December 6, 2017

The Honorable Paul Ryan  
Speaker  
United States House of Representatives  
Washington, DC 20515

The Honorable Nancy Pelosi  
Minority Leader  
United States House of Representatives  
Washington, DC 20515

The Honorable Mitch McConnell  
Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Charles Schumer  
Minority Leader  
United States Senate  
Washington, DC 20510

Dear Speaker Ryan, Minority Leader Pelosi, Majority Leader McConnell, and Minority Leader Schumer:

On behalf of the American College of Physicians (ACP), I am writing to share our views about the urgency of extending the Children’s Health Insurance Program (CHIP), as well as ensuring continued and sufficient funding for other vital federal health programs designed to expand access to primary care services, such as the National Health Service Corps (NHSC), the Teaching Health Center Graduate Medical Education (THCGME) Program and Community Health Centers (CHCs). We also believe that it is essential that Congress promptly enact legislation to protect and provide permanent legal status to “Dreamers” who soon will be forced to drop out of school (including the estimated 70 in U.S. medical schools) or their jobs, and would be at risk of deportation, and recommend that this be addressed through agreement on “must-pass” legislation to continue funding for the federal government.

Specifically, as Congress works to complete a second continuing resolution (CR) and year-end spending bills (or an omnibus spending bill package) for fiscal year 2018, ACP urges you to make the needed investments in several vital federal programs and initiatives intended to maintain and extend primary care, ensure an adequate physician workforce and promote public health, as noted above and in prior recommendations. We also urge action on other key policies impacting the nation’s health, which are noted below, before Congress concludes its legislative business for the year.

ACP is the largest medical specialty organization and the second largest physician group in the United States, representing 152,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.
Children’s Health Insurance Program (CHIP)

ACP has been a stalwart supporter of CHIP and we are pleased that this program would be extended an additional five years through the Helping Ensure Access for Little Ones, Toddlers, and Hopeful Youth by Keeping Insurance Delivery Stable (HEALTHY KIDS) Act of 2017, which mirrors legislation approved by the Senate Finance Committee, S. 1287, the Keep Kids’ Insurance Dependable and Secure (KIDS) Act of 2017. A five-year extension of the program will provide states that administer the CHIP program with the certainty needed to plan a long-term budget that meets the needs of their children. It will alleviate the anxiety of many parents who are now wondering whether or not their children, who currently receive coverage under CHIP, will continue to have such coverage if Congress does not act to extend the program. CHIP has been an overwhelming success in reducing the uninsured rate among our nation’s children and reducing the financial stress of families that must bear the cost of this coverage. As a result of the passage of CHIP and Medicaid, new census data reflects that the uninsured rate among children has reached an all-time low of 4.5 percent. According to a recent study by the Urban Institute, “from 1997 when the CHIP program was enacted, to 2012, the uninsured rate among all children declined by six percentage points and by even more (12 percentage points) among children with incomes below 200 percent of the federal poverty level.”

While we appreciate the effort to move a CHIP extension before October 1st, it now has been over two months since expiration of the program. States have had to take extraordinary measures to continue coverage programs and alarmingly have begun the process of notifying families that their health coverage could be terminated. We urge you to pass a five-year CHIP extension as soon as possible, and before the end of this calendar year. However, as noted below under “offsets,” we do not support paying for CHIP extension through cuts in other vital health care programs, including the Prevention and Public Health Fund which, among other things, provides a substantial source of funding for the Centers for Disease Control and Prevention.

EXPIRING FEDERAL WORKFORCE PROGRAMS IMPACTING PRIMARY CARE

ACP supports the two-year extension of several vital primary care workforce programs, as contained in the Community Health and Medical Professionals Improve Our Nation Act of 2017, or CHAMPION Act. These programs include the National Health Service Corps, Teaching Health Center Graduate Medical Education, and Community Health Centers.

