing the supply, distribution and diversity of health professionals and supporting training in contemporary practices, and providing quality health services. HRSA programs work in coordination with each other to maximize resources and leverage efficiencies. For example, Area Health Education Centers, a health professions training program, was originally authorized at the same time as the National Health Service Corps to create a complete mechanism to provide primary care providers for health centers and other direct providers of health care services for underserved areas and populations. AHECs serve as an integral part of the mechanism that recruits providers into primary health careers, diversifies the workforce and develops a passion for service to the underserved in these future providers.

HRSA's programs also work synergistically across the federal government to enhance health outcomes. Through maternal and child health programs, HRSA has contributed to the decrease in infant mortality rate, a widely used indicator of the nation's health. While HRSA has contributed to driving down the national rate, which is now at a historic low of 5.8 deaths per 1,000 live births, it would not have been possible without the effort of other federal public health programs,

including those that address perinatal care, cessation programs for tobacco and other substances, healthy eating and physical activity programs, among other efforts.

HRSA grantees also have the potential to play an active role in addressing emerging health challenges. For example, HRSA's programs are well positioned to provide outreach, education, prevention, screening and treatment services for populations at risk for or infected with the Zika virus and are already doing so in Puerto Rico and affected territories. However, as we approach warmer months and the opportunity to encounter mosquitos that can spread the Zika virus increases, additional funding will be required to increase capacity in health centers, support additional National Health Service Corps providers to deliver the care needed and expand maternal and child health services. Strong, sustained funding would allow HRSA to build a consistent approach to quickly and effectively respond to emerging and unanticipated future needs, while continuing to address persistent health challenges.

Our recommendation is based on the need to continue improving the health of Americans and to provide HRSA with the resources needed to pave the way for new achievement by supporting critical HRSA programs, including:

- Primary care programs support more than 9,000 health center sites in every state and territory, improving access to preventive and primary care for more than 22.9 million patients in geographic areas with few health care providers. Health centers coordinate a full spectrum of health services including medical, dental, behavioral and social services. Close to half of all health centers serve rural populations. For 50 years, health centers have delivered comprehensive, cost-effective care for people who otherwise may not have obtained care and have demonstrated their ability to reduce the use of costlier providers of care.
- Health workforce programs support the education, training, scholarship and loan repayment of primary care physicians, nurses, oral health professionals, optometrists, physician assistants, nurse practitioners, clinical nurse specialists, public health personnel, mental and behavioral health professionals, pharmacists and other allied health providers. With a focus on primary care and training in interdisciplinary, community-based settings, these are the only federal programs focused on filling the gaps in the supply of health professionals, as well as improving the distribution and diversity of the workforce so that health professionals are well-equipped to care for the nation's changing needs and demographics.
- Maternal and child health programs, including the Title V Maternal and Child Health Block Grant, Leadership Education in Neurodevelopmental and Related Disabilities, Healthy Start and others support initiatives designed to promote optimal health, reduce disparities, combat infant mortality, prevent chronic conditions and improve access to quality health care for 34.3 million children. MCH programs help assure that nearly all babies born in the U.S. are screened for a range of serious genetic or metabolic diseases and that coordinated long-term follow-up is available for babies with a positive screen, and also help improve early identification and coordination of care for children with autism and other developmental disabilities.

- HIV/AIDS programs provide the largest source of federal discretionary funding assistance to states and communities most severely affected by HIV/AIDS. The Ryan White HIV/AIDS Program delivers comprehensive care, prescription drug assistance and support services to 512,000 people living with HIV/AIDS, which accounts for nearly half of the total population living with the disease in the U.S. Additionally, the programs provide education and training for health professionals treating people with HIV/AIDS and work toward addressing the disproportionate impact of HIV/AIDS on racial and ethnic minorities. People receiving care through the Ryan White HIV/AIDS Program achieve significantly higher viral suppression compared to the national average, and viral suppression is central to preventing new HIV infections.
- Family planning Title X services ensure access to a broad range of reproductive, sexual and related preventive health services for more than 4.1 million low-income women, men and adolescents. Services include patient education and counseling, cervical and breast cancer screening, sexually transmitted disease prevention education, testing and referral, as well as pregnancy diagnosis and counseling. This program helps improve maternal and child health outcomes and promotes healthy families. In 2014, Title X family planning helped prevent over 941,000 unintended pregnancies and an estimated 1,176 cases of sexually transmitted disease-related infertility.
- Rural health programs improve access to care for people living in rural areas. The Office of Rural Health Policy serves as the nation's primary advisor on rural policy issues, conducts and oversees research on rural health issues and administers grants to support health care delivery in rural communities. Rural health programs are designed to support community-based disease prevention and health promotion projects, help rural hospitals and clinics implement new technologies and strategies and build health system capacity in rural and frontier areas. In addition to improving the health of rural residents, an analysis completed in 2013 showed that for every dollar HRSA invested, about \$1.63 in additional revenue was generated in the community – the cumulative impact added up to \$19.4 million in new local economic activity over a three-year project period of an original investment of \$11.9 million.
- Special programs include the Organ Procurement and Transplantation Network, the National Marrow Donor Program, the C.W. Bill Young Cell Transplantation Program and National Cord Blood Inventory. These programs maintain and facilitate organ marrow and cord blood donation, transplantation and research, along with efforts to promote awareness and increase organ donation rates. Special programs also include the Poison Control Program, the nation's primary defense against injury and death from poisoning for over 50 years. Poison control centers contribute to significantly decreasing a patient's length of stay in a hospital and save the federal government \$662.8 billion each year in medical costs and lost productivity.

We urge you to consider HRSA's central role in strengthening the nation's health and advise you to adopt our FY 2017 request of \$7.48 billion for HRSA's discretionary budget authority. Thank you for the opportunity to submit our recommendation to the subcommittee.