Dear Chairwoman DeLauro, Chairman Blunt and Ranking Members Cole and Murray:

The undersigned members of the Friends of HRSA coalition recommend providing $8.56 billion for discretionary Health Resources and Services Administration programs in the FY 2020 Labor, Health and Human Services, Education, and Related Agencies appropriations bill. We are grateful for the increases provided for HRSA programs in FY 2019, but HRSA’s discretionary budget authority is far too low to effectively address the nation’s current health care needs. Additional funding will allow HRSA to fill preventive and primary health care gaps and to build upon the achievements of HRSA’s more than 90 programs and more than 3,000 grantees.

Friends of HRSA is a nonpartisan coalition of nearly 170 national organizations representing public health and health care professionals, academicians, and consumers invested in HRSA’s mission to improve health and achieve health equity. The coalition advocates for strengthening funding levels for HRSA’s discretionary budget authority to enable the agency to keep pace with the persistent and changing health demands of the nation’s growing, aging and diversifying population and constantly evolving health care system.

HRSA is a national leader in improving the health of Americans by addressing the supply, distribution and diversity of health professionals, supporting training in contemporary practices and providing quality health services to the nation’s most vulnerable populations. This includes people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access high quality health care. HRSA also oversees organ, bone marrow and cord blood donation, compensates individuals harmed by vaccination and maintains databases that protect against health care malpractice, waste, fraud and abuse.

Investing in programs that keep people healthy is important for the vitality of our nation. HRSA programs have been successful in improving the health of people at highest risk for poor health outcomes. The agency supports efforts that increase access to quality care, better leverage existing investments and achieve improved health outcomes at a lower cost. For example:
HRSA supports over 11,000 community health centers which serve as the primary medical home to nearly 28 million people, providing comprehensive, cost-effective care by reducing barriers such as cost, lack of insurance, distance, and language for their patients.

HRSA supports the health workforce across the entire training continuum by strengthening the health workforce and connecting skilled professionals to communities in need.

HRSA’s Maternal and Child Health programs support patient-centered, evidence-based programs that optimize health, minimize disparities and improve health care access for medically and economically vulnerable women, infants and children.

HRSA’s Ryan White HIV/AIDS Program provides medical care and treatment services to over half a million people living with HIV. Ryan White programs effectively engage clients in comprehensive care and treatment, including increasing access to HIV medication, which has resulted in 85% of clients achieving viral suppression, compared to just 49% of all people living with HIV nationwide.

HRSA supports healthcare systems programs that increase access and availability of lifesaving bone marrow, cord blood and donor organs for transplantation. Additionally, the Healthcare Systems Bureau supports poison control centers, which contribute to significantly decreasing a patient’s length of stay in a hospital and save the federal government $662.8 million each year in medical costs and lost productivity.

HRSA supports community- and state-based solutions to improve rural community health by focusing on quality improvement, increasing health care access, coordination of care and integration of services that are uniquely designed to meet the needs of rural communities.

HRSA’s Title X Family Planning reduces unintended pregnancy rates, limits transmission of sexually transmitted infections and increases early detection of breast and cervical cancer by ensuring access to family planning and related preventive health services to more than 4 million women, men and adolescents.

HRSA also supports training, technical assistance and resource development to assist public health and health care professionals better serve individuals and communities impacted by intimate partner violence.

Additionally, the Trump Administration has announced a new proposal to help end the domestic HIV epidemic, including new investments in HRSA’s Ryan White Program and community health center program. Increasing support for comprehensive and effective HIV prevention, care, and treatment is essential, as is ensuring robust support for all of HRSA’s programs, if our nation hopes to end the HIV epidemic.

In addition to discretionary funding, HRSA receives mandatory funding for multiple programs. At the end of FY 2019, mandatory funding is slated to expire for community health centers, the National Health Service Corps, Teaching Health Centers Program, and Family-to-Family Health Information Centers. Together, mandatory resources for these programs account for more than 40 percent of HRSA’s total program level. We urge the Labor-HHS-Education appropriations committees to work with your authorizing colleagues to ensure continued funding for these programs. In the absence of continued mandatory funding for these programs, it will be exceedingly difficult to address these shortfalls in the Labor-HHS-Education appropriations bill.

