



July 16, 2020

The Honorable Robert Casey
United State Senate
Washington, DC 20510

Dear Senator Casey:

I am writing to you on behalf of the 47 Health Centers caring for 888,543 patients at 300 sites across Pennsylvania.

As you know, COVID-19 is the greatest crisis Community Health Centers have faced since they were founded in 1968, and our patients are the segment of the population most affected by the pandemic. As the primary care providers nationwide for 1 in 5 Medicaid patients, 1 in 5 uninsured persons, and 1 in 3 people in poverty, health centers have been on the front lines during many crises – whether during a natural disaster or now with COVID-19.

Community Health Centers were born out of the Civil Rights Movement as a community-based solution to the problem of access to health care for the poor and underserved in rural, urban, and suburban areas. To this day, America's Community Health Centers serve as advocates for quality care and health equity for all. As community-based health care providers to 30 million people in 1400 medically underserved communities and 12,000 sites across America, we are first-hand witnesses to the direct effect of violence, stress, physical and mental abuse on the health and well-being of our patients.

As the Senate continues its deliberations on further funding to address the worsening COVID-19 crisis, we are compelled to reinforce the needs of our employees if we are to remain active on the front line for the communities in your State.

Nearly five months into this crisis, health centers are continuing to expand testing and provide much needed services to our underserved communities. However, cash reserves are fast depleting and the situation for many centers is critical.

Our first request is critical and time-sensitive – we must ensure that health centers have the immediate resources they need to adequately respond to this current health crisis – for the 30 million patients they serve, as well as the millions more who are recently out of work and newly uninsured. Despite reports to the contrary, the crisis is infecting more people at a more rapid rate. Health centers urgently need resources not only for prevention and testing of COVID-19 – but also the resources to compensate for critical revenue losses so that they can remain viable businesses and keep their doors open. **Based on recent estimates, and consistent with the amount in the House-passed HEROES Act, we are asking for \$7.6 billion over the next six months.**

Our second main request is also urgent – long-term stable funding for the health center program. The previous 2-year extension of health center program funding formally expired at the end of September,

2018. The most recent temporary fix extended funding only through November 2020 --and while temporary funding extensions are truly appreciated, the impacts of these short term patches and lingering uncertainty detrimentally impacts our health care providers' and administrators' ability to properly plan for the longer term – both in terms of patient care as well as the financial stability and viability of the health centers. These critical front-line providers must have long-term financial stability, not only to continue serving their 30 million current patients – but also to be able to expand services to the millions more newly uninsured. **We are once again requesting \$41.9 billion over five years. Please fix this funding cliff.**

As the United States approaches the devastating milestone of 150,000 deaths – and as Fall is quickly approaching with the start of a Flu season coupled with an expected “Second Round” of infections that are expected to be more deadly, we are reinforcing our requests and ask you to consider the following:

- 1) **COVID-19 EMERGENCY FUNDING:** \$7.6 billion over 6 months – For detection, prevention and diagnosis of COVID-19. Plus these funds will provide resources to address health center revenue losses and enable them to stay open, and, in doing so, alleviate some of the pressure on hospitals.
- 2) **STABILIZE CURRENT SERVICES AND EXPAND CARE TO 10 MILLION PATIENTS:** \$41.9 billion over 5 years – Recovery from the COVID-19 pandemic will likely result in increased demand for essential primary care services. Health centers must have long-term financial stability to maintain current services, meet staffing needs and deliver reliable, quality services.
- 3) **CRITICAL EXPANSION OF WORKFORCES PROGRAMS TO ADDRESS SHORTFALL:** \$7.8 billion over 5 years – many of our nation's healthcare workers have been under un-precedented stress over the last several months, and, in some geographic areas, have been stretched almost to their breaking point. Clinical staff burnout is an increasingly worrisome situation. In order for health centers to retain their highly qualified caregivers -- they will need to be reinforced in very short order.
 - National Health Service Corps Loan Repayment Program: \$6 billion over 5 years
 - Teaching Health Centers GME Program: \$0.931 billion over 5 years
 - Nurse Corps Loan Repayment Program: \$0.87 billion over 5 years
- 4) **CRUCIAL INFRASTRUCTURE INVESTMENT:** \$20 billion over 5 years – There has not been a significant investment in health center capital funding since ARRA in 2009. This funding will address the critical facility needs, as well as acquisition and upgrades of needed equipment and technology to develop integrated systems of care, including data tracking and sharing, virtual/telehealth visits and other collaborative efforts to cut costs and improve care. Additionally, health centers' Coronavirus response has required, and will require going forward, costly reconfiguration of facilities, including exam rooms, waiting rooms, outside testing stations in various weather situation, etc.
- 5) **OTHER CRITICAL NEEDS:**
 - a. **TELEHEALTH** – The Cares Act provided health centers with limited reimbursement for providing telehealth services to Medicare patients in their homes, however, the rates are insufficient to cover costs. Further statutory changes are needed to ensure that payment is consistent with current Medicare and Medicaid statute and policy.
 - b. **340B Drug Discount program** – This program must remain in place and unaltered. Health centers' reliance on 340B allows them to dispense crucial medications at reduced

costs to Medicaid Managed Care patients consistent with current statute. Health centers can then reinvest these savings into further patient care services. The 340B program is critical to many health centers' financial viability and ability to provide quality comprehensive low-cost health services.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Tom Van Coverden". The script is fluid and cursive, with the first letters of each word being capitalized and prominent.

TOM VAN COVERDEN
President & CEO