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Congress of the United States
House of Representatives
Washington, DC 20515-1302

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September 18, 2017

The Honorable Paul D. Ryan
Speaker
United States House of Representatives
H-232, The Capitol
Washington, D.C. 20515

The Honorable Nancy Pelosi
Minority Leader
United States House of Representatives
H-204, The Capitol
Washington, DC 20515

Dear Speaker Ryan and Minority Leader Pelosi,

As the federal fiscal year comes to a close on September 30, 2017, the House of Representatives has yet to decide on the state of funding for critical health programs and supports which disproportionately impact the health of our nation's children and medically underserved.

As Members committed to upholding the health of our nation, we **urge for the immediate reauthorization of the Children's Health Insurance Program (CHIP) before the program expires on September 30, 2017.** We also urge that our collective Congressional body makes active strides to **halt the implementation of payment reduction cuts to Disproportionate Share Hospitals (DSH) before these cuts go into effect on October 1, 2017.** Additionally, **programs under the Public Health Service Act and the Community Health Center Fund** face critical, impending cuts without federal intervention.

The Children's Health Insurance Program (CHIP)

CHIP has received consistent bipartisan support since it was signed into law in 1997. Over the last two decades, it has played a critical role in dramatically reducing the uninsured rate of children in modest households whose incomes exceed Medicaid eligibility thresholds.

CHIP bolsters the power of Medicaid. It provides states with financial support for children's health coverage in the form of early screening, diagnostic and treatment benefits, as well as dental, vision and hearing benefits. In FY 2016, 8.9 million of the nation's children who were not Medicaid eligible received the robust coverage CHIP provides. Without CHIP, these children

will lose access to necessary care and some states will discontinue their CHIP programs altogether.

Without swift reauthorization of coverage, and with such uncertainty around the future of the nation's healthcare system, young lives hang in the balance. Our lack of urgency will set off a chain of dire consequences for children, as well as their families, communities, and states. A child whose health is precariously covered is also prone to compounding a family's generational uninsured status. A family without insurance is a family more likely to fall victim to financial crisis related to medical costs, such as bankruptcy and unpaid medical bills. A family unable to meet their financial obligations puts a heavy burden on the economic vitality of communities, resources, and states. Each of these scenarios will negate all strides made in reducing the uninsured rate of children and families across the nation. Thus, we call for:

- 1) **The immediate enactment of a five-year extension of CHIP current policy through 2022.** Not only would this safeguard children's healthcare coverage, but it would provide time for us to consider ways to make children's coverage even more comprehensive, coordinated, and affordable.
- 2) **The continuous funding of the Pediatric Quality Measures Program,** as this is the most critical federal investment in pediatric healthcare quality. These metrics help to direct improved modes of pediatric care and also assist in lowering medical costs for families.

Disproportionate Share Hospitals (DSH)

DSH payments are monies received by hospitals that treat a disproportionately high number of uninsured and underinsured patients. These payments offset the losses that these hospitals sustain, which would otherwise go uncompensated. According to America's Hospitals and Health Systems, DSH hospitals nationwide have provided about \$40 billion in uncompensated and under compensated care to our nation's most medically vulnerable. DSH payments are slated to be reduced by \$2 billion in fiscal year 2018. If implemented, these cuts will total \$43 billion by fiscal year 2025. By implementing cuts to DSH payments, the nation's safety net hospitals face a fiscal cliff wherein they would not be able to consistently provide quality care to the nation's medically underserved.

Public Health Service Act (PHSA)

Under the PHSA, there are a few expiring programs that we find critical. Chief among them are the Community Health Center Fund, Teaching Health Centers, Special Diabetes Program, and the National Health Service Corps. These programs are vital to our constituents, as they provide the necessary care for good health and well-being.

