



**THE UNITED STATES
CONFERENCE OF MAYORS**

November 1, 2017

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

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

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 Majority Leader McConnell, Minority Leader Schumer, Speaker Ryan, and Minority Leader Pelosi:

On behalf of nonpartisan organizations representing the nation's city and county elected officials, we write to you today to urge your prioritization in addressing critical human services and health care programs which, without immediate action from Congress, will impact children, seniors, rural and underserved patients in 19,000 cities and towns and 3,000 counties across our country. These programs are essential components of the health safety net, and include:

- The Children's Health Insurance Program
- Community Health Centers
- Medicaid Disproportionate Share Hospital payments
- Maternal, Infant and Early Childhood Home Visiting Program
- National Health Service Corps

Failure to renew these programs in a timely manner would not only impact access to coverage and care for millions through elimination or rising costs, but also have a devastating economic impact on cities and counties across the country who would be left to bear the financial burden in the absence of these programs. These programs are particularly critical to our rural and underserved communities.

To ensure the stability and certainty that is needed within our nation's health care system which is built upon a strong federal-state-local partnership, we urge Congress to support extensions of these programs.

The Children's Health Insurance Program

Since its bipartisan beginning in 1997, the Children's Health Insurance Program (CHIP) has worked hand-in-hand with Medicaid to cut child un-insurance to the lowest level ever recorded – 95 percent of children currently have health insurance. CHIP provides coverage for close to nine million children in working families that earn too much to qualify for Medicaid but too little to afford private health insurance. If funding for CHIP expires, families could experience up to a ten-fold increase in their out-of-pocket costs for plans that do not have an appropriate benefit package or pediatric network. Simply put,

the benefits, provider networks and affordability protections available in CHIP clearly reflect the needs of children.

Without certainty in funding, states will begin to wind-down their CHIP programs and children may be transitioned to more costly forms of coverage or become uninsured altogether. A long-term extension of CHIP by Congress is necessary so states have the budget certainty necessary to continue to run their CHIP programs.

Community Health Centers

Community Health Centers today provide high-quality primary and preventive care to more than 25 million patients in more than 10,400 underserved communities nationwide. Health centers save the health care system more than \$24 billion every year, by reducing the need for care in costlier settings and by preventing and managing complex conditions. The mandatory investment in health centers was begun by Congress in 2010, sustained each year and extended on a bipartisan basis in 2015 and has resulted in some eight million new patients gaining access.

According to HHS' own estimates, a failure to renew these funds would lead to loss of 51,000 jobs, closure of 2,800 CHC delivery sites, and a loss of access to care for more than nine million patients. In order to preserve the gains that have been made and strengthen our system of access to primary and preventive care, Congress must act to avert this funding cliff.

Medicaid Disproportionate Share Hospital payments

Hospitals that care for many low-income people, including teaching, essential and children's hospitals, strive to provide high quality care to all patients, including the most vulnerable. Due to their patient populations, many of these hospitals often have lower operating margins than the rest of the hospital industry. Without Medicaid disproportionate share hospital (DSH) payments, hospitals that rely on DSH would see massive funding shortfalls that would threaten access to care.

We know that you understand the threat that Medicaid DSH payment cuts pose to vulnerable patients and teaching and essential hospitals and have, under bipartisan efforts, delayed Medicaid DSH payment cuts three times. While Medicaid DSH cuts have yet to go into effect since implementation of the Affordable Care Act (ACA), under current law, DSH cuts will begin with a \$2 billion cut in FY 2018 and increase by \$1 billion annually through 2024, ending with an \$8 billion cut. We urge Congress to continue the delay of DSH cuts until a more sustainable solution is reached.

Maternal, Infant and Early Childhood Home Visiting Program

The Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, a federal and state partnership supporting family and child home visiting programs to enhance early childhood development, currently serves children and families in all 50 states, five territories and numerous tribal organizations.

Congress established MIECHV to facilitate federal, state and local collaboration to improve the health of at-risk children through evidence-based programs. These home visiting programs connect families to necessary services and monitor child developmental progress. MIECHV provides federal funds to support these programs implemented by states and localities.

MIECHV plays a critical role in counties' and cities' abilities to provide vital services that parents and children need to ensure a healthy upbringing and living environment. With the help of MIECHV, counties

and cities are able to provide funding for home visitation programs that ensure infants, toddlers and their caregivers can take advantage of the program's continuum of services at an earlier age.

Without congressional reauthorization, critical evidence-based home visiting programs that strengthen high-risk families may be terminated or see lapses in funding. Reauthorizing and expanding the program is critical to ensuring that children and families across our nation can receive effective home visiting services that improve their health, education and economic stability.

National Health Service Corps

The National Health Service Corps (NHSC) has worked to build healthy communities by placing health care providers dedicated to working in underserved areas of every state and territory of the United States. Today, more than 10,000 primary care medical, dental, and mental and behavioral health practitioners are providing access to care in rural, urban, and frontier areas of the country with limited access to care. More than 10 million people rely on a NHSC-supported provider for access to primary care service. Placements are made in the highest need areas of the country, with providers serving in a wide variety of safety net organizations including Health Centers, Rural Health Clinics, Critical Access Hospitals, School-based Clinics, Indian Health Service facilities, and Community Mental Health Centers, among others. Additionally, more than half of all NHSC placements continue to serve in designated shortage areas 10 years after fulfilling their NHSC commitment.

The NHSC serves as an effective and efficient recruitment tool for many safety net organizations in dire need of assistance. However, like the Health Centers program, the NHSC is funded on a mandatory basis, and without Congressional action to extend that funding, the program will cease to exist. The NHSC is solely funded through the mandatory funding mechanism and has no base appropriation to even continue supporting the existing field placements. Extending and strengthening funding for the NHSC is paramount for the millions of people who rely on the program for primary care services.

On behalf of city and county leaders across the country, we thank you for quickly addressing these critical issues impacting the health, wellbeing and economic vitality of communities across our great nation. The National League of Cities (NLC), the National Association of Counties (NACo), and the U.S. Conference of Mayors (USCM) look forward to working with you on these issues. To that end, please consider us a resource by contacting Stephanie Martinez-Ruckman, NLC's Program Director for Human Development, at martinez-ruckman@nlc.org or 202-626-3098; Brian Bowden, NACo's Associate Legislative Director for Health, at bbowden@naco.org or 202-942-4275; Eryn Hurley, NACo's Associate Legislative Director for Human Services and Education, at ehurley@naco.org or 202-942-4204; and Crystal Swann, USCM's Assistant Executive Director for Children, Health and Human Services, at cswann@usmayors.org or 202-861-6706.

Sincerely,



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Matthew D. Chase
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Tom Cochran
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