



American Academy of Dermatology Association
Statement for the Record
House Committee on Energy and Commerce
Subcommittee on Health
Hearing: “Examining the Extension of Safety Net Health Programs”
June 14, 2017

Chairman Burgess and Ranking Member Green, on behalf of the American Academy of Dermatology Association (Academy), which represents more than 13,500 dermatologists nationwide, thank you for your leadership in convening the hearing entitled “Examining the Extension of Safety Net Health Programs.” The Academy is pleased to submit the following statement for your consideration.

The Academy appreciates your leadership in holding this hearing to examine the extension of several important health care safety net programs, including the Children’s Health Insurance Program (CHIP), Federally Qualified Health Centers (FQHCs) and the Community Health Center Fund (CHCF). Dermatologists are the only residency-trained physicians fully educated in the science of cutaneous medicine and surgery, including more than 3,000 unique skin disorders ranging in complexity and commonality. At any given time, 1 in 3 Americans suffers from a skin disease, including non-melanoma skin cancer, melanoma, and psoriasis. Preserving and improving access to the quality care provided by dermatologists for all Americans is important in managing these conditions.

In light of the Subcommittee’s hearing, the Academy would like to highlight the important role that the Community Health Center Fund (CHCF) has played in improving access to care for patients through community health centers (CHCs). CHCs provide access to much needed health care services for low income patients, serving over 25 million patients, including 7.5 million children and 1.2 million homeless patients, each year.¹ CHCs also provide significant savings to our health care system by providing preventive services and by helping patients manage chronic disease. Without an extension of the CHCF this year, CHCs would face a destabilizing 70% reduction in funding. Without this funding, several thousand centers would be forced to close, leaving an estimated 9 million patients without access to necessary care.

The Academy is committed to ensuring that every patient has access to safe and effective dermatologic care. To that end, dermatologists provide in-person and consulting services to CHC patients through in-person treatment; through telemedicine and teledermatology services, including store-and-forward technologies; and through clinics and patient referrals under the Extension for Community Healthcare Outcomes (ECHO) program. In these ways, CHCs help provide patients in underserved areas with access to important specialty

¹ American Health Centers 2017 Fact Sheet

American Academy of Dermatology Association
Excellence in Dermatology™

1445 New York Ave., NW,
Suite 800
Washington, DC 20005-2134

Main: 202.842.3555
Fax: 202.842.4355
Website: www.aad.org

Henry W. Lim, MD
President

Suzanne M. Olbricht, MD
President-Elect

Brian Berman, MD, PhD
Vice President

Theodore Rosen, MD,
Vice President-Elect

Barbara M. Mathes, MD
Secretary-Treasurer

Marta Van Beek, MD, MPH
Assistant Secretary-Treasurer

Elaine Weiss
Executive Director and CEO

care, such as dermatology. Currently, only select CHCs offer telemedicine and teledermatology services for patients; but with additional funding, these services could be expanded, further building on the mission of CHCs and increasing access to care for patients who might otherwise wait much longer to access the care they need. In addition, expanding access to such services could help reduce wait times and unnecessary referrals for in-person visits. For example, the previously mentioned ECHO program, which several dermatologists engage in today, allows for dermatologists to use live video conferencing to train primary care providers, including those at CHCs, to identify skin diseases. Furthermore, by connecting primary care physicians and specialists, the ECHO program has been shown to reduce costs through further educating primary care providers about specialty care and treatment which results in a reduction of unnecessary referrals.

Increased funding has the potential to build on past successes such as these and improve access to care. Furthermore, without continued funding for CHCs, low income patients would lose access to not only primary care but to essential specialty services, including care for serious skin diseases, which will ultimately result in increased costs to the entire health care system.

Again, the Academy appreciates the Subcommittee's effort to address the extension of funding for these vital safety net programs. Please feel contact Christine O'Connor, the Academy's Associate Director of Congressional Policy, at coconnor@aad.org or (202) 609-6330 if you have any questions or if we can provide additional information.