

September 11, 2020

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

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

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

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

Dear Speaker Pelosi, Leader McConnell, Leader McCarthy, and Leader Schumer:

On behalf of the undersigned national organizations, we write to urge you to take immediate action in support of a 5-year reauthorization of vital public health programs set to expire on November 30, 2020. These bipartisan, essential and life-saving programs – including the Community Health Center Fund (CHCF), Special Diabetes Program and Special Diabetes Program for Indians (SDP/SDPI), Teaching Health Centers Graduate Medical Education (THCGME), National Health Service Corps (NHSC), and Personal Responsibility Education Program (PREP) – will be compromised by yet another short-term extension. In order to prevent additional interruptions in patient access to vital public health services, interruptions in medical research, and to mitigate additional threats to medical training programs and healthcare provider placements during a national pandemic, it is essential that Congress approve a 5-year reauthorization of these key programs and consider proposed increases requested during the 116th Congress.

Since September 2019, these programs have endured four short-term extensions lasting only several weeks to several months. Most recently, these programs were reauthorized under the CARES Act through November 30, 2020. While we appreciate your commitment to making sure these programs do not expire, it is essential that Congress pass a long-term, 5-year reauthorization that guarantees the continued success and viability of these essential programs and services. As a result of short-term extensions and the undue strains they place on long-term budgeting and planning, these programs and the communities they serve have experienced cuts to essential public health services for medically-underserved patients; cuts to type II diabetes prevention, treatment, and management services for American Indians and Alaska Natives (AI/ANs); delays in research to treat, prevent, and ultimately find cures for type 1 diabetes (T1D); setbacks to provider recruitment and retention in high need areas; and even the closing of residency programs training the next generation of healthcare professionals.

In a normal reauthorization cycle, these challenges alone would be unprecedented in terms of their disruption to program and service operations. But in addition to the turmoil resulting from short-term extensions, these programs continue to contribute resources and energy in order to serve on the front lines of the United States' COVID-19 pandemic response even without the assurance of continued funding. For instance, Community Health Centers (CHCs) were already the place where nearly 30 million patients across over 12,000 rural, urban and frontier communities received

primary and preventive healthcare services. With millions of people newly unemployed and without private healthcare coverage in the wake of COVID-19's economic toll, and as state and local funds for social safety net programs continue to dwindle, the role health centers play in providing care to Americans in need will only continue to grow. Without the stability and security of a long-term reauthorization, many CHC's will not have the resources necessary to accommodate these growing populations or the stability to plan for the future.

For SDPI, which serves over 300 Tribal and urban Indian communities nationwide, nearly 1 in 5 programs have reported employee furloughs over the past six months, including for healthcare providers, with 81% of SDPI furloughs directly linked to the economic impacts of COVID-19. Roughly 1 in 4 SDPI programs have reported delaying essential purchases of medical equipment to treat and monitor diabetes due to funding uncertainty, and nearly half of all programs are experiencing or anticipating reductions in the availability of diabetes program services. For SDP, the uncertain funding has hampered research efforts into type 1 diabetes treatments and cures which could also help improve outcomes for people with the disease who contract COVID-19. For example, research has shown that people with type 1 diabetes were 3.5 times more likely to die in the hospital from COVID-19 than those without diabetes. Further understanding what is different about individuals with type 1 diabetes that predisposes them to the increased risk is a huge unmet research need. There is also evidence of type 1 diabetes induced or unveiled by COVID-19 that merits greater investigation. Efforts are needed to define the clinical, biochemical, and metabolic characteristics of how COVID-19 affects the pathology of the pancreas and how it leads to a decompensated state or new cases of diabetes, in order to identify interventions to halt these processes. These research efforts cannot adequately take root without funding certainty.

Teaching Health Centers have had to shift the way their programs operate over the past few months due to fewer patient visits, massive losses in revenue, and depleted cash reserves and still don't have a sustainable funding path in sight. At the same time, the fall recruiting season is under way and the lack of certainty past November 30 for the THCGME program means that Centers are unsure of how many medical students to recruit and medical students look less favorably at THCs for their residencies because, unlike the Medicare-funded GME program, the THCGME program lacks financial stability. This means that some of the best-suited future medical residents will not train in a community setting due to the failure of Congress to enact meaningful, long-lasting reauthorization legislation.

Through approximately 80 grants to states, Tribes, and communities, PREP provides evidence-based information and education to help more than 100,000 youth annually prevent teen pregnancy and sexually transmitted infections, and prepare for adulthood. Providing stable and certain funding for these programs is essential for grantees to effectively plan, carry out, and evaluate programs, as well as to recruit participants and partners. With COVID-19 upending schools, some grantees are providing vital information to youth virtually or outside the school setting. COVID-19 has also constrained some state contracting and procurement, which would make it more difficult to have to stop and start grant agreements and sub-awards during this challenging time.

In closing, we remind you that millions of Americans rely on these public health programs to receive their healthcare services, diabetes services, medical trainings, and potential cures. Each of

these programs is integral to our national COVID-19 response efforts and for protecting the public health and safety of our communities. These reliable programs – and the patients they serve – deserve the assurance and security of long-term funding. Congress has enthusiastically supported these programs over the years in a bipartisan manner. We urge you to immediately pass 5-year renewal of these vital public health programs this month so that the communities they serve can continue to access and benefit from their life-saving services. As always, we stand ready to work with you in bipartisan fashion to achieve this goal.

Sincerely,

National Indian Health Board

American Academy of Family Physicians

American Association of Colleges of Osteopathic Medicine

American Association of Teaching Health Centers

American College of Obstetricians and Gynecologists

American Diabetes Association

Beyond Type 1

Council of Academic Family Medicine

DiabetesSisters

Diabetes Patient Advocacy Coalition

Endocrine Society

Families USA

Healthy Teen Network

JDRF

National Association of Community Health Centers

National Diabetes Volunteer Leadership Council

Power to Decide

Society of General Internal Medicine