NATIONAL ASSOCIATION OF Community Health Centers

COMMUNITY HEALTH CENTERS' FUNDING NECESSITIES

Community Health Centers are the best investment Congress can make to ensure the health of our communities and the strength of our economies. For every $1 of federal funds, an average of $5.73 is generated in local communities.

The $1.32 Billion that Congress passed in the third Stimulus bill is a good start. We need Congress to go back to the table for additional emergency and long-term funding.

Community Health Centers are having to lay off employees and close primary care sites due to a shortage of operational funds because:

- The combined effect of statewide and countywide lockdowns and recommended social distancing has resulted in cancelled primary, dental and vision patient visits and has resulted in lost income; and,
- Community Health Centers' response to COVID-19 has increased unexpected expenses and shortages of critical supplies, such as masks, protective gear, sanitizers to protect workers from community spread.

The number of unemployed and uninsured people in our communities is growing. Community Health Centers – often the only care provider of primary, behavioral and dental care – will be in greater demand when the crisis is over.

For Community Health Centers to care for community members during and after this crisis, we still need Congress to address the following funding concerns:

- **Stabilize Community Health Center and Essential Workforce Programs for 5 years**
    - 5-year reauthorization of the CHC Fund and the National Health Service Corps as well as the Teaching Health Center Graduate Medical Education program

  At a minimum, to ensure health centers will be able to continue to operate and address the COVID-19pandemic, Congress must include the provisions included in the bipartisan, bicameral agreement reached in 2019 by the Energy and Commerce and the Health Education, Labor and Pensions Committees.

- **Sustain Community Health Center Operations during the Pandemic**
    - CHCs across the country need additional funding for our coronavirus response and emergency preparedness for the current pandemic and future emergencies.

  Many Community Health Centers are currently experiencing a 50% drop in regular visits, as patients self-quarantine and health centers shut down non-essential services like dental to direct resources to COVID-19. Unless the situation changes, within three months over a quarter of Community Health Centers will have exhausted funds to pay

operating expenses, and another 25% will have less than one month's worth of cash on hand.

- **Immediate Legislative Fix to Telemedicine**
  Telemedicine is playing a central role in the COVID-19 response to safely assess patients while containing the spread of infection in health care settings. We are grateful that health centers are now authorized as eligible providers for the duration this emergency; however, health centers will not be reimbursed at the Medicare PPS. Instead, they are receiving a payment rate like the average payment for comparable telehealth services under the physician fee schedule. Health centers must have the flexibility to bill Medicare as they otherwise would an in-person visit.

- **Investment in Workforce**
  To help mitigate grave shortfall of critically needed personnel, asking Congress to support an additional 34,000 clinicians serving rural and underserved populations through the National Health Service Corps Loan Repayment Program – including primary care providers and Substance Use Disorder providers – along with the Teaching Health Centers program, and the Nurse Corps Loan Repayment Program.

- **Increase Access for 10 million Patients**
  Health centers have been proven to lower emergency department utilization, hospital readmissions, and provide access to affordable pharmaceuticals.

- **Improved Infrastructure and Patient Access**
  Community Health Centers have not received a major infusion of federal funding for capital infrastructure since the American Recovery and Reinvestment Act (ARRA) in 2009. To expand access to more people and communities in need, health centers need to boost infrastructure, expand telehealth capabilities, upgrade equipment and Information Technology and support capital costs associated with expanding or adding Substance Use Disorder services.