



October 20, 2017

The Honorable Paul Ryan
Speaker
U. S. House of Representatives
Washington, DC 20515

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

Dear Mr. Speaker and Minority Leader Pelosi:

On behalf of the American College of Physicians (ACP), I am writing to share our views on numerous bills that were approved by the Energy and Commerce Committee on October 4th and that could soon be considered by the full House of Representatives. Specifically, ACP would like to address the importance of extending the Children's Health Insurance Program (CHIP), as well as other vital federal health programs designed to expand access to primary care services, such as the National Health Service Corps (NHSC), the Title VII Health Professions Programs, the Teaching Health Center Graduate Medical Education (THCGME) Program, and Community Health Centers (CHCs). We appreciate the committee's effort to move these proposals through regular order but, unfortunately, not before most all of them expired on Oct. 1st. In the interest of the millions of patients who rely on these programs for their most basic primary care, we urge swift action in the House to pass bipartisan legislation to extend these programs, as outlined in our detailed comments below.

The American College of Physicians is the largest medical specialty organization and the second largest physician group in the United States. ACP members include 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 recently 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 expend 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.”

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 Puerto Rico's Medicaid Program

ACP supports the \$880 million for Puerto Rico's Medicaid program, as contained in the *Helping Ensure Access for Little Ones, Toddlers, and Hopeful Youth by Keeping Insurance Delivery Stable (HEALTHY KIDS) Act of 2017*. This is but one of many acts of immediate assistance that is needed in order to accelerate and improve the response and recovery on the ground in Puerto Rico for so many people in need of urgent care. ACP has called for a [much broader effort](#), on the part of both Congress and the Administration, to do more in the wake of the hurricane disaster in that territory. Likewise, ACP has taken steps to promote hurricane relief resources to its members and others and stands ready to work with Congress to be helpful in any way we can.

Electronic Health Records (EHRs)

ACP appreciates and supports the bipartisan policies as contained in H.R. 3120, sponsored by Rep. Burgess (R-TX) and Rep. Dingell (D-MI), which amends the Health Information Technology for Economic and Clinical Health (HITECH) Act in order to remove a requirement that requires the Secretary of Health and Human Services (HHS) to continue to make meaningful use standards more stringent over time. The bill simply removes the mandate that meaningful use standards become more stringent over time and allows the Department to be more deliberative in such evaluations.

Meaningful Use (MU) has resulted in more than just mass adoption of electronic health records (EHRs). It has, at least for many clinicians, led to positive changes to workflow and patient engagement. However, these positive changes have been accompanied by an expanding majority of physicians being dissatisfied with the program, and by extension, with EHRs and health information technology (health IT) in general. This frustration and disengagement could be framed as, "the very same digital infrastructure that was supposed to make healthcare operations

more efficient not only doesn't facilitate work - it has added burden." There is still a continuing benefit that MU can bring to the process of health IT-enabled care improvement that would not come simply from the market demands of clinicians attempting to satisfy quality and cost metrics. However, ACP believes the only way to bring positive value from an MU component is to re-cast MU from a program that is reliant on achieving higher and higher thresholds on increasingly stringent EHR-functional use measures to one that is focused on quality and safety, and supporting ongoing learning. H.R. 3120 would give regulators the flexibility to make this transition.

Telemedicine and Stroke

ACP is pleased to support *the Furthering Access to Stroke Telemedicine (FAST) Act of 2017* (H.R. 1148), bipartisan legislation which would expand the ability of patients presenting at hospitals or at mobile stroke units to receive a Medicare reimbursed neurological consult via telemedicine. Currently, Medicare will only pay for such a consultation if the originating site hospital is in a rural Health Professional Shortage Area or a county outside a Metropolitan Statistical Area.

ACP policy supports the expanded role of telemedicine as a method of health care delivery that may enhance patient-physician collaborations, improve health outcomes, increase access to care and members of a patient's health care team, and reduce medical costs when used as a component of a patient's longitudinal care. ACP also supports lifting geographic site restrictions that limit reimbursement of telemedicine and telehealth services by Medicare to those that originate outside of metropolitan statistical areas or for patients who live in or receive services in health professional shortage areas.

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. 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 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 pay check to pay check. 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.

In closing, we urge the House to act immediately on these above-named policies and pass bipartisan legislation to extend these important programs and further expand access to vital primary care services. 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,

A handwritten signature in black ink, appearing to read "Jack Ende", with a long horizontal flourish extending to the right.

Jack Ende, MD, MACP
President

CC: Members of the U.S. House of Representatives and U.S. Senate