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Health programs face money crunch with CRs

Programs that rely on grants to fund maternal-health services, HIV care, and workforce incentives struggle with long-term planning and hiring new staff under continuing resolutions.



FILE - In this Wednesday, May 27, 2020, file photo, medical personnel adjust their personal protective equipment while working in the emergency department at NYC Health + Hospitals Metropolitan in New York. (AP Photo/John Minchillo, File)

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With Congress punting again on fiscal 2022 funding, public-health programs that focus on maternal health, HIV, and the medical workforce are facing financial uncertainty.

The federal government has been functioning under continuing resolutions since the beginning of October, meaning departments and agencies are operating with last year's funding levels. This includes the Health Resources and Services Administration, which supports many public-health services like community health centers, workforce training, and maternal- and child-health programs.

On Monday, House Appropriations Committee Chair Rosa DeLauro unveiled another stopgap bill extending the funding deadline from Feb. 18 to March 11.

Continuing resolutions keep programs on tenterhooks. "They're very disruptive, to start with," said Georges Benjamin, executive director of the American Public Health Association.

And without knowing how much money Congress will eventually give programs, it can upend long-term budget planning.

"The fact the Congress isn't able to just give you a regular appropriation in many ways prevents you from planning," Benjamin added. "When you know what you have to spend, you can actually plan. ... You can't start anything new because you have no surety it's going to be approved in the next appropriation."

HRSA Director of Public Affairs Richard Olague said in an email that under a continuing resolution, the agency takes a variety of approaches to ensure continuity such as "issuing a more limited number of new grant awards or

funding existing awards at a reduced level until a final appropriation is enacted. HRSA routinely provides updates to our grantees to keep them informed about these efforts.”

House and Senate appropriators had proposed more than \$9 billion for HRSA, which represents an increase from 2021 funding. Those numbers, however, are not guaranteed as Congress continues to negotiate a spending bill.

“It’s the uncertainty; it’s not knowing whether or not positions will continue to be funded,” said Amy Haddad, chief government-affairs officer at the Association of Maternal and Child Health Programs.

Haddad’s group advocates on policies related to the Title V Maternal and Child Health Block Grant Program, which HRSA administers to states. The grant funds programs that address infant mortality, ensure access to prenatal and postnatal care, and provide primary-care services to low-income children. House appropriators last year had proposed \$869 million, an increase of \$156 million, for the block grant, while Senate appropriators slated \$858 million.

“Being able to actually know that those dollars are coming through would enable the programs to accomplish more,” Haddad said. “What I’m hearing from our folks, though, is, especially because many of them sub-grant out programs to the local communities, this uncertainty—the delay and the cash flow, et cetera—it’s really impacting the local communities where they are already operating from smaller budgets.”

The financial insecurity also creates challenges for states and hospitals wanting to plan new strategies to address maternal-health risks, said Rebecca Abbott, senior director of advocacy at the Society for Maternal-Fetal Medicine. She pointed to HRSA’s Alliance for Innovation on Maternal Health, which supports practices in hospitals to improve maternal-health outcomes.

“They are not able to think long-term, start new initiatives, ramp up initiatives that are working well,” Abbott said. “So, from our perspective, we are lobbying hard to get an omnibus passed so that we can see any of those increases that might be promised.”

Focus areas of the program include obstetric hemorrhage, severe high blood pressure, and obstetric care for women with opioid-use disorder. As of fall 2021, 44 states and more than 1,700 birthing facilities were participating in the program.

For clinics that rely on funds through HRSA’s Ryan White HIV/AIDS Program, continuing resolutions can delay when they’re notified about the amount of money they are receiving, said Kathleen McManus, cochair of the HIV Medicine Association's national Ryan White HIV Medical Providers Coalition Steering Committee. The program provides medical care for low-income individuals living with HIV.

“It might not seem like a big deal if the final grant notice is delayed, but getting the final notice in late spring or summer as opposed to winter or early spring really does impact how we can run the clinic,” said McManus, who treats patients at the University of Virginia’s Ryan White HIV Clinic. “We are in a holding pattern as we wait for those notices. It creates a lot of uncertainty, and it makes planning and hiring difficult. I’m at a large academic medical center, so once the money comes in, it takes time for the money to be accessible to the clinic.”

She added that while medical care will continue, other services that support HIV patients—such as housing, transportation, or dental care—“might need to be on hold.”

Continuing resolutions can hamper clinics' ability to hire staff who are critically needed during the COVID-19 pandemic.

“A lot of the HIV clinicians are also infectious-disease doctors who are getting pulled to help with COVID care, and at a lot of centers, nurses and other team members are being redeployed to help with COVID care during surges,” McManus said. “Bolstering the workforce is a big issue for Ryan White HIV clinics. At a time when we have shortages of workforce, having uncertainty around hiring makes our hiring delayed, and this can cause some disruptions to our programs.”

HRSA also oversees programs to build up and diversify the workforce. The Association of American Medical Colleges' Matthew Shick said the Health Careers Opportunity Program, a grant program that helps disadvantaged individuals to enter medical schools, could wind up flat-funded, impeding efforts to diversify the workforce.

“Flat funding is a problem whether it's under a [continuing resolution] or through regular order in the appropriations process,” said Shick, senior director for government relations and regulatory affairs. “But as the country faces these huge health-equity issues and health disparities as have been laid bare by the COVID-19 pandemic, we need to invest in programs that improve the diversity of the workforce.”