The National Health Service Corps (NHSC): Since 2010, the NHSC has awarded over $1.5 billion in scholarships and loan repayment to health care professionals to help expand the country’s primary care workforce and meet the health care needs of underserved communities across the country. With a field strength of 9,700 primary care clinicians, NHSC members are providing culturally competent care to over 10 million patients at 16,000 NHSC-approved health care sites in urban, rural, and frontier areas. The programs under the NHSC have proven to make an impact in meeting the health care needs of the underserved and ACP would like to see them expanded. More than 60 percent of NHSC members continue to practice in Health Professional
Shortage Areas ten years after service. ACP appreciates that the CHAMPION Act extends the NHSC for two additional years at $310 million per year. However, at that level, which amounts to a continuation of flat funding, the program will not be able to grow and expand sufficiently in order to meet the growing shortfall in primary care, estimated to be as many as 43,100 by 2030. **ACP urges lawmakers to extend the NHSC at a level of at least $320 million for FY2018 and $330 million for FY2019 to meet this demand.**

**Teaching Health Center Graduate Medical Education (THCGME):** The THCGME program provides funding to train medical residents in primary care, thereby increasing the overall number of primary care physicians. THCGME funding trains medical residents in primary care in community settings, including CHCs, with a focus on areas where there are health provider shortages. Over half (55 percent) of THCGME program training sites are in medically underserved areas. In the 2017-2018 academic year, THCGMEs are currently training 732 primary care residents in 57 programs across 24 states in Federally Qualified Health Centers, Rural Health Clinics, and Tribal health centers. Without funding, these programs will be at risk of not being able to train these medical residents. **ACP supports the extension of THCGME for two additional years at $126.5 million per year, as contained in the CHAMPION Act.**

**Community Health Centers (CHCs):** CHCs receive a combination of both discretionary and mandatory funding from the federal government, with 70 percent of that total funding having expired on September 30th. Over 1,400 CHCs serve patients all across the country in both rural and urban settings serving 24 million people each year. Loss of funding would be devastating, putting in jeopardy 2,800 health center sites, over 50,000 jobs and, most troubling, nine million patients could lose their access to health care services. **ACP supports the $3.6 billion per year in funding for CHCs, as part of the CHAMPION Act.**

**Title VII Primary Care and Training Enhancement (PCTE):** The PCTE Program distributes educational grants for programs designed to encourage students to enter primary care fields, support the training of primary care medical residents and fellows, and the careers of primary care medical faculty. The PCTE program trained 1,041 primary care residents and fellows in Academic Year 2015-2016 and 58 percent of this program’s physician and physician trainees practiced in a medically underserved area. If funding is not sustained after December 8th (when the current continuing resolution expires) for PCTE grants, these programs would have trouble continuing their training activities. ACP recognizes and appreciates that the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness Act of 2017 or EMPOWER Act (H.R. 3728) extends the PCTE Program for five years at $38.9 million for each of those fiscal years. ACP supports such a five-year reauthorization of this program but, at that level, funds will be insufficient to support the critical investment in primary care that is needed to support the demand. **ACP recommends a level of $71 million for the PCTE Program in FY2018 in order to maintain and expand the pipeline for individuals training in primary care.**

**FUNDING FOR OTHER KEY PROGRAMS AND INITIATIVES**

**Agency for Health Care Research and Quality (AHRQ):** We strongly believe that AHRQ’s activities and related outcomes research provides incomparable and invaluable data that
neither can be replicated nor replaced elsewhere in the federal government or the private sector. The College is dedicated to ensuring AHRQ’s vital role in improving the quality of our nation’s health and over the years in written testimony has consistently requested that the necessary resources be provided for its activities. Unfortunately, the House FY2018 LHHS Appropriations bill cuts AHRQ by a substantial $24 million from the enacted FY2017 level, decreasing its discretionary funding to $300 million. This cut would be on top of the $30 million cut that AHRQ already sustained in FY2017 and the $10 million cut in FY2016. While the Senate FY2018 LHHS Appropriations bill flat funds AHRQ, the College recommends a budget of $364 million, restoring the agency to its FY2015 enacted level.

**Research on Prevention of Firearms-related Injuries and Deaths:** As data-driven decision makers, ACP advocates for robust research about the causes and consequences of firearm violence and unintentional injuries and for strategies to reduce firearm-related injuries. The Centers for Disease Control and Prevention, National Institutes of Health, and National Institute of Justice should receive adequate funding to study the effect of gun violence and unintentional gun-related injury on public health and safety. Access to data should not be restricted, so researchers can do studies that enable the development of evidence-based policies to reduce the rate of firearm injuries and deaths in this nation. Therefore, the College strongly opposes any provision, such as the one included in the House FY2018 LHHS Appropriations bill, which would prohibit the use of funds for federal agencies to carry out firearms research or the gathering of data for future research as well as opposes the lack of funding for this research such as that included in the Senate FY2018 LHHS Appropriations bill.

