

# Congress of the United States

Washington, DC 20510

March 19, 2014

The Honorable Mary K. Wakefield, Ph.D., R.N.  
Administrator  
Health Resources and Services Administration  
U.S. Department of Health and Human Services  
5600 Fishers Lane  
Rockville, Maryland 20857

Dear Dr. Wakefield:

We are writing to express our very serious concerns about changes the Health Resources and Services Administration (HRSA) has made to the Black Lung Clinics Grant Program (BLCGP) for Fiscal Year 2014. This matter requires your urgent attention, as the March 28, 2014 deadline to apply for these grants is fast approaching.

The BLCGP guidance announced last month limits any single applicant from receiving more than \$900,000 in FY 2014. If implemented, this limitation will unquestionably result in drastic consequences for Black Lung clinics in only one state: West Virginia. In recent years, the West Virginia Department of Health and Human Resources, which acts as the primary applicant for all Black Lung clinics in our state, is the only applicant to have received more than \$900,000. This seemingly arbitrary cap will result in funding cuts of at least 35 percent for our state, from \$1.4 million last year to \$900,000 this year.

One of the most troubling aspects of this \$900,000 cap is that it deprives the State of West Virginia, and all applicants for that matter, of the opportunity to qualify for funding based on the actual need for services. This is of particular concern considering that miners in West Virginia suffer from Black Lung disease at rates and occurrences vastly exceeding other parts of the country. According to the National Institute for Occupational Safety and Health's (NIOSH) Coal Workers' Health Surveillance Program, more coal miners in West Virginia were diagnosed with Black Lung disease than any other state between 1970 and 2009, as well as the more recent period from 2005 to 2009. During those periods, more miners in our state also suffered from Progressive Massive Fibrosis, the most severe and fatal stage of the disease.

Further, the 2012 study, *Potential Determinants of Coal Workers' Pneumoconiosis, Advanced Pneumoconiosis, and Progressive Massive Fibrosis Among Underground Coal Miners in the United States, 2005–2009*, “confirmed recent reports that the prevalence and severity of pneumoconiosis is higher” in West Virginia, Virginia, and Kentucky than in 12 other states that

were studied. Sadly, that study also concluded that miners suffering from the disease in those three states are younger and have less mining tenure than other states, meaning that the disease is affecting those miners earlier in their careers.

HRSA's Office of Rural Health Policy provided grant funding for a 2013 study conducted by the Rural Health Research Center at West Virginia University, *Rates of Black Lung Disease in Relationship to Black Lung Treatment Centers*. This study confirmed that areas in central Appalachia, which includes parts of West Virginia, "tend to have not only the most cases of [Black Lung disease], but also the most severe cases." The study also concluded that "The proximity of Black Lung Clinics close to areas of more common [Black Lung disease] cases indicates that Clinics are largely well placed to pursue their mission." The cap of \$900,000, which would cut our state's funding by at least 35 percent, appears to be inconsistent with the findings of this HRSA-funded study.

So, while there is no question that Black Lung disease impacts miners across the country, it is clear that West Virginia continues to have the greatest need for services provided through the BLCGP, and that our clinics are well-placed to pursue their mission and that of the BLCGP. It is therefore inconceivable that the West Virginia Department of Health and Human Resources would be limited to applying for only \$900,000 on behalf of all clinics in our state, rather than being judged on the merits of its application and the needs of our state's clinics and patients.

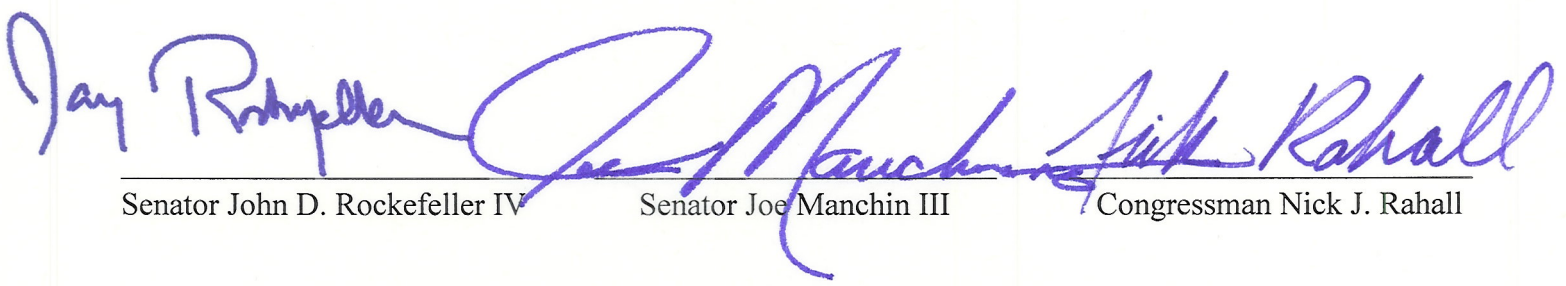
One solution that has been proposed by HRSA would require West Virginia's Black Lung clinics to split into two or more coalitions, file multiple grant applications, and create separate entities to administer each of those grants. We appreciate HRSA's willingness to work with our state to prevent such a drastic cut in funding; however, this proposal presents an unnecessary and insurmountable administrative burden on our clinics. It also creates the possibility that applications submitted on behalf of some clinics will be approved while others are rejected, leaving some clinics in our state without any funding at all. Our clinics rely on the expertise of the West Virginia Department of Health and Human Resources to apply for and administer the grant, so that they can focus on providing services to more than 8,400 patients. This arrangement has served our clinics and our miners very well over the years.

Rather than imposing a cap on a whole state simply because it has submitted a single statewide application, while theoretically allowing it to exceed the cap if it submits multiple applications, we request that you waive the cap and allow the West Virginia Department of Health and Human Resources to compete for funds in excess of \$900,000, based on the filing of its single statewide application. We believe that eliminating this cap is consistent with the purpose of the BLCGP, the trends associated with the prevalence of Black Lung disease in our country, and the needs of Black Lung clinics and patients in our state.



Thank you in advance for your attention to this matter. We again would like to stress the urgency of this letter in light of the pending March 28, 2014 application deadline. We look forward to hearing from you about a resolution to this issue.

Sincerely,



Handwritten signatures in blue ink for Jay Rockefeller, Joe Manchin III, and Nick J. Rahall.

Senator John D. Rockefeller IV

Senator Joe Manchin III

Congressman Nick J. Rahall