

July 7, 2025

The Honorable Bill Cassidy  
Chair  
Senate Committee on Health, Education,  
Labor and Pensions  
Washington, DC 20510

The Honorable Bernie Sanders  
Ranking Member  
Senate Committee on Health, Education,  
Labor and Pensions  
Washington, DC 20510

The Honorable Brett Guthrie  
Chair  
House Committee on Energy and Commerce  
Washington, DC 20515

The Honorable Frank Pallone  
Ranking Member  
House Committee on Energy and Commerce  
Washington, DC 20515

Dear Chair Cassidy, Ranking Member Sanders, Chair Guthrie, Ranking Member Pallone:

The undersigned 66 researcher, patient, hospital, and provider organizations write to urge your action in restoring the Agency for Healthcare Research and Quality (AHRQ) Healthcare Extension Service (HES) which would provide the rapid translation of patient-centered outcomes research (PCOR) into real-world healthcare delivery, with a focus on improving behavioral health care and access, particularly in underserved communities.

Healthcare extension services play a critical role in bridging the gap between healthcare research and practice, ensuring that evidence-based practices are effectively implemented and tailored to meet the specific needs of different communities. By providing technical assistance, training, and support to healthcare organizations, these services empower providers to implement quality improvement initiatives and adopt new technologies effectively.

HES are uniquely powerful in achieving better health care outcomes in underserved and rural areas that are facing access crises. Over 60% of rural Americans live in designated mental health provider shortage areas.<sup>1</sup> Despite these provider shortages, nearly 8 million (22.7%) rural-dwelling adults reported having any mental illness in 2023,<sup>2</sup> and millions more stand to benefit from improved behavioral health accessibility in rural areas.<sup>3</sup>

Investing in these services through AHRQ is strategically critical for the health care system as it attempts to address long-term challenges and opportunities, such as an aging population, chronic illnesses, skyrocketing health care costs, and declines in insured populations. Healthcare extension services play a crucial role in facilitating this adaptability by ensuring that innovations in healthcare reach broad swathes of the population and that providers are equipped with the necessary skills and knowledge to tackle emerging challenges efficiently.

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<sup>1</sup> Morales DA, Barksdale CL, Beckel-Mitchener AC. A call to action to address rural mental health disparities. J Clin Transl Sci. 2020 May 4;4(5):463-467. doi: 10.1017/cts.2020.42. PMID: 33244437; PMCID: PMC7681156.

<sup>2</sup> 2023 National Survey on Drug Use and Health (NSDUH)

<sup>3</sup> American Hospital Association, Rural Behavioral Health

The AHRQ HES grant had three components: a state-based healthcare extension cooperative<sup>4</sup>; a national coordinating center for the healthcare extension service<sup>5</sup>; and a national evaluation center<sup>6</sup>. The national coordinating center would provide technical assistance to the state-based cooperatives, which would use PCOR evidence to improve care for the medically underserved. The HES grant was formally posted in September 2024 with a deadline of December 14. Applicants expected to start to hear decisions by May 2025.

However, in May 2025, notices went out notifying applicants that, *“As you are likely aware, the Department of Health and Human Services is undergoing significant changes and restructuring. Along those lines, we have recently received notice that AHRQ is not moving forward with peer review and funding consideration for applications submitted in response to this announcement.”*

This notice explicitly ties the cancellation to the unauthorized reorganization of HHS that was announced without congressional funding or approval. In fact, Judge Susan Illston for the Northern District of California stated in ordering a preliminary injunction of the reorganization that it was “hastily constructed and likely unconstitutional.” The judge further [noted](#) that “agencies may not conduct large-scale reorganizations and reductions in force in blatant disregard of Congress's mandates, and a President may not initiate large-scale executive branch reorganization without partnering with Congress.”

A small sample of the applications that were submitted under this grant, and their potential impacts, include:

*New Jersey.* Rutgers University and the Camden Coalition, in collaboration with a broad network of state agencies, healthcare providers, payers, and community organizations, planned to lead the New Jersey Healthcare Extension Cooperative (NJ Cooperative) to expand access to and retention in medications for opioid use disorder (MOUD) treatment statewide. Despite strong evidence supporting MOUD—buprenorphine, methadone, and naltrexone—New Jersey faces fragmented care delivery and geographic disparities. The NJ Cooperative would unify and strengthen existing efforts by partnering with regional centers to provide statewide training, technical assistance, and continuous quality improvement. The initiative aims to reduce opioid-related deaths and serve as a model for improving addiction treatment in other states.

