

April 22, 2021

The Honorable Patty Murray
Chairman
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Roy Blunt
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Chairwoman Murray and Ranking Member Blunt:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinical partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) writes to you as you consider funding for health care programs for fiscal year (FY) 2022.

We appreciate you considering the potential effect your decisions will have on hospitals' ability to provide care to their patients and communities, as well as meet the many challenges facing them. These challenges include continuing to respond to the COVID-19 pandemic, which includes numerous hospital preparedness efforts and addressing issues with personal protective equipment, as well as ongoing challenges related to workforce, behavioral health treatment and many other issues.

We ask you to give strong and favorable funding consideration to the following health care programs that have proven successful in improving access to quality health care for patients and communities across America. These programs have improved the health of our citizens, and we ask that you make funding these programs a priority in your FY 2022 appropriations measure.

Children's Hospitals Graduate Medical Education (CHGME). The CHGME program supports graduate medical education programs at children's hospitals that train resident physicians. The program was reauthorized in 2018 for an additional five years. The purpose of the program is to provide 59 independent children's hospitals in more than 30 states and territories with funds to train pediatricians and pediatric specialists. Freestanding children's hospitals typically treat very few Medicare patients and, therefore, do not receive Medicare funding to support medical training of residents; the CHGME program helps fill this need. In addition to teaching the next generation of physicians, these hospitals care for many vulnerable children. Currently, CHGME



hospitals train 43% of the nation's pediatricians and 55% of the pediatric specialists who care for children living in all 50 states. Unlike Medicare's GME program, CHGME is funded through annual appropriations. The program has enjoyed broad congressional support since its inception and is currently (FY 2021) funded at \$350 million. Providing increased funding for pediatric workforce training programs is even more important as we respond to the effect of COVID-19 on our children. **The AHA supports funding the CHGME program in FY 2022 at \$485 million.**

Strengthening the Health Care Workforce. A qualified, engaged, diverse workforce is the core infrastructure of our health care system. Yet COVID-19 has taken a heavy toll on our health care heroes who have been on the front lines of the pandemic with many suffering from trauma, burnout and increased behavioral health challenges. A number of hospitals have experienced critical staffing issues due to surges of very ill COVID-19 patients, as well as staff who are providing assistance in helping control the pandemic through testing, contact tracing and vaccine deployment. Additionally, we are increasingly hearing that practitioners are choosing to retire early, given the strain of the past year. Congress should support efforts to ensure an adequate, sustainable health care workforce.

Health Professions Education and Workforce Challenges. The AHA supports funding at the maximum level possible within the 302(b) allocation for the following Health Resources and Services Administration (HRSA) discretionary programs that seek to address workforce challenges:

- **Nursing Workforce Development under title VIII of the Public Health Service Act.** The Nursing Workforce Development programs support nursing education but also seek to add diversity to the nursing profession and improve access in rural and underserved communities. Nurses are integral members of the health care team. Each year, nursing schools must deny admission to thousands of potential students because they do not have enough faculty to teach these aspiring nurses.

The COVID-19 pandemic heightened the nursing shortage our country was already facing. Recognizing the need to grow and support the nursing workforce, Congress included the bipartisan Nursing Workforce Reauthorization Act in the Coronavirus Aid, Relief, and Economic Security (CARES) Act. It is imperative that funding for these programs reflects the heightened needs of our communities, especially as nurses across the country remain on the front lines of this public health crisis.

The AHA supports \$530 million for the Nursing Workforce Development programs and \$193 million for the National Institute of Nursing Research, one of 27 institutes of the National Institutes of Health.

- **Primary Care Medicine, Pediatric Subspecialty Loan Repayment, and Oral Health Training programs.** These programs improve health care access and quality in underserved areas by training general internists, family medicine practitioners,

general pediatricians, pediatric subspecialists, oral health providers, and physician assistants. **The AHA supports additional funding over last year's enacted level for these important programs.**

