



A driving force for health equity

May 19, 2023

The Honorable Tammy Baldwin
Chair
Subcommittee on Labor, HHS, and Education
Committee on Appropriations
United States Senate
Washington, D.C. 20510

The Honorable Shelley Moore Capito
Ranking Member
Subcommittee on Labor, HHS, and Education
Committee on Appropriations
United States Senate
Washington, D.C. 20510

The Honorable Robert Aderholt
Chair
Subcommittee on Labor, HHS, and Education
Committee on Appropriations
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, HHS, and Education
Committee on Appropriations
U.S. House of Representatives
Washington, D.C. 20515

Re: *FY2024 Labor, Health and Human Services, and Education and Related Agencies (Labor-HHS) Funding Priorities*

Dear Chairs Baldwin and Aderholt and Ranking Members Capito and DeLauro:

On behalf of OCHIN, I appreciate the opportunity to outline our fiscal year (FY) 2024 Labor-HHS funding priorities to support sustainability for healthcare providers and improved access and outcomes for patients in rural and underserved communities. As you consider your approach to meet the growing labor, health, and education needs of our nation, we encourage you to invest in critical core infrastructure— including high quality, secure health information technology (health IT) systems, national digital data standards, 21st century healthcare workforce development, and emergency preparedness/disaster recovery— that will improve the resiliency of all communities and strengthen our nation’s healthcare system today and into the future.

OCHIN is a [national nonprofit health information technology and research network](#) that offers technology solutions, informatics, evidence-based research, and policy insights. OCHIN serves nearly 2,000 community health care sites with 25,000 providers in 40 states, reaching more than 8 million patients. Our network is comprised of federally qualified health centers (FQHCs), community health clinics, Ryan White HIV/AIDS Program Health Centers, school-based health clinics, certified community behavioral health clinics (CCBHC), Tribal health clinics, local public health agencies, and critical access hospitals. For over two decades, OCHIN has advanced health care solutions by leveraging the strength of our network’s unique data set and the practical experience of our members to drive technology innovation for patients and providers in rural and other underserved communities.

To address the growing challenges faced by the providers and communities we serve, we urge you to build on the previous fiscal year investment of \$226.8 billion by increasing the FY24 allocation for the Labor-HHS-Education Subcommittee to a level that ensures robust and sustained investments so that these programs can meet vital needs. We recommend an allocation that builds upon the FY23 investment to address the gaps created from years of underfunding these essential programs. Specifically, we urge the Subcommittee to make investments in the following agencies and programs:

Emergency Preparedness and Disaster Recovery. Community healthcare providers require resources and ongoing support from HHS to prepare for and respond to natural disasters and cybersecurity attacks. The imperative to harden infrastructure and improve disaster recovery capabilities as these threats increase is critical to ensuring uninterrupted access to care. Support to build this resiliency is particularly important for providers and patients with the least resources facing the greatest structural challenges.

- **Safeguard patients through enhanced investments in disaster recovery and cybersecurity.** Provide targeted investments to support tailored solutions that address the growing range of threats (such as cyberattacks) and the disparate impact of natural and environmental disasters on patients and providers in rural and underserved communities.

Health Resources and Services Administration (HRSA). HRSA administers numerous programs critical to supporting the needs of health centers and rural health providers which include funding, workforce development, and technical assistance, among many others. OCHIN supports increased funding for HRSA over FY23 levels to meet the growing challenges facing providers and patients in rural and underserved communities.

- **Invest in a 21st century healthcare workforce to meet patient needs.** Provide robust funding for HRSA workforce programs, including non-clinician training programs with latitude to facilitate community-based workforce development and training at the intersection of health and technology. This model increases technology literacy in rural and underserved communities and provides community members with a professional pathway along the continuum of options, from community health worker to clinician, health informaticist, or technologist to drive economic opportunity.
- **Support sustainability for health centers and access to care for patients.** Provide increased funding for Community Health Centers within the Labor-HHS legislation for FY24. This will ensure that health centers can remain providers of high quality, cost-effective primary care, and continue to provide innovative, high-value health services to medically underserved communities across the nation.
- **Prioritize support for rural providers and patients.** OCHIN urges increased funding for HRSA rural programs that promote workforce development, expanded service lines, telehealth, opioid crisis response, and technical assistance for rural providers, including critical access hospitals. These programs are vital to ensuring sustainability and access to care in our nation's rural communities. We urge the subcommittee to fund these programs at \$416 million, an increase of \$63 million over the FY23 enacted levels.
- **Improve the quality of care and expand access through virtual delivery networks.** Robust funding for HRSA will allow for the continued growth of the Health Center Controlled Network (HCCN) program. HCCNs are voluntary virtual delivery networks of community health centers that band together to invest in secure health IT and data tools, optimize the use of these technologies, drive improved value and outcomes, digitally connect to health care and community partners, support quality improvement activities, patient engagement and more. The infrastructure and the services provided require robust federal investment to support the demand caused by the convergence of three public health emergencies - the COVID-19 pandemic, the opioid crisis, and the mental health crisis - resulting in shifts in how healthcare is provided and a growing need for modernized data infrastructure, technical support and workforce development and training.
- **Address increased demand for telehealth support for providers and patients.** Provide at least \$14,000,000 in funding for the Telehealth Resource Centers (TRC) program in HRSA's Office for the Advancement of Telehealth in the U.S. Department of Health and Human Services (HHS). Since their formation in 2006, the TRCs have seen no funding increase, yet have had

unprecedented demands placed upon them due to the rapid expansion of the use of telehealth in response to the COVID-19 pandemic. Adequate funding of \$1 million per TRC is required to ensure these valuable organizations can effectively and collectively meet the nation’s telehealth education and support needs.

Unique Patient Identifier. Improve patient safety and support innovation through enhanced patient data matching by rejecting the inclusion of outdated rider language in Section 510 of the FY24 Labor-HHS Appropriations bill that prohibits HHS from spending any federal dollars to promulgate or adopt a national unique patient health identifier standard. OCHIN has strongly supported the removal of this ban in previous House and Senate Labor-HHS bills.

Office of the National Coordinator for Health Information Technology (ONC). ONC serves as the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health IT and the electronic exchange of health information. The role of health IT and imperative for high quality data has expanded over the years to touch every facet of health care from public health to value-based care and beyond. To achieve this critical and growing mission, we request that ONC be funded at the President’s proposed FY24 budget request of \$103.6 million.

- **Advance national digital data standards.** This \$37 million increase in funding would provide ONC with the necessary resources to help achieve nationwide, standards-based health information exchange. Additional funding would help to drive critical enhanced testing of digital data and other technical standards by community-based provider networks to advance public health, social drivers of health (SDOH), whole person care, and other critical health information exchange priorities.
- **Include report language that directs the ONC to spend \$7 million of the funds appropriated on efforts to improve patient matching.** Specifically, we reiterate the request made by nearly 50 stakeholder organizations, including OCHIN, that the following report language be included: *“The Committee is concerned there is no consistent and accurate way to link patients to their health information as they seek care across the continuum. Health information must be accurate, timely, and robust to inform clinical care decisions for every patient. ONC should work with industry to develop such matching standards that prioritize interoperability, patient safety, and patient privacy. The Committee directs \$7 million of the funds appropriated to ONC to be used for this purpose in collaboration with industry.”*

Office of Minority Health (OMH). Provide \$86 million in funding to support OMH’s FY24 strategic priorities.

Thank you for your leadership. Please contact me at stolli@ochin.org if we can provide any additional information in support of these critical funding priorities.

Sincerely,



Jennifer Stoll
Executive Vice President
External Affairs