

May 09, 2023

The Honorable Robert Aderholt  
Chairman  
U.S. House of Representatives  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
Committee on Appropriations  
Washington, DC 20515

The Honorable Rosa DeLauro  
Ranking Member  
U.S. House of Representatives  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
Committee on Appropriations  
Washington, DC 20515

Dear Chairman Aderholt and Ranking Member DeLauro:

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 regarding funding for health care programs for fiscal year (FY) 2024.

America's hospitals are facing many challenges and we appreciate you considering the effect your decisions have on hospitals' ability to provide care to their patients and communities. We ask you to give favorable consideration to funding for health care programs that have proven successful in improving access to quality health care for patients and communities across America. As you prioritize your FY 2024 appropriations measures, we ask that you include the following programs.

**Strengthening the Health Care Workforce.** Long building structural changes in the health care workforce, combined with the profound toll of the COVID-19 pandemic, have left hospitals and health systems, including post-acute and behavioral health care providers, facing a national staffing emergency that could jeopardize access to high-quality care for patients and the communities they serve.

Prior to the COVID-19 pandemic, hospitals were already facing significant challenges that were making it difficult to sustain, build and retain the health care workforce. In 2017, the majority of our nursing workforce was close to retirement, with more than half aged 50 and older, and almost 30% aged 60 and older. Yet, nursing schools had to turn away over 90,000 qualified applicants in 2021, according to the American Association of Colleges of Nursing, due to lack of faculty and training sites. The National Council of State Boards of Nursing's 2022 National Workforce Study reveals 100,000 nurses left the workforce during the pandemic and by 2027, almost 900,000 intend to leave the



workforce due to stress, burnout and retirement.<sup>1</sup> Hospitals faced similar demographic trends for physicians, with data from the Association of American Medical Colleges indicating that one-third of practicing physicians will reach retirement age over the next decade. Hospitals also were reporting significant shortages of allied health and behavioral health professionals. Congress must support efforts to ensure an adequate, sustainable health care workforce.

**Health Professions Education and Workforce Challenges.** The AHA supports **\$1.51 billion for the Health Resources and Services Administration (HRSA) Title VII health professions and Title VIII nursing workforce development programs for FY 2024.** The workforce crisis facing our nation necessitates bold increases in HRSA discretionary programs that address workforce challenges:

- **Nursing Workforce Development under Title VIII of the Public Health Service Act.** The Nursing Workforce Development programs support nursing education, seek to further diversify 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 professionals.

The COVID-19 pandemic heightened the nursing shortage our country was already facing. It is imperative that funding for these programs reflects the heightened needs of our communities.

The AHA also supports \$210 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, Substance Use Disorder Treatment and Recovery Loan Repayment Program 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, physician assistants and expanding behavioral health services. **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 the challenges rural and underserved communities face accessing primary care providers by supporting recruitment of individuals into the allied health

---

<sup>1</sup> <https://www.ncsbn.org/news/ncsbn-research-projects-significant-nursing-workforce-shortages-and-crisis>

professions. Our nation must act now to maintain a vibrant workforce by strengthening nursing and medical educational programs. Without decisive intervention, the looming workforce shortages threaten hospitals' ability to care for patients and communities.

Title VII programs help patients and communities by playing 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. Evidence shows that concordance between patients and providers results in better health outcomes.

- **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 \$210 million in discretionary funding for the NHSC. The AHA also believes substantial mandatory funding is also a necessary investment in this critical program.**

**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 underrepresented 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.**

**Preventing Burnout in the Health Workforce Program.** For decades, health care professionals have faced greater rates of mental and behavioral health conditions, suicide, and burnout than other professions while fearing the stigma and potential career repercussions of seeking care. The COVID-19 pandemic exacerbated the already-present issues of stress, depression, anxiety, and other mental health issues experienced by health care providers.

President Biden signed into law the Dr. Lorna Breen Health Care Provider Protection Act, legislation the AHA supported, which aims to address this mental health crisis among our nation's healers. Named in honor of Dr. Lorna Breen, a physician from Charlottesville, Va., who worked on the front lines of the pandemic in New York and died by suicide in spring of 2020, the law is intended to reduce and prevent suicide, burnout, and mental and behavioral health conditions among health care providers. The legislation authorized grants to health care providers to establish programs that offer

behavioral health services for front-line workers, requires the Department of Health and Human Services (HHS) to study and develop recommendations on strategies to address provider burnout and facilitate resiliency, and directs the Centers for Disease Control (CDC) to launch a campaign encouraging health care workers to seek assistance when needed. It's critical this program is fully funded in order to continue this important work. **The AHA supports \$45 million for the Preventing Burnout in the Health Workforce Program at HRSA.**

