

May 13, 2024

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

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health
Human Services, Education, and
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U.S. House of Representatives
Washington, D.C. 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) 2025.

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 consider 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 2025 appropriations measures, we ask that you include the following programs.

Strengthening the Health Care Workforce. Long-developing structural changes in the health care workforce 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.

Hospitals face significant challenges making it difficult to sustain, build and retain the health care workforce. 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.¹ Hospitals face similar demographic trends for physicians, with data from the

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



Association of American Medical Colleges indicating that one-third of practicing physicians will reach retirement age over the next decade. Hospitals also report 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 2025.** 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 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 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 support recruitment of individuals into the allied health profession to help address the challenges rural and underserved communities face accessing primary care providers. 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 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. **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.

The Dr. Lorna Breen Health Care Provider Protection Act addresses this mental health crisis among our nation's healers. The law is intended to reduce and prevent suicide, burnout, and mental and behavioral health conditions among health care providers. The act 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 to continue this important work. **The AHA supports funding of at least \$45 million for the Preventing Burnout in the Health Workforce Program.**

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 AHA supports funding the CHGME program in FY 2025 at \$758 million.**

Rural Health Programs. Rural hospitals provide essential care in local communities. Critical 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 support rural hospitals at-risk of imminent closure, expanding needed service lines at rural hospitals and workforce training in rural communities. They are vital to ensuring that needed services remain available to rural patients. **The AHA supports funding these programs at least at the FY 2024 enacted levels of \$364.6 million.**

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 supports the sub-state Health Care Coalitions (HCCs) — regional collaborations between health care organizations, emergency management, public health agencies and other private partners. 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 level funding of \$305 million in appropriations for FY 2024, 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 2025. Funding should reflect a more appropriate level of investment in emergency preparedness to ensure sufficient preparedness, response and surge capacity of hospitals as well as improved state and local infrastructures to help health systems and hospitals prepare for public health 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 CDC supports Social Determinants of Health Accelerator Plans, which help state and local governments develop strategies to address the health and social needs of targeted populations. The AHA supports funding the program at \$6 million in FY 2025 to continue to expand social determinant of health 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 MCHBG program supports the State MCHBG program, Special Projects of Regional and National Significance, and Community Integrated Service Systems grants. According to data gathered by HRSA, the State MCHBG Program supports approximately 93% of pregnant women, 99% of infants and 61% 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 2025.**
- **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 2025.**

- 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 2025.**
- 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 requests \$8.1 billion for SAMHSA, in line with the President's FY 2025 budget proposal.**
- Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR). The STAR Program provides for the repayment of education loans for individuals working in a full-time substance use disorder treatment job that involves direct patient care in either a Mental Health Professional Shortage Area or a county where the overdose death rate exceeds the national average. **AHA requests \$50 million, a \$10 million dollar increase over FY 2024 enacted.**
- Funding to Support Behavioral Health Providers Health Information Technology (HIT). Behavioral health providers were excluded from the Health Information Technology for Economic and Clinical Health (HITECH) Act back in 2009, a bill that incentivized electronic health record (EHR) adoption with payments for providers who participate in the Medicare and Medicaid Promoting Interoperability Programs. As a result, many behavioral health providers are behind in their ability to incorporate HIT in their workflows. In addition to this financial pressure, the nature of behavioral health records — that is, that they are often narratives or follow different structures than physical health records — as well as conflicting regulatory requirements regarding information sharing has led to far lower adoption of EHRs by providers of behavioral health services and in psychiatric hospitals, as compared to general acute care providers and hospitals. **AHA supports \$1.0 billion in funding to enhance HIT adoption and engagement for behavioral health providers.**

Office of Minority Health. The AHA supports \$86 million for FY 2025 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

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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 disproportionate burden of certain diseases, including chronic conditions, on historically marginalized communities, the AHA supports \$576 million for NIMHD in FY 2025, a \$52 million increase from the FY 2024 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. 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 2025. We look forward to working with you.

Sincerely,

/s/

Stacey Hughes
Executive Vice President