

# Friends of the Health Resources and Services Administration (HRSA)

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## *Testimony of the Friends of the Health Resources and Services Administration (HRSA) Concerning the Health Resources and Services Administration Budget for Fiscal Year 2008*

### *Submitted for the record to the House Appropriations Subcommittee on Labor, Health and Human Services and Education*

### *March 30, 2007*

The Friends of the Health Resources and Services Administration (HRSA) is an advocacy coalition of more than 100 national organizations, collectively representing millions of public health and health care professionals, academicians and consumers. Our member organizations strongly support the programs at HRSA designed to ensure access to health services for each person in the United States.

Through its programs in thousands of communities across the country, HRSA provides a health safety net for medically underserved individuals and families, including 45 million Americans who lack health insurance; 49 million Americans who live in neighborhoods where primary health care services are scarce; African American infants, whose infant mortality rate is more than double that of whites; and the estimated 850,000 to 950,000 people living with HIV/AIDS. Programs to support the underserved place HRSA on the front lines in responding to our nation's racial/ethnic and rural/urban disparities in health status. HRSA funding goes where the need exists, in communities all over America. We support a growing trend in HRSA programs to increase flexibility of service delivery at the local level, necessary to tailor programs to the unique needs of America's many varied communities. The agency's overriding goal is to achieve 100 percent access to health care, with zero disparities. **In the best professional judgment of the members of the Friends of HRSA, to respond to this challenge, the agency will require an overall funding level of at least \$7.5 billion for fiscal year 2008.**

The Friends of HRSA are gravely concerned about the president's budget recommendation of devastating cuts for fiscal year 2008, including over 12 program eliminations. This is in addition to the programs that were eliminated in the fiscal year 2006 and 2007 budget cycles and other programs that received deep cuts in both years.

Through its many programs and new initiatives, HRSA helps countless individuals live healthier, more productive lives. In the 21<sup>st</sup> century, rapid advances in research and technology promise unparalleled change in the nation's health care delivery system. HRSA could be well positioned to meet these new challenges as it continues to provide needed health care to the nation's most vulnerable citizens.

The Primary Care Bureau received a \$207 million increase over the FY 2007 current funding level, all of which is designated for the Community Health Centers adding 342 new or expanded health center service sites and bringing the number of patients served annually to 16.3 million. Community health centers, often in partnership with National Health Service Corps clinicians, form the backbone of the nation's safety net. More than 4,000 of these sites across the nation provide needed primary and preventive care to over 15 million poor and near-poor Americans. HRSA primary care centers include community health centers, migrant health centers, health care for the homeless programs, public housing primary care programs and school-based health centers. Health centers provide access to high-quality, family-oriented, culturally and linguistically competent primary care and preventive services,

including mental and behavioral health, dental and support services. Nearly three-fourths of health center patients are uninsured or on Medicaid, approximately two-thirds are people of color, and more than 85 percent live below 200 percent of the poverty level. 2,700 clinicians in the National Health Service Corps deliver a significant portion of the primary care services provided at health centers. Corps members work in communities with a shortage of health professionals in exchange for scholarships and loan repayments. While recent growth in the health centers program has been substantial, a significant need remains in underserved communities across the country – we strongly encourage the Committee to continue its support of existing health centers and efforts to expand the reach and scope of health centers into new communities.

Health professions and nursing education programs, authorized under Titles VII and VIII of the Public Health Service Act, are essential components of America's health care safety net, bringing health care services to our underserved communities and filling the gaps in the health professions' supply not met by traditional market forces. These programs work in concert with Community Health Centers and the National Health Service Corps to strengthen the health safety net by supporting the training and education of health care providers with the aim of enhancing the supply, diversity, and distribution of the workforce. Through loans, loan guarantees, and scholarships to students, and grants and contracts to academic institutions and non-profit organizations, the Title VII and VIII health professions programs are the only federal programs designed to train providers in interdisciplinary settings to meet the needs of special and underserved populations, as well as increase minority representation in the health care workforce. The programs provide support for the training of physicians, nurses, dentists, physician assistants, nurse practitioners, public health personnel, psychologists, and other allied health providers. The final budget for FY 2006 included a 51.5% cut to Title VII; the \$40 million increase in the recently enacted FY 2007 joint funding resolution does not fully recover the funding lost as a result of this devastating cut. Moreover, the President's FY 2008 budget proposes an additional 94.6% cut to Title VII and a 29.7% cut to Title VIII. We are concerned that cuts to the health professions programs will exacerbate existing provider shortages in rural, medically underserved, and federally designated health professions shortage areas. While we applaud the increase in the President's budget for Community Health Centers, these cuts to the Health Professions raise the question of whether there will be a sufficient number of health care providers to staff these clinics. Cuts also will impede recruitment of underrepresented minorities and students of disadvantaged backgrounds into the health professions, with the further consequence of intensifying already problematic health disparities. We also are concerned about the impact health professions cuts will have on vulnerable populations such as children and the elderly. Adequate funding for HRSA Health Professions Programs under Title VII and VIII will help to create a prepared national workforce by working to reverse projected nationwide shortages of physicians, nurses, pharmacists, and other professionals. We strongly encourage the Subcommittee to restore funding to these vital Health Professions programs.

