

February 12, 2020

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Republican Leader
U.S. House of Representatives
Washington, DC 20515

Dear Speaker Pelosi and Leader McCarthy:

We are writing to encourage you to take all necessary actions to finalize the five-year reauthorization of five vital public health programs this month. It is essential that Congress promptly extend these five programs -- Teaching Health Centers Graduate Medical Education (THCGME), Community Health Center Fund (CHCF), National Health Service Corps (NHSC), Special Diabetes Program, and the Special Diabetes Program for Indians (SDPI)-- so that medical training and patients' continuous access to health care services are not threatened.

We are very grateful that Congress extended these programs when they were due to expire on September 30, 2019. We also appreciate that there is pending legislation that would reauthorize the five programs for five years, which would provide greatly needed stability. However, for the organizations that provide critical access to care for millions of patients utilizing this federal funding, it has been highly disruptive to be extended for periods of only 52 days, 29 days, and now until May 22. Budgeting and planning for the recruitment of new medical residents, provision of primary care services in underserved and American Indian and Alaska Native (AI/AN) communities, placement of medical professionals in high need areas, and research advancing the treatment, prevention, and cures for type I diabetes requires more fiscal certainty than program participants have received. Over the past decade, our programs have been subject to many short-term extensions, creating significant challenges for long-term planning, provider recruitment, and service delivery. We urge Congress to approve quickly a five-year extension of these programs that support efforts to recruit, train and retain the next generation of providers and clinicians who treat medically-underserved patients, provide certainty and stability for America's health care safety net, and continue critical type 1 diabetes care and type 2 diabetes care for AI/ANs.

As evidence of the adverse impact that short-term extensions can have, we note that just in the past two months, one Teaching Health Center in the Northwest has announced it will end its residency program as of June 30 and another Teaching Health Center in the Midwest has decided to suspend recruiting residents in the current cycle for HRSA-funded Graduate Medical Education. Both cited the fiscal uncertainty of the THCGME program as a key reason for their decisions. With a February 26 deadline for residents and Teaching Health Centers to submit their priority rankings for placement and with a March 20 national Match Day for these three-year and four-year residencies, it is essential for Congress to provide the certainty that both providers and medical students need to make their decisions.

Avoiding disruption in funding is vital for Community Health Centers, which care for over 29 million patients in more than 12,000 rural, urban, and frontier communities nationally and are seeing unprecedented demand for services and increasing numbers of patients each year. A long-term extension would provide these facilities the certainty they need to plan and budget for needed expansions and new sites to accommodate patients who depend upon their services for comprehensive primary care. Similarly, a longer term extension would benefit greatly the NHSC program, which effectively places thousands of medical professionals in the highest need areas of our country so they can provide primary medical, dental and/or mental and behavioral health services in underserved communities. In addition, short-term extensions have significantly harmed the over 300 national Tribal and urban Indian SDPI grantees that rely on program funds to provide routine preventive and treatment-based diabetes mellitus care. Over the past three months, Tribal and urban Indian SDPI grantees have lost medical providers because of a lack of stable funding. Purchasing of critical medical equipment for diabetes care such as glucometers and dialysis machines have been delayed, creating serious risks for patient health. Further delay in reauthorization also is problematic for those who depend on the Special Diabetes Program, which provides funding for type 1 diabetes research so that scientists can make significant advances in prevention studies and treatments and towards cures for Americans in all 50 States.

We ask that you make continuation of these five primary care programs a high priority this month and that you will enact five-year reauthorization legislation this month so that these programs and their stakeholders can operate most efficiently and improve the health care of millions of Americans in underserved rural and urban areas.

Thank you for your consideration of our request.

Sincerely,

American Association of Teaching Health Centers
National Association of Community Health Centers
American College of Obstetricians and Gynecologists
American Association of Colleges of Osteopathic Medicine
Council of Academic Family Medicine
Society of General Internal Medicine
National Indian Health Board
Association of Clinicians for the Underserved
American Diabetes Association
JDRF
Endocrine Society
National Congress of American Indians
National Council of Urban Indian Health
Northwest Portland Area Indian Health Board
Walker River Paiute Tribe
Lummi Nation
Cow Creek Band of Umpqua Tribe of Indians

Suquamish Tribe
Cowlitz Indian Tribe
Chickasaw Nation
Modoc Nation
Yukon-Kuskokwim Health Corporation
United South and Eastern Tribes Sovereignty Protection Fund
Bristol Bay Area Health Corporation
Eastern Shawnee Tribe of Oklahoma
Wichita and Affiliated Tribes
Southwest Oklahoma Intertribal Health Board
Direct Service Tribes Advisory Committee
Confederated Tribes of Grand Ronde
Southern Plains Tribal Health Board
Kansas City Indian Center
American Indian Higher Education Consortium
Cheyenne and Arapaho Tribes
Alaska Native Health Board
Confederated Tribes of the Colville Reservation
Quileute Tribe
Yakama Nation
Poarch Band of Creek Indians
Great Lakes Area Tribal Health Board
Seminole Nation of Oklahoma
Southcentral Foundation
Tanana Chiefs Conference
Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians
Inter Tribal Association of Arizona
Native Village of Eyak
Aleutian Pribilof Islands Association
Samish Indian Nation
Alaska Native Tribal Health Consortium
Pascua Yaqui Tribe
Indian Health Care Resource Center of Tulsa, Inc.
Sac and Fox Nation of Missouri in Kansas and Nebraska
California Rural Indian Health Board
Mt. Sanford Tribal Consortium
Chugachmiut

cc: The Honorable Frank Pallone
The Honorable Greg Walden
The Honorable Bobby Scott
The Honorable Virginia Foxx
The Honorable Richard Neal
The Honorable Kevin Brady