

Friends of the Health Resources and Services Administration

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Testimony submitted for the record on April 24, 2015

House Committee on Appropriations Subcommittee on Labor, Health and Human Services, and
Education and Related Agencies

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 2016, we recommend restoring HRSA's discretionary budget authority to the FY 2010 level of \$7.48 billion. Funding for HRSA is too low to address the nation's current health needs, let alone keep pace with the growing health demands. Since FY 2010, HRSA's discretionary budget authority has been cut by 18 percent and we are concerned that if the proposed House Labor-HHS allocation is adopted, it will be nearly impossible to adequately fund the important public health programs at HRSA.

Research has shown that access to high-quality primary care improves health and reduces costs. As we experience a growing, aging and more diverse population, alongside health professionals nearing retirement age, and an increase in health coverage nationally, it is ever more critical to make investments that improve access and support a high-performing workforce capable of meeting these changes and the expected increases in health care demands. Not only are there current and projected shortages in the health professional workforce nationwide, many urban and rural communities experience persistent shortages and lack access to care due to a geographic maldistribution of providers. Restoring funding to HRSA will allow the agency to more effectively fill the preventive and primary care gaps for people living in areas where the need has been demonstrated and is reflected by suboptimal health outcomes.

HRSA operates programs in every state and U.S. territory and is a national leader in improving the health of Americans by supporting a workforce of sufficient size and skill, and providing high-quality health services. HRSA programs work synergistically and 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.

In addition to internal coordination, HRSA is increasing coordination across the federal government to enhance the collective impact of improved 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. HRSA programs have helped reduce AIDS-related deaths through providing drug treatment regimens for people living with HIV and have the potential to prevent the spread of HIV by 96 percent. The Title X Family Planning Program, the only federal grant program dedicated to providing people with comprehensive family planning and related preventive health services, has greatly contributed to decreasing unintended pregnancy – helping to prevent an estimated 870,000 unintended pregnancies in 2013.

Now is the time to make a strong investment in a robust workforce and to improve access to care to continue achieving the health improvements HRSA has made and to pave the way for new achievements. The nation only stands to benefit from a healthier population which can translate into a stronger and better functioning nation, a thriving and productive workforce, and

reduced health care costs. Our recommendation is based on the need to continue improving the health of Americans by supporting critical HRSA programs, including:

- 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 demographics.
- 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 21 million patients in geographically isolated and economically distressed communities. 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. Close to half of all health centers serve rural populations. In addition, health centers target populations with special needs, including agricultural workers, homeless individuals and families and those living in public housing. As health insurance expands, health centers and other programs administered by HRSA will continue to play a critical role in the health care system serving as vital source of care for newly insured patients, and remaining an important source of care for those who cannot gain access to coverage.
- Maternal and child health programs, including the Title V Maternal and Child Health Block Grant, 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 42 million women and 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 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 such as 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 for more than half a million low-income people impacted by HIV/AIDS, which accounts for about 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 4.5 million women, men and adolescents. 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. Title X service sites provide the only continuing source of health care and education for four out of ten women, and six out of ten women consider it their main source of care.

- Rural health programs improve access to care for the nearly 50 million people living in rural areas that experience a persistent shortage of health care services. The Office of Rural Health Policy serves as the nation's 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. In addition to improving the health of rural residents, a recent 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. For every dollar spent on the poison center system, \$13.39 is saved in medical costs and lost productivity, totaling more than \$1.8 billion every year in savings.

We urge you to consider HRSA's central role in strengthening the nation's health and advise you to adopt our FY 2016 request of \$7.48 billion for HRSA's discretionary budget authority.

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