The Maternal and Child Health Bureau was, again, delivered devastating cuts. Valuable programs such as the Traumatic Brain Injury program, Universal Newborn Hearing Screening, and Emergency Medical Services for Children were zeroed out and the Maternal and Child Health Block Grant was level funded. The Maternal and Child Health Block Grant is a source of flexible funding for states and territories to address their unique needs, and remains in great need of increased funding. The Title V Maternal and Child Health Block (MCH) Grant received a \$31 million cut in the fiscal year 2006 budget and stagnant funding for fiscal year 2007. The President's budget for fiscal year 2008 proposed level funding for the block grant at the FY 06 level. Greater needs among pregnant women, infants, and children, particularly those with special health care needs present daunting challenges to the state maternal and child health programs. Furthermore, if programs like the Traumatic Brain Injury

program, Universal Newborn Hearing Screening, and Emergency Medical Services for Children program are eliminated, those costs will be borne by the MCH Block Grant. Each year, a MCH program serves more than 26 million pregnant women, infants and children nationwide. Of the nearly 4 million mothers who give birth annually, almost half receive some prenatal or postnatal service from a MCH-funded program. MCH programs increase immunizations and newborn screening, reduce infant mortality and developmentally handicapping conditions, prevent childhood accidents and injuries, and reduce adolescent pregnancy.

Nationally there are 1.4 million brain injuries per year, with an estimated societal cost of over \$60 billion per year, including direct care and lost productivity. Research indicates that 50,000 individuals die as a result of Traumatic Brain Injury (TBI) each year in the United States and an additional 80,000 survive with residual long-term impairments. Today over 5.3 million Americans are living with a TBI-related disability. TBI can strike at anyone at any time—from falls, vehicle crashes, sports injuries, violence, and other causes. HRSA's Traumatic Brain Injury program makes grants to states to coordinate, expand and enhance service delivery systems in order to improve access to services and support for persons with TBI and their families. Despite increasing numbers of soldiers returning from war with head injuries, increasing numbers of children being identified as disabled due to head injuries, and the release of an Institute of Medicine Report stating the importance of the program to brain injury survivors and their families, the Administration's fiscal year 2008 budget eliminates the TBI State Grant program. We encourage the Subcommittee to restore funds that were cut from the TBI State Grant program. Individuals with traumatic brain injury have an array of protection and advocacy needs, including assistance with returning to work; finding a place to live; accessing needed supports and services, such as attendant care and assistive technology; and obtaining appropriate mental health, substance abuse, and rehabilitation services. Very often, these individuals are the victims of stigma and discrimination because so little is understood about the effects of TBI. In addition, many people with TBI – including returning veterans – are forced to remain in extremely expensive institutional settings far longer than necessary because community-based supports and services they need are not available. We encourage the Subcommittee to restore funding for the Protection and Advocacy for Traumatic Brain Injury Program.

The Children's Health Act of 2000 authorized funding for grants and programs to improve state-based newborn screening. Newborn screening is a vital public health activity used to identify and treat genetic, metabolic, hormonal and functional conditions in newborns. Screening detects disorders in newborns that, if left untreated, can cause death, disability, mental retardation and other serious illnesses. Parents are often unaware that while nearly all babies born in the United States undergo newborn screening for genetic birth defects, the number and quality of these tests vary from state to state. The March of Dimes, the American Academy of Pediatrics and the American College of Medical Genetics recommend that at a minimum, every baby born in the United States be screened for a core group of 29 treatable conditions regardless of the state in which the infant is born. Only 11 states and the District of Columbia currently screen for all 29 of these conditions.

Currently, federal support for state newborn screening activities is provided through the Maternal and Child Health Block Grant, Special Projects of Regional and National Significance (SPRANS). We encourage the Subcommittee to increase funding for newborn screening to assist states in improving their newborn screening programs and override the Administration's proposed elimination of the universal newborn hearing screening program.

The proposed elimination of the Emergency Medical Services for Children (EMSC) program is also of great concern, especially in light of the recent Institute of Medicine report that highlighted significant shortcomings in pediatric emergency care. The EMSC program is a national initiative designed to reduce child and youth disability and death due to severe illness and injury. EMSC grants fund States and U.S. Territories to improve existing emergency medical services (EMS) systems and to develop and evaluate improved procedures and protocols for treating children. Children are not merely small adults; they have unique and specific concerns that this programs works to address. We request that the EMSC program be funded at \$25 million in fiscal year 2008.

We are also concerned with the funding level in the hospital preparedness program. Although the Administration proposes level funding, we are concerned with the \$13 million cut the program took in fiscal year 2007. In the post 9/11 era, all responders, providers and facilities must be ready to detect and respond to complex disasters, including terrorism, and HRSA must continue to support these vital hospital preparedness programs.

