

NOTE: This letter was revised on September 6 to reflect two disability asks. New language is in red.

[Insert Date]

Dear members of Congress:

Guided by our shared faith principles, the **XX** undersigned denominations and faith-based organizations believe it is immoral for anyone in our country to go without needed medical care. We are committed to improving health outcomes and ensuring the provision affordable health care for the most vulnerable people.

Congress must act before October to maintain and expand critical health care programs on which millions of Americans depend. We are optimistic that these programs will continue to receive the bipartisan support they deserve.

Community Health Centers (CHCs), Disproportionate Share Hospitals (DSH), the Special Diabetes Program for Indians (SDPI), National Health Service Corps (NHSC), and the Teaching Health Center Graduate Medical Education Program (THCGME) are all essential elements of the health care safety net. They serve patients across racial, economic, and geographic lines, and provide high-quality, essential services. They are all at risk if Congress fails to act before October 1. **The Money Follows the Person Medicaid Demonstration Program and the Independence at Home Program were extended by the Senate through the end of the calendar year. However, these short-term extensions leave states with a great deal of uncertainty about the future of the program. It is important that they be authorized for a long-term extension or made permanent.**

- CHCs help health care providers mend the gaps and provide affordable health care to all, regardless of their ability to pay. In 2017, 1,373 federally-funded health centers operated in over 11,000 locations nationwide, caring for 27.2 million patients and employing 223,840 people.¹ They address underlying social determinants of health and are often based in medically underserved communities while saving 24 percent in Medicaid spending when compared to other providers.² Funding for CHCs expires at the end of this fiscal year, and Congress must reauthorize funding before October 1.
- DSH safety net hospitals take on huge costs to serve patients who use Medicaid or are uninsured, ensuring no one goes without care. If Congress does not act to delay the cuts to DSH, safety net hospitals will lose \$4 Billion in FY2020 and \$8 Billion in FY2021. Hospitals cannot withstand these cuts, leaving Americans unable to access essential services.
- The SDPI significantly improves the health of Native communities and providing a cost-effective model of diabetes response. Native Americans have the highest prevalence of diabetes among all U.S. racial and ethnic groups. Since the start of the Special Diabetes Program for Indians in 1997, Native American nationwide have experienced a reduction in blood sugar levels, reduced cholesterol levels, and weight loss. Between 1999 and 2013, the incident rate of end-stage renal disease (ESRD) due to diabetes in Native Americans fell by 54%. This decline is greater than any seen in other racial or ethnic groups. ESRD requires hemodialysis, which can be over \$88,000 in Medicare costs for one patient. The decline in incident rates of ESRD has led to significant cost savings. We urge you to immediately extend and renew the Special Diabetes Program for Indians (SDPI) with a base funding level of \$200 million.

¹ <https://www.kff.org/report-section/community-health-center-financing-the-role-of-medicaid-and-section-330-grant-funding-explained-issue-brief-9291/>

² http://www.nachc.org/wp-content/uploads/2018/05/Medicaid_FS_5.15.18.pdf

- The NHSC and THCGME are backbones of the primary care workforce, incentivizing primary care physicians to work in underserved communities in need of their support. Both of these programs must be reauthorized before the end of this fiscal year.
- The Money Follows the Person Medicaid Demonstration Program is a critically important program that has helped nearly 90,000 seniors and people with disabilities move from institutional settings into the community. Research on the program has found that it improve quality of life for program participants and produces significant cost savings.
- The Independence at Home Demonstration Program (IAH) has helped more than 10,000 older adults with significant and chronic illnesses. IAH puts health care in the comfort of a patient's home while reducing unnecessary hospitalizations, as well as achieving both cost savings and significant care improvements.

These programs provide health coverage for those our faiths call us to prioritize: senior citizens in nursing homes, children and adults experiencing poverty, people living with disabilities, and those in medically underserved areas. Congress must maintain and expand these programs to continue providing critical access to health care for the most vulnerable among us. We urge you to act before October 1.

Signatory list (current as of September 6 at 9am - before red language was added)

American Muslim Health Professionals

Bread for the World

Congregation of Our Lady of Charity of the Good Shepherd, U.S. Provinces

Faith in Healthcare

Franciscan Action Network

National Advocacy Center of the Sisters of the Good Shepherd

NETWORK Lobby for Catholic Social Justice

The United Methodist Church - General Board of Church and Society

Union for Reform Judaism