February 24, 2011

The Honorable Tom Harkin, Chairman
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies,
Senate Appropriations Committee
731 Hart Senate Office Building
Washington, D.C. 20510

RE: PROTEST OF BUDGET CUTS IN H.R. 1--Full-Year Continuing Appropriations Act, 2011

Dear Senator Harkin:

The American Art Therapy Association is the professional membership organization for practitioners and research scientists engaged in the field of art therapy. The Association comprises over 5,500 national and international members. The AATA National Office works in concert with the Association’s 37 state and regional chapters. Many of our members are licensed master-level or doctoral-level art therapists, who practice under a variety of licensure titles that vary across states, including as licensed art therapists, psychologists, occupational therapists, marriage and family therapists and others, depending upon their qualifications.

As you are aware, the House passed H.R. 1--Full-Year Continuing Appropriations Act, 2011, on February 19, 2011, due to a nearly unanimous Republican vote. No Democratic Representatives voted for this bill, which was introduced by House Appropriations Committee Chairman, Harold (“Hal”) Rogers (R-KY) on February 11, 2011, without any co-sponsors.

Department of Veterans Affairs Benefits

As therapists and healers, our clientele includes many military active duty members and veterans. We agree with the expressed intent in H.R. 1--Full-Year Continuing Appropriations Act, 2011, to increase “funding for veterans disability claims processing . . . to help speed the bureaucratic process to resolve claims for veterans faster and more efficiently and help relieve the backlog of existing claims.”¹ We understand how important it is to veterans and their

families to have their claims for disability and death-related benefits processed through the Department of Veterans Affairs as fast as possible. They need to begin receiving the VA compensation and other benefits to which they are due to help them during their rehabilitation, transition to civilian life, and to help families transition to life without the service member, in some cases.

However, we are writing to express serious concerns with a number of the budget appropriations cuts articulated H.R. 1--Full-Year Continuing Appropriations Act, 2011. We sincerely hope that you will use your considerable influence as Chairman of the Senate Appropriations Committee’s Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, to prevent appropriations cuts for the 2011 budget of the type and magnitude intended by H.R. 1.

**Cuts to Health and Human Services Programs**

As an association representing healthcare professionals, we are especially disconcerted by the H.R. 1 severe budget cuts to government-supported healthcare programs and services for vulnerable populations. Most healthcare programs and services that the House Appropriations Committee targeted for large cuts in H.R. 1 fall under the auspices of the Department of Health and Human Services, such as Community Health Centers, the National Health Service Corps, and the Maternal and Child Health Title V Block Grant.

We are deeply disappointed and concerned that the House Appropriates Committee is pushing the Senate to make deep budget cuts that would substantially affect the very entities that health care reform legislation targeted for stable, if not increased funding. H.R. 1 constitutes a clear and unacceptable backlash against the Patient Protection and Affordable Care Act (“the Affordable Care Act”), effective May 1, 2010. It is also designed to undermine major healthcare reform funding appropriations that Congress already designated, via the Affordable Care Act. One of the more obvious elements of Congressional intent underlying the Affordable Care Act is to enhance and ensure better personal access to healthcare for more people, especially for those in underserved geographical areas and who are otherwise in critically vulnerable and historically underserved populations.

According to House Appropriations Committee Chairman, Hal Rogers’ (R-KY) own press release of February 11, 2011, on H.R. 1, “Summary: Fiscal Year 2011 Continuing Resolution,” “(t)he fiscal year 2011 Continuing Resolution (CR) crafted by the House Appropriations Committee represents the largest reduction in non-security discretionary spending in the history of the nation.” Among the House Appropriations Committee’s many other intended, major, budget appropriations cuts were listed an 11% cut over 2010 levels (14% less than President Obama requested for 2011) in the consolidated category of “Labor, Health and Human Services,” along with the Committee’s desire for “the termination of more than 70 programs in this section of the bill. . .” Chairman Rogers’ “Summary” also states, with reference to “the new Health Care law” that, presumably refers to the Patient Protection and Affordable Care Act, that:
“The CR also reduces discretionary spending in several accounts that have received funding under the new Health Care law, such as Community Health Centers, the National Health Service Corps, and the Maternal and Child Health Block Grant.

The CR also eliminates funding for programs such as the Corporation for Public Broadcasting (CPB) and AmeriCorps.”

DHHS/HRSA Health Centers & Programs

H.R. 1 intends to cut funding for the U.S. Department of Health and Human Services, under which the Health Resources and Services Administration (HRSA) administers Health Centers, the National Health Service Corps, the Maternal and Child Health Block Grant and many other health services functions and programs.

Funding for Community Health Centers, the National Health Service Corps, and the Maternal and Child Health Block Grant is among the measures in the Affordable Care Act that Congress expressly intended and designed to improve the health of underserved people. These people have more and more impermeable barriers to healthcare access than does the average person.

