



Congress of the United States
House of Representatives

TERRI A. SEWELL
7TH DISTRICT, ALABAMA

March 19, 2018

The Honorable Tom Cole
Chairman
Appropriations Subcommittee on Labor,
Health and Human Services, and Education
U.S. House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Appropriations Subcommittee on Labor,
Health and Human Services, and Education
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Cole and Ranking Member DeLauro:

As you begin crafting the FY 2019 Labor, Health and Human Services, and Education and Related Appropriations Act, I respectfully request that you consider the programmatic and language requests below.

1. In the FY 2019 Labor, Health and Human Services, and Education and Related Appropriations Act, I urge inclusion of the following bill language urging the Secretary to consider factors that negatively impact hospitals and providers in states with poor socioeconomic conditions. In many of the rural parts of my district, rural hospitals struggle to pay staff, maintain basic services, and keep their doors open. When hospitals and providers close, beneficiaries are forced to forego basic primary care, travel longer distances, and increase their dependency on emergency services in surrounding areas. The long-term economic costs of inadequate access to timely care cannot be ignored by policy makers. This is why I believe the inclusion of language urging the Secretary to consider reversing many of the factors that have led to hospital closures in recent years is imperative.

Addressing Regional Disparities in Medicare Beneficiaries' Timely Access to Care - In order to address regional disparities in health care access and quality, when developing regulations under Sec. 1886 of the Social Security Act [42 U.S.C. 1395ww], the Secretary shall take into account factors that negatively impact the ability of hospitals in states with a majority of counties with a population density below 1,100, a median annual household income below the national average, and at least 7 hospital closures since 2011 to provide Medicare beneficiaries access to necessary, timely, and evidence-based care.

2. Much of our Nation's biomedical research infrastructure, including laboratories and research facilities at academic institutions and nonprofit research organizations, is outdated or insufficient. I am requesting an increase in funding for biomedical research facilities and infrastructure. In addition, I request inclusion of the following report

language acknowledging the backlog of maintenance and repairs at research facilities at academic institutions and nonprofit research organizations:

Biomedical Research Facilities – *The Committee acknowledges that much of our Nation's biomedical research infrastructure, including laboratories and research facilities at academic institutions and nonprofit research organizations, is outdated or insufficient. Therefore, \$50,000,000 is provided for grants or contracts to public, nonprofit, and not-for-profit entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities. The Committee urges NIH to consider recommendations made by the NIH Facilities Working Group, including making awards that are large enough to underwrite the cost of a significant portion of newly constructed or renovated facilities.*

3. I request an appropriation of \$20,000,000 for the Health Careers Opportunity Program (HCOP). HCOP has been instrumental in providing individuals from disadvantaged backgrounds who desire to pursue a health professions career an opportunity to develop the skills needed to successfully compete for, enter, and graduate from schools of health professions or allied health professions. In the 7th Congressional District of Alabama, where the majority of counties are rural, minority, and low-income, it has become increasingly difficult for medical practices and hospitals to recruit health professionals. HCOP needs additional resources to adequately address the gaps that remain in rural and underserved communities. In addition, I request inclusion of the following report language encouraging HRSA to continue to focus HCOP on students from disadvantaged backgrounds, particularly those from rural and underserved communities:

Health Careers Opportunity Program [HCOP] -*The Committee encourages HRSA to continue to focus HCOP on high school, collegiate, and post-doctoral level students from disadvantaged backgrounds. Additionally, given the increased need for geographic and racial diversity in the health workforce, the Committee encourages HRSA to strengthen the effectiveness of HCOP in addressing healthcare provider shortages in rural and underserved areas. HCOPs are known to promote recruitment of qualified individuals from disadvantaged backgrounds into health and allied health professions programs; improve retention and admission rates by putting tailored enrichment programs into action that address the academic and social needs of disadvantaged trainees; and provide opportunities for community-based health careers training, emphasizing experiences in under-served communities.*

4. I urge inclusion of the following report language recommending that the Eunice Kennedy Shriver National Institute of Child Health and Human Development prioritize programs aimed at reducing children's risk for substance abuse:

Substance Abuse Prevention Research for At-Risk Youth - *The Committee encourages the Eunice Kennedy Shriver National Institute for Child Health and Human Development (NICHD) to prioritize programs aimed at reducing risk for substance abuse in aggressive preadolescent children, at-risk youth, or those who have sustained emotional or physical trauma during childhood. The NICHD shall prioritize programs with a proven track record of success in diverting these at-risk youth from substance abuse and the correctional system into college and/or the workforce. Programs that utilize remote*

technologies, such as telemedicine and tele-services, should be considered a cost-efficient tool to reach at-risk rural youth.

5. The Biomedical Advanced Research and Development Authority (BARDA) program, within the Office of the Assistant Secretary for Preparedness and Response, provides an integrated, systematic approach to the development and purchase of the necessary vaccines, drugs, therapies, and diagnostic tools for public health medical emergencies. Funding for BARDA helps medical countermeasure developers through the risky, expensive, and lengthy process of the countermeasure development process. BARDA also helps promising drugs move faster from clinical trials to production under its fast-track contracting authority. This successful partnership with the private sector has resulted in millions of countermeasures safely stockpiled. I respectfully request the program funding level for BARDA in FY2019 be at least \$550,000,000. This appropriation accurately reflects the rising costs of biomedical and infectious disease research in our country.

Thank you for your consideration of these requests.

Sincerely,



Terri A. Sewell
Member of Congress