**Centers for Medicare and Medicaid Services, Program Management for Marketplaces:** ACP supports adequate funding for the Centers for Medicare and Medicaid Services (CMS), Program Management for Marketplaces budget in order to carry out its duties as necessary. This funding allows the federal government to continue to administer the insurance marketplaces as authorized by the Affordable Care Act (ACA) if a state has declined to establish an exchange that meets federal requirements or chooses to partner with the federal government. CMS now manages and operates some or all marketplace activities in 39 exchanges. If the current $218.6 million cut to CMS program management and operations included in the FY2018 House LHHS Appropriations bill is adopted it will be much more difficult for the federal government to operate and manage federally-supported marketplaces, state partnership marketplaces, and federally-facilitated marketplaces, raising questions about where and how patients would obtain and maintain coverage. The accompanying prohibitions of discretionary funding for any ACA-related activity and the collection of user fees would also greatly harm patient access to healthcare coverage. **ACP supports at least the funding level contained in the Senate FY2018 LHHS Appropriations bill—$3.67 billion—the same as fiscal year 2017. It is ACP’s belief that all Americans – regardless of income level, health status, or geographic location – must have access to affordable health insurance.**

**Centers for Disease Control and Prevention, Office of Smoking and Health (OSH):** ACP has long advocated for efforts to reduce tobacco use in the United States. ACP has supported efforts to facilitate access to effective smoking cessation aids and has advocated for a comprehensive antismoking legislative agenda. ACP supports efforts by OSH to reduce initiation of tobacco
product use, decrease the harms of tobacco products, and encourage cessation among tobacco product users, especially to prevent smoking and tobacco product use among young people. In 2010, the College released the policy paper *Tobacco Control and Prevention*. The paper included recommendations that state and federal governments work together to implement comprehensive tobacco use prevention and control efforts, that youth tobacco use education and prevention campaigns be initiated, that flavorings—including menthol—be banned in all tobacco products, and that electronic nicotine delivery systems ENDS (including electronic cigarettes) be regulated by the FDA. In 2015, access and use of ENDS products increased so dramatically, especially among youth, that the College reiterated this policy and made further recommendations in the policy paper *Electronic Nicotine Delivery Systems*. Accordingly, ACP strongly supports OSH funding at or above the FY2017 enacted level of $205 million as contained in the Senate FY2018 LHHS Appropriations bill and asks you to reject the $50 million cut in the FY2018 House LHHS Appropriations bill.

**Funding for essential health providers or women’s health services and family planning:** The FY2018 House LHHS Appropriations bill eliminates the $286 million for Title X family planning as well as any funding to a class of providers designated as prohibited entities—defined as those that are designated as non-profits by the Internal Revenue Service; are essential community providers (ECPs) primarily engaged in family planning and reproductive health services; provide abortions in cases that do not meet the Hyde amendment exception for federal payment; and that received over $23 million in Title X family planning funds in fiscal year 2016. This funding includes Medicaid, the Children’s Health Insurance Program, Maternal and Child Health Services Block Grants, and Social Services Block Grants.

ACP opposes legislative or regulatory restrictions that would deny or result in discrimination in the awarding of federal grant funds and/or Medicaid and Children’s Health Insurance Program funding to women’s health clinics that are qualified under existing federal law for the provision of evidence-based services including, but not limited to, provision of contraception, preventive health screenings, sexually transmitted infection testing and treatment, vaccines, counseling, rehabilitation, and referrals. Accordingly, ACP strongly supports Title X family planning funding at or about the $286 million level included in the FY2018 Senate LHHS Appropriations bill.

