

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

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## Testimony of the Friends of the HRSA Concerning the Health Resources and Services Administration's Budget for Fiscal Year 2010 House Appropriations Subcommittee on Labor, Health and Human Services and Education Submitted for the Record May 1, 2009

The Friends of the Health Resources and Services Administration (HRSA) is a non-profit and non-partisan alliance of more than 140 national organizations, collectively representing millions of public health and health care professionals, academicians and consumers. The coalition's principal goal is to ensure that HRSA's broad health programs have continued support in order to reach the populations presently underserved by the nation's patchwork of health services.

Through its programs in every state and thousands of communities across the country, HRSA is a national leader in providing a health safety net for medically underserved individuals and families, including 86.7 million Americans who were uninsured for some or all of 2007-2008; 50 million Americans who live in neighborhoods where primary health services are scarce; more than one million people living with HIV/AIDS, and 34 million vulnerable mothers and children, including children with special health needs. **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 \$8.5 billion for fiscal year (FY) 2010.**

For several years, HRSA has suffered from relatively level funding, undermining the ability of its successful programs to grow. Our request reflects the minimum amount necessary for HRSA to adequately meet the needs of the populations they serve in FY 2010, especially during these difficult economic times that are causing an increase in demand for HRSA programs and funding. Much more is needed for the agency to achieve its ultimate mission of ensuring access to culturally competent, quality health services for all; eliminating health disparities; and rebuilding the public health and health care infrastructure.

The coalition is very appreciative of the \$2.5 billion HRSA received in the American Recovery and Reinvestment Act of 2009 for community health centers and health professions workforce development to prepare our health infrastructure for health system reform. This investment recognizes the critical role HRSA plays in building the foundation for health service delivery. However, we urge the Subcommittee to support adequately funding all of HRSA's broad health programs and ensure that vulnerable populations transition smoothly into a new health system and receive continued, quality health services. By supporting, planning for and adapting to change, we can build on the successes of the past and address the new gaps that emerge as a result of health system reform.

Our \$8.5 billion funding request is based on recommendations provided by coalition members for the various programs they focus on. It includes \$2.602 billion for the Health Centers program, the fully authorized level under the Health Care Safety Net Act of 2008, as part of a long-term plan to provide care to 30 million Americans by 2015. Thanks to the leadership of the Subcommittee, more than 7,000 health centers in every state and territory provide a health care home for more than 18 million medically underserved and low-income patients, and demand for their services continues to grow. The Health Centers program targets populations with special needs, including migrant and seasonal farm workers, homeless individuals and families, and those living in public housing. Health centers provide access to

high-quality, family-oriented, culturally and linguistically competent primary care and preventive services, including mental and behavioral health, vision, and dental services. 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 Subcommittee to continue its support of existing health centers and efforts to expand the reach and scope of the Health Centers program into new communities.

Coalition members recommend \$235 million for the National Health Service Corps (NHSC), the amount authorized under the Health Care Safety Net Amendments of 2002. Approximately 50 million Americans live in communities with a shortage of health professionals, lacking adequate access to primary care. The Corps supports the recruitment and retention of primary care clinicians to practice in underserved communities in exchange for scholarships and loan repayment. The Corps supports over 4,000 clinicians, with over half working in community health centers. Growth in the Health Centers program must be complemented with growth in the recruitment and retention of primary care clinicians to ensure adequate staffing.

Coalition members recommend \$550 million for health professions programs under Title VII and VIII of the Public Health Service Act. These programs are an essential component of America's health safety net and work in concert with the Health Centers Program and National Health Service Corps to enhance the supply, distribution and diversity of the health professions workforce. They are the only federal programs that support the education and training of primary care providers in interdisciplinary settings to work in underserved communities and increase minority representation in the health professions workforce. Through loans, scholarships and grants to academic institutions and non-profit organizations, these programs provide support for the training of primary care physicians, nurses, dentists, optometrists, physician assistants, nurse practitioners, public health personnel, mental and behavioral health professionals, pharmacists, health educators, and other allied health providers. Adequate funding will reduce provider shortages in rural, medically underserved and federally designated health professions shortage areas and strengthen the pipeline of new providers that Health Centers and other safety-net health facilities need to meet the long-term needs of underserved communities. In addition, we recommend funds be appropriated to re-establish the National Center for Health Workforce Analysis to conduct and support statistical and epidemiological activities for assessing and improving decision-making to enhance the supply, distribution, diversity, and development of the current and future public health workforce. Finally, we urge the Committee to provide funding for the grant program under section 758 of the Public Health Service Act to develop interdisciplinary training and education programs on domestic violence and other types of violence and abuse as authorized by the Violence Against Women and Department of Justice Reauthorization Act of 2005.

