

House Committee On Appropriations, Democratic Staff

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Where in the World is Labor H?

5 Days, 5 Reasons Republicans Won't Bring the Labor, Health, Education Funding Bill to the Floor

Day 4: Another Year of Cuts for Programs to Improve Healthcare in America

WASHINGTON – 46 million Americans are without health insurance, health insurance premiums rose 13.9 percent last year – the third year in a row of double digit increases – and House Republicans have a Labor H bill that will cut funding to improve healthcare for millions of Americans.

Maybe that's why the Republican Leadership won't allow a vote on the Labor H bill.

Who wants to go home and talk about shortchanging programs like:

The Health Resources and Services Administration (HRSA) which provides healthcare for those with no place else to go and helps bring doctors and nurses to underserved communities. When you consider rising costs and population growth these programs will have lost 8 percent of their purchasing power in two years. Even before any adjustment for inflation, the total for HRSA programs is \$32 million lower than 2005.

Healthcare services for pregnant women and children through the Maternal and Child Health (MCH) Block Grant. States use the grants to meet needs such as providing prenatal and child health services, dental care for uninsured children, screening newborns for genetic disorders and helping children with disabilities and other special health needs often not covered by families' insurance. The bill is \$31 million less than five years earlier in actual dollars, creating a 24% loss in purchasing power when you consider rising costs and population growth.

Minority healthcare training programs to reduce health disparities. This group of programs was cut from \$118 million in 2005 to \$64 million in 2006. The bill cuts them further, to \$59 million—a 50% reduction over two years.

Research for Cancer, Heart Disease, Diabetes, Alzheimer's and Parkinson's at the National Institutes of Health (NIH). Overall funding at NIH is frozen, but almost every individual Institute faces a cut. The bill would support 1,570 fewer research project grants than three years ago.

The Republican Leadership was supposed to bring these cuts to the floor last week, which they had dubbed “Healthcare Week. Instead of investing in programs to improve healthcare, they brought to the floor a resolution celebrating the Food and Drug Administration’s 100th anniversary, a bill that expresses support for childhood cancer research but doesn’t fund it, and routine extensions of a few existing programs. [Learn more](#)

Every day this week, the Democrats on the Appropriations Committee will highlight one of five reasons Labor H hasn’t made it to the House floor.

Below, please find the Democratic Views on healthcare spending in the Labor H bill reported out of Committee.

[View the bill.](#)

Democratic Views on Healthcare Funding Labor, Health and Human Services and Education Appropriations Bill, FY 2007

Critical Failures in the LHHS Bill for Health Care Access and Services

For health programs, this bill falls short. It leaves in place most of the cuts made last year and lets many key programs continue to fall further behind rising costs and rising needs.

Support for medical research at the National Institutes of Health continues to go backward in terms of purchasing power and research projects supported. The bill provides no increase at all for NIH, after a small cut last year. In inflation adjusted terms, it represents a 3.7 percent loss of purchasing power since FY 2006 and an 11 percent loss since the doubling of the NIH budget was completed in FY 2003. The proposed funding level is estimated to support 656 fewer research project grants than last year and 1,570 fewer grants than three years ago. With NIH slowly shrinking in real terms, momentum is being lost in translating advances in basic fields like genetics into new therapies for diseases like cancer, Parkinson’s, and Alzheimer’s.

The \$239 million overall increase for programs at the Health Resources and Services Administration (HRSA) doesn’t even restore the \$271 million cut made last year. HRSA is the agency whose mission it is to improve access to health care. Despite rising numbers of uninsured and continuing health disparities, HRSA’s basic budget is \$32 million less than two years ago in actual dollar terms. Adjusted for inflation and population growth, HRSA will have lost 8 percent of its purchasing power since FY 2005.

Efforts to combat health disparities by increasing the number of minority health professionals are cut in half. HRSA has a group of programs that try to increase the

number of minorities and people from disadvantaged backgrounds attending medical, dental and other health professions schools, based on the observation that these are the students most likely to practice in minority and underserved communities after they graduate. Last year's bill cut this group of programs by 46 percent. This year's bill eliminates two of the four programs entirely, including the Health Careers Opportunity Program, which works with minority high school and college students to help them prepare to enter health professions schools.

The National Health Service Corps is shrinking. This program provides scholarships and help with loan repayments for health professions students and graduates who agree to practice in underserved areas. The bill does provide an increase for the Corps, but just enough to reverse the cut made last year. Funding will be no higher than two years earlier, while the cost of medical education keeps rising. As a result, the number of doctors, dentists and other practitioners serving in the Corps appears likely to decrease by at least 15 percent between FY 2005 and FY 2007.

The bill restores only one quarter of the cuts made last year to the Maternal and Child Health (MCH) Block Grant, resulting in a 24 percent net loss in purchasing power since FY 2002. States use the MCH Block Grant for a variety of needs, including providing prenatal and child health services for people lacking other sources of care, financing dental care for uninsured children, and supporting screening of newborn babies for genetic disorders. A very important set of uses involves children with disabilities and other special health needs, where block grant funds often support services not covered by families' insurance.

Despite the looming shortage of nurses, the bill freezes funding for nursing education programs for the second year in a row. Last year, the scholarship program for nursing students had funds to provide aid to only about 6 percent of those who applied, and nursing student loan repayment programs made awards to only about 13 percent of applicants.

Last year's cuts in public health and hospital preparedness programs are left in place. Funding to improve the preparedness of state and local health departments to deal with both bioterrorist attacks and naturally occurring health emergencies was cut by \$95 million (10 percent) last year (though some additional funding to prepare specifically for a flu pandemic was provided in supplemental appropriations). Similarly, grants to improve the capacity of hospitals to deal with mass casualties or epidemics were cut \$13 million (2.6 percent) last year, following a \$28 million cut the year before. The basic preventive health block grant for states health departments has been cut by \$32 million (24 percent) since FY 2004. The Committee's bill leaves all these cuts in place, meaning less federal help for the state and local health departments that are on the front lines in protecting the public against infectious diseases and other threats to health.

No real increases are provided to fight drug abuse or improve mental health. The need to expand substance abuse treatment is clear, with growing alarm about methamphetamine and continuing problems with other drugs, and the state block grant and other programs funded in this bill are the largest source of public funding for treatment. Nevertheless, overall appropriations for substance abuse prevention and

treatment would be about \$40 million less than three years earlier in nominal dollar terms, representing an 11 percent loss in per capita purchasing power. Similarly, the community mental health block grant will have lost 10 percent of its purchasing power since FY 2004.

The U.S. contribution to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria is cut by \$100 million (18 percent). The bill eliminates the \$100 million contribution to the Global Fund made through the HHS budget. With the \$445 million provided in the FY 2007 Foreign Operations Appropriations Act as passed by the House, the overall U.S. contribution would drop from \$545 million in FY 2006 to \$445 million in FY 2007.

From the Democratic Views of the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, 2007
Report of the Committee on Appropriations
Report 109-515

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