

February 12, 2020

The Honorable Mitch McConnell  
Majority Leader  
U.S. Senate  
Washington, DC 20510

The Honorable Charles E. Schumer  
Democratic Leader  
U.S. Senate  
Washington, DC 20510

Dear Leader McConnell and Leader Schumer:

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 treatment, prevention and cures for type 1 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 research 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 Tribe  
Chickasaw Nation  
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 of Kansas  
Sac and Fox Nation of Missouri  
California Rural Indian Health Board

cc: The Honorable Lamar Alexander  
The Honorable Patty Murray