



October 4, 2017

The Honorable Greg Walden
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Walden:

On behalf of the Healthcare Leadership Council (HLC), I am writing to thank you for your commitment to public health.

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century health system that makes affordable, high-quality care accessible for all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, pharmacies, post-acute care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach.

HLC thanks the Committee for considering legislation on the following subjects, and welcomes the opportunity to share our thoughts with you.

Children's Health Insurance Program (CHIP)

CHIP is a critical part of our nation's healthcare infrastructure. This program supports some of our most vulnerable citizens – children from families with low and moderate incomes. CHIP has provided coverage and encouraged participation by simplifying the enrollment and renewal process. Along with other factors, this has led to a steep decline in the percentage of children without insurance from around 14% in 1997 to 5% in 2016. Children from racial and ethnic minorities or who have special healthcare needs are especially likely to rely on CHIP.

HLC supports the "Helping Ensure Access for Little Ones, Toddlers, and Hopeful Youth By Keeping Insurance Delivery Stable (HEALTHY KIDS) Act," which would reauthorize CHIP for five years. We believe that keeping children healthy by giving them access to care is essential for the wellbeing of our society. Diagnosing and treating programs at an early age increases the likelihood that children will grow into healthy adults. This

care will also save costs, as they will be more able to work and contribute to our nation's economy in the future. Without CHIP, however, these kids will have to go without necessary doctor visits, prescriptions, and other healthcare services. They will not be able to access preventive care and instead will likely be treated in emergency rooms and other high-cost settings. To avoid this costly situation and protect children's access to healthcare, HLC asks Congress to pass the HEALTHY KIDS Act.

Healthcare Workforce

HLC believes that the United States requires a strong and stable healthcare workforce. A growing and aging population, expanded health insurance coverage, and initiatives to improve health outcomes have all led to rising patient demand for healthcare services. To meet this demand, there needs to be a trained and highly skilled workforce that can assist consumers in receiving the care they need to maintain and improve their health. HLC strongly supports the "Community Health and Medical Professionals Improve Our Nation (CHAMPION) Act" that would extend funding for the following programs.

- **Community Health Centers (CHCs):** CHCs provide high-quality primary and preventive care to over 25 million people in more than 9,000 rural and urban communities across the country. This care is cost effective and accessible. Furthermore, the CHCs serve as critical economic engines that benefit local economies.
- **National Health Service Corps (NHSC):** The NHSC offers loan repayment assistance to healthcare providers who practice in underserved areas. More than 10,000 primary care medical, dental, and mental and behavioral health practitioners are currently participating in the NHSC, and more than 10 million people rely on one of these providers for their care. Additionally, the NHSC serves as an effective and efficient recruiting tool, since many providers continue to practice in underserved areas after they fulfill their NHSC commitment.
- **Teaching Health Center Graduate Medical Education (THCGME):** Graduate Medical Education (GME) is critical to training our nation's physicians and ensuring that patients have access to quality care. The THCGME program focuses on training doctors in community based primary care settings such as CHCs. The THCGME program provides care to the patients who rely on those centers while educating our nation's future physician workforce.

Independent Payment Advisory Board (IPAB)

HLC encourages the Committee to make Medicare stronger and more innovative by addressing an entity that threatens to weaken it. IPAB was created with the ostensible purpose of controlling Medicare spending, but it does so in a way that does not improve the health of beneficiaries, does not add value to the Medicare program, and does not respect the prerogative of the legislative branch to set Medicare policy. Any notion that IPAB could be a catalyst in promoting productive healthcare reforms is undermined by the provisions in the law that state that IPAB must achieve scoreable savings sufficient to reach statutory budget targets within a one-year timeframe. Given this requirement,

IPAB is most likely to focus on short-term savings in the form of payment cuts to healthcare providers. HLC therefore urges the Committee to take up and pass H.R. 849, the “Protecting Seniors’ Access to Medicare Act.”

Telemedicine

HLC supports H.R. 1148, the “Furthering Access to Stroke Telemedicine (FAST) Act,” which would expand the ability of patients presenting at hospitals or mobile stroke units to receive a Medicare reimbursed neurological consult via telemedicine. This is an important step toward greater telehealth adoption. HLC also encourages the Committee to take up additional telehealth legislation soon, specifically H.R. 2556, the “Connect for Health Act.”

Reducing the Volume of Future Electronic Health Record-Related Significant Hardship Requests

HLC also supports H.R. 3120, which would amend the Health Information Technology for Economic and Clinical Health (HITECH) Act to remove a requirement that mandates the Secretary of Health and Human Services (HHS) to continue to make meaningful use standards more stringent over time. Through its comments to HHS and Congress, HLC has communicated that broader health system success at achieving meaningful use and interoperability relies on the performance of all providers – not just the most successful. With that in mind, HLC has encouraged approaches that reduce regulatory burden and provide a path to success for those who have struggled to achieve meaningful use and become interoperable with more advanced providers.

Independence at Home Project

H.R. 3263 would extend the Medicare independence at home medical practice demonstration program for two years. HLC is a strong supporter of this program that uses interdisciplinary teams of medical and social service professionals to provide primary care services at home for Medicare beneficiaries with severe chronic illnesses and disabilities. These services reduce costs and allow beneficiaries to stay in their homes.

Medicare Civil and Criminal Penalties

HLC does not believe that H.R. 3245, the “Medicare Civil and Criminal Penalties Update Act,” takes a meaningful step toward modernizing the Medicare program. This legislation would increase both civil and criminal penalties for Medicare. Higher penalties would have little impact, because in the majority of cases, organizations choose to settle for amounts generally lower than the legislatively stipulated penalties (many organizations choose to settle to avoid prolonged legal activity and related negative attention). HLC believes that more significant reform is needed in order, not only to successfully meet the objectives of the Medicare Access and CHIP Reauthorization Act (MACRA), but value-based care in general. Recognizing the transformational nature of the shift to value-based payment within the existing legal framework governing the United States healthcare system, HLC has convened a broad group of organizations that advocates for a legal framework that allows the use of incentives to drive better value in healthcare. In order to better coordinate and deliver patient care, this

framework must allow appropriate patient-serving care and delivery models involving broader collaboration among stakeholders in order to accelerate ongoing improvements in care quality and patient safety while reducing the rate of cost growth. HLC recommends that the Committee consider a broader set of legislative recommendations to foster innovative care and integrated care delivery and payment models. These recommendations are available at <http://bit.do/HLCStarkWhitePaper>.

Thank you again for your commitment to protecting our nation's public health. HLC looks forward to continuing to work with you. Should you have any questions, please do not hesitate to contact Debbie Withey at (202) 449-3435.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary R. Greal". The signature is fluid and cursive, with a large initial "M" and "R".

Mary R. Greal
President