

April 10, 2020

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

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

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

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

Dear Majority Leader McConnell, Speaker Pelosi, and Minority Leaders Schumer and McCarthy:

We, the undersigned organizations, call on congressional leaders to ensure adequate funding and support for the broad range of health care providers and agencies engaged in supporting the nation's public health infrastructure. We represent the diverse network of providers and entities that are dedicated to caring for the most vulnerable, including: maternal and child health programs, STD and sexual health clinics, Ryan White providers, family planning providers, federally qualified health centers, community health centers, and state and local health departments. While we applaud the historic investments in specific sectors in health care delivery and broad economic relief provided in the previous relief and mitigation packages responding to the COVID-19 health crisis, significant investment in public health infrastructure will be critical for the health care and public health systems to restore their capacity and meet the ongoing needs of individuals.

These needs will be felt most critically in the health care safety net, the diverse network of health care providers that prioritize caring for patients with low incomes, individuals experiencing an array of economic insecurity that jeopardize their ability to access health care services, and communities that continue to experience systemic barriers to care, including people of color, LGBTQ individuals, people with limited English proficiency, and the people at the intersections of those communities. These safety-net health care providers, whether or not they are on the front lines of testing and treatment of COVID-19 cases, have been directly and significantly impacted by the pandemic.

In the midst of the pandemic, safety-net health centers are working tirelessly to provide essential and time-sensitive care in new and innovative ways to drastically limit how many patients need in-person visits. Expanding telehealth options, reimagining home visiting, setting up drive-up sites, and doing no-contact drops of critical medications are just a few of the strategies employed in recent weeks.

Additionally, staff is being pulled from their traditional work and into COVID-19 response— an essential example of this is disease investigation specialists (DIS) and public health nurses tracing COVID-19 exposure rather than treating syphilis patients and preventing congenital syphilis cases. To allow the work that these individuals already provide to be done and the expanded work now being required of them, investments are needed. New strategies require initial investments in equipment and trainings, which many health centers are struggling to gather while transitioning away from traditional face-to-face encounters and other financial pressures and old strategies to support our public health infrastructure which is historically underfunded are being strained and tested in new ways that require financial support.

These investments should include new dedicated funding for safety-net providers, in addition to increases directed through existing programs, including (but not limited to) the Title V Maternal and Child Health Block Grant, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, the Centers for Disease Control and Prevention's (CDC) Division of STD Prevention, the Title X family planning program, the Social Services block grant, the CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, the Ryan White HIV/AIDS Program and others. Congress also must evaluate if additional resources are required for the existing investments already made, including in the section 330 FQHC program, depending on the duration or intensity of the crisis.

Additionally, variations in patient mix at these health centers also means that many organizations are unable to take advantage of all of the new funding streams and relaxation of requirements in Medicare that have been included in previous packages. With that in mind, we ask that the next coronavirus response package include parity between Medicare and Medicaid, particularly with respect to incentive payments and flexibility in and reimbursement for telehealth services.

The health care safety net and public health infrastructure have been underfunded for years, and many programs and providers have been doing more with less for far too long. Both will need significant financial investment to continue to provide needed services during the pandemic response, and to build up needed surge capacity for the time when "stay-at-home" orders bans on non-essential services are lifted.

Sincerely,

AIDS United

American College of Nurse-Midwives

American Public Health Association

Association of Maternal & Child Health Programs

Association of Public Health Laboratories

Association of Women's Health, Obstetric and Neonatal Nurses

HIV Medicine Association

NASTAD

National Association of County and City Health Officials

National Coalition of STD Directors

National Family Planning & Reproductive Health Association

Ryan White Part C Medical Providers Association

Safe States Alliance