The budget cuts H.R. 1 is attempting to promulgate will most negatively affect the health and welfare of people who most use and benefit from government-supported healthcare services. Those include HRSA Community Health Centers, the National Health Service Corps, and the 900 state grants administered by the Maternal and Child Health Title V Block Grant. Namely, H.R. 1 cuts would substantially and adversely affect the health and employment of many people living in inner cities, along with other women and children elsewhere who simply have sub-par access to healthcare services. Many of these people little or no health insurance; some have Medicaid or Medicare benefits.

To obtain even minimal health care, many people rely upon Community Health Centers, as well as services arising from sources programs such as the National Health Service Corps and the Maternal and Child Health Block Grant.

DHHS/HRSA Health Centers

For more than 40 years, HRSA-supported Health Centers have provided comprehensive, culturally competent, quality primary health care services to medically underserved communities and vulnerable populations. According to the HRSA website at [http://www.hrsa.gov/index.html](http://www.hrsa.gov/index.html), HRSA runs a variety of Health Centers, including Federally Qualified Health Centers (FQHCs-Grant-Supported and “Look-alikes” without grant support) and outpatient health programs/facilities operated by tribal organizations. FQHCs comprise:

- **Community Health Centers** that serve a variety of underserved populations and areas;
- **Migrant Health Centers** that serve migrant and seasonal agricultural workers;
• **Healthcare for the Homeless Programs** that reach out to homeless individuals and families and provide primary care and substance abuse services; and

• **Public Housing Primary Care Programs** that serve residents of public housing and are located in or adjacent to the communities they serve.

Health Centers are community-based and patient-directed organizations that serve populations with limited access to health care. These include low income populations, the uninsured, those with limited English proficiency, migrant and seasonal farm workers, individuals and families experiencing homelessness, and those living in public housing.

Community Health Centers (CHCs) supported by HRSA’s federal government funds serve HRSA-designated Medically Underserved Areas (MUA) and/or Populations (MUP). By HRSA’s most current 2009 figures on its website, Health Centers served *nearly 19 million patients* in 2009; about 40% of those were children (33%) or adults 65 or older (7%). During 2009, Health Centers also employed more than 123,000 people in underserved communities. Depriving these Health Centers of adequate funding has a severely negative impact on the healthcare services and general economic welfare of these communities that additionally reduces overall public health measures for these areas.

**Cuts to Family-to-Family Health Information Centers for Special Needs Children**

In addition to those, among other HRSA programs that received funding boosts by the Affordable Health Care Act and for which H.R. 1 intends to cut funds are Family-to-Family Health Information Centers. These are non-profit organizations created in 2005, run by and for families with children who have special health care needs. These Centers provide information, education, training, outreach, and peer support to families and the professionals who serve them, among which are art therapists. The Affordable Care Act extended $3.9 million in funding support for these centers through 2012, which needs to continue.

**Short-term Savings Create Long-term Healthcare Cost Increases**

Please keep in mind that depriving underserved populations of localized clinical health services by undermining government financial support for them to produce evidence of short-term cost-savings, ultimately increases society’s cost of providing them with healthcare. One main reason is because they shift their source of healthcare services from local clinics or programs to the much more costly Emergency Medicine Departments of their local hospitals. In fact, that has been well substantiated for decades in services utilization literature as a major reason for many inner-city hospitals closing entirely. These hospitals can only cost-shift to insured patients so much of their expenses incurred by providing unreimbursed services, until they reach a limit of

http://bphc.hrsa.gov/about/
non-feasibility. They cannot sustain the financial drain of unreimbursed emergency and urgent care services provided to people who have no choice left but to seek healthcare by going to hospital emergency rooms that cannot turn them away, due to EMTALA protections.

We know you are surely aware of literature proving that the long-range cost of basic healthcare services substantially increases while public health measures simultaneously decrease when localized community clinics and programmatic services are under-funded or de-funded. Certainly, the intended cuts in H.R. 1 are not factually supported as wise measures, if the goal is to improve public health and produce long-term cost-savings.

National Health Service Corps (NHSC)

According to its website at http://nhsc.hrsa.gov/index.htm, the HRSA-run National Health Service Corps (NHSC) is a network of 7,500 primary health care professionals and 10,000 sites (as of September 30, 2010) working in underserved communities across the country. Not only does NHSC ensure that Health Professional Shortage Areas (HPSAs) in the U.S. get the medical, dental, and mental health providers they need to obtain services, the program also helps the healthcare providers themselves with substantial educational loan repayment offsets based on their service time input.

- Over 7,500 doctors, dentists and other NHSC primary health care clinicians are working today in underserved communities nationwide – in small towns in the frontier west and in the most distressed inner-city neighborhoods.