**Children's Hospitals Graduate Medical Education (CHGME).** The CHGME program supports graduate medical education programs at children's hospitals that train resident physicians. 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 provide lifesaving care to many children with complex medical needs. Currently, CHGME hospitals train 56% of the nation's pediatricians and 54% 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. Providing increased funding for pediatric workforce training programs is even more important as we respond to the effects of COVID-19 on children. **The AHA supports funding the CHGME program in FY 2024 at \$738 million.**

**Rural Health Programs.** Rural health programs — such as the Rural Communities Opioids Response Program, Medicare Rural Hospital Flexibility Grant Program, Rural Outreach Grants, State Offices of Rural Health, Rural Telehealth, and other health care programs to support rural hospitals at-risk of imminent closure, expanding needed service lines at rural hospitals and workforce training in rural communities — are vital to ensuring that needed services remain available in America's rural communities. **The AHA urges the committee to support funding these programs at \$416 million, an increase of \$63 million over the FY 2023 enacted levels.**

We also urge Congress to support funding to continue HRSA's Rural Emergency Hospital Technical Assistance Program, to support rural hospitals who are making the transition and those who have converted to maintain critical services for their communities.

**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 systems and their communities. Furthermore, in recent years, hospitals have received only a fraction of the HPP funds. In particular, the vast majority of HPP funds (nearly 80% in FY 2023) supports the sub-state Health Care Coalitions (HCCs) – regional collaborations between health care organizations, emergency management, public health agencies and other private partners. 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.

Annual appropriations have declined significantly since the program began. 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 \$305 million in appropriations for FY 2023, overall, HPP appropriations have fallen dramatically.

**The AHA urges 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.** At a minimum, we ask the Committee to double the funding of the program to \$610 million for FY 2024. 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 other emergencies.

**Centers for Disease Control and Prevention.** The CDC is a vital partner to hospitals, patients and other health care providers in the prevention and monitoring of disease and 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.**

**Social Determinants Accelerator Plans.** The Consolidated Appropriations Act of 2023 provided \$8 million in funding for the CDC to support 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 \$100 million in FY 2024** to continue to expand social determinant of health (SDOH) efforts by funding another round of Accelerator Plans to states, tribes, territories and/or localities to develop or enhance existing plans and

support sustained funding for program implementation, evaluation, research and data collection efforts.

**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 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. The program helps states assure access to quality maternal and child health care services, especially for those with low incomes or who have limited access to care. The MCH Block Grant program supports the State MCH Block Grant program, Special Projects of Regional and National Significance and Community Integrated Service Systems grants. According to data gathered by HRSA, the State MCH Block Grant Program supports approximately 92% of pregnant women, 98% of infants, and 58% of children. Improving maternal and child health is a major priority for the AHA. **The AHA supports \$1 billion for the Title V MCHBG in FY 2024.**
- **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 \$185 million in funding for FY 2024.**
- **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 \$28 million in funding for FY 2024.**
- **Substance Use and Mental Health Services Administration (SAMHSA).** Providing adequate substance use and mental health services are essential to increasing productivity and economic well-being for individuals, families and communities. **The AHA supports the \$10.8 billion for SAMHSA, an increase of \$3.3 billion above FY 2023 enacted.**

The Honorable Robert Aderholt  
The Honorable Rosa DeLauro  
May 09, 2023  
Page 7 of 7

**Office of Minority Health. The AHA supports \$86 million for FY 2024 for the Office of Minority Health within HHS.**

**The National Institute on Minority Health and Health Disparities.** Eliminating health disparities and promoting health equity are essential to improving the overall health status of Americans and reducing health care costs. The National Institute on Minority Health and Health Disparities (NIMHD) leads scientific research to improve minority health and eliminate health disparities. **Given the role of the Institute in coordinating research of the other institutes and centers, and the outsized impact of COVID-19 on historically marginalized communities, the AHA supports \$660 million for NIMHD in FY 2024, a \$135 million increase from the FY 2023 enacted level.** 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 NIMHD and supporting the training of a more diverse research workforce.

**Unique Patient Identifier (UPI).** The AHA supports adoption of 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. The AHA was pleased with the removal of the ban from initial drafts of previous bills in the House and Senate and encourages 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 2024. We look forward to working with you.

Sincerely,

/s/

Lisa Kidder Hrobsky  
Senior Vice President, Advocacy and Political Affairs