

Friends of the Health Resources and Services Administration

c/o American Public Health Association

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
June 2, 2017

Friends of HRSA is a nonpartisan coalition of [195 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 2018, 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 increasing access to health care for people who are medically underserved through access to quality services, a skilled health workforce and innovative programs. HRSA's discretionary budget authority is far too low to fully address the nation's current health needs. HRSA's FY 2017 discretionary budget authority is nearly 17 percent below the FY 2010 level. We also are deeply concerned that the president's proposed FY 2018 budget would cut HRSA's discretionary budget authority by \$674.5 million below FY 2017 levels. Many important programs at HRSA would be significantly impacted by this proposal.

Our nation's ability to deliver services that meet the pressing health challenges of the 21st century is essential for a healthy and thriving population. The nation faces a shortage of health professionals, and a growing and aging population which will demand more health care. Additionally, like the people they serve, the nation's health workforce is also aging and approaching retirement, which will put additional stress on the health care system as they exit the workforce. We must make deliberate investments in robust systems of care, and a high-performing workforce ready to respond to the nation's current health demands and prepared to take on unexpected health needs as they arise. Restoring HRSA's discretionary budget to FY 2010 levels will allow the agency to take on the many health challenges our nation faces and more effectively fill preventive and primary health care gaps. 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 who have complex health, behavioral and social needs and traditionally have 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 increase the number of primary care providers at health centers and other direct providers of health care

services for underserved areas and populations. AHECs play an integral role to recruit providers into primary health careers, diversify the workforce and develop a passion for service to the underserved among future providers.

HRSA's programs also work in collaboration across the federal government to enhance health outcomes. For example, HRSA's HIV/AIDS Bureau partners with the Office of the Assistant Secretary for Health, the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, the Centers for Medicare and Medicaid Services, the Indian Health Services, the National Institutes of Health, the Agency for Healthcare Research and Quality, the Department of Housing and Urban Development, the Department of Veterans Affairs and the Department of Justice to ensure an effective use of resources, and a coordinated and focused public health response. This federal response has contributed to the number of annual HIV infections dropping 18 percent between 2008 and 2014 with HRSA's Ryan White HIV/AIDS Program serving as the foundation for delivering health care and support services to reach the public health goal of ending the HIV epidemic.

HRSA grantees also play an active role in addressing emerging health challenges. For example, HRSA's grantees provide outreach, education, prevention, screening and treatment services for populations at risk for or infected with the Zika virus in Puerto Rico and affected territories. However, much of this work required additional funding through the FY 2016 Zika supplemental to increase capacity in health centers, support additional National Health Service Corps providers to deliver care and expand maternal and child health services. Strong, sustained funding would allow HRSA to quickly and effectively respond to emerging and unanticipated future health needs across the U.S., 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 achievements by supporting critical HRSA programs, including:

- Primary care programs support more than 10,400 health center sites in every state and territory, improving access to preventive and primary care for more than 24.2 million people in geographic areas with few health care providers. Health centers coordinate a full spectrum of health services including medical, dental, vision, behavioral and social services. Close to half of all health centers serve rural populations. For over 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 an emphasis 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 geographic distribution and diversity of the workforce so that health professionals are well-equipped to care for the nation's changing needs and demographics. While it has been well documented that

increasing diversity among health professionals is associated with improved access to care for minority patients, greater patient satisfaction, better patient-clinician communication, among many other benefits, and evidence suggests that minority health professionals are more likely to serve in areas with a high proportion of uninsured and underrepresented racial and ethnic groups, the president's budget proposes to eliminate all programs designed to increase diversity in health professions. Unfortunately, the president's budget also proposes to cut all Interdisciplinary, Community-based Linkages programs, Public Health Workforce Development and four of the five nursing workforce development programs. We urge the Senate to reject the proposed eliminations and continue to provide funding for these important workforce programs.

- Maternal and child health programs support initiatives designed to promote optimal health, reduce disparities, combat infant mortality, prevent chronic conditions and improve access to quality health care. Through its maternal and child health programs, HRSA has played a major role in decreasing the U.S. infant mortality rate, which is a widely used indicator of the nation's health. 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. They also help improve early identification and coordination of care for children with sensory disorders, autism and other developmental disabilities. The president's budget proposes to eliminate multiple MCH programs, including Autism and Other Developmental Disorders, Sickle Cell Service Demonstrations, Universal Newborn Hearing Screening, Emergency Medical Services for Children and Heritable Disorders. We urge the Senate to reject the proposed eliminations and continue to provide funding for these important MCH programs.
- 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 over 533,000 people impacted by HIV/AIDS. Additionally, the program provides education and training for health professionals treating people with HIV/AIDS and works 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, which is central to preventing new HIV infections. The president's budget proposes to eliminate the AIDS Education and Training Centers and the Special Projects of National Significance, which supports the development, evaluation and dissemination of innovative models of care to increase the retention rate and improve health outcomes of RWHAP clients. We urge the Senate to reject the proposed eliminations and continue to provide funding for these important HIV/AIDS programs.
- Title X family planning ensures access to a broad range of reproductive, sexual and related preventive health services for more than 4 million women, men and adolescents, with priority given to low-income individuals. Services include patient education and counseling for family planning; provision of contraceptive methods; cervical and breast cancer screenings; sexually transmitted disease prevention education, testing and referral; and pregnancy diagnosis. This program helps improve maternal and child health

outcomes and promotes healthy families. In 2015, Title X family planning resources helped prevent over 901,000 unintended pregnancies.

- 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. The president's budget proposed significant funding cuts to Rural Health Policy Development, Rural Health Outreach Grants and Telehealth, and proposed elimination of Rural Hospital Flexibility Grants and State Offices of Rural Health. There are over 46 million people living in rural America who face ongoing challenges in accessing health care. People living in rural areas have higher rates of age-adjusted mortality, disability and chronic disease compared with people living in urban communities. We need to invest more in rural health, not less and we thank the subcommittee for recognizing this need and providing an increase in funding for HRSA's rural health programs in FY 2017.
- Healthcare system 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. Healthcare System 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. PCCs also play an important role in addressing the opioid epidemic by helping to define and trace the problem, and responding to calls from health care providers seeking treatment advice for the patient. However, given the rise of emergency room visits due to opioid overdoses, it is expected to become increasingly difficult to maintain inbound call volume with level funding.

We urge you to consider HRSA's central role in strengthening the nation's health and advise you to adopt our FY 2018 request of \$7.48 billion for HRSA's discretionary budget authority.

Thank you for the opportunity to submit our recommendation to the subcommittee.