We recommend \$330 million for the Children's Hospital Graduate Medical Education (GME) Program, the amount authorized under the Children's Hospital GME Support Reauthorization Act of 2006. This program provides funds to freestanding children's hospitals to support the training of pediatric and other residents in GME programs. This program ensures that pediatric hospitals receive federal funding comparable to other types of hospitals. We also request a significant investment in the Patient Navigator program that places navigators in underserved communities to help people with cancer and/or other chronic diseases make their way through the health systems and utilize community services that will help them beat chronic disease for longer, healthier lives.

We recommend \$850 million for the Maternal and Child Health (MCH) block grant, the fully authorized level under Title V of the Social Security Act. For over 70 years, the MCH block grant has provided a source of flexible funding for states and territories to address their unique needs related to improving the

health of mothers, infants, children, adolescent, and children with special health care needs. Today, this program provides prenatal services to over two million mothers—almost half of all mothers who give birth annually—and primary and preventive care to over 17 million children, including almost one million children with special needs. Fully funding the MCH block grant will enable states to expand critical health services and cope with ever increasing medical costs.

Newborn screening is a vital public health activity used to identify and treat genetic, metabolic, hormonal, and functional conditions in newborns. Screening detects heritable disorders in newborns that, if left untreated, can cause disability, mental retardation, serious illnesses, or even death. While nearly all babies born in the U.S. undergo newborn screening for genetic birth defects, the number of these tests varies from state to state. We recommend \$30 million for the Heritable Disorders Program to support state efforts to improve programs, to acquire innovative testing technologies, and to increase capacity to reach and educate health professionals and parents on newborn screening programs and follow-up services. These activities and the funding level are authorized by the Newborn Screening Saves Lives Act.

We recommend \$16 million for the Traumatic Brain Injury (TBI) program in order to better serve the 5.3 million Americans with a long-term or lifelong need for help to perform daily activities as a result of a TBI, including many of our returning war veterans. The TBI Program provides 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. The TBI program also provides funds to state protection and advocacy programs that work to ensure that people with TBI get access to the supports and services they need.

We recommend \$25 million for the Emergency Medical Services for Children (EMSC) program to address 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 provide funding for states and territories to improve existing emergency medical services systems and develop better procedures and protocols for treating children. Additional funding is needed to maintain and improve the program's activities, take advantage of important opportunities and address emerging threats such as terrorism.

We recommend \$2.816 billion for the Ryan White HIV/AIDS programs, which is the estimated amount necessary to provide health services to all eligible individuals. The Ryan White programs provide the largest source of federal discretionary funding to support health services for more than 500,000 low-income, uninsured and underinsured people living with HIV/AIDS. Through grants to state and local governments and community-based organizations, the Ryan White HIV/AIDS programs support comprehensive care, drug assistance and support services for people living with HIV/AIDS; provide training for health professionals treating people with HIV/AIDS; provide assistance to metropolitan and other areas most severely affected by the HIV/AIDS epidemic; and address the disproportionate impact of HIV/AIDS on women and minorities. A significant funding increase is needed to meet growing medical costs and incidence of HIV, particularly among underserved populations.

The Office of Rural Health Policy promotes better health services for the 60 million Americans who live in rural communities. These communities suffer from inadequate access to quality health services and experience the higher rates of illness associated with lower socioeconomic status. Rural Health Outreach and Network Development Grants, 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, Rural Health Research Centers help policymakers better understand the challenges that rural communities face in assuring access to health services and improving the health of their residents. Finally, the Rural and Community Access to Emergency Devices Program provides states with grants to train lay rescuers and first responders to use automated external defibrillators (AEDs) and purchase and place them in public areas where sudden cardiac arrests are likely to occur. We encourage the Subcommittee to adequately fund these important programs that address the many unique health service needs of rural communities.

