



**American Hospital
Association**

Liberty Place, Suite 700
325 Seventh Street, NW
Washington, DC 20004-2802
(202) 638-1100 Phone
www.aha.org

May 20, 2011

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

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

Dear Chairman Rehberg and Ranking Member DeLauro:

As you begin your deliberations on funding for programs within the Departments of Labor, Health and Human Services (HHS), Education and Related Agencies for Fiscal Year (FY) 2012, the American Hospital Association (AHA) urges you to consider the potential effect your committee's decisions will have on hospitals' ability to meet the many challenges facing them – challenges such as workforce shortages, maintaining emergency readiness, coordinating care for the chronically ill, and facilitating information technology to improve safety and quality of care.

The AHA represents more than 5,000 member hospitals, health systems and other health care organizations, and 40,000 individual members.

While we recognize the serious fiscal challenges we face as a nation and also the fiscal constraints imposed upon the committee, 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:

Children's Hospitals GME. The Children's Hospitals Graduate Medical Education (CHGME) program funds independent children's teaching hospitals to support the training of pediatric and other medical residents in GME programs. Children's hospitals serve a unique role in our nation's health care system. In addition to training our next generation of pediatricians and pediatric sub-specialists, they care for some of the most vulnerable populations. Currently, independent children's hospitals train more than 40 percent of general pediatricians, 43 percent of all pediatric specialists and the majority of pediatric researchers. Because Medicare is the largest single payer of GME funds, and because our nation's children's hospitals typically treat very few Medicare patients, these hospitals receive no significant federal support for GME. The pediatricians educated in children's hospitals are vitally needed in the face of growing shortages throughout the nation. The AHA is dismayed that the



President's FY 2012 budget proposes to terminate CHGME. Eliminating CHGME will be detrimental to the mutual goals of strengthening the primary care workforce and ensuring timely access to critical, high-quality specialty care. **We urge the committee to reject the President's proposal to eliminate this vital program in FY 2012. We further urge that the current level of funding of \$318 million be continued in the FY 2012 appropriations measure.**

Health Professions Education and Workforce Challenges. The AHA supports increased funding over current levels 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.** While the recession has temporarily eased workforce vacancies in some areas, as the economy improves, severe shortages will return. The demand for registered nurses will continue to rise as the "baby boomers" begin to retire and as expanded coverage increases the demand for care. The Department of Health and Human Services (HHS) estimates that by 2020, our nation will need 2.8 million nurses – at least 1 million more than the projected supply. In addition, the Bureau of Labor Statistics projects severe shortages for many allied health professions. Hospitals and health care systems must maintain a vibrant workforce in the educational pipeline. **The AHA supports \$313 million for these programs, as recommended by the Administration's FY 2012 budget proposal.**
- **Allied Health and other 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 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.
- **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.
- **Training for Diversity, including the 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 graduate programs in 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.

Disaster/Emergency Preparedness. As part of America's health care infrastructure, hospitals play a key role in disaster readiness. Hospitals, as vital community resources, must be among the best prepared to provide crisis services, alongside police, fire, rescue and other public safety services. To help achieve that aim, **the AHA recommends funding of at least \$426 million for the hospital preparedness program for FY 2012 along with legislation to reauthorize the *Pandemic and All Hazards Preparedness Act of 2006*. The President's FY 2012 budget proposes \$375 million for hospital preparedness.** The hospital preparedness program enhances the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health emergencies and includes priorities such as improving bed and personnel surge capacity, decontamination capabilities, isolation capacity, pharmaceutical supplies, improving disaster communications, and supporting training, education, and drills and exercises. Funding provided to hospitals will help meet those needs.

In addition, the AHA urges sufficient funding to support an increase in production capacity for vaccines and antiviral agents, and the stockpiling of supplies needed in a pandemic, such as ventilators and personal protective equipment, and the development of rapid diagnostic tests and enhanced surveillance.

Health Care Information Technology. **The AHA calls on Congress to preserve funding for the Office of the National Coordinator for Health Information Technology (ONC).** Funds will assist in improving the safety, quality and cost-effectiveness of health care through rapid implementation of secure and interoperable electronic health records. Funding for the ONC will enable it to meet its mission of promoting the use of information technology in health care to improve the quality of care.

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 subcommittee to reject efforts to cut funding below current levels for these programs.

Investments in Improving Quality and Comparative Effectiveness. **The AHA supports \$405 million for the Agency for Healthcare Research and Quality (AHRQ), a 2 percent increase over current levels. Additionally we supported continued funding within AHRQ for efforts to improve hospital quality-improvement research.** For example, AHRQ has provided more than \$20 million for the "Comprehensive Unit-Based Safety Program" or CUSP initiative for reducing healthcare-associated Infections (HAIs). Through its contract with AHRQ, the AHA's Health Research & Educational Trust, in partnership with Johns Hopkins University Quality and Safety Research Group and the Michigan

Health and Hospital Association's Keystone Center for Patient Safety and Quality, is implementing a nationwide patient safety program proved to reduce central line-associated Infections and catheter-associated urinary tract infections. Funding from AHRQ is vital to hospitals' ability to reduce infection rates. The AHA strongly supports this research, which will provide clinicians, hospitals, patients and others with valid and reliable information about the relative effectiveness of various treatment alternatives so that they can make better case decisions.

Public Health and other health care programs. The AHA advocates increased funding over current levels for the following programs:

- **Maternal and Child Health Block Grant (MCHBG).** The MCHBG enables states and territories to address their unique needs, and is in great need of increased funding. On an annual basis, 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 service through MCHBG.
- **Healthy Start program.** The Healthy Start program provides services in 37 states, the District of Columbia and Puerto Rico for high-risk pregnant women, infants and mothers in communities with exceptionally high rates of infant mortality.
- **Ryan White HIV/AIDS activities.** The Ryan White CARE Act addresses the health care needs of more than 500,000 low-income and uninsured people living with HIV disease. Among the services provided are dental care, medications, home-based care, case management and support services.
- **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.
- **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 full funding for these programs.
- **Trauma-EMS Systems Program.** This program facilitates the development of effective and comprehensive statewide trauma systems. Trauma is the leading cause of death of Americans between the ages 1 and 44. The program provides federal support for planning, implementation, and development activities for statewide trauma care systems and improving emergency medical services, with particular emphasis on strengthening communication and coordination in rural areas.

The Honorable Denny Rehberg
The Honorable Rosa DeLauro
May 20, 2011
Page 5 of 5

- **Medicare Survey and Certification. The AHA supports the Administration's FY 2012 recommendation of \$400 million for this activity.** Survey and certification ensures that institutions and agencies providing care to Medicare and Medicaid patients meet federal health, safety and program standards. On-site surveys are conducted by state survey agencies, with a pool of federal surveyors performing random monitoring surveys.

The AHA appreciates and is grateful for the support you have provided to vital health care programs, and hopes the committee will continue to support these funding priorities in FY 2012. We look forward to working with you as the committee begins the appropriations process for the next fiscal year.

Sincerely,

Rick Pollack
Executive Vice President