NATIONAL ASSOCIATION OF
Community Health Centers

March 18, 2019

Director
Office of Regulation Policy and Management (00REG)
Department of Veterans Affairs
810 Vermont Avenue NW
Room 1063B
Washington, DC 20420

Submitted at http:// www.regulations.gov

RE: RIN 2900–AQ46, Veterans Community Care Program

The National Association of Community Health Centers (NACHC) appreciates the opportunity to comment on the Veterans' Administration's Proposed Rule on the Community Care Program (RIN 2900–AQ46).

NACHC is the national membership organization for federally qualified health centers (FQHCs or "Health Centers"). Health Centers are community-based organizations that provide comprehensive and cost-effective care to 28 million patients in more than 11,000 medically-underserved communities across the country. Health centers proudly serve anyone who needs care, regardless of insurance status or ability to pay, including the brave men and women who served in our military. In communities throughout the country, health centers have forged successful partnerships with local VA providers to ensure more veterans can have timely access to primary care, especially in rural areas and communities where providers are scarce. In 2017, Health Centers provided care to over 350,000 veterans, and last year 68% of health center organizations were approved as VA providers under the existing Veterans Choice Program and PC3 program, demonstrating health centers commitment to being a community provider partner with the VA. Additional information about Health Centers – including their community-based structure, and some of the detailed Federal requirements they are subject to – is provided in Attachment A.

NACHC and its member health centers look forward to collaborating further with the VA as it implements the new Community Care Program established under the 2018 VA MISSION Act. We were very pleased that Congress explicitly listed health centers as an eligible Community Care provider in Section 1703(c)(4), and exempted them from the competitive bidding

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requirements outlined in Section 1703(h)(1). We were also pleased to be explicitly named in Section 1725A(d) as eligible to provide qualified veterans with walk-in care, and in Section 403(a)(2)(D) as an eligible facility type for the pilot program on graduate medical education and residency.

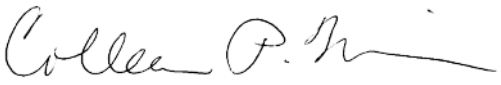
NACHC recognizes that the primary purpose of RIN 2900-AQ46 is to establish the criteria for determining when covered veterans may elect to receive care through community health care providers; however, we also recognize that the VA is currently developing proposals for implementing many other sections of the MISSION Act, including Section 1703(g) on tiered networks for community providers. When developing these proposals, NACHC encourages the VA to consider the following factors about health centers:

- Research shows that health centers are high-quality, high-value providers of primary, Ob/Gyn, dental, and behavioral health services. For example, a recent study of Medicaid patients found that health center patients had lower use and spending than did non–health center patients across all services, with 22% fewer visits and 33% lower spending on specialty care, and 25% fewer admissions and 27% lower spending on inpatient care. Total spending was 24% lower for health center patients. [1]
- As discussed above, Congress named health centers explicitly in three different sections of the MISSION Act. This clearly suggests that Congress intends health centers to be a central part of the VA's Community Care program.
- Health centers have a 50+ year history of caring for patients who face geographic, financial, and/or cultural barriers to care, including but not limited to veterans. Health centers are excited to expand their current collaborations with VA providers to ensure more veterans can have timely access to primary care, especially those in underserved areas.

For all these reasons, we encourage the VA to ensure that health centers are "preferred providers" in any tiered networks established under the Community Care program.

On behalf of the more than 1400 health centers organizations and 11,000 care delivery sites, we wish you well in your continued efforts to implement the VA MISSION Act. We look forward to continuing to partner with the VA to provide high-quality, accessible care to our veterans.

Sincerely.



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[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5055764/

Attachment A:

OVERVIEW OF FEDERALLY QUALIFIED HEALTH CENTERS

For over 50 years, Federally Qualified Health Centers (FQHCs) have provided access to quality and affordable primary and preventive healthcare services to millions of uninsured and medically underserved people nationwide, regardless of their ability to pay. At present, FQHCs serve over 28 million patients through more than 11,000 service delivery locations through the country. These patients include 1 in 9 children, 1 in 5 rural Americans, and 1 in 3 individuals living below poverty.

Health centers provide care to all individuals, regardless of their ability to pay. All FQHCs provide a full range of primary and preventive services, including Ob/Gyn service and services that enable patients to access health care appropriately (e.g., translation, health education, transportation). A growing number of Health Centers also provide dental, behavioral health, pharmacy, and other important supplemental services.

To be approved by the Federal government as a FQHC, an organization must meet requirements outlined in §330 of the Public Health Service Act. These requirements include, but are not limited to:

- ***Serve a federally-designated medically underserved area or a medically underserved population.*** Some FQHCs serve an entire community, while other target specific populations, such as persons experiencing homelessness or migrant farmworkers.
- Offer services to all persons, regardless of the person's ability to pay.
- Charge no more than a nominal fee to patients whose incomes are at or below the Federal Poverty Level (FPL).
- Charge persons whose incomes are between 101% and 200% FPL based on a sliding fee scale.
- Be ***governed by a board of directors, of whom a majority of members must be patients of the FQHC.***

Most FQHCs receive Federal grants from the Bureau of Primary Health Care (BPHC), which is within the Health Resources and Services Administration (HRSA) within the Federal Department of Health and Human Services. BPHC's grants are intended to assist FQHCs in covering the otherwise uncompensated costs of caring for uninsured and underinsured indigent patients, as well as to maintain the FQHC's infrastructure. Patients who are not indigent or who have insurance, whether public or private, are expected to pay for the services rendered. In 2017, on average, the insurance status of FQHC patients was as follows:

- 49% were Medicaid or CHIP recipients
- 23% were uninsured
- 17% were privately insured
- 9% were Medicare recipients

No two FQHCs are identical, but they all share one common purpose: to provide primary health care services that are coordinated, culturally and linguistically competent, and community-directed, to uninsured and medically underserved people.