The nation faces a shortage of health professionals, and a growing and aging population which will demand more health care. HRSA is well positioned to address these issues and to continue building on the agency’s many successes, but a stronger commitment of resources is necessary to
effectively do so. We urge you to consider HRSA’s central role in strengthening the nation’s health and support a funding level of $8.56 billion for HRSA’s discretionary budget authority in FY 2020. For any questions regarding our request, please contact Gaby Witte at gabriella.witte@apha.org or 202-777-2513.

Sincerely,

American Public Health Association
1,000 Days
AcademyHealth
Allergy & Asthma Network
American Academy of Family Physicians
American Academy of Pediatrics
American Association for Dental Research
American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy
American Association on Health and Disability
American College of Obstetricians and Gynecologists
American College of Obstetricians and Gynecologists
American College of Physicians
American College of Preventive Medicine
American Dental Education Association
American Geriatrics Society
American Lung Association
American Medical Student Association
American Medical Women’s Association
American Optometric Association
American Organization of Nurse Executives
American Osteopathic Association
American Physical Therapy Association
American Psychological Association
American Society for Blood and Marrow Transplantation
Arizona Public Health Association
Association for Prevention Teaching and Research
Association of American Medical Colleges
Association of Clinicians for the Underserved
Association of Maternal & Child Health Programs
Association of Minority Health Professions Schools
Association of Schools and Programs of Public Health
Association of Schools of Allied Health Professions
Association of State and Territorial Health Officials
Association of Women’s Health, Obstetric and Neonatal Nurses
Autism Society of America
Autism Society of America
Autism Speaks
CAEAR Coalition
Coalition for Health Funding
Colorado Public Health Association
Commissioned Officers Association of the U.S. Public Health Service, Inc. (COA)
Connecticut Public Health Association
Emergency Nurses Association
Epilepsy Foundation
Family Voices
Futures Without Violence
Georgia Public Health Association
Health Professions and Nursing Education Coalition
Healthy Kinder International, LLC
Healthy Teen Network
HIV Medicine Association
IC & RC
Idaho Public Health Association
Illinois Public Health Association
Illinois Society for the Prevention of Blindness
Indiana Public Health Association
Lakeshore Foundation
Louisiana Public Health Association
Maine Public Health Association
March of Dimes
Maryland Public Health Association
Minnesota Public Health Association
Missouri Public Health Association
Montana Public Health Association
NAADAC, the Association for Addiction Professionals
National AHEC Organization
National Association of Pediatric Nurse Practitioners
National Council for Diversity in the Health Professions
National Family Planning & Reproductive Health Association
National Health Care for the Homeless Council
National Institute for Children's Health Quality (NICHQ)
National Kidney Foundation
National League for Nursing
National League for Nursing
National Marrow Donor Program/Be The Match
National Network of Public Health Institutes
National Network of Public Health Institutes
National Nurse-Led Care Consortium
National Organization of State Offices of Rural Health
North Carolina Public Health Association
Nevada Public Health Association
New Jersey Public Health Association
Ohio Public Health Association
Oklahoma Public Health Association
Oncology Nursing Society
Physician Assistant Education Association
Prevent Blindness
Prevent Blindness NC
Prevent Blindness Texas
Puerto Rico Public Health Association
Ryan White Medical Providers Coalition
Ryan White Medical Providers Coalition
San Francisco AIDS Foundation
School-Based Health Alliance
Society for Maternal-Fetal Medicine
South Carolina Public Health Association
Tennessee Public Health Association
Texas A&M University System
The AIDS Institute
The Gerontological Society of America
The National Association of Community Health Centers
Virginia Public Health Association
Wisconsin Public Health Association

Cc: House Appropriations Committee
    Senate Appropriations Committee