

HRSA Congressional Testimony
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and Related Agencies
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Statement of
Mary Wakefield, Ph.D., R.N.
Administrator, Health Resources and Services Administration
U.S. Department of Health and Human Services

Mr. Chairman and members of the Committee, thank you for the opportunity to meet with you today on behalf of the Health Resources and Services Administration (HRSA). HRSA is the health care safety net agency, charged with ensuring access to high-quality primary care. HRSA's mission is to improve health and achieve health equity through access to quality services and a skilled health care workforce. There are approximately 80 different programs authorized in statute and operated by HRSA

Across these programs, HRSA's mission is carried out by about 3,100 grantees that are located in every state and U.S. territory. HRSA funds grant activities through a variety of mechanisms and then works to make sure they are carried out following both the program intent as determined by Congress and strong program integrity and effective management practices. Let me briefly give you a snapshot of what HRSA does to improve access to health care services primarily for people who are low income, medically vulnerable, and geographically isolated.

First, I would like to provide an overview of two programs that support the delivery of health care services; the Health Centers program and the Ryan White HIV AIDS program. Our Health Center programs are community-based, patient-directed organizations that deliver primary and preventive care. In addition to serving more than 20 million patients at nearly 8,900 service delivery sites around the country, these centers are also an integral source of local employment and economic growth in many underserved and low-income communities. For more than 45 years, health centers have delivered comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. During that time, health centers have become an essential primary care provider for America's most vulnerable populations. Health centers advance the preventive and primary care medical home model of coordinated, comprehensive, and patient-centered care. They coordinate a wide range of medical, dental,

behavioral, and social services, often making all of these services available at one location.

Important to note is that nearly half of all health centers serve rural populations. Recognizing that barriers to health care take various forms, as necessary, health centers also provide a variety of supportive and enabling services that promote access and quality of care, including patient case management, outreach, patient education, language translation, and transportation services.

Many of these centers are involved not only in their primary mission of delivering patient care but also serving as sites where health care providers are trained.

The second health care service delivery program that I want to mention is the Ryan White HIV/AIDS Program. The Ryan White program supports 900 grantees that provide top-quality primary medical care, essential pharmaceuticals, and vital support services to more than half a million people impacted by HIV/AIDS; that is about half of the estimated total population in the U.S. living with the disease. In the United States, people living with HIV are, on average, poorer than the general US population, and Ryan White HIV/AIDS Program clients are poorer still. For these individuals, the Ryan White Program is the payor of last resort because they are uninsured or have inadequate insurance and cannot cover the costs of care on their own, and because no other source of payment for services, public or private, is available. Currently, HRSA is orienting our HIV/AIDS work to support the goals of the President's National HIV/AIDS Strategy, announced in July 2010. The Strategy has three primary goals: 1) reducing the incidence of HIV; 2) increasing access to care and optimizing health outcomes; and 3) reducing HIV-related health disparities.

In addition to our health center and HIV/AIDS programs, HRSA also considers our work with special populations and elimination of health disparities a top priority. A key piece of this work focuses on maternal child health programs are the Maternal and Child Health Block Grants

to States that help 6 out of every 10 women who give birth and their infants. The states use funds from the Block Grant to improve access to health care, promote care quality, provide care coordination for pregnant women, infants and children, ensure that children with disabilities and chronic conditions receive the special services they need, and support a wide range of targeted activities to improve maternal and child health in their states, such as reducing infant mortality. This effort has contributed to a steady decline in infant mortality in the U.S. for 4 years straight.

HRSA administers a number of other critically important health care programs that collectively touch the lives of millions of people across the country. These include supporting the 57 Poison Control Centers and national programs for Countermeasures and Vaccine Injury Compensation, and federal organ and blood stem cell transplantation, as well as efforts to promote awareness and increase organ donation rates.

Some of our programs specifically support health services delivery in geographically isolated communities. The HHS Office of Rural Health Policy, housed within HRSA, serves as the Department's primary voice on rural health issues. The Office funds a number of state and community-based grant and technical assistance programs to help meet the health care needs of rural communities.

As I noted earlier, in addition to focusing on health care services, HRSA also has a priority focus on supporting the education, training, and distribution of a highly skilled primary care workforce through health professions training, curriculum development, and scholarship and loan repayment programs. HRSA's efforts support a diverse and culturally competent primary care workforce that can deliver high quality, efficient health care. With respect to our efforts to improve distribution, I want to point out that HRSA also is expanding training in underserved areas, including rural areas. Because of the much higher proportion of primary care shortage

areas in rural compared to urban areas, for instance, HRSA supports grants focused on expanding rural residency training. We think these are important investments, in particular since studies have shown that high proportions of medical residents stay to practice in or very near the areas where they trained.

Across this country, the nearly 10,000 National Health Service Corps (NHSC) clinicians, are providing care to more than 10.4 million people who live in rural, urban, and frontier communities. The NHSC repays educational loans and provides scholarships to primary care physicians, dentists, nurse practitioners, physician assistants, behavioral health providers, and other primary care providers who practice in areas of the country that have too few health care professionals to serve the people who live there. Employed by local rural health clinics, community health centers, and other primary care sites, NHSC clinicians work every day to treat illness or injury, to keep people healthy and to prevent them from getting sick. As a result of historic investments by Congress and the Administration, the numbers of clinicians in the NHSC are at all-time highs. These investments in the NHSC make a lasting impact, with more than four out of five NHSC clinicians continuing to serve in high-need areas even after their obligation is over.

In addition to the NHSC, HRSA offers loan repayment and scholarships to nurses who work in community health centers, rural health clinics, hospitals and other types of facilities currently experiencing a critical shortage of nurses. As a result of these investments approximately 3,000 registered nurses, nurse practitioners, and other advance practice nurses are working in communities where they are needed most, compared with a nursing field in these areas of approximately 1,000 in 2008.

In addition to deploying these and a number of other programs, HRSA takes seriously our stewardship responsibilities for the funds awarded to grantees in communities across the nation. Over two years ago, HRSA began developing and implementing a number of new strategies to ensure the integrity of the programs we operate and use of tax dollars. For example, we have increased and optimized the use of site visits as tools for program and financial monitoring, and produced webcasts to educate grantees and staff on priority subjects such as identifying fraud, waste, and abuse.

What we do at HRSA is accomplished through collaboration with partners in each community and at all levels of government. The synergies between HRSA's activities and our many partnerships are leveraged between our programs – such as community health centers and HRSA workforce programs, state and community partners. To see what HRSA is doing in your state or district, you and your staff can visit HRSA.gov, a resource that allows you to see specifically the focus of HRSA's work in your state and your district.

HRSA will continue its efforts to strengthen the safety net by expanding and enhancing primary care services, the number and quality of primary care health professionals, services for low-income individuals and people with HIV/AIDS, health services for mothers and children, and targeted health professions training. HRSA will also continue to work in partnership with other federal entities, State and local governments, private organizations, and Members of Congress to strengthen access to care and thus improve the health and lives of millions of Americans. Thank you again for providing me the opportunity to share HRSA's mission with you today. I am pleased to respond to your questions.