Dear Chair Lowey, Ranking Member Granger, Chair Shelby and Vice Chair Leahy:

The undersigned members of the Friends of HRSA coalition recommend providing a minimum of $7.32 billion for discretionary Health Resources and Services Administration programs in any final FY 2020 Labor, Health and Human Services, Education, and Related Agencies appropriations bill, the level approved in the House-passed version of the bill. HRSA is an essential component of the nation’s health care system, yet the agency’s discretionary budget authority remains far below the funding level needed to effectively address the nation’s health care needs. Additional funding will allow HRSA to fill preventive and primary health care gaps and to build upon the achievements of HRSA’s more than 90 programs and more than 3,000 grantees.

Friends of HRSA is a nonpartisan coalition of nearly 170 national organizations representing public health and health care professionals, academicians, and consumers invested in HRSA’s mission to improve health and achieve health equity. The coalition advocates for strengthening funding levels for HRSA’s discretionary budget authority to enable the agency to keep pace with the persistent and changing health demands of the nation’s growing, aging and diversifying population and constantly evolving health care system.

HRSA is a national leader in improving the health of Americans by addressing the supply, distribution and diversity of health professionals, supporting training in contemporary practices and providing quality health services to the nation’s most vulnerable and underserved populations. This includes people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access high quality health care. HRSA also oversees organ, bone marrow and cord blood donation, compensates individuals harmed by vaccination and maintains databases that protect against health care malpractice, waste, fraud and abuse.

While we recognize the difficulty you face in a constrained budget environment, the passage of the Bipartisan Budget Act of 2019 provides Congress with the ability to increase investments in programs that keep people healthy. HRSA programs have a strong track record of successfully improving the health of people at highest risk for poor health outcomes. The agency supports efforts that increase access to quality care, better leverage existing investments and achieve improved health outcomes at a lower cost.
In addition to discretionary funding, mandatory funding for community health centers, the National Health Service Corps, Teaching Health Centers Program, and Family-to-Family Health Information Centers account for more than 40% of HRSA’s total program level. While these programs narrowly avoided the September 30 expiration of mandatory funding, the two-month funding extension passed by Congress, and signed by the president, merely provides temporary relief. We urge you and your colleagues to ensure lasting funding for these vital programs. In the absence of continued mandatory funding for these programs, it will be exceedingly difficult to address these shortfalls in the Labor-HHS-Education appropriations bill.

The nation faces a shortage of health professionals, and a growing and aging population which will demand more health care. HRSA is well positioned to address these issues and to continue building on the agency’s many successes, but a stronger commitment of resources is necessary to effectively do so. We urge you to consider HRSA’s central role in strengthening the nation’s health and to support a minimum funding level of at least $7.32 billion for HRSA’s discretionary budget authority in FY 2020.

For any questions regarding our request, please contact Gaby Witte at gabriella.witte@apha.org or 202-777-2513.

Sincerely,

American Public Health Association
Allergy & Asthma Network
American Academy of Pediatrics
American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy
American Association on Health and Disability
American College of Physicians
American College of Preventive Medicine
American Geriatrics Society
American Medical Women's Association
American Psychological Association
American Society for Clinical Pathology
APLA Health
Association of American Medical Colleges
Association of Clinicians for the Underserved
Association of Departments of Family Medicine
Association of Family Medicine Residency Directors
Association of Maternal & Child Health Programs
Association of Minority Health Professions Schools
Association of Nurses in AIDS Care
Association of Public Health Laboratories
Association of Schools and Programs of Public Health
Association of Schools of Allied Health Professions
Association of State and Territorial Health Officials
Association of University Centers on Disabilities (AUCD)
Association of Women's Health, Obstetric and Neonatal Nurses
Big Cities Health Coalition
CAEAR Coalition
GLMA: Health Professionals Advancing LGBTQ Equality
Health Professions and Nursing Education Coalition
HealthHIV
IC&RC
Lakeshore Foundation
March of Dimes
Migrant Clinician Network
NASTAD
National AHEC Organization
National Association for Geriatric Education
National Association of County and City Health Officials
National Association of Pediatric Nurse Practitioners
National Association of State Emergency Medical Services Officials
National Coalition for LGBT Health
National Council for Diversity in the Health Professions
National Healthy Start Association
National Hispanic Medical Association
National Kidney Foundation
National League for Nursing
National Network for Oral Health Access
North American Primary Care Research Group
Oncology Nursing Society
Prevent Blindness
Ryan White Medical Providers Coalition
San Francisco AIDS Foundation
Society of General Internal Medicine
Society of Teachers of Family Medicine
Texas A&M Health Science Center
The AIDS Institute
The Gerontological Society of America
Vaccinate Your Family