- More than 7 million people receive health care from NHSC clinicians - Currently more than 7 million people, many of whom have no health insurance, rely on NHSC clinicians to keep them healthy and treat their medical, dental and mental health ills.

- There are more than 9,000 job vacancies for NHSC primary care medical, dental and mental health clinicians

The National Health Service Corps is one of the major items your Committee targeted for a budget reduction in H.R. 1. Of 7,533.25 full-time equivalent NHSC providers, nearly 31% (2321.6) were mental health providers.

As of February 22, 2011, there were many NHSC job vacancies across the nation for some of the many professions in which art therapists can practice, including Health Service Psychologist (HSP), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Marriage and Family Therapist (MFT), Nurse Practitioner (NP), and Psychiatric Nurse Specialist (PNS). http://ersrs.hrsa.gov/ReportServer?/HGDW_Reports/BCD_HPOL/BCD_HPOL_Vacancy_Count &rs:Format=HTML3.2

NHSC Educational Assistance

Clinicians can receive up to $170,000 in loan repayment for completing a five-year service commitment. The program starts with an initial award of $60,000 for two years of service. To be eligible for up to $60,000 in an initial loan repayment award Corps members are required to practice full-time for at least two years or part-time for four years at an NHSC-approved site. An award of $30,000 is available for two years of half-time service. Approved sites are located across the country in Health Professional Shortage Areas (HPSAs). http://nhsc.hrsa.gov/loanrepayment/

Maternal and Child Title V Health Block Grant

The Social Security Act of 1935 established Title V, the origin of the federal government’s pledge to support states’ efforts to extend and improve health and welfare services for mothers and children. Title V converted to a block grant program as part of the Omnibus Budget Reconciliation Act (OBRA) of 1981. This change consolidated seven categorical programs into a single block grant.

The Division of State and Community Health (DSCH) within the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) administers the Maternal and Child Health Services Title V Block Grant to States Program that makes over 900 grants each year to ensure that U.S. women, infants, children, adolescents, and their families, including fathers and children with special health care needs, have access to quality health care.

The MCH Title V Block Grant to States is the only Federal program that provides services at all levels: 1) direct health care services (gap filling); 2) enabling services; 3) population-based services; and 4) infrastructure building.
These program for nearly 1,000 annual grants to states to support maternal and child health is one of the major items your Committee targeted for a budget reduction in H.R. 1.

**AmeriCorps & Art Therapy**

H.R. 1 also intends to completely obliterate AmeriCorps, run by a different federal agency, The Corporation for National and Community Service, by eliminating AmeriCorps’ funding altogether. H.R. 1 proposes to reduce the budget for facilities and programs under HHS/HRSA, including those that have only recently received funding support under the Patient Protection and Affordable Care Act. H.R. 1 clearly constitutes an attempt to undermine and render powerless the Affordable Care Act by de-funding that which the Act intends to fund, along with stripping funds from AmeriCorps. This is simply unacceptable.

AmeriCorps is clearly a program that deserves and requires preservation through continued budget allocations. H.R. 1 cuts not only reduce healthcare services and programs but reduce or eliminate the educational assistance that goes along with certain programs, especially for those who contribute their services as members of AmeriCorps or the National Health Service Corps. There are few ways to defray the high cost of higher education, apart from military service, and there exists a plentiful need for people to access the education that will allow them to contribute their talents fully to society.

AmeriCorps and the National Health Service Corps are two essential avenues to higher education for many people, including those who want to provide service to these programs within their own disenfranchised communities. Many AmeriCorps members not only take on various healthcare-related projects that improve public health but want to continue their education as healthcare professionals, including as art therapists. AmeriCorps members who wish to become art therapists or other healing professionals can offset the cost of higher education through their service by:

1. Earning full or partial Segal AmeriCorps Education Awards to pay for college, graduate school, or to pay back qualified student loans. (Currently, 94 colleges and universities match the Segal AmeriCorps Education Award for their students. These include art schools from which some graduated artists go on to become art therapists, schools with Art Therapy advanced degree programs, and a school offering a bachelor degree focusing on art therapy:

   a. **Schools of Art:**
      
      i. The Cooper Union for the Advancement of Science and Art, New York, NY  
      ii. Rhode Island School of Design, Providence, RI

   b. **Schools with Art Therapy advanced degree programs:**
i. **Prescott College**, Prescott, AZ  
ii. **Notre Dame de Namur University**, Belmont, CA  
iii. **Antioch University Seattle**, Seattle, WA

c. **School with a bachelor degree program and concentration in Art Therapy:**  
**Mercyhurst College**, Erie, PA

2. Public Service Loan Forgiveness program; and

3. A new Income-Based Repayment plan (IBR) for which for low-income borrowers, such as an AmeriCorps member living on a stipend; qualify. These AmeriCorps benefits enable people to access higher education who may not otherwise be able to afford it, including those who want to continue in healthcare professions, such as art therapy.

