



March 12, 2020

The Honorable Mitch McConnell
Leader, United States Senate
Washington, DC 20510

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

The Honorable Chuck Schumer
Democratic Leader, United States Senate
Washington, DC 20515

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

Dear Leaders:

On behalf of Community Health Centers nationwide, we want to thank you for your leadership and the support you have shown health centers as together we work to respond to, and mitigate, the impact of the coronavirus or COVID-19. We are grateful that the initial supplemental funding package included \$100 million for health centers to prevent, prepare for and respond to the coronavirus – this funding is critical to health center providers and staff, those best positioned to treat vulnerable populations at risk for contracting the virus.

As you craft additional legislation to address this crisis, we ask that you prioritize a long-term reauthorization of funding for critical primary health care programs, including the Community Health Center Fund (CHCF), the National Health Service Corps (NHSC) and the Teaching Health Centers Graduate Medical Education (THCGME) program. As you are aware, these programs are currently operating on their third short-term extension, **which must be addressed by May 22.** Shoring up this funding is essential to health centers' ability to recruit and hire providers, expand capacity and plan for dramatic increases in demand for services, particularly as this crisis unfolds. By law and mission, health centers stand ready to serve and treat anyone who walks through their door, but they can only do so in a sustainable way with Congress' commitment of long-term funding.

We ask that, at a minimum, Congress include in any forthcoming legislative vehicle the provisions included in the bipartisan, bicameral agreement reached by the Energy and Commerce and the Health Education, Labor and Pensions Committees at the end of last year, which would provide five years of stable funding for the CHCF, the NHSC and the THCGME programs. **Timely extension of long-term funding is the most important action you can take to ensure health centers will be able to continue to respond to communities' changing needs in the coming weeks and months as a result of the coronavirus epidemic. Without action by May 22, health centers will lose 70% of their federal funding – and millions of patients will lose access to critically important healthcare services.**

Additionally, as you consider further policy changes as this crisis unfolds, we wanted to share three additional priorities that health center leaders have shared as key to their response: investing in proven

health center workforce programs, including additional funding for the National Health Service Corps (NHSC); allowing health centers to further utilize telehealth services to better serve patients while preventing unnecessary exposure; and temporarily increasing the Medicaid federal medical assistance percentage (FMAP) to support states.

The NHSC supports roughly 13,000 clinicians in urban, rural and frontier communities, of which 60% of those placements are in Community Health Centers. As it stands, thousands of additional applications to the NHSC go unfunded each year. Increased funding for the NHSC would boost the number of approved applications, extending this opportunity to more underserved communities. An additional \$275 million in funding for the NHSC would enable an average of one NHSC primary care provider to be placed in every Community Health Center site. At a time when workforce shortages will only be exacerbated by the uptick in demand for primary care services, supporting an effective workforce recruitment and retention tool such as the NHSC will assist health centers tremendously in their response.

Next, the initial emergency supplemental funding bill allowed for certain restrictions around the use of telehealth in Medicare to be waived. Telehealth is an effective tool for all providers, including health centers, particularly in times of public health crisis. However, while the supplemental funding bill allows telehealth to be more widely utilized, it does not address a long-standing barrier to health center reimbursement in Medicare. Health centers are currently not listed as “eligible providers,” and therefore would not be eligible for reimbursement as a “distant site” provider within Medicare via the waiver. We welcome the opportunity to work with your staff on specific legislative language to allow for health centers to bill as “distant sites” in Medicare to more effectively treat and respond to coronavirus.

Lastly, the coronavirus’ significant impact on the economy will directly affect state budgets. Without intervention from Congress, state legislatures will be forced to consider cuts to Medicaid benefits, eligibility and services. To mitigate the potentially substantial impacts on vulnerable populations, we encourage Congress to provide a temporary increase in the Medicaid federal medical assistance percentage (FMAP). This approach is similar to action taken by previous Administrations with bipartisan support in the 2003 and 2009 stimulus bills. We are thankful for its inclusion in the current House measure and encourage its inclusion in any Senate package.

We thank you again for your ongoing support of health centers and are proud to partner with you to strengthen the health care safety net, particularly in times of crises. As this epidemic continues to unfold, we understand you will have many priorities in need of your attention, and we stand ready to support you in those efforts.

Sincerely,

A handwritten signature in black ink that reads "Tom Van Coverden". The signature is written in a cursive, flowing style.

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