- **Health Professions Programs.** An adequate, diverse and well-distributed supply of health care professionals, including allied health care workers, is indispensable to our nation's health care infrastructure. Health professions programs help address problems associated with maintaining primary care providers in rural areas. These programs also support recruitment of individuals into the allied health professions. Our nation must maintain a vibrant workforce in the educational pipeline. Without decisive intervention, workforce shortages threaten hospitals' ability to care for patients and communities. Title VII programs play an essential role in improving the diversity of the health care workforce and connecting students to health careers by supporting recruitment, education, training and mentorship opportunities. Inclusive and diverse education and training experiences expose providers to backgrounds and perspectives other than their own and heightens cultural awareness in health care, resulting in benefits for all patients. **The AHA supports additional funding over last year's enacted level for Title VII Health Professions Programs.**
- **National Health Service Corps (NHSC).** The NHSC awards scholarships to health professions students and assists graduates of health professions programs with loan repayment in return for an obligation to provide health care services in underserved rural and urban areas. **The AHA supports maintaining investments in the NHSC.**
- **Centers of Excellence and the Health Careers Opportunity Programs.** These programs focus on recruiting and retaining minorities into the health professions to build a more diverse health care workforce. The Centers of Excellence grants strengthen the national capacity to train students from minority groups that are under-represented in allopathic and osteopathic medicine, dentistry and pharmacy, and behavioral or mental health. The Health Careers Opportunity program provides support for increasing the number of individuals from disadvantaged backgrounds in the health and allied health professions, and **the AHA supports these programs.**

Rural Health Programs. Rural health programs – such as the Medicare Rural Hospital Flexibility Grant Program, Rural Health Outreach and Network Development, State Offices of Rural Health, Rural Telehealth, Rural Policy Development and other health care programs – are vital to ensuring that needed services remain available in America's rural communities. **The AHA urges the Committee to support funding at the current level of \$330 million or more for these programs.**

Disaster/Emergency Preparedness. When disaster strikes, people turn to hospitals for help. Congress recognized that role when it created the Hospital Preparedness Program (HPP), the primary federal funding mechanism for health care emergency preparedness. Since 2002, the HPP has provided critical funding and other resources to states and other jurisdictions to use in

aiding hospitals' response to a wide range of emergencies. The HPP has allowed for enhanced planning and response; improved integration of public and private sector emergency planning to increase the preparedness, response and surge capacity of hospitals; and improved state and local infrastructures to help health systems and hospitals prepare for public health emergencies.

However, funding for the HPP has not kept pace with the ever-changing and growing threats faced by hospitals, health care systems and their communities. Furthermore, in recent years, hospitals have received only a fraction of the HPP funds. As the COVID-19 pandemic made clear, our health care system needs far more assistance during a national crisis. To address these concerns, the AHA urges Congress to provide significantly more funding and, as it did in 2020, to allow HPP funds to be distributed to better reflect the central role that hospitals and health systems play in preparing for and responding to the increasing numbers of disasters and public health emergencies.

Authorized funding levels and annual appropriations have declined significantly since the program began. Authorized funding for the program fell from \$520 million in FY 2003 to \$385 million in FYs 2019 and 2020. Federal HPP appropriations dropped from a high of \$515 million in FYs 2003 and 2004, to a low of \$255 million for FYs 2014 through 2017. While appropriations for the program have increased slightly over the last four years, with \$300 million in appropriations for FY 2021, overall, HPP appropriations have fallen by 42% since the height of the program.

As the COVID-19 pandemic made clear, our health care and public health system needs ready access to vital supplies and resources in significantly greater quantities than normally used. It needs to be able to access additional staff support that is in ready reserve. And, it may need to adapt its physical structures, stand up temporary facilities, and expand its ability to diagnose, monitor and treat patients in a virtual environment.

Currently, HPP is not capable of meeting these needs. **We urge Congress to substantially increase funding over last year's enacted level for the HPP to ensure that the health care infrastructure is ready to respond to future crises.** Funding should reflect a more appropriate level of investment in emergency preparedness, especially in light of the COVID-19 pandemic that has ravaged our hospitals, health systems and communities, as well as the growing threats from natural disasters and man-made emergencies.

In addition, the AHA supports the continuation of efforts to ensure that the majority of the HPP funding is awarded to hospitals and health systems in order to better enhance their preparedness and surge capacity. In 2020, in response to the COVID-19 public health emergency, Congress appropriated funding to support the urgent preparedness and response needs of hospitals, health systems, and health care workers on the front lines of this outbreak and \$175 million was distributed via a new *Hospital Association COVID-19 Preparedness and Response* activity within the HPP. Unlike the traditional HPP, these funds were distributed directly to hospitals and other related health care facilities through the 50 state hospital associations and the hospital associations representing New York City, the District of Columbia and Puerto Rico. **The AHA supports making this a permanent component of the HPP and**

significantly increasing its appropriation level to reflect the growing need to enhance preparedness and response for future novel disease outbreaks and other emergencies.

