



November 2, 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 Speaker Ryan and Democratic Leader Pelosi:

On behalf of the American Academy of Family Physicians (AAFP), thank you for your consideration of legislation to extend funding for the Children's Health Insurance Program (CHIP), Teaching Health Centers Graduate Medical Education (THCGME), Community Health Centers (CHC), and the National Health Service Corps (NHSC). We strongly support the reauthorization of these important bipartisan programs. They deserve the certainty that long-term funding provides.

These programs are critically important to our health care system, and are strongly supported by the AAFP. However, we are deeply concerned that the financing of the reauthorization of these programs is achieved through dramatic near-term cuts in programs that promote health and wellness for all Americans. While not a complete elimination of the prevention and wellness fund, the severity of these cuts over the next few years would undermine many essential public health priorities. We believe that it is important to continue bipartisan negotiations to identify alternative financing as the legislative process proceeds.

- Since its inception in 1997, CHIP, together with Medicaid, has helped to reduce the percentage of uninsured children by a remarkable 68 percent. As employer-based dependent coverage has eroded, CHIP and Medicaid have efficiently worked together so that more than 95 percent of all children in America are currently enrolled in some form of insurance coverage. With federal CHIP funding having expired, states are reporting numerous problems and wastes of taxpayer dollars that could be better spent on coverage for children and pregnant women. CHIP needs a stable funding stream that protects our gains in health coverage.
- Teaching Health Centers (THCs) play a vital role in training the next generation of primary care physicians, with more than 700 medical residents conducting an estimated one million patient visits in FY2017 in underserved rural and urban communities. THCs work. Early statistics from the first THCGME program's graduates indicate that 82 percent of THC graduates remain in primary care practice, compared to 23 percent of traditional GME graduates. THCGME achieves this goal even though the program constituted less than 0.5 percent of the annual federal outlay committed for training physicians in FY2016.

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THCs are efficiently responding to the crisis-level shortage of primary care physicians by linking new doctors with the communities where they are needed most.

- Community Health Centers are essential programs serving underserved areas around the country. More than 1,400 CHCs provide service at 9,800 urban and rural sites. They care for 24 million patients in underserved areas regardless of insurance status -- a figure that has doubled since 2000 -- and 71 percent of these patients live at or below the poverty level. The CHC model has also proven to be efficient. Patients who received the majority of their care at health centers saved an average of \$2,371 in total spending compared to non-health center patients. They also reported 33 percent lower spending on specialty care, 27 percent lower inpatient costs and 25 percent fewer admissions.¹
- Since 1972, the NHSC has played an important role in maintaining access to primary care in our nation's most underserved communities. Today, over 11 million people rely on more than 10,000 NHSC clinicians for health care services in every state and territory. In 2016, there were almost 66 million people living in primary care shortage areas, more than 51 million people living in dental shortage areas, and over 106 million people living in mental health shortage areas. The NHSC is the program aimed at addressing their needs.

Thank you for advancing the extension of these programs as they are important for patients and family physicians. We welcome this next step in the legislative process and look forward to the identification and enactment of more bipartisan offsets to pay for these critical programs.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Meigs, Jr.', with a stylized flourish at the end.

John Meigs, Jr., MD, FAFAP
Board Chair

C: The Honorable Mitch McConnell
The Honorable Charles Schumer
The Honorable Kevin McCarthy
The Honorable Steny Hoyer

¹ See <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303341>