*Pennsylvania.* The University of Pennsylvania, Penn State, and UPMC have joined forces with numerous state, community, and healthcare organizations to establish the Pennsylvania Extension Service Cooperative for Healthcare Improvement (PESCHI). The initiative would train, staff, and support primary care practices in adopting evidence-based methods for integrating behavioral health into primary care. Over five years, the goal was to enable more than 150 primary care practices—particularly in rural and underserved areas—to deliver mental

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<sup>4</sup> RFA-HS-24-004: State-based Healthcare Extension Cooperatives to Accelerate Implementation of Actionable Knowledge into Practice (U19)

<sup>5</sup> RFA-HS-24-006: National Coordinating Center for AHRQ’s Healthcare Extension Service – State-based Solutions to Healthcare Improvement (U54)

<sup>6</sup> RFA-HS-24-005: National Evaluation Center (NEC) for AHRQ’s Healthcare Extension Service: State-based Solutions to Healthcare Improvement (U19)

health services to approximately 720,000 Pennsylvanians, while laying the groundwork for broader implementation.

*Washington.* The University of Washington and the Washington State Health Care Authority, in collaboration with multidisciplinary stakeholders, have established WA Enhancing Patient-centered Outcomes With Extension Resources (WA-EmPOWER). The initial focus of WA-EmPOWER would be on improving the diagnosis and treatment of depression through practice facilitation, IT support, and workforce development. Within five years, the initiative aims to support over 100 primary care practices—primarily in rural and underserved areas—in implementing evidence-based strategies, benefiting nearly 400,000 individuals. Without this program, patients in underserved communities across Washington would likely continue to face high rates of depression and suicide, along with limited access to timely, evidence-based treatment.

We call on Congress to require that AHRQ reinstate the consideration and administration of the RFA-HS-24-004, RFA-HS-24-005, and RFA-HS-24-006 grant programs to improve health care delivery at the state level. Given that at least 39 states applied for the 15 slots, we make this request with the full knowledge that it does not entail any given program being assured a grant.

For additional information, please email Josh Caplan at [Josh.Caplan@AcademyHealth.org](mailto:Josh.Caplan@AcademyHealth.org).

Signed,

AcademyHealth  
Altarum Institute  
American Academy of Family Physicians  
American Academy of Nursing  
American Association of Colleges of Pharmacy  
American Association on Health and Disability  
American Board of Medical Specialties  
American College of Clinical Pharmacy  
American College of Neuropsychopharmacology  
American Liver Foundation  
American Medical Informatics Association (AMIA)  
American Society of Clinical Psychopharmacology  
Association for Clinical and Translational Science  
Association for Prevention Teaching and Research  
Association of Population Centers  
Better Health Partnership  
Camden Coalition  
Case Western Reserve University School of Medicine  
Center for Health Services Research, Rutgers University  
Chestnut Health Systems  
Children's Hospital of Philadelphia  
Clinical Research Forum  
Coalition for Clinical and Translational Science

Coalition for National Trauma Research  
College of Health, Oregon State University  
Colorado Health Extension System  
Columbia University Irving Medical Center  
Comagine Health  
Gerontological Society of America  
Health Care Systems Research Network  
HealthyWomen  
Hydrocephalus Association  
Islamic Civic Engagement Project  
Lakeshore Foundation  
Learning Health Community  
Lennox-Gastaut Syndrome (LGS) Foundation  
MetroHealth Medical Center  
MGH Stoeckle Center for Primary Care Innovation  
Minnesota Department of Human Services  
National Association of Pediatric Nurse Practitioners  
NHMH - No Health without Mental Health  
Oregon Academy of Family Physicians  
Oregon Health Leadership Council  
Patient is Partner  
Penn State University  
Population Association of America  
Primary Care Development Corporation  
Rutgers, The State University of New Jersey  
Society for Healthcare Epidemiology of America  
Society for Public Health Education  
Society of General Internal Medicine  
Stratis Health  
Texas Health Resources  
The Health Collaborative  
The National Nurse-Led Care Consortium  
United Hospital Fund of New York  
University Hospitals  
University of Cincinnati College of Medicine  
University of Colorado Anschutz Medical Campus  
University of Minnesota  
University of Pennsylvania Center for Mental Health  
University of Washington  
VCU Health  
Virginia Center for Health Innovation  
Virginia Health Information (VHI)  
Weill Cornell Medicine