

CONGRESSIONAL TRANSCRIPTS
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House Energy and Commerce Committee Holds Hearing on Health and Human
Services Department Budget
LIST F PANEL MEMBERS AND WITNESSES

The chair now recognizes Ms. Capps from California for six minutes.

CAPPS:

Thank you, Madam Chair, and welcome, Secretary Leavitt, for being here today. I still am having a lot of trouble understanding how the priorities were determined in this HHS budget, especially after seeing the devastating cut -- you've referred to it already -- it's from \$150 million to \$105.3 million imposed under workforce development. This includes elimination of programs to strengthen advanced practice nursing, and it comes after three years of flat funding. Now, keep in mind that, back in 1974, Congress appropriated the equivalent of over \$600 million in today's dollars for nurse education programs.

I'm sure you're aware that projection are that, by 2020, our nation will see a 29 percent shortage of nurses. HRSA itself reported in April 2006 that nursing schools would need to increase the number of graduates by 90 percent in order to address the overall shortage of nurses. You referenced this in your opening remarks, about training new nurses. But I would rejoin that you can't train new nurses without nurse faculty, and these are the people who need these advanced degrees. And loan forgiveness for nursing students doesn't help if there's nobody to teach them.

And so, I want to get on record vet basic questions, two. You do believe, don't you, that nurses are an essential part of our ability to deliver quality health care?

LEAVITT:

I do.

CAPPS:

And I'm sure you also agree with assessments by HHS agencies that our nursing shortage is going to continue to grow if current trends continue.

LEAVITT:

And if we continue to use current practices in the way we train them, there are many ways I believe we could expand that with ...

CAPPS:

Right. And as you just said, that's as subject for another discussion.

You probably know that enrollment in nursing schools rose only 5 percent from 2005 to 2006, but that over 32,000 qualified applicants were denied admission because of the nursing faculty shortage and a lack of clinical placement. So it's pretty clear that decreasing funding for nurse education programs by \$44 million is only going to harm our efforts to build a properly staffed nurse workforce.

And I'm also considering the emphasis our president places on bioterrorism and the pandemic flu preparedness. I believe it's blatantly counterproductive to divest from the front line of public health workers who could respond in the face of a national health emergency. Preparedness efforts are incomplete in absence of a properly staffed public health workforce.

And I do want to ask a follow-up question. I do have half my time left. And this is a big topic, but I'd like to know what the rationale is for these cuts in this budget, just the highlights.

LEAVITT:

Well, let me indicate, as I did before, that we were following, for example, the GAO assessment, which indicated they believed they were underperforming programs. We also believe that ...

CAPPS:

They were underperforming programs?

LEAVITT:

That's right.

CAPPS:

The current nursing schools?

LEAVITT:

Well, the grants that were being offered that we are proposing to be

reduced GAO believed, and we believe, weren't the best way to expend those dollars. I do believe that investing in the development of basic nurse infrastructure is an important one.

CAPPS:

Yes, but you understand that we do have to have some kind of faculty prepared?

LEAVITT:

Well, we obviously do, but I'm not certain personally -- as you say, this is probably a conversation for a different day, but I'm not sure that we ought to be dependent completely on the large medical nursing school method. We've got to find ways that will produce more nurses ...

CAPPS:

That could well be, but we're going to have to have some kind of faculty, some kind of specialized personnel, to impart the body of nursing knowledge to the incoming population.

Let me go on because maybe we can come back and visit that topic. I am to understand also, I believe in this budget, that nursing education funding needs to be cut by one-third from last year, yet there is enough money to increase unproven abstinence-only education, which the GAO itself concludes uses federal funds for an unproven, scientifically inaccurate program that lacks oversight.

Now, I want to underscore, this budget in actual dollars has \$200 million and more in funding for abstinence-only education but \$105 for nursing education. I'm going to go on and talk about one other topic. You can come back to that if you want. I just want to make sure that I get another very big concern of mine out on the table, and that is these budget cuts in funding for the National Cancer Institute that's been brought up before.

2004 cancer deaths dropped for the second consecutive year. it is likely no small coincidence that the declining rate of cancer deaths coincided with an increase in NIH funding for many years, and that tells you something about the way that is required for many years.

But this year, NCI funding is being cut. Even now, the National Cancer Institute can only approve funding for 11 to 12 percent of applications compared to 25 to 30 percent in past years. I don't think it was ever high enough. How can you justify impeding progress when this country is so

committed to the 2015 goal of eliminating deaths from cancer? You were recently quoted in a national journal article, saying that, "We all want to invest more, but it's a function of capacity," and I refer back to my earlier question about the decision to fund unproven, risky programs over lifesaving, proven research.

I want to ask you what is the justification for cutting cancer research? I know from personal experience, as many of us do, that it's not until stage 3 -- you talk about new cancer research, but it's not until stage 3 trials that this research comes to bear the kind of fruit that will actually and literally have saved thousands of lives. Cutting cancer research funding I believe will directly impede our ability to reach the goal that's so poignantly expressed by Dr. Eschenbach to end deaths from cancer by 2015. And I'd like to have you now respond in the time that I have for how this is going to happen.

LEAVITT:

Congresswoman, let me reiterate the fact that I don't think any of us have not been touched in some way by cancer, and there are none of us who don't want to see it end and that celebrate our progress. I want to point out we're not eliminating cancer funding. It's still the largest allocation of funding to NIH, in excess of \$4.5 billion a year. What we have chosen to do this year, however, is to begin to award more competitive grants that we believe put us on the cutting edge of science. We continue that commitment.

CAPPS:

But you would do this in the face of funding abstinence only?