

May 4, 2022

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

The Honorable Roy Blunt  
Ranking Member  
United States Senate  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
Committee on Appropriations  
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 regarding funding for health care programs for fiscal year (FY) 2023.

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. These challenges include continuing to respond to the COVID-19 pandemic with a strained workforce (including ensuring the health care workforce of the future is strong), overburdened behavioral health professionals, supply chain disruptions, record inflation and many other issues.

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 develop your FY 2023 appropriations measure, we ask that you include the following programs.

**Strengthening the Health Care Workforce.** For more than two full years, health care workers have been steadfastly serving on the front lines of the fight against COVID-19, doing all they can to care for patients, comfort families and protect communities. While the nation may be rounding the corner in the battle against COVID-19, the health care workforce continues to contend with many immediate challenges related to the pandemic, as well as a health care landscape that has been deeply altered.

Projections from the Bureau of Labor Statistics estimate U.S. health care organizations will have to fill almost 200,000 open nursing positions every year until 2030. In addition, a study by consulting firm Mercer projected that by 2025, there will be a shortage of more than 400,000 home health aides and 29,400 nurse practitioners. In addition, the Association of American Medical Colleges



projects a shortage of between 37,800 and 124,000 physicians. Within the week of May 2, 781 hospitals in the U.S. (18.9% of reporting hospitals) report anticipating critical staffing shortages. 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 2023, including** \$980 million for Title VII and \$530 million for Title VIII. 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 and also 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. 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 \$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 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 the challenges rural and underserved communities face accessing primary care providers by supporting recruitment of individuals into the allied health 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. **The AHA supports \$980 million 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 \$210 million for 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.**

**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 has exacerbated the already-present issues of stress, depression, anxiety, and other mental health issues experienced by health care providers.

President Biden recently 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, Virginia 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 authorizes 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 CDC to launch a campaign encouraging health care workers to seek assistance when needed. **The AHA supports \$100 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 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. 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 2023 at \$718.8 million.**

**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 that support behavioral health, substance use, 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 \$374 million, an increase of \$43 million over the FY 2022 enacted levels.**

We also urge Congress to support funding to establish a Rural Emergency Hospital Technical Assistance Program, to support rural hospitals who are making the transition 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. 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 \$281 million in appropriations for FY 2022, 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 fund the program at \$292 million for FY 2023. 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.

**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 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 in FY 2023** to continue to expand 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. According to data gathered by HRSA, 93% of all pregnant women, 98% of infants and 60% of children nationwide benefitted from a Title V-supported service in 2019, including care coordination, transportation, home visitation and nutrition counseling. Improving maternal and child health is a major priority for the AHA. **The AHA supports \$1 billion for the Title V MCHBG in FY 2023.**

**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 \$145 million in funding for FY 2023.**

**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 2023.**

**Substance Use and Mental Health Services Administration (SAMHSA).** Providing adequate substance use and mental health services are essential to increasing productivity and economic

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well-being for individuals, families and communities. **The AHA supports the \$10.7 billion for SAMHSA, an increase of \$4.2 billion above FY 2022 enacted.**

**Office of Minority Health. The AHA supports \$86 million for FY 2023 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 people of color, the AHA supports \$660 million for NIMHD in FY 2023, a \$200 million increase from the FY 2022 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 last year's 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 2023. We look forward to working with you.

Sincerely,

/s/

Stacey Hughes  
Executive Vice President