

California Community Health Centers COVID-19 Response, Recovery Efforts and Requests

March 3, 2021



Today, roughly 1,370 community health centers (CHCs) in California provide high-quality comprehensive care to 7.4 million people – that is 1 in 5 Californians. For decades, community health centers have provided care to everyone, regardless of their ability to pay, their immigration status, or their individual circumstances.

COVID-19 RESPONSE: TESTING AND VACCINATIONS

CHCs are the most qualified and trusted providers to overcome COVID-19's public health equity crisis. CHCs, an integral part of California's testing strategy, have done over 1 million COVID-19 tests in hard-to-reach communities. Utilizing their experience with testing and routine vaccinations, CHCs are central to an equitable vaccine distribution plan. CHCs around California are partnering with local health departments, the state and now the federal government to ramp up vaccinations for their patients and communities.

REQUEST

- Continued support for an equitable testing and vaccination strategy through direct distribution of testing supplies, PPE, and vaccine doses to CHCs, proportional to the number of patients served at CHCs.
- Request that HRSA prioritizes direct distribution to CHCs in California, and other states, where vaccine delays and inequities persist.

COVID-19 RECOVERY: TELEHEALTH

When statewide shutdowns began in March 2020, California's CHCs quickly transitioned much of their provision of care to a virtual model to ensure that their patients continued to receive vital care while limiting the risk of staff and community spread of COVID-19. Most CHCs are still utilizing telehealth, both video and telephonic visits, for over 60% of their patient care. Many patients and providers prefer telehealth, and telehealth appointments result in far fewer missed visits. Telehealth has the potential to be the great equalizer, eliminating long-standing barriers to care like transportation, childcare, and work schedules. To guarantee these innovations continue post-pandemic and can be utilized as part of the long road to an equitable recovery, federal action is needed.

REQUEST

- Legislation and administrative action ensuring that CHCs can continue to provide care via both video and telephone visits after the Public Health Emergency is lifted for the same reimbursement rate as in-person visits in both the Medicare and Medicaid programs. Specifically, states must be encouraged to continue telephonic (audio-only) modalities with PPS payment in their Medicaid programs.
- To address the digital divide, new investments in telecommunications infrastructure are sorely needed.

COVID-19 RECOVERY: INFRASTRUCTURE AND WORKFORCE

The COVID-19 pandemic has shined a light on the inequities inherent in our public health system, and CHCs are central to a more equitable system in the future. California's CHCs require more physical capacity and staff to take on new patients or expand services. COVID-19 is also fueling competition within the health care delivery system for limited resources.

REQUEST

- The next budget reconciliation effort or infrastructure package must include resources for new access points and expansion of existing sites.
- With mandatory funding now secured for National Health Service Corp and Teaching Health Centers, congressional workforce investments must expand to acknowledge the full care team. Additional investments in community health workers, behaviorists, and the medical assistant to nursing pipeline that place a priority on racial/ethnic diversity and cultural and linguistic sensitivity are needed.