Centers for Disease Control and Prevention (CDC). The CDC is a vital partner to hospitals, patients, and other health care providers in the prevention and monitoring of disease, and in emergency preparedness. Much of the research from CDC demonstrates the value of prevention activities in averting health care crises, resulting in savings to Medicare, Medicaid and other health care programs. **The AHA supports additional funding for the CDC over last year's enacted level, in part to encourage CDC to rethink how best to prepare for, respond to and recover from a national or worldwide emergency.**

- **Social Determinants Accelerator Plans.** The Consolidated Appropriations Act of 2021 provided \$3 million in funding for the CDC to create Social Determinants of Health Accelerator Plans, which will help state and local governments develop strategies to address the health and social needs of targeted populations. **The AHA supports funding the program at \$153 million.**

Public Health and Other Health Care Programs. The AHA urges increased funding over current levels for the following programs:

- **Maternal and Child Health Block Grant (MCHBG).** The Title V MCHBG is a cost effective, accountable and flexible funding source used to address the most critical, pressing, and unique needs of maternal and child health populations in each state, territory and jurisdiction of the United States. According to data gathered by HRSA, 92% of all pregnant women, 98% of infants, and 60% of children nationwide benefitted from a Title V-supported service in FY 2019. The flexibility of the grant program also has allowed Title V programs to address the impact of COVID-19 on pregnant women and children at the local level, including providing hotline resources, funding for remote monitoring equipment and funding for contactless delivery of newborn supplies such as cribs and diapers. Improving maternal and child health is a major priority for the AHA. **The AHA supports \$750 million for the Title V MCHBG in FY 2022.**
- **Healthy Start Program.** The Healthy Start program provides support for high-risk pregnant women, infants and families in communities with exceptionally high rates of infant mortality, including health care services, such as those focused on reducing maternal mortality, as well as the socioeconomic factors of poverty, education and access to care. **The AHA supports \$128 million in level funding for FY 2022.**
- **Emergency Medical Services for Children.** This valuable program is designed to provide specialized emergency care for children through improved availability of child appropriate equipment in ambulances and emergency departments. In addition, the program supports training programs to prevent injuries to children and to educate emergency medical technicians, paramedics and other emergency medical care providers. **The AHA supports \$22 million in funding for FY 2022.**

- **Substance Abuse and Mental Health Services Administration (SAMHSA).** Providing adequate substance abuse and mental health services are essential to increasing productivity and economic well-being for individuals, families and communities. **The AHA supports a minimum of \$6.9 billion for SAMHSA, an increase of 15% over FY 2021 levels.**
- **Office of Minority Health.** The AHA supports a funding level of at least \$70 million for FY 2022 for the Office of Minority Health within the Department of Health and Human Services. (This represents a 20% increase over the FY 2021 level.)
- **The National Institute on Minority Health and Health Disparities.** Eliminating health disparities is essential to improving the overall health status of Americans. The National Institute on Minority Health and Health Disparities, which leads scientific research to improve minority health and eliminate health disparities, was funded at \$391 million in FY 2021. **Given the role of the Institute in coordinating research of the other institutes and centers, and the outsized impact of COVID-19 on minority populations, the AHA supports a 15% increase over last year's appropriated amount, to \$449 million for FY 2022.** We urge the Committee to invest in efforts to close gaps in health and health care by increasing funding for health disparities research and activities at NIH and supporting the training of a diverse research workforce.

Unique Patient Identifier (UPI). The AHA supports adoption of a unique patient identifier (UPI). For the past 20 years, language has been included in appropriations bills prohibiting HHS from spending any federal funding to adopt a UPI. Removing the prohibition on the use of federal funds to promulgate or adopt a national UPI would provide HHS the ability to explore solutions that accurately identify patients and link them with their correct medical records. We encourage the Committee to allow funding for this critical issue. America's hospitals and health systems are committed to ensuring the highest quality care in a timely manner. Funding for a UPI would promote safe, efficient, and timely care for patients while reducing administrative costs. We look forward to working with you to ensure appropriate patient identification methods.

The AHA appreciates and is grateful for the support you have provided to vital health care programs, and we hope the Committee will continue to support these funding priorities in FY 2022. We look forward to working with you.

Sincerely,

/s/

Thomas P. Nickels
Executive Vice President