



NATIONAL ASSOCIATION OF
Community Health Centers

April 2, 2020

Dear Member of Congress:

On behalf of Community Health Centers and the nearly **30 million patients** they serve, I express appreciation for your leadership in acknowledging the frontline status of America's Health Centers in the recently enacted Cares Act.

By every measure, the Cares Act is an aggressive response to the deadly pandemic that now threatens every American. Thanks to your support, the Act provides funding of \$1.32 billion for health centers to protect the health of communities and to meet escalating demands for urgently needed health services. While we are grateful for your efforts, with COVID-19 spreading exponentially every day, we desperately need significant additional funding to meet the critical need on the frontlines of the 12,000 medically underserved urban and rural communities in all 50 states where health centers operate.

Our understanding is that consideration is now being given in Congress to crafting an additional measure to further cope with the coronavirus and its massive impact on both the economy and the nation's health system. Again, we are asking for your help to ensure that our health centers be made a strong part of this package. If this epidemic has pointed to one thing, it is the need for investment in a robust, integrated community-based system of care. And to that end we are calling for your help to ensure that our health centers are able to keep their doors open -- that we are prepared to meet public health emergencies -- and that we have a reliable five-year reauthorization of the Community Health Center Fund to maintain strength and stability into the future.

Attached is an outline of the public investment in the amount of \$77.3 billion we are seeking from the Federal government. While the sum total is large, it is based on verifiable estimates of what is required to preserve current health center capacity and reduce pressure on hospitals, the number of patients health centers can serve in the future, workforce needs, plus the infrastructure and technology needed to enhance capacity and cost effectiveness. Our nation's Community Health Centers must remain strong in the face of the COVID-19 crisis, as well as for the day-to-day primary health care needs of the thousands of communities we serve from coast to coast -- now and for years to come. On behalf of your local health centers, we desperately need and are asking for your support.

Sincerely,

Tom Van Coverden
President and CEO



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A Strong Public Health System Requires A Strong System of Community Health Centers

1) COVID-19 EMERGENCY: \$7.6 BILLION OVER 6 MONTHS

For detection, prevention and diagnosis of COVID-19. Plus, these funds will provide resources to address health center revenue losses and enable them to stay open, and in so doing alleviate some of the pressure on hospitals.

2) STABILIZE CURRENT SERVICES AND EXPAND CARE TO 10 MILLION PATIENTS: \$41.9 BILLION OVER 5 YEARS

Recovery from the COVID-19 pandemic will likely result in increased demand for essential primary care services. Health centers need long-term financial stability to maintain current services, meet staffing needs and deliver reliable, quality services. Managed growth of health center capacity will allow expansion of services to additional medically underserved patients in high need areas, in response to the COVID-19 aftermath and provide services to ALL regardless of ability to pay.

3) CRITICAL EXPANSION OF WORKFORCE PROGRAMS TO ADDRESS SHORTFALL: \$7.8 BILLION OVER 5 YEARS

- National Health Service Corps Loan Repayment Program: \$6 Billion over 5 years
- Teaching Health Centers GME Program: \$0.931 Billion over 5 years
- Nurse Corps Loan Repayment Program: \$0.87 Billion over 5 years

Beyond current workforce shortages in underserved areas, Federal government data projects a national shortfall of up to 160,000 physicians and one million nurses by 2025. Expanding these proven workforce programs will bring providers to practice in medically underserved communities and help address the primary care shortage. Estimate: additional 50,000 clinicians in health centers.

4) CRUCIAL INFRASTRUCTURE INVESTMENT: \$20 BILLION OVER 5 YEARS OR UNTIL EXPENDED

There has not been significant investment in health center capital funding since ARRA in 2009. This funding will address the critical facility needs, as well as, acquisition and upgrades of needed equipment and technology to develop integrated systems of care, including data tracking and sharing, virtual/telehealth visits, and other collaborative efforts to cut costs and improve care. Beyond the COVID-19 crisis, health centers must plan, prepare and position for future emergencies among their 12,000 urban and rural communities.

OTHER CRITICAL NEEDS:

- **Telehealth:** The Cares Act gave health centers limited reimbursement for providing telehealth services to Medicare patients in their homes; However, the rates are insufficient. Further statutory changes are needed to ensure that payment is consistent with current Medicare and Medicaid statute and policy. Bill language will be provided.
- **340B:** Protect health centers' ability to retain 340B savings on drugs dispensed to Medicaid Managed Care patients consistent with current statute. Bill language will be provided.