

**The Honorable Glenn “GT” Thompson (PA-15)**  
**Testimony before the House Committee on Appropriations**  
**Subcommittee on Labor, Health and Human Services, Education, and Related Agencies**  
**Member Day Hearing for FY 2026**  
**March 5, 2025**

Chairman Aderholt, Ranking Member DeLauro, and Members of the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies:

Thank you for providing the opportunity to share my priorities for Fiscal Year (FY) 2026. While some issues within this Subcommittee have been contentious in the past, there are many areas where we can continue to build consensus to support programs that will improve lives and shape futures. Primarily among these areas of consensus is a dedication to strengthen the workforce, provide Americans of all ages quality educational opportunities to achieve their life’s full potential, and ensure all Americans have access to high-quality, low-cost health care.

**Career and Technical Education:**

As Co-Chair of the bipartisan House Career and Technical Education (CTE) Caucus, I strongly support CTE programs that provide learners of all ages with career-ready skills. From agriculture and artificial intelligence to marketing and manufacturing: CTE programs work to develop America’s most valuable resource – its people.

CTE is taught in a range of settings: from high schools and area technical centers to technical and two-year community colleges. In total, a record number of more than 12 million high school and college students are enrolled in CTE programs nationwide today.

Congress recognized the importance of CTE when we passed the Strengthening Career and Technical Education for the 21st Century Act in 2018, which was subsequently signed into law by President Trump. This effort, the first major overhaul of the Carl D. Perkins Career and Technical Education Act (Perkins) since 2006, modernized federal investments in CTE programs, helped connect educators with industry stakeholders, and continued Congress’ commitment to investing in these successful programs.

Perkins is important for educational institutions as well as local businesses. Small business owners rely upon Perkins programs to increase the number of skilled candidates in emerging sectors. CTE has established itself as a path that many high-achieving students choose in pursuit of industry certifications and hands-on skills they can use right out of high school, in skills-based education programs, or in college. In fact, the four-year graduation rate for high school students in career and technical education programs is 96 percent – far higher than the national average.

While I am grateful that Perkins state grants were funded at \$1.44 billion in FY 2024, those levels – adjusted for inflation – are roughly half of the amount of the federal investment made in CTE in 1980 despite the record number of CTE students that currently rely on this funding. As CTE programs evolve to meet the needs of employers in high-wage, high-skill, or in-demand career fields such as skilled trades, healthcare, and information technology, we must provide strong federal support for these successful programs.

Therefore, I respectfully urge the Subcommittee to strongly support the Carl D. Perkins Career and Technical Education Act's state grant program in FY 2026.

### **Community Services Block Grant:**

Virtually every county in the United States has a Community Action Agency, a local organization charged by the federal government with the sweeping mission of fighting poverty. About 1,000 such agencies exist nationwide to help ensure a safety net for low-income individuals and families. Even more important, they create opportunities for people to move from poverty to independence. For more than 60 years, CAAs have addressed local causes and conditions of poverty with input from the entire community, including the low-income people they serve. These agencies serve millions of low-income Americans each year, helping them gain useful skills, access new opportunities, and achieve financial independence.

The Community Services Block Grant (CSBG) is the only federal program with the explicit and overarching goal of reducing poverty, regardless of its cause. The CSBG pursues this goal by providing critical funding to the nationwide network of local CAAs and supporting their locally-driven comprehensive approach to fighting poverty.

As a uniquely flexible source of funds, CSBG allows CAAs to address their community needs through building partnerships and investing in the creation of opportunities especially suited to local conditions and the unique circumstances of low-income citizens. Moreover, CSBG funds assist CAAs in attracting non-federal resources; for every \$1 of federal CSBG funding, CAAs are able to leverage nearly \$5 from state, local, and private sources.

In 2020, Congress recognized the need to increase CSBG eligibility criteria from 100% (or 125% at state option) to 200% of the Federal Poverty Line (FPL) and has continued this policy in all subsequent appropriations laws. This increased flexibility has enabled CAAs to stabilize fragile families, mitigate the impact of arbitrary benefit cliffs, and help working households in crisis avoid a permanent fall into poverty.

Funds for this program help families and individuals achieve self-sufficiency, find and retain meaningful employment, attain an adequate education, make better use of available income, obtain adequate housing, and achieve greater participation in community affairs. As I continue to work with my colleagues on the Education & Workforce Committee toward a necessary reauthorization and improvements within the program, I respectfully request you maintain language in this Subcommittee's bill to continue eligibility at 200% of the FPL and provide the highest amount possible for the CSBG in FY 2026.

### **Rural Health**

As a founding member of the Congressional Bipartisan Rural Health Caucus and having spent nearly three decades in health care prior to being elected to Congress, it is crucial that the Subcommittee support programs that seek to address the severe health care challenges that are unique to – and in many cases growing in – rural America. Unfortunately, I have seen firsthand how these challenges have manifested themselves in recent years with several rural hospitals in my district in severe financial distress and discontinuing critical services. Rural health care

programs that receive discretionary funding through this Subcommittee play a vital role in providing cost savings to our health care system and ensuring our rural communities have access to care.

#### Community Health Centers

Since the first health centers opened their doors more than 50 years ago, they have proven to be a worthwhile investment, providing quality and affordably primary and preventative care, dental, behavioral health, substance use disorder, pharmacy, vision, and a variety of complementary services to America's most vulnerable patients and medically underserved communities. Health centers are the medical home for over 31.5 million patients, including almost 9 million children, nearly 400,000 veterans, and thousands of my constituents. Each year, these centers save the overall health system more than \$24 billion due to reduced emergency room visits and hospitalizations. I am proud to continue to support this program and respectfully request robust funding to ensure health centers remain providers of high-quality, cost-effective primary care and can address persistent workforce challenges.

#### Rural Maternal and Obstetric Management Strategies (RMOMS) Program

Nearly 270 rural hospitals terminated OB services between 2011 and 2021, and many more will be lost this year. With the loss of nearly 25% of America's rural OB units, expecting mothers now face longer travel times for OB care, which increases the likelihood of worse health outcomes, especially in the event of an emergency. Following the enactment into law of the *Rural MOMS Act* in 2022, funding for the HRSA RMOMS program will help improve rural maternal health outcomes and increase accessibility through leveraging telehealth and specialty care, improving financial stability, and building networks that bolster the continuum of care.

#### Rural Residency Planning and Development (RRPD) Program

Since 2019, HRSA's RRPD Program has created 39 new accredited rural residency programs or rural track programs in family medicine, internal medicine, psychiatry, and general surgery and received approval for approximately 521 new residency positions in rural areas. Data show that residents are five times more likely to practice in a rural setting if they train in one, and rural health care facilities face persistent challenges with workforce recruitment and retention.

#### Rural Communities Opioid Response Program (RCORP)

The opioid and mental health crisis has hit rural communities in Pennsylvania particularly hard. RCORP is a multi-year initiative that addresses barriers to treatment for substance use disorders and funds rural communities in planning and implementation efforts related.

We must ensure that Americans living in rural and remote areas can access quality, affordable health care and mental health services. Therefore, I request robust support for all of these programs listed above.

Thank you again Chairman Aderholt, Ranking Member DeLauro, and Members of this Subcommittee for allowing me to express my priorities for FY 2026. I appreciate your consideration and look forward to working together on these and other issues.