The Friends of HRSA coalition is a nonpartisan coalition of nearly 170 national organizations representing tens of millions of public health and health care professionals, academicians and consumers invested in the Health Resources and Services Administration’s mission to improve health outcomes and achieve health equity. We are pleased to submit our request of $8.56 billion for the Health Resources and Services Administration in FY 2020. We strongly urge you to reject the many proposed cuts to important HRSA programs contained in the president’s FY 2020 budget proposal.

HRSA’s 90-plus programs and more than 3,000 grantees support tens of millions of geographically isolated, economically or medically vulnerable people, in every state and U.S. territory, to achieve improved health outcomes by increasing access to quality health care and services; fostering a health care workforce able to address current and emerging needs; enhance population health and address health disparities through community partnerships; and promote transparency and accountability within the health care system. The agency is a national leader in improving the health of Americans by addressing the supply, distribution and diversity of health professionals and supporting training in contemporary practices, and providing high-quality health services to populations who may otherwise not have access to health care.

HRSA programs work 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 increase the number of primary care providers at health centers and other direct providers of health care.
services for underserved areas and populations. AHECs play an integral role to recruit providers into primary health careers, diversify the workforce and develop a passion for service to the underserved among future providers.

HRSA’s programs also work in collaboration across the federal government to enhance health outcomes. For example, HRSA’s HIV/AIDS Bureau partners with the Office of the Assistant Secretary for Health, the Centers for Disease Control and Preventions, the Substance Abuse and Mental Health Services Administration, the Centers for Medicare and Medicaid Services, the Indian Health Services, the National Institutes of Health, the Agency for Healthcare Research and Quality, the Department of House and Urban Development, the Department of Veterans Affairs and the Department of Justice to ensure an effective use of resources, and a coordinated and focused public health response to the HIV epidemic. This federal response has contributed to the number of annual HIV infections dropping 18 percent since 2008, with HRSA’s Ryan White HIV/AIDS Program serving as the foundation for delivering health care and support services to reach the public health goal of ending the HIV epidemic. Despite this success, an estimated 1.1 million people in the U.S. are living with HIV today, and nearly 40,000 become newly infected every year – 1 in 7 of whom are unaware of their infection. HRSA programs will play an integral role in achieving the public health goal of ending the HIV epidemic.

HRSA grantees also play an active role in addressing emerging health challenges. For example, HRSA’s grantees provide outreach, education, prevention, screening and treatment services for populations affected by health emergencies such as the opioid epidemic. However, much of this work required additional funding to increase capacity in health centers, support National Health Service Corps providers to deliver relevant care and expand rural health services. Strong, sustained funding would allow HRSA to quickly and effectively respond to
emerging and unanticipated future health needs across the U.S., while continuing to address persistent health challenges.

HRSA programs and grantees are providing innovative and successful solutions to some of the nation’s greatest health care challenges including the rise in maternal mortality, the severe shortage of health professionals, the high cost of health care, and behavioral health issues related to substance use disorder – including opioid misuse. We are grateful for the increases provided for HRSA programs in the FY 2019, however HRSA’s discretionary budget authority remains nearly 20% below the FY 2010 level (adjusted for inflation). We recommend Congress build upon the important increases they provided for HRSA programs in FY 2019 and provide $8.56 billion for HRSA’s total discretionary budget authority in FY 2020. Additional funding will allow HRSA to pave the way for new achievements and continue supporting critical HRSA programs, including:

- **Primary care programs** support more than 11,000 health center sites in every state and territory, improving access to preventive and primary care for more than 28 million people in geographic areas with few health care providers. Health centers coordinate a full spectrum of health services including medical, dental, vision, behavioral and social services in the nation’s most underserved communities. Health centers reach 1 in 3 people living at or below the federal poverty line; 1 in 5 rural residents; 1 in 5 uninsured persons; and 1 in 6 Medicaid beneficiaries.

- **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 an emphasis 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 geographic distribution and diversity of the workforce.

- **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 and maternal mortality, prevent chronic conditions and improve access to quality health care for mothers and babies. 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 coordinated long-term follow-up is available for babies with a positive screen. They also help improve early identification and coordination of care for children with sensory disorders, autism and other developmental disabilities. The MCH Block Grants funded 59 states and jurisdictions to provide health care and public health services for an estimated 56 million people, reaching 86% of pregnant women, 99% of infants, and 55% of children nationwide.

- **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 to 550,000 people impacted by HIV/AIDS. HRSA’s Ryan White HIV/AIDS Program effectively engages clients in comprehensive care and treatment, including increasing access to HIV medication, which has resulted in 86% of clients achieving viral suppression, compared to just 59% of all people living with HIV nationwide. Additionally, the program provides education and training for health professionals treating people with HIV/AIDS, and works toward addressing the disproportionate impact of HIV/AIDS on racial and ethnic minorities.

- **Title X** ensures access to a broad range of reproductive, sexual and related preventive health services for more than 4 million women, men and adolescents, with priority given to low-income
individuals. Services include patient education and counseling for family planning; provision of contraceptive methods; cervical and breast cancer screenings; sexually transmitted disease prevention education, testing and referral; and pregnancy diagnosis. This program helps improve maternal and child health outcomes and promotes healthy families.

- **Rural health programs** improve access to care for people living in rural areas. The Office of Rural Health Policy serves as the nation’s primary advisor on rural policy issues, conducts and oversees research on rural health issues and administers grants to support health care delivery in rural communities. Rural health 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. Special programs also include the Poison Control Program, the nation’s primary defense against injury and death from poisoning for over 50 years. Poison control centers contribute to significantly decreasing a patient’s length of stay in a hospital and save the federal government $662.8 billion each year in medical costs and lost productivity.

  Our recommendation is based on the need to continue improving the health of Americans and to provide HRSA with the resources needed to pave the way for new achievements. We urge you to consider HRSA’s central role in strengthening the nation’s health and advise you to adopt our FY 2020 request of $8.56 billion for HRSA’s discretionary budget authority. Thank you for the opportunity to submit our recommendation to the subcommittee.