We recommend \$700 million for the Family Planning programs under Title X of the Public Health Service Act. Title X programs provide comprehensive, voluntary and affordable family planning services to nearly five million low-income women at more than 4,500 clinics nationwide. Title X funded clinics help improve access to contraceptives, which help women plan the number and timing of their pregnancies, improve maternal and infant health, and help to prevent approximately 1.94 million unintended pregnancies each year, including nearly 400,000 teenage pregnancies. The Guttmacher Institute estimates that unintended pregnancies prevented each year would have resulted in 810,000 abortions and without publicly funded family planning programs, the U.S. abortion rate would be nearly two-thirds higher than the current level. Family planning is also cost-saving and for every public dollar invested in family planning, \$3.80 is saved in costs associated with unintended births to women who are eligible for Medicaid. Today, almost 17 million women need publicly supported contraceptive care – a number which continues to grow. Title X programs require a substantial increase in investment to meet the growing demand.

The Healthcare Systems Bureau provides national leadership on the transplantation of organs, bone marrow and cord blood. The recently-passed Budget Resolution Conference Agreement calls for increased funding for “the organ transplant program.” Coalition members recommend \$35 million for the Division of Transplantation in order to meet the Office of Management and Budget’s goal of doubling the number of transplants by 2013 and reduce the waiting list of 101,951 people in need of a life saving organ transplant. We recommend \$38 million for the C.W. Bill Young Cell Transplantation Program, the amount authorized by the Stem Cell Therapeutic and Research Act of 2005. This program helps patients who need a potentially life-saving bone marrow or cord blood transplant, including patients with diseases like leukemia, lymphoma, sickle cell anemia, or other inherited metabolic or immune system disorders. We also recommend the fully authorized \$15 million for the National Cord Blood Inventory, which collects and maintains high-quality cord blood units and makes them available for transplantation through the C.W. Bill Young Cell Transplantation Program.

Poison Control Centers, also administered by the Healthcare Systems Bureau, are a critical resource for people, health professionals and organizations. Poisoning can happen to anyone, at anytime in any place and can lead to serious illness or even death. Each year, more than two million possible poisonings are reported to the nation’s poison centers. On average, poison centers handle one possible poisoning every 13 seconds. These critical centers cannot afford to lose any resources and we encourage the subcommittee to fully fund this program.

Finally, we recommend a significant funding increase for HRSA’s program management and staffing needs. Since 2001, HRSA has experienced a decline of almost 600 full-time equivalent employees. While HRSA has continued to administer its many programs effectively, the agency is facing ever growing demands as a result of the economic crisis and a changing health system. We strongly urge the

Subcommittee to increase program management funds to provide the agency with the necessary human and other resources to ensure the programs it administers are effective and improve the health of the American public.

We appreciate the Subcommittee's hard work in advocating for HRSA's programs in a climate of competing priorities. The members of the Friends of HRSA thank you for considering our **FY 2010 request for \$8.5 billion for HRSA** and are grateful for this opportunity to present our views to the Subcommittee.

Academic Pediatric Association  
Advocates for Youth  
AIDS Action  
AIDS Alliance for Children, Youth and Families  
AIDS Foundation of Chicago  
The AIDS Institute  
AIDS Project Los Angeles  
The Alan Guttmacher Institute  
Allergy and Asthma Network Mothers of  
Asthmatics  
Alliance for Academic Internal Medicine  
American Academy of Family Physicians  
American Academy of Nurse Practitioners  
American Academy of Nursing  
American Academy of Ophthalmology  
American Academy of Pediatrics  
American Academy of Physician Assistants  
American Association of Colleges of Podiatric  
Medicine  
American Association for Dental Research  
American Association of Colleges of Nursing  
American Association of Colleges of  
Osteopathic Medicine  
American Association of Colleges of Pharmacy  
American Association of Family and Consumer  
Services  
American Association of Nurse Anesthetists  
American Association of Orthopedic Surgeons  
American Association on Intellectual and  
Developmental Disabilities  
American Cancer Society  
American College of Nurse-Midwives  
American College of Obstetricians and  
Gynecologists  
American College of Physicians  
American College of Preventative Medicine  
American Counseling Association  
American Dental Association  
American Dental Education Association  
American Dental Hygienists' Association  
American Dietetic Association  
American Federation of State, County and  
Municipal Employees  
American Foundation for AIDS Research  
American Heart Association  
American Hospital Association