The Community Health Center Fund (CHCF)

Health centers play an essential role in low-income communities as they protect and expand access to critical and affordable care. The CHCF provides mandatory funding for federal health centers, which deliver primary, dental, and other supportive care in medically underserved areas. In FY2016, CHCF supported approximately 70 percent of all health centers' programs. The CHCF program's annual funding more than tripled between FY 2002 and FY 2016, increasing

from \$1.3 billion to \$5.1 billion. This resulted in more health centers, an increased number of patient visits, and more available services. **We ask that priority be granted for extended Mandatory Health Center Funding.**

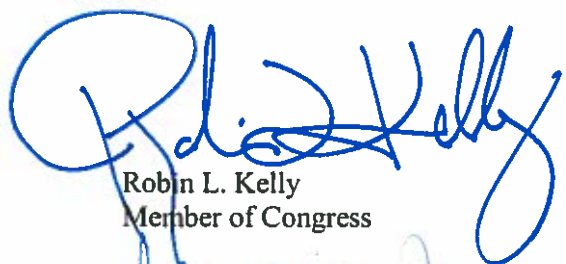
CHCF funds have been used for a variety of health center activities and immediate funding for health crises, such as those in Flint, Michigan's water supply issue and the Zika virus outbreak. The program also supports the National Health Service Corps, which is a scholarship and loan repayment program to health professionals and primary care providers who work in medically underserved communities.

As uncertainty looms about the future of our healthcare system, securing the foundations of health for children under CHIP, as well as institutional support of the health systems and programs that deliver essential care to the nation's medically underserved, is even more imperative.

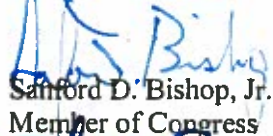
There is real harm in waiting until the last minute to decide on the fate of our nation's children and families. Accordingly, we fellow Members of Congress stand together and emphatically call for the swift reauthorization of funding for the Children's Health Insurance Program, for an immediate halt to end Disproportionate Share Hospital payments, for support of core public health programs, and for continued support of community health centers.

Congress should not turn a blind eye to these much needed programs.

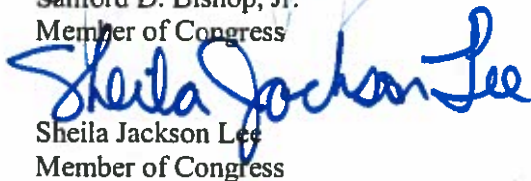
Sincerely,



Robin L. Kelly
Member of Congress



Sanford D. Bishop, Jr.
Member of Congress



Sheila Jackson Lee
Member of Congress



John Conyers, Jr.
Member of Congress



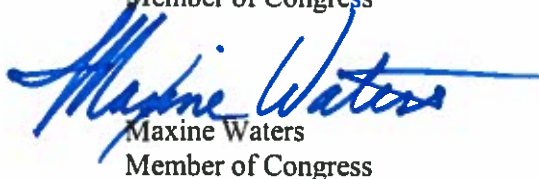
Bobby L. Rush
Member of Congress



Wm. Lacy Clay
Member of Congress




David Scott
Member of Congress




Maxine Waters
Member of Congress



Frederica Wilson
Member of Congress

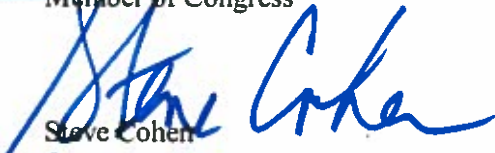

Emanuel Cleaver, II
Member of Congress


Adriano Espaillat
Member of Congress


Bonnie Watson Coleman
Member of Congress



Eleanor Holmes Norton
Member of Congress


Al Green
Member of Congress

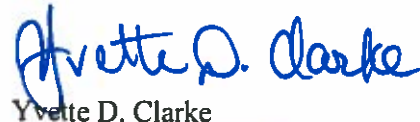

Steve Cohen
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Eric Swalwell
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Suzanne Bonamici
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André Carson
Member of Congress



Yvette D. Clarke
Member of Congress


Cedric Richmond
Member of Congress


Jimmy Panetta
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Elijah Cummings
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John Lewis
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Michelle Lujan Grisham
Member of Congress


Jan Schakowsky
Member of Congress

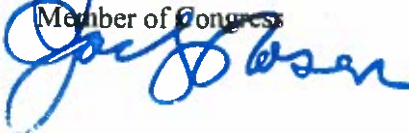

Joyce Beatty
Member of Congress



Vicente Gonzalez
Member of Congress



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Jacky Rosen
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Betty McCollum
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Alma Adams
Member of Congress