**Contrast of Funding Priorities**

In contrast to the intent of H.R. 1 to cut funds to Labor, Health and Human Services (LHHS) by nearly 11% less than 2010’s level, it wants to increase the Department of Defense budget.³ The budgets proposed in H.R. 1 originally created a huge differential between 2011 healthcare-related and DOD budgets. At the very least, we recommend equalizing this differential across healthcare and warfare categories to better support a more even balance of interests between them.

**AATA Disagrees with H.R. 1 Amendments Designed to De-Fund the Affordable Care Act**

We disagree with attempts by the House Appropriations Committee to de-fund The Affordable Care Act through various the amendments to H.R. 1,⁴ including those listed below. Seven of these amendments were introduced either by a member of the House Appropriations Committee or by a Representative from the same home state as a member of the House Appropriations Committee, as indicated in italics after the amendments’ description.

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AATA Letter of February 24, 2011, to Senator Tom Harkin: **PROTEST OF BUDGET CUTS IN H.R. 1—Full-Year Continuing Appropriations Act, 2011**
These amendments are clearly intended, as pointed out in Chairman Rogers’ press release of February 19, 2011, “to defund various aspects of President Obama’s Health Care Law, effectively blocking the administration from carrying out the planned health system overhaul. . .”

1. “An amendment from Rep. Rehberg (R-MT) that prohibits federal funding from being used to pay any employee, officer or contractor to implement the provisions of President Obama’s health care law, stopping the Department of Health and Human Services from implementing the law.” Dennis Rehberg (R-MT), Chairman, Labor, Health and Human Services Subcommittee of the House Appropriations Committee

2. “An amendment from Rep. King (R-IA) that strips funding for any provision of the President’s health care law.” Tom Latham (R-IA), Homeland Security Subcommittee of the House Appropriations Committee

3. “An amendment from Rep. King (R-IA) that prohibits the payment of salaries for any officer or employee of any federal department or agency with respect to carrying out the President’s health care law. (This amendment has virtually the same effect as Rep. Rehberg’s amendment.)” Tom Latham (R-IA), Homeland Security Subcommittee of the House Appropriations Committee

4. “An amendment from Rep. Emerson (R-MO) that bars the use of funds in the bill from being used to implement the individual mandate and penalties and reporting requirements of the President’s health care law.” Jo Ann Emerson (R-MO), Agriculture Subcommittee of the House Appropriations Committee

5. “An amendment from Rep. Price (R-GA) that prohibits the use of federal funds from being used to carry out the medical loss ratio restrictions in the President’s health care law. These provisions require insurers to spend at least a certain percent of their premium revenues on medical care.” Jack Kingston (R-GA), Labor, Health and Human Services Subcommittee of the House Appropriations Committee

6. “An amendment from Rep. Gardner (R-CO) that blocks funds for Health Insurance Exchanges, a set of state-regulated health care plans offered under the President’s health care law.”

7. “An amendment from Rep. Burgess (R-TX) prohibiting the use of funds for employee and officer salaries at the Center for Consumer Information and Insurance Oversight at the Department of Health and Human Services, created by the President’s health care reform bill.” John R. Carter (R-TX); Kay Granger (R-TX), Labor, Health and Human Services Subcommittee of the House Appropriations Committee.

8. “An amendment from Rep. Pitts (R-PA) that prohibits the funding of salaries for any officer or employee of the government to issue regulations on essential benefits under
section 1302 of the President’s health care law.” Charles Dent (R-PA), Homeland Security Subcommittee of the House Appropriations Committee.


Senator Harkin, we strongly believe that it is in the best interest of public health and welfare to continue adequate funding for all of these healthcare programs that enable people across a full spectrum of society to access the healthcare services they need. We ask you to develop a reasonable approach to the 2011 budget that is not influenced by the extremism of H.R. 1 and its political agenda to de-fund programs that help people in need and to render health care reform legislation hollow. By ensuring society’s maximum funding support to maintain and improve the health status of people who need these programs, we support public health across economic, social and geographic boundaries. We also save money in the long-term assessment.

In addition to the direct healthcare benefits of these programs, we need to fund and nurture programs that offer educational access, through scholarships, loan forgiveness and other means, to create future healthcare professionals, including art therapists. All of these programs contribute to public health, community cohesiveness, and employment where these are in short supply and most fundamentally needed. Please continue to support these and other healthcare and educational measures to improve the quality of our society and provide opportunities for people to contribute to deserving communities. Thank you for your attention to these concerns.

Sincerely,

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