American Medical Student Association  
American Medical Women's Association  
American Nephrology Nurses' Association  
American Nurses Association  
American Occupational Therapy Association  
American Optometric Association  
American Pediatric Society  
American Physical Therapy Association  
American Podiatric Medicine Association  
American Psychiatric Association  
American Psychological Association  
American Public Health Association  
American Red Cross  
American School Health Association  
American Society for Microbiology  
American Society for Reproductive Medicine  
Americans for Democratic Action  
The Arc  
Asian and Pacific Islander American Health  
Forum  
Association for Prevention Teaching and  
Research  
Association of Academic Health Centers  
Association of American Medical Colleges  
Association of American Veterinary Medical  
Colleges  
Association of Clinicians for the Underserved  
Association of Departments of Family Medicine  
Association of Family Medicine Residency  
Directors  
Association of Maternal and Child Health  
Programs  
Association of Medical School Pediatric  
Department Chairs  
Association of Minority Health Professions  
Schools  
Association of Organ Procurement  
Organizations  
Association of Professors of Medicine  
Association of Public Health Laboratories  
Association of Reproductive Health  
Professionals  
Association of Schools of Allied Health  
Professionals  
Association of Schools of Public Health

Association of State and Territorial Directors of Nursing  
 Association of State and Territorial Health Officials  
 Association of University Centers on Disabilities  
 Association of Women's Health, Obstetric and Neonatal Nurses  
 Avancer Health Policy  
 CAEAR Coalition  
 Catholic Health Association of the U.S.  
 Center for Health Policy Research and Ethics, GMU  
 Center for the Advancement of Health  
 Center for Women Policy Studies  
 Center on Disability and Health  
 Charles Drew University  
 Children's Defense Fund  
 Coalition for American Trauma Care  
 Coalition for Health Funding  
 Coalition for Health Services Research  
 Consortium of Social Science Associations  
 Council of Accredited MPH Programs  
 Easter Seals  
 Emergency Nurses Association  
 Epilepsy Foundation  
 Families USA  
 Family Violence Prevention Fund  
 Health and Medicine Counsel of Washington  
 HIV Medicine Association  
 Human Rights Campaign  
 Infectious Diseases Society of America  
 Institute for Children's Environmental Health  
 Latino Council on Alcohol and Tobacco  
 Legal Action Center  
 March of Dimes  
 Meharry Medical College  
 Morehouse School of Medicine  
 NAADAC, the Association for Addiction Professionals  
 National AHEC Organization  
 National Alliance of State and Territorial AIDS Directors  
 National Assembly on School-Based Health Care  
 National Association of Addiction Treatment Providers  
 National Association of Community Health Centers  
 National Association of Councils on Developmental Disabilities  
 National Association of County and City Health Officials  
 National Association of Local Boards of Health  
 National Association of People with AIDS  
 National Association of Public Health Statistics and Information Systems  
 National Association of Public Hospitals and Health Systems  
 National Association of Rural Health Clinics  
 National Association of Social Workers  
 National Associations of Children's Hospitals  
 National Black Nurses Association  
 National Coalition for the Homeless  
 National Council for Diversity in the Health Professions  
 National Council of La Raza  
 National Disability Rights Network  
 National Episcopal AIDS Coalition  
 National Family Planning and Reproductive Health Association  
 National Health Care for the Homeless Council  
 National Hemophilia Foundation  
 National Hispanic Medical Association  
 National League for Nursing  
 National Marrow Donor Program  
 National Medical Association  
 National Minority AIDS Council  
 National Network for Youth  
 National Rural Health Association  
 North American Primary Care Research Group  
 Oncology Nursing Society  
 Organizations of Academic Family Medicine  
 Partnership for Prevention  
 Planned Parenthood Federation of America  
 Sexuality Information and Education Council of the United States  
 Society for Adolescent Medicine  
 Society for Pediatric Research  
 Society for Public Health Education  
 Society for the Psychological Study of Social Issues  
 Society of General Internal Medicine  
 Society of Teachers of Family Medicine  
 Trust for America's Health

U.S. Conference of Mayors