

Friends of the Health Resources and Services Administration

c/o American Public Health Association
800 I Street NW
Washington DC, 20001
202-777-2513

Testimony of the Friends of the Health Resources and Services Administration
Senate Appropriations Subcommittee on Labor, HHS, Education and Related Agencies
Concerning fiscal year 2014 funding for the Health Resources and Services Administration
May 6, 2013

The Friends of HRSA is a non-profit and non-partisan coalition of more than [175 national organizations](#) dedicated to ensuring that our nation's medically underserved populations have access to high-quality primary and preventive care. The coalition represents millions of public health and health care professionals, academicians and consumers invested in HRSA's mission to improve health and achieve health equity. **We recommend funding of at least \$7.0 billion for discretionary HRSA programs in fiscal year 2014.**

The recommended funding level takes into account the need to reduce the nation's deficit while prioritizing the immediate and long-term health needs of Americans. We are deeply concerned with the failure to avert the sequester that will cut over \$311 million from HRSA's FY 2013 discretionary funding. These cuts come on top of the 17 percent or more than \$1.2 billion reduction to HRSA's budget authority since FY 2010. HRSA's ability to prevent sickness, keep people healthy and treat illness or injury for millions of Americans will be severely compromised, by across-the-board cuts if the sequester is not reversed and the cuts restored. It is estimated that 7,400 fewer patients will have access to HRSA's AIDS Drug Assistance Program that provides life-saving HIV medications and about 25,000 fewer breast and cervical cancer screenings will be offered for poor, high-risk women, an important tool to reduce death rates, improve treatment options and greatly increase survival. Our recommended funding level is necessary to ensure HRSA is able to implement essential public health programs including training for public health and health care professionals, providing primary care services through health centers, improving access to care for rural communities, supporting maternal and child health care programs and providing health care to people living with HIV/AIDS.

HRSA is a national leader in providing health services for individuals and families. HRSA's programs are carried out by about 3,100 grantees in every state and U.S. territory, working to improve the health of people who are primarily low-income, medically vulnerable and geographically isolated through access to quality services and a skilled health care workforce. The agency operates about 80 different programs, working to serve roughly 55 million Americans who are uninsured and more than 60 million Americans who live in communities where primary health care services are scarce. In addition to delivering much needed services, the programs provide an important source of local employment and economic growth in many low-income communities.

Our request is based on the need to continue improving the health of Americans by supporting critical HRSA programs including:

- Health professions programs support the education and training of primary care physicians, nurses, dentists, 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 health professionals are well-equipped to care for the nation's growing, aging and increasingly diverse population. For example, HRSA offers loan repayment and scholarships to nurses who work in areas experiencing critical shortages of nurses. This investment has increased the number of nurses working in communities with the greatest need by three fold – from about 1,000 to 3,000 – since 2008.
- Primary care programs support nearly 8,900 community health centers and clinics in every state and territory, improving access to preventive and primary care to more than 20 million patients in geographically isolated and economically distressed communities. Close to half of the health centers serve rural populations. The health centers coordinate a full spectrum of health services including medical, dental, behavioral and social services – often delivering the range of services in one location. In addition, health centers target populations with special needs, including migrant and seasonal farm workers, homeless individuals and families and those living in public housing.
- Maternal and child health programs, including the Title V Maternal and Child Health Block Grant, Healthy Start and others, support a myriad of initiatives designed to promote optimal health, reduce disparities, combat infant mortality, prevent chronic conditions and improve access to quality health care for more than 40 million women and children. Maternal and Child Health Block Grants provide services to 6 out of every 10 women who give birth and their infants. Since Title V was established in 1935, the infant mortality rate has declined nearly 90 percent and contributed to a 51 percent decline in the U.S. child fatality rate from unintentional injuries since 1987. Today, MCH programs help assure that nearly 100 percent of babies born in the U.S. are screened for a range of serious genetic or metabolic diseases and that a community-based system of family centered services is available for coordinated long-term follow up for babies with a positive screen and for all children with special health care needs.
- 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 for more than half a million low-income people impacted by HIV/AIDS, which accounts for roughly 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.
- Family planning Title X services ensure access to a broad range of reproductive, sexual and related preventive health care for over 5 million poor and low-income women, men and adolescents at nearly 4,400 health centers nationwide. Health care 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. Often, Title X service sites provide the only continuing source of health care and education for many individuals.

- Rural health programs improve access to care for people living in rural areas where there are a shortage of health care services. The Office of Rural Health Policy serves as the Department of Health and Human Services' primary voice for programs and research on rural health issues. Rural Health Outreach and Network Development Grants, Rural Health Research Centers, Rural and Community Access to Emergency Devices Program and other 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.
- 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. Over the past 20 years, 25,000 individuals have been given a second chance at life from receiving blood cells, including bone marrow, blood and cord blood, given by living donors unrelated to their recipients.

We urge you to consider HRSA's role in strengthening the nation's health safety net programs and ensuring that vulnerable populations receive quality health services. By supporting, planning for and adapting to change within our health care system, we can build on the successes of the past and address new gaps that may emerge in the future. We advise that you to adopt our **FY 2014 request of \$7.0 billion for discretionary HRSA programs** to meet the public health needs and we thank you for the opportunity to submit our recommendation to the subcommittee.