Furthermore, HRSA's Trauma-EMS Systems Program was also proposed to be eliminated in fiscal year 2008. This program facilitates the development of effective and comprehensive statewide trauma systems. This program is critical in order to ensure that our response to local, state and federal emergencies is effective and reflects the best clinical practice in trauma and emergency medicine. We request that the \$3.5 million funding level be restored.

The Office of Rural Health Policy was cut by 89% in the President's budget. HRSA programs improve health care service for the more than 61 million people who live in rural America. Although almost a quarter of the population lives in rural areas, only an eighth of our doctors work there. Because rural families generally earn less than urban families, many health problems associated with poverty are more serious, including high rates of chronic disease and infant mortality. We encourage the Subcommittee to restore funding for rural health programs.

An estimated 163,221 Americans experience out-of-hospital sudden cardiac arrests each year. Only an estimated 6 percent of them survive. Immediate CPR and early defibrillation using an automated external defibrillator (AED) can more than double a victim's chance of survival. For every minute that passes without CPR and defibrillation, the chances of survival decrease by 7 to 10 percent. The HRSA Rural and Community Access to Emergency Devices Program provides grants to states to train lay rescuers and first responders to use AEDs and purchase and place these devices in public areas where cardiac arrests are likely to occur. We encourage the Subcommittee to restore funding for this program to the fiscal year 2005 level of \$8.927 million.

The HIV/AIDS Bureau received a \$21 million increase in the President's request over fiscal year 2007 levels for a total of \$2.1 billion. The Ryan White CARE Act programs, administered by HRSA's HIV/AIDS Bureau, are the largest single source of federal discretionary funding for HIV/AIDS health care for low-income, uninsured and underinsured Americans. Although we are pleased with the additional funds for HIV related drug therapies, it is insufficient to meet the needs of those seeking services. We are concerned that the cuts across the programs since fiscal year 2003 is diminishing the availability of services to persons living with HIV/AIDS. These cuts have forced state, local and public health clinics' HIV/AIDS programs to stretch already thin CARE Act dollars to treat existing clients while trying to provide care and treatment to those newly diagnosed as HIV-positive. We request an increase of \$682 million for Ryan White programs in fiscal year 2008.

In fiscal year 2006 the AIDS Drug Assistance Programs (ADAP) received a \$2 million increase. Unfortunately, this program, which provides life-sustaining treatment to thousands of people living with HIV/AIDS, cannot be sustained on such an increase. By the end of fiscal year 2007 it is expected that hundreds more individuals will be added to ADAP waiting lists and that states will have had to institute other cost-containment measures such as reduced formularies, increased cost-sharing for ADAP clients and lowered eligibility requirements for enrollment.

Title X of the Public Health Service Act was enacted to provide high-quality, subsidized contraceptive care to those who need but cannot afford such services, to improve women's health, reduce unintended pregnancies, and decrease infant mortality and morbidity. Title X programs provide comprehensive, voluntary and affordable family planning services to millions of low-income women and men — many of whom are uninsured — at more than 4,600 clinics nationwide. People who visit Title X funded clinics receive a broad package of preventive health services, including breast and cervical cancer screening, blood pressure checks, anemia testing, and STD/HIV screening.

A major source of HRSA's strength is its many linkages and partnerships with other federal agencies, state, national and local organizations. For example, HRSA and the Centers for Medicare and Medicaid Services (CMS) are jointly implementing outreach on the new State Children's Health Insurance Program in addition to working together to improve data sharing and coordination, particularly on Medicaid. Work also is ongoing with the Substance Abuse and Mental Health Services Administration (SAMHSA) to integrate behavioral health and substance abuse screening, early intervention, referral and follow-up into primary health care settings funded through HRSA grants. HRSA and the Centers for Disease Control and Prevention (CDC) cooperate on a variety of disease prevention and health promotion activities.

Cross-cutting HRSA programs continually respond to new public health challenges. For instance, tooth decay remains the single most chronic childhood disease in the nation. However, about 125 million Americans have no dental insurance. Lack of access to dental care is especially severe among children of poor, rural and minority families. A quarter of the nation's school-age children have 80 percent of all dental disease, putting them at risk for a host of related illnesses. And as new drugs help people with HIV/AIDS live longer, healthier lives, their need for regular oral health care will continue to increase. HRSA can help both groups by increasing the number of dentists in community and school-based centers and by providing greater reimbursements to hospital dental clinics and dental schools for the growing costs of treating people living with HIV/AIDS.

We would also point out that the Organ Donation and Recovery Improvement Act of 2004 was enacted with the important goal of assisting in removing financial disincentives to donate life saving organs, better coordinating organ donation in hospitals, and improving the practice of organ recovery. This law has yet to be funded, however. As such, FY 2008, the fourth year of the five-year authorization, is a critical year to achieve funding and the national goals.

We urge the members of the Subcommittee to restore the allocations that were cut and fund the agency at a level that allows HRSA to effectively implement these important programs. The members of the Friends of HRSA are grateful for this opportunity to present our views to the Subcommittee.