

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

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**Statement of the Friends of the Health Resources and Services Administration  
On the Health Resources and Services Administration Budget for Fiscal Year 2009  
House Committee on Appropriations  
Subcommittee on Labor, Health and Human Services and Education  
Submitted for the Record  
March 31, 2008**

The Friends of the Health Resources and Services Administration (HRSA) is a non-profit and non-partisan alliance of more than 120 national organizations, collectively representing millions of public health and healthcare professionals, academicians and consumers. Our member-organizations strongly support the programs at HRSA designed to ensure Americans' access to health services, and the elimination of health disparities.

Through its programs in thousands of communities across the country, HRSA provides a health safety net for medically underserved individuals and families, including 47 million Americans who lack health insurance, 50 million Americans who live in neighborhoods where primary health care services are scarce, and more than one million people living with HIV/AIDS. HRSA funding goes where the need exists, in communities all over America and especially among populations experiencing racial/ethnic and rural/urban disparities in health status. 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, as well as HRSA long-time commitment to enhancing the health resources that lay the foundation for health care delivery across the country. 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 \$7.9 billion for fiscal year (FY) 2009.**

The Friends of HRSA are gravely concerned about the President's budget recommendation of \$992 million in cuts for FY 2009, including over 20 program eliminations. These proposed cuts would considerably undermine the agency's ability to achieve its goals of improving access and eliminating disparities. A significantly greater investment is necessary to adequately fund HRSA's many programs and new initiatives that help millions of Americans live healthier, more productive lives. In the 21<sup>st</sup> century, rapid advances in research and technology promise unparalleled advances in the nation's health care delivery system. HRSA could be well positioned to meet these new challenges in providing needed health care to the nation's most vulnerable citizens.

In the President's budget, the Bureau of Primary Care received a \$27 million increase over the FY 2008 funding level, all of which is designated for the Health Centers Program. This will continue to support the over 1,000 grantees that provide primary healthcare services to an estimated 17.1 million medically underserved and low-income patients. It will also fund up to 40 new access point grants and 25 planning grants. 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, vision, and dental services. Forty percent of health center patients are uninsured, 64 percent are from racial and ethnic minority groups, and over 92 percent live below 200 percent of the Federal poverty level. 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 the Health Centers Program into new communities.

In the President's budget, the National Health Service Corps received a \$3 million cut. 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 3,400 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. This cannot be accomplished with the proposed funding cut.

The Bureau of Health Professions received the largest cut - \$542 million - in the President's budget. This cut includes the proposed elimination of most Health Professions Programs authorized under Titles VII and VIII of the Public Health Service Act and the Children's Hospital Graduate Medical Education Program. The budget eliminates all Title VII health professions programs and provides only \$110 million for the Title VIII nursing workforce development programs. These programs are an essential component of America's healthcare safety net, bringing healthcare providers to underserved communities and filling the gaps in the health professions supply not met by traditional market forces. The Title VII and VIII programs work in concert with the Health Centers Program and the National Health Service Corps to strengthen the healthcare safety net by enhancing the supply, distribution and diversity of the health professions workforce. They are the only federal programs designed to train providers in interdisciplinary settings to meet the needs of underserved populations 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, physician assistants, advanced practice nurses, public health personnel, psychologists, pharmacists, healthcare educators, and other allied health providers. In addition, the Patient Navigator program places navigators in health facilities to help underserved populations take advantage of prevention tools and get the quality care they need. We are concerned that eliminating most of the health professions programs will exacerbate existing provider shortages in rural, medically underserved, and federally designated health professions shortage areas. Cuts to the Health Professions Programs threaten to disrupt the pipeline of new providers that Health Centers and other safety-net health facilities need to meet the long-term needs of underserved communities. Cuts also will impede the recruitment of underrepresented minorities and students of disadvantaged backgrounds into the health professions, which will intensify health disparities. Furthermore, we are concerned about the impact health professions cuts will have on children's care, through the elimination of the Children's Hospital Graduate Medical Education Program, and our aging Baby Boomer generation, through the elimination of Title VII geriatric education programs. We strongly encourage the Subcommittee to restore funding to these vital programs.

The President's budget would cut the Maternal and Child Health (MCH) Programs by \$39 million. Among these programs, the budget recommends level funding for the MCH Title V Block Grant at \$666 million for FY 2009, an appropriation slightly higher than that received in FY 1993 without adjusting for inflation. 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 and children, including reducing the infant mortality rate of 6.9 deaths per 1,000 live births nationwide. 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. This funding level present a daunting challenge to state maternal and child health programs trying to cope with greater need and ever increasing medical costs. Furthermore, the

President's budget eliminates the Traumatic Brain Injury (TBI), Universal Newborn Hearing Screening and Emergency Medical Services for Children programs. Without these programs, the services and associated costs will be borne by the MCH Block Grant.

Nationally, at least 5.3 million Americans suffer from the effects of TBI and have a long-term or lifelong need for help to perform activities of daily living. This results in an estimated societal cost of over \$60 billion per year in direct medical costs and indirect costs like lost productivity. 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 which work to ensure that people with TBI get access to the supports and services they need. TBI can strike anyone at any time—from falls, vehicle crashes, sports injuries, violence, and other causes. Despite the 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 President's FY 2009 budget eliminates the TBI Program. We encourage the Subcommittee to restore funding for this critical program.

