



September 21, 2012

Dear Representative:

The 53 undersigned members of the Health Professions and Nursing Education Coalition (HPNEC) write to alert you to examples of how across-the-board cuts to discretionary spending as a result of sequestration will undermine ongoing efforts to improve the supply, diversity, and distribution of the health care workforce in FY 2013. HPNEC is an informal alliance of national organizations dedicated to ensuring the health care workforce is trained to meet the needs of the country's growing, aging, and diverse population.

As you know, the \$1.2 trillion in deficit reduction required by the Budget Control Act (BCA, P.L. 112-25) over the next ten years will result in across-the-board cuts to discretionary programs in FY 2013 that could range from 7.8 percent to 14 percent. Further, the cuts from sequestration will be *in addition to* nearly \$1 trillion in discretionary spending cuts mandated by the BCA in discretionary spending caps through 2021. Cuts of this magnitude would have a devastating impact on non-defense discretionary (NDD) programs like the Health Resources and Services Administration (HRSA)'s Title VII health professions and Title VIII nursing workforce development programs. These programs support the educational infrastructure for the workforce that forms the foundation of the nation's health care safety net.

According to the Office of Management and Budget (OMB) sequestration report issued Sept. 14, discretionary programs at HRSA, such as Title VII and Title VIII, will be subject to an 8.2 percent cut. Based on data collected from the 2010-2011 academic year, in FY 2013 alone, this funding loss could result in:

- 6,560 fewer children receiving dental screenings and preventive services as a result of 34 fewer residents and 15 fewer faculty trained in dental health through the Title VII *Oral Health Training Program*;
- 1,979 fewer seniors receiving primary care, dental care, and psychiatric care as a result of 4 fewer fellows supported through the Title VII *Geriatric Training* program;
- 4,704 fewer underserved and uninsured seniors receiving care in acute, ambulatory, or long-term care settings as a result of 6 fewer junior faculty awardees of the Title VII *Geriatric Academic Career Awards*;
- 3,788 fewer individuals – many from special underserved populations – receiving clinical psychology services as a result of 74 fewer trainees through the Title VII *Graduate Psychology Education Program*;
- 293 fewer academic enrichment opportunities for underrepresented minority health professions students and 29 fewer underrepresented minority faculty conducting research on minority health issues through the Title VII *Centers of Excellence*;
- 295 fewer Title VII *Scholarships for Disadvantaged Students* for minority & disadvantaged health professions students;
- 620 fewer disadvantaged K-16 students benefiting from academic preparation and career guidance through Title VII *Health Career Opportunity Programs*;
- 2,315 primary care physician and physician assistant trainees adversely affected by reduced funding for the Title VII *Primary Care Training and Enhancement Program*;
- 28,963 fewer health care providers receiving continuing education on cultural competence, women's health, and other timely health topics, and 820 fewer health care providers receiving continuing education on post-traumatic stress disorders, traumatic brain injury, and other mental and behavioral health issues affecting veterans and their families through Title VII *Area Health Education Centers*;
- 5,282 fewer health professions students, faculty, and practitioners educated and trained in interdisciplinary settings to provide high quality health care to the meet the unique needs of the elderly through Title VII *Geriatric Education Centers*;
- 14,760 fewer public health professionals trained through the Title VII *Public Health Training Center* program;
- 41 fewer professionals trained through the Title VII *Public Health Traineeship* program;
- Support for 4 fewer preventive medicine residents uniquely trained in both clinical medicine and public health to promote and maintain the health and well-being of the nation and reduce the risk of disease, disability, and death through the Title VII *Preventive Medicine Residency Program*;

- 645 fewer training opportunities for advanced practice registered nurses through the Title VIII *Advanced Nursing Education* program at a time when the public's demand for nursing services continues to grow; and
- 4,129 nursing students adversely affected by limited funding for scholarships and or training opportunities through Title VIII *Nursing Workforce Development* programs.

The consequences of sequestration could be far worse. The relatively modest federal investment in Title VII and Title VIII accrues valuable dividends, as many grantees leverage their HRSA grants to acquire funds from states, academic institutions, communities, philanthropy, and other sources. Losing federal dollars through sequestration may jeopardize programs' ability to secure these additional funding sources, crippling efforts to address the nation's health care needs beyond the estimates provided here. Moreover, programs that survive the first year of sequestration likely will struggle to remain viable in future years, as a decade's worth of mounting fiscal constraints threatens to eviscerate the federal investment in Titles VII and VIII.

Both Congress and the administration have acknowledged the importance of increasing the size of the health care workforce and improving access to care for children, adults, and seniors. Title VII and VIII are the only federal programs focused on improving the capacity and distribution of the primary care workforce with an emphasis on interdisciplinary training and diversity to help reduce health disparities. The looming cuts to these programs will hamper their ability to meet these goals. Given the synergistic nature of the programs, cuts to any of the Title VII and VIII programs may reverse the progress that has been made to mitigate such challenges, particularly for the nation's underserved communities.

These and other discretionary programs have already contributed their fair share to deficit reduction. Given the scope and importance of the non-defense discretionary community, we urge you to work together to find a balanced approach to deficit reduction that does not include further cuts to the health professions and other NDD programs.

Sincerely,

Academic Pediatric Association
 American Academy of Family Physicians
 American Academy of Nurse Practitioners
 American Academy of Nursing
 American Academy of Pediatrics
 American Academy of Physician Assistants
 American Association for Marriage and Family Therapy
 American Association of Colleges of Nursing
 American Association of Colleges of Osteopathic Medicine
 American Association of Colleges of Pharmacy
 American Association of Colleges of Podiatric Medicine
 American College of Nurse Practitioners
 American College of Osteopathic Family Physicians
 American College of Preventive Medicine
 American Geriatrics Society
 American Medical Student Association
 American Nephrology Nurses Association
 American Nurses Association
 American Osteopathic Association
 American Pediatric Society
 American Podiatric Medical Association
 American Podiatric Medical Student's Association
 American Psychological Association
 American Society for Clinical Laboratory Science
 American Society for Clinical Pathology
 American Society on Aging
 Association for Prevention Teaching and Research
 Association of Academic Health Centers



Association of American Medical Colleges
Association of American Veterinary Medical Colleges
Association of Departments of Family Medicine
Association of Family Medicine Residency Directors
Association of Medical School Pediatric Department Chairs
Association of Minority Health Professions Schools
Association of Rehabilitation Nurses
Association of Women's Health, Obstetric and Neonatal Nurses
Council on Social Work Education
Health Professions Network
National AHEC Organization
National Association of Clinical Nurse Specialists
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
National Council for Diversity in the Health Professions
National League for Nursing
National Network of Health Center Programs in Two-Year Colleges
National Organization of Nurse Practitioner Faculties
North American Primary Care Research Group
Oncology Nursing Society
Physician Assistant Education Association
Society for Pediatric Research
Society for Public Health Education
Society of General Internal Medicine
Society of Teachers of Family Medicine