



March 16, 2020

The Honorable Mitch McConnell
Leader, US Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker, US House
Washington, DC 20515

The Honorable Chuck Schumer
Democratic Leader, US Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Republican Leader, US House
Washington, DC 20515

Dear Leaders:

As the Coronavirus intensifies – and reports from Community Health Centers across the country increase in volume and gravity – it has become clear that a major revision and enhancement of our previous request for federal investments is necessary and urgent.

On behalf of the 236,000 Community Health Center employees at 12,000 care delivery sites across the country and the nearly 30 million patients we serve, I want to express our appreciation to you for your leadership and for acknowledging the frontline status of America's health centers. Please be assured that we are working in concert with federal agencies and our state and local partners to coordinate efforts to fight this epidemic. We are grateful that the initial supplemental package included \$100 million for health centers to prevent, prepare for, and respond to the Coronavirus. Health centers have proven by mission and by action over our more than 50-year history that we are best positioned to treat vulnerable populations, including those most at risk for contracting the virus.

When Congress considers a health care stimulus program, please consider the following priorities that will address the immediate threat, as well as, longer-term needs that enable us to prepare for and properly address future crises:

- 1) Stabilize the Community Health Centers and critically related programs: America's largest system of care is at risk of losing 70% of its federal funding by May 22, putting millions of patients at risk.**

We ask that you prioritize a long-term reauthorization of funding for the Community Health Center Fund (CHCF), the National Health Service Corps (NHSC) and the Teaching Health Centers Graduate Medical Education (THCGME) program, now in their third short-term extension. By law and mission, health centers stand ready to serve and treat anyone who walks through their door, but they can only do so with Congress' commitment of long-term funding. At a minimum, to ensure health centers will be able to continue to operate and address the Coronavirus pandemic, Congress must include the provisions included in the bipartisan, bicameral agreement reached in 2019 by the

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Energy and Commerce and the Health Education, Labor and Pensions Committees, **which would provide 5 years of stable funding: Annually -- \$4 billion for health centers; \$310 million for NHSC; and, \$126.5 million for THCGME.**

This investment allows us to maintain current service levels. Health centers have proven to save the health care system over \$24 billion every year and promote economic growth in distressed communities, which will be even harder hit in the coming weeks and months, by generating \$54.6 billion in economic activity. Community Health Centers can save even more with additional investments.

2) Expand the Community Health Center program to serve 10 million additional people:

Health Centers have been proven to lower emergency department utilization, hospital readmissions, and provide access to affordable pharmaceuticals. To build on the value Community Health Centers provide, we recommend increasing access over the next 5 years to care for an additional 10 million people by providing an additional **\$4.1 billion over 5 years.**

3) Grow the essential, clinical workforce serving in underserved communities by more than 34,000 additional providers per year:

Workforce programs are critical to addressing persistent national clinician shortages, especially in rural areas and in depressed urban communities. In fact, the federal government's own estimates have predicted dire, impending shortages of 124,000 to 160,000 physicians and 1 million nurses by 2025. To help mitigate this shortfall in critically needed personnel, we are requesting an increased federal investment of **\$5.175 billion over 5 years** (\$1.035 annually) 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.

4) Infrastructure and improved access:

Community Health Centers have not received a major infusion of federal funding for capital infrastructure since ARRA in 2009 – resulting in overflowing physical capacity and IT systems desperately in need of upgrades. In order to provide access to quality care to more patients, health centers need **\$7.5 billion over 5 years** to boost infrastructure, expand telehealth capabilities, upgrade equipment and Information Technology and support capital costs associated with expanding or adding Substance Use Disorder services.

Telemedicine is playing a frontline role in the Coronavirus outbreak as a way to safely assess patients while containing the spread of infection in health care settings. While the telemedicine waiver provision included in the *Coronavirus Preparedness and Response Supplemental Appropriations Act* allows modification of certain telehealth Medicare requirements, Health Centers are unable to benefit as they are not currently listed as an “eligible provider.” **We seek an immediate legislative fix to allow health centers to be included as an “eligible provider” and gain the ability to bill as “distant sites” through Medicare.**

5) **Coronavirus immediate needs and other emergency preparedness:**

Congressional recognition that health centers are on the frontlines by providing \$100 million in the first emergency package will benefit communities across the country, but it averages to only \$8,000 per health center site – far from sufficient for the current, as well as the expected, need. Congress has provided health centers with hundreds of millions of dollars to address natural disasters and crises, from tornados, hurricanes, wildfires, to Zika outbreak and contaminated water in the past. As communities across the country are grappling with the spread of coronavirus, people experiencing homelessness (in shelters and unsheltered) have higher rates of acute primary health care needs, including respiratory disease, and homeless individuals can be at much greater risk of infections and complications from infections.

It is critical that health centers are provided with a stable **\$1 billion annual fund** to adequately prepare for emerging threats such as natural disasters, disease outbreaks, and other future crises.

Additionally, an immediate injection of an additional \$320 million is needed to address the staffing, supply and other needs to address the Coronavirus pandemic.

We thank you again for your ongoing bi-partisan support of Community Health Centers and are proud to partner with you to strengthen the health care safety net, particularly in times of crises. Making these investments now will enhance our ability to meet the crisis at hand as well as what may confront us in the future -- and by doing so, we can better protect this great Nation. As this epidemic continues to unfold, we stand ready to support you in these efforts.

Sincerely,



Tom Van Coverden
President and CEO
National Association of Community Health Centers