

## EMERGENCY SUPPLEMENTAL REQUEST HIGHLIGHTS

### IMMEDIATE – CRITICAL, FRONT LINE NEEDS

#### **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.
- Community Health Centers are critical to lessening the number of sick patients that threaten to overwhelm the hospital system.
- At a minimum, to ensure health centers will be able to continue to operate and address the coronavirus (also known as COVID-19) pandemic, Congress must include the provisions included in the bipartisan, bicameral agreement reached in 2019 by the Energy and Commerce and the Health Education, Labor and Pensions Committees.
- **This will would provide 5 years of stable funding: Annually -- \$4 billion for health centers; \$310 million for NHSC; and, \$126.5 million for THCGME.**

#### **COVID-19 immediate needs and 5 year emergency preparedness: \$7.20 billion**

- **An immediate flexible \$3.2 billion** must be provided so health centers are provided with the resources they need for PPE and other equipment, operating costs, lost revenues, staffing, and other needs
- Subsequently, it is anticipated that an **additional \$1 billion annual fund be provided** to adequately address and prepare for emerging future threats such as natural disasters, disease outbreaks, and other crises.
- Congress has historically 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.

- A stable fund of \$1 billion will enable health centers to work more closely with federal, state, and local officials to prepare, respond, and follow up on the needs of communities when crises occur.

## **TELEMEDICINE FIX**

- Telemedicine is playing a central role in the COVID-19 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.**

## **STABILIZE, EXPAND AND ENHANCE THE FRONT LINES**

### **Care for 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**.

### **Essential Workforce needs in our communities:**

- 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 one 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.

### **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.

## **ADDENDUM**

### **Some of the common themes we are hearing from Community Health Centers:**

- 1) Lack of Personal Protective Equipment (PPE) – difficulty accessing National Stockpile, seemingly no good options on what to do in the short term even if supply companies ramp up production in the weeks ahead
- 2) Lack of access to testing kits – Administration officials and others have announced the CHCs will be open for testing to all, but they still don't have the kits (and these concerns are compounded by the lack of PPE for people to use for testing once they do have them)
- 3) Extreme staffing concerns – ongoing provider shortages compounded with potential for sick staff, exposed staff who must quarantine for 14 days, staff with no childcare options, normal volunteer options of retired providers not tenable when they are most vulnerable populations
- 4) Financial/business concerns – Health centers operating with less than 20 days cash on hand; cannot maintain normal visits, particularly dental visits, without PPE and telehealth options
- 5) Telehealth – anything and everything that can be done to broaden the use of telehealth under both Medicare and Medicaid and address financial needs associated with ramping up telehealth infrastructure and capacity.
  - a. Health centers are trying to figure out how to see both healthy and sick patients without cross-contamination.
  - b. They need healthy patients over 65 years old with chronic conditions to stay in regular touch with their providers without going out in public unnecessarily.
  - c. They need providers who might have an exposure and have to be quarantined for 14 days but are not sick and still ready/able to work, to be able to conduct visits via telephone and telehealth from self-quarantine.
  - d. School Based Health Centers have largely shut down – telehealth might allow for utilization of those staff, provided that they could access proper equipment (laptops, etc).
  - e. Both the flexibility language in the supplemental and today's WH announcement are good, but neither include health centers due to statutory constraints.
  - f. There is language in the CONNECT for HEALTH Act that would make a more permanent change to allow CHCs to act as distant sites under Medicare, but even the more short-term emergency approach we laid out here would help for the time being.
  - g. Rural Health Clinics are also left out of the current approach and could be added.
- 6) Patient access limitations to keep in mind – not all have cars for drive thru testing, not all have cell phones/computers (homeless populations in particular), not all have thermometers at home nor the extra cash to purchase one