**Funding for the opioid crisis and Comprehensive Addiction and Recovery Act (CARA) authorized programs:** The College applauds the bipartisan work of Congress in passing CARA that endeavors to address the serious and growing epidemic of opioid and substance-use disorders throughout the United States. The College strongly supports CARA and encourages you to build upon the FY2017 enacted funding levels and adequately fund the programs authorized by CARA for FY2018. ACP is also pleased that both the House and Senate FY2018 LHHS Appropriations bills include the second year of an additional $500 million in funding from the *21st Century Cures Act* for the State Targeted Response to the Opioid Crisis. However, the House FY2018 LHHS Appropriations bill cuts the Substance Abuse and Mental Health Services Administration (SAMHSA) overall by $306 million. Within SAMHSA, the House FY2018 LHHS Appropriation bill cuts mental health funding by $231 million, substance abuse treatment is flat funded, and substance abuse funding is cut by $58 million. *ACP strongly urges you to fund SAMHSA at or above the FY2017 enacted level and reject the cuts of the House FY2018 LHHS...*
appropriations bill. Instead, ACP supports the Senate FY2018 LHHS Appropriations bill funding levels that includes mental health funding at the FY2017 enacted level and increases substance abuse treatment funding by $15 million.

OFFSETS

We further urge that the extension of these programs and initiatives should not come at the cost of decimating other programs that serve the public health, or by rolling back the grace period for premium payment before forced coverage termination, or by adding “means-testing” to the Medicare program that forces higher-income seniors to pay more for their care. To elaborate, the Prevention and Public Health Fund (PPHF) accounts for roughly 12 percent of the Centers for Disease Control and Prevention’s (CDC) overall funding, which means the PPHF is crucial in supporting efforts to prevent and control the spread of infectious diseases and other threats to the public health. Fortunately, both the House and Senate FY2018 LHHS Appropriations bills contain the full $840.6 million for the PPHF. However, eliminating over $6 billion of the PPHF’s funding, as is proposed within the CHAMPION Act, will impede the CDC’s ability to safeguard the public. In addition, ACP is concerned about the offset in the bill that would change the three-month grace period before an Affordable Care Act market place enrollee’s coverage is terminated for non-payment of premium to either a state’s grace period requirement law or a one-month grace period if the state doesn’t have its own grace period requirement. This could result in the uninsured rate rising if the grace period is one month or less and even cause increased hardship on lower-income families that live paycheck to paycheck. A recent study confirms that the current-law three month grace period is not only appropriate but is needed and that there is no evidence that enrollees are abusing this grace period.

DREAM Act of 2017

ACP strongly supports the Development, Relief, and Education for Alien Minors (DREAM) Act of 2017, H.R. 3440 and S.1615, and urges you to include this legislation in any year-end funding package for the federal government, including a continuing resolution. ACP supports this legislation because we are concerned about the potential deportation of undocumented medical students, residents, fellows, practicing physicians, and others who came to the United States due to the actions of their parents and have achieved or are eligible for deferred action for childhood arrivals (DACA) status. According to the Association of American Medical Colleges, in 2016, 108 students with DACA status applied to medical school, and 34 matriculates with DACA status entered medical school, bringing total medical school enrollment to approximately 70 students. Without the protections afforded to them by DACA, these students would be forced to discontinue their studies and may be deported. As these students train to become physicians, they will have the experience and background necessary to treat an increasingly racially and ethnically diverse patient population to fulfill the cultural, informational, and linguistic needs of their patients.

Termination of DACA threatens to deny the United States of the talents of more than half a million individuals who are making enormous contributions to our country, and will particularly
undermine public health and medical education. We urge you to act quickly to ensure that these individuals are able to remain in the United States and are offered a path to permanent legal status and U.S. citizenship, and recommend that this be done as quickly as possible through “must-pass” legislation to continue funding for the federal government.

In closing, we urge the Congress to act immediately on these above-named policies and pass bipartisan legislation to extend and fund these important programs and further expand access to vital primary care services. The College is keenly aware of the fiscal pressures facing the Congress at this time but strongly believes the United States must invest robustly in workforce and delivery system initiatives that support primary care and the public health, including programs that have a proven track record of effectiveness but also those that demonstrate the kind of innovation we need in any high performing health care system. The millions of people who rely on such services cannot and should not have to wait any longer to have these programs, and the care provided through them, reauthorized. Bipartisan solutions are needed not only on the underlying policies but on how they are funded and we in the medical community are counting on you to make that happen.

Sincerely,

Jack Ende, MD, MACP
President

CC: Members of the United States Senate and United States House of Representatives