

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

Q & A: STIMULUS #4 REQUEST FOR COMMUNITY HEALTH CENTERS

SUMMARY: TOTAL \$77.3 BILLION

COVID-19 Emergency	\$7.6 billion	over 6-months
Reauthorize/Stabilize Current Services and Expand Care to 10 million	\$41.9 billion	over 5-years
Workforce Expansion to Address Shortfall – add 50,000 clinicians	\$7.8 billion	over 5-years
Infrastructure Investment, including telehealth development, IT systems and future emergency preparedness	\$20 billion	over 5-years

1) How are Community Health Centers (CHCs) helping during this pandemic?

- CHCs are having a tremendous impact during the pandemic, including diverting demand for health services, not just COVID-19, at overburdened hospitals.
- All CHCs are actively screening patients for COVID-19, and performing testing, if available. Many CHCs still do not have access to tests.
- CHCs are serving as a trusted resource in their communities, beyond even their own patient populations, for accurate information about COVID-19. This outreach includes up-to-date information to communities of color and special populations, such as the homeless or migrant farmworkers who suffer greater health disparities and challenges.
- By pivoting to virtual and telehealth visits, CHCs help patients manage chronic conditions and other care during stay-at-home orders and keep them out of hospital emergency rooms.
- When appropriate, CHCs are loaning physicians and other clinicians to local hospitals.
- Health centers are the ONLY providers who care for ALL regardless of ability to pay; this is critical during the pandemic and going forward as high unemployment continues.

2) Why is additional funding needed for Community Health Centers in Stimulus #4, given the support extended under prior enacted stimulus relief measures?

- Most, if not all, CHCs are incurring significant revenue losses – as much as 70-80%, as a direct result of the pandemic. This has caused layoffs and furloughs and greatly reduced hours of operations at CHCs. Six-month estimate: 34 million fewer visits, \$7.6 billion lost revenue, 100,500 lost jobs.
- While initial funding has been helpful and appreciated, it is vastly inadequate to meet the current challenge.
- CHCs must be kept afloat to preserve a strong primary care delivery infrastructure which will be needed to effectively transition to COVID-19 recovery and to prepare for the next emergency on the horizon.
- CHCs will aid the nation’s recovery efforts by handling the backlog of primary care needs delayed during the virus, and by meeting the needs of the growing numbers of uninsured. CHCs will also be at the forefront of testing, tracking and vaccination campaigns that must be conducted at the community level.
- Investment in CHCs has improved the health of people and communities and has delivered savings to the nation’s health system of over \$24 billion per year. Failure to invest and shore up financial

stability at a time when this system is needed will only add to the price tag and risk public health unnecessarily.

3) Why is Reauthorization funding included with the COVID-19 funding request?

- Short-term patches for the mandatory Community Health Center Fund continue to destabilize these nonprofit community-based organizations. It makes the recruitment and retention of clinicians extremely difficult and makes securing bank loans impossible. (71% of CHCs have operating deficits, others less than 1% margins.) This is exponentially challenging during times of crisis such as COVID-19.
- As the coronavirus subsides, CHCs must be at full-staff and capacity to handle delayed primary care needs of current patients, plus the health needs of the newly unemployed and uninsured, in the more than 12,000 vulnerable rural and urban communities they serve.
- COVID-19 is not the only public health emergency or national disaster on the horizon. Emergencies of this scope demand a strong community-based delivery system coordinated with the national, state and local public health infrastructure. CHCs have more than 50 years of proven experience.

4) Why is it important to add funding for workforce expansion if CHCs are furloughing staff?

- 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.
- Nationwide, there are more than 7,000 designated Health Professions Shortage Areas lacking adequate primary care. Sixty percent are in rural areas.
- Expanding proven workforce and training programs such as National Health Service Corps Loan Repayment Program, Teaching Health Centers and Nurse Corps Loan Repayment Program will provide an estimated 50,000 clinicians to CHCs over the next 5 years.
- If HRSA had had the funding necessary for qualified applicants to these workforce programs last year, there could have been at least 600 more clinicians out in the field when COVID-19 struck.

5) Why are there infrastructure needs now if many CHCs have reduced hours due to COVID-19?

- During the current period, CHCs must develop telehealth systems and purchase and maintain upgraded IT equipment, train providers -- now, and for the future.
- CHCs are the first responders when their communities are hit by hurricanes, wildfires, the opioid crisis and even pandemics. Health centers must be ready for the next emergency.
- Health centers are prohibited from using their federal grant toward capital needs such as routine repairs, renovations and facility expansions. As health centers are being called upon to play a larger role in community public health, federal funding must be provided to meet current infrastructure needs and future expansion for growth and development. CHCs don't have "profits" to subsidize these costs.

6) How can CHCs help address COVID-19 prevalence among communities of color?

- COVID-19 has put focus on health disparities and the toll inflicted on minorities and society.
- Many racial and ethnic minorities are disproportionately subject to the inequities of the nation's health system. Many are the low-income workers who harvest our crops, work in the canneries and processing facilities, clean and stock our grocery stores, and service our retail and hospitality industries. Owing to the social determinants of health, pre-existing conditions and economic injustice they are getting sick and dying at alarming rates from COVID-19.
- Health centers have a long history and successful track record serving communities of color and making progress on health conditions such as low birthweight babies, childhood immunizations, asthma, diabetes, hypertension and HIV/AIDS. Continued progress on these and other conditions impacting overall population health must be supported by stable, long-term funding of health centers.