Every day, 33 babies are born with hearing loss in the U.S. making it the most common birth defect (three out of every 1,000 infants). Newborn hearing screening is cost-efficient and lowers the age at which children with congenital permanent hearing loss are identified. Research shows that children who are identified early and enrolled in an intervention program by six months of age adapt better socially and perform better academically. More than 90 percent of newborns are screened for hearing loss prior to hospital discharge and this practice is now the standard of care in the United States. The Universal Newborn Hearing Screening Program provides 53 grants to states and territories supporting statewide systems of newborn hearing screening, audiologic diagnostic testing before three months of age, and enrollment in early intervention programs before the age of six months, with ties to a medical home and family-to-family support services. We are dismayed that the President's FY 2009 budget eliminates this program and we encourage the Subcommittee to restore its funding.

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 highlights 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 and evaluate better procedures and protocols for treating children. Children are not merely small adults; they have unique and specific needs that this program works to address. We request that the EMSC program be restored and fully funded to ensure children receive optimal medical care.

The MCH Block Grant also supports state newborn screening activities through the Special Projects of Regional and National Significance (SPRANS). We encourage that \$4.9 million of SPRANS funding be set-aside for newborn screening activities, an increase of \$3 million over FY 2008. 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 disability, mental retardation, serious illnesses, or even death. Parents are often unaware that while nearly all babies born in the U.S. 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. As of March 2008, only 19 states and the District of Columbia currently screen for all 29 conditions.

The Office of Rural Health Policy received a \$150 million cut in the President's FY 2009 budget, an 86 percent reduction over FY 2008. This Office promotes better healthcare services for the almost one quarter of our population that lives in rural communities. These communities suffer from inadequate access to quality healthcare and experience the higher rates of illness associated with a lower socioeconomic status. The proposed cuts include the elimination of the Rural Access to Emergency Devices, the Rural Hospital Flexibility Program, Rural Outreach grants, the Denali Commission, and the Delta Health Initiative. The Rural Access to Emergency Devices grant program helps rural communities purchase automated external defibrillators (AEDs) and provides first responders training in their use and maintenance. Sudden cardiac arrest strikes over 160,000 Americans each year and these devices can more than double a victim's chance of survival. The Rural Hospital Flexibility Program provides grants to State governments for a variety of purposes such as to develop and implement Rural Health Plans, stabilize rural hospitals and help them obtain designation as "Critical Access Hospitals", improve and integrate emergency medical services, and improve the quality of care in rural communities. Rural Outreach grants support the development of new and innovative healthcare delivery systems in rural communities that lack essential healthcare service. These grants fund a variety of programs that provide care to at least two million rural citizens across the country that would not otherwise have access to these services, including hospice, pediatric dental care and prenatal care. The Denali Project supports health infrastructure development in Alaska by providing resources for the planning, design and construction of primary healthcare facilities. Finally, the Delta Health Initiative funds rural organizations to address local healthcare needs in the rural Delta region. Programs funded through the Initiative have provided services to over 300,000 people including chronic disease management, access to pharmacy services, practice management services, oral health, school-based health services, mental health/substance abuse services, and teenage pregnancy prevention. We encourage the Subcommittee to restore funding to these important programs that address the many unique healthcare needs of rural communities.

The HIV/AIDS Bureau, which administers the Ryan White HIV/AIDS Program, received a meager \$1 million increase in the FY 2009 proposed budget. Over one million Americans are living with HIV. This program provides the largest single source of federal discretionary funding for HIV/AIDS health care for more than half a million low-income, uninsured and underinsured Americans. The proposed funding level is insufficient to meet a growing demand of people seeking care and stagnant funding 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 budgets to treat existing clients while trying to provide care and treatment to those newly diagnosed as HIV-positive. We strongly encourage the Committee to increase its commitment to the HIV/AIDS Bureau and efforts to expand the reach and scope of the Ryan White HIV/AIDS Program to more people living with HIV/AIDS.

The AIDS Drug Assistance Programs (ADAP) received a \$6 million increase in the President's FY 2009 proposed budget. Unfortunately, this program, which provides life-sustaining treatment to 159,000 people living with HIV/AIDS, cannot be sustained on such an increase. ADAP grow by 386 new clients per month. Without significant increases, States are expected to have to institute additional cost-containment measures such as waiting lists, reduced formularies, increased cost-sharing for ADAP clients, and lowered eligibility requirements for enrollment.

The Title X Family Planning programs, level funded in the President's budget, provide comprehensive, voluntary and affordable family planning services to nearly five million low-income women and men —

many of whom are uninsured — at more than 4,400 clinics nationwide. Title X funded clinics help improve access to contraceptives, which help women plan the number and timing of their pregnancies, improves maternal and infant health, and helps to prevent approximately 1.3 million unplanned pregnancies each year, nearly half of which would end in abortion. In fact, for every public dollar invested in family planning, \$3.80 is saved in Medicaid costs for pregnancy and newborn care. In addition, they provide a broad package of preventive health services, including breast and cervical cancer screening, blood pressure checks, anemia testing, and STD/HIV screening. Today, almost 17 million women need publicly supported contraceptive care — a number which continues to grow. These programs require a substantial increase in investment to meet the growing demand and medical inflation.

The C.W. Bill Young Cell Transplantation Program received a \$1 million cut in the FY 2009 proposed budget. 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. Today, only 72 percent of Americans can find an adult match on the National Registry and for minority populations that number is significantly lower. The proposed funding reduction would compromise the program's ability to provide greater access to transplants for patients with these disorders and expand research with the aim of improving patient outcomes.

The President's budget cut funding for the Poison Control Centers by a devastating 63 percent, \$17 million under the FY 2008 level. These centers 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.

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) jointly implementing outreach on the 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, as well as children with developmental disabilities. 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 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.