

November 7, 2005

Dear Senator/Representative:

As you begin your conference on H.R. 3010, the Fiscal Year (FY) 2006 appropriations for the Departments of Labor, Health and Human Services, Education and Related Agencies (Labor-HHS), the AHA asks you to consider the potential effect your committee's decision will have on hospitals' ability to maintain quality health care services for the patients they serve.

The AHA recognizes that as Congress fulfills its responsibility to balance the federal budget and reduce the deficit, fewer funds are available for many discretionary programs. However, we hope that you will be able to continue your strong commitment to the health care programs that have proven important in ensuring access to quality health care by adopting the following positions during your conference:

Title VIII Nursing Programs – The AHA strongly recommends \$156 million for nursing programs within Title VIII of the Public Health Service Act, as reflected in the Senate-passed Labor/HHS appropriations bill. The current nursing shortage in our nation is critical. Nurses are the primary source of care and support for patients at the most vulnerable points in their lives. With the impending retirement of the “baby boomers,” our nation will have a greater need for nursing care. The Department of Labor projects a 21% increase in the need for nurses nationwide from 1998 to 2008. The role of the federal government is pivotal in addressing our nursing shortage.

Health Professions – The AHA urges conferees to recede to the Senate-recommended level of funding of \$454.3 million for health professions. An adequate, diverse, and well-distributed supply of allied health professionals is indispensable to our nation's health care infrastructure. Programs within the Health Professions cluster address issues associated with maintaining primary care providers in rural areas. These programs also support recruitment of individuals into allied health professions with the most severe shortages or whose services are most needed by the elderly.

Rural Health Care Initiatives – The AHA strongly supports efforts by Congress to increase the availability of health care in rural communities. Many rural hospitals throughout the country are experiencing extremely difficult financial outlooks which



threaten to impede access to health care for many needy individuals. Programs such as the Medicare Rural Hospital Flexibility Grant Program, Rural Health Outreach and Network Development, Rural Telehealth, Rural Policy Development, Rural Access to Emergency Devices, Rural EMS, and State Offices of Rural health play a significant role in ensuring that needed services remain available to America's rural communities.

Specifically, the AHA recommends the following levels of funding for rural health care, as adopted by the Senate:

- **Rural Outreach Grants -- \$39.2 million;**
- **Rural Health Policy and Research -- \$8.52 million;**
- **Rural Hospital Flexibility Grants -- \$64.18 million;**
- **State Offices of Rural Health -- \$8.32 million;**
- **Rural Access to Emergency Devices -- \$8.92 million;**
- **Denali Commission -- \$36.68 million, and**
- **Rural EMS -- \$0.5 million.**

The AHA also supports language included in the Senate bill known as the "Thune Amendment" that provides funding for the Health Care Safety Net Amendments. This provision designates \$10 million within the Health Resources and Services Administration to fund telehealth grants to underserved rural and urban populations. Funds are used to address critical clinical shortages by providing care to communities that lack specialists, and to provide training or continuing education for providers who need to update or expand their critical skills.

Community Access Program (CAP) -- The AHA strongly supports continued funding for the CAP and urges that conferees recede to the Senate-recommended level of \$60 million. The AHA has long supported efforts to expand access to health care. The CAP was designed to assist communities and consortia of health care providers to develop the infrastructure necessary for integrated health systems that coordinate health services for the uninsured and underinsured.

Bioterrorism and Hospital Preparedness – The AHA strongly supports funding of at least \$510 million, as specified in the Senate bill. The hospital preparedness program was initiated to help states, territories and municipalities develop and implement biological and chemical preparedness plans focused on hospitals. The tragic events of September 11, 2001, and the subsequent anthrax threats in our Capitol have forced us to realize that we must enhance our hospitals' capacity to deal with any nuclear, biological, or chemical attack. In addition, funding for this program is especially important to prepare for the threat of a potential outbreak of avian flu.

Children's Hospitals Graduate Medical Education (GME) – The AHA is pleased that both the House and Senate recommend \$300 million for Children's Hospital GME. Children's hospitals serve a unique role in our nation's health care system, taking care of some of the most vulnerable populations. Because Medicare is the largest single payer of GME funds, and because our nation's children's hospitals typically treat very

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few Medicare patients, these hospitals receive no significant federal support for GME. Equitable GME funding for children's hospitals, as reflected in both the House- and Senate-passed bill, is a sound investment in the future of children's health care.

Health Information Technology -- **The AHA strongly supports \$125 million in funding as recommended in the House-passed measure and urges conferees to recede to the House position.** Funding for this program is aimed at improving the safety, quality, and cost-effectiveness of health care through rapid implementation of secure and interoperable electronic health records. The AHA strongly supports the activities of the Office of the National Coordinator for Health Information Technology and its mission of promoting the use of information technology in health care to improve quality of care.

Ryan White CARE Act for HIV-AIDS activities – **The AHA supports the Senate-funded level of \$2.083 billion for this program.** The CARE Act program is an important safety net program, providing health care services and treatments to people with HIV/AIDS. Among the services provided by the CARE Act are dental care, medications, home-based care, case management, and support services.

Maternal-Child Health (MCH) Block Grant – **The AHA supports \$710 million for the MCH Block Grant program, as included in the Senate-passed bill, and urge conferees to recede to the Senate position.** This program enables states and territories to address their unique needs. Each year, this program serves more than 26 million pregnant women, infants and children nationwide. Of the nearly 4 million mothers who give birth annually, almost half receive some prenatal or postnatal services through the MCH Block Grant program.

Trauma Care – **The AHA supports the Senate-recommended level of \$3.5 million for Trauma Care. The House did not provide funding for this important program.** This crucial program provides grants to states to support the development and enhancement of the basic infrastructure of trauma systems. It is intended to improve the nation's overall trauma care systems, which are constantly activated to respond to a wide range of natural and man-made disasters.

The AHA appreciates and is grateful for the support you have provided us over the years, and hopes that Congress will continue to support funding for these and other valuable health care programs in a FY 2006 appropriations measure.

Sincerely,

Rick Pollack
Executive Vice President