

# LA COUNTY COMMUNITY CLINICS & HEALTH CENTERS

ARE A FOUNDATION OF THE SAFETY NET

**1.76 MILLION PATIENTS\***

5.3 MILLION ENCOUNTERS



110 ORGANIZATIONS



354 SITES



179 MENTAL HEALTH SITES



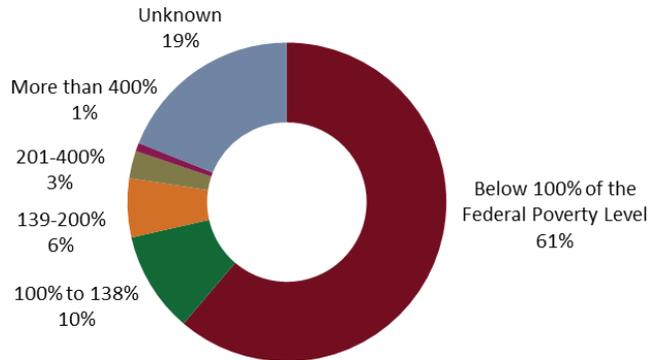
131 DENTAL SITES



96 SUBSTANCE USE DISORDER SITES



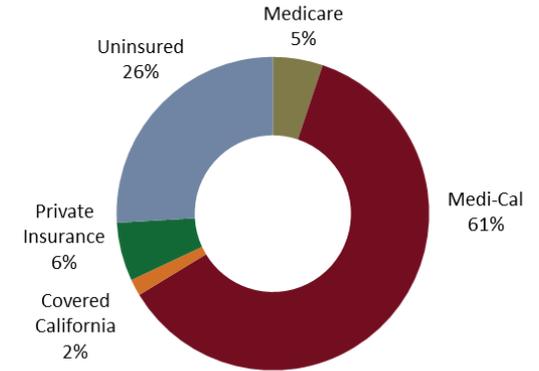
**81% OF PATIENTS HAVE LOW INCOMES**



**74,211 ARE EXPERIENCING HOMELESSNESS\*\***



**87% ARE COVERED BY MEDI-CAL OR UNINSURED**



## CARE FOR A GROWING PATIENT POPULATION

Between 2010 and 2020, the community clinic patient population has more than doubled

	2010	Increase	2020
<b>PATIENTS</b>	876,966	101% increase	1,764,084
<b>FULL-TIME EMPLOYEES</b>	2,314	165% increase	6,150
<b>CLINICAL SITES</b>	145	144% increase	354

**2.14 million projected patients in 2025<sup>^</sup>**

## ARE KEY TO COVID-19 VACCINATION



**1,939,885\*\*\* DOSES**

\*Compiled from California HCAI 2020 data  
 \*\*HRSA Health Center Program UDS 2020  
 \*\*\*CADPH via California Primary Care Association (as of Feb. 15, 2022)  
<sup>^</sup>Projection calculated using data from HCAI 2020 and Capital Link [Report](#), April 2021

## Checklist for Health Access & Equity

- Support \$1.8B in discretionary funding for the community health center program in the FY2022 appropriations bill.
- Support continued robust funding to preserve, strengthen and expand the health center program in the FY 2023 Labor-HHS Appropriations bill by signing on to the annual appropriations letter led by Reps. Diana DeGette (D-CO) and Gus Bilirakis (R-FL) to the Appropriations Committees.
- Advocate for at least \$2 billion in health center capital funding to be included in a bill vehicle this year.
- Broaden and enhance the National Health Service Corps Program and expand the Teaching Health Centers program.
- Expand funding for health professions education and training and invest in innovative solutions to address the health care workforce shortage.
- Extend and ultimately make permanent telehealth flexibilities in Medicare.
- Show your support for the importance of 340B to health centers by co-sponsoring the bi-partisan PROTECT 340B Act of 2021 ([H.R.4390](#)).

# Appropriations Funding



## Preserve, Strengthen and Expand the Community Health Center System of Care

As the largest primary care network in the country, Community Health Centers play an integral role in our nation's health care system. The next step is to build on the successes of the past by Preserving, Strengthening, and Expanding the model to more communities and populations.

### Preserve

Preserve the capacity of Community Health Centers to continue to serve our existing 29 million underserved, rural, and urban patients by ensuring sufficient long-term, stable funding.

### Strengthen

Strengthen the capacity of health centers to serve their current patients by improving quality, bolstering services, strengthening emergency preparedness, integrating community systems to address the social determinants of health, bolstering information technology capacity, and launching new innovative clinical and administrative workforce initiatives.

### Expand

Expand the Health Center Program to serve millions more patients into the future and deepen the services provided to existing patients to include critically needed services such as oral health, mental health, and substance use disorder (SUD) services like Medication-Assisted Treatment (MAT) and school-based health center services. Expansion is also needed to bring services to additional patient groups such as America's growing elderly population, public housing residents, those experiencing homelessness, agricultural workers, rural residents, and our veterans among others.

### The Impact

During the two-year COVID-19 pandemic health centers have continued to demonstrate results for their patients. For example, health centers have provided over 19 million vaccinations and tested over 16 million patients with the majority being from racial and/or ethnic minority backgrounds.

**Widening the program by extending care into additional communities** most recently revealed by COVID-19 to have clear inequities in health status would yield millions more patients.

**Deepening services** at existing sites to include greater access to maternal/newborn health care, COVID-19 long-term issues, mental and behavioral health care, oral health and aging, and investing in the health center workforce of the future to deliver these services.

Health centers deliver an excellent return on this federal investment:

- They **reach individuals with the greatest difficulty accessing or affording health care services**, including those with chronic diseases at risk for costly health complications, and guarantee them access to high-quality care, improve health outcomes and narrow health disparities.
- Health centers are efficient and **save the health care system \$24 billion every year**, reducing unnecessary inpatient hospitalizations and emergency room use.

## How you can help:

- Support **\$1.8 billion in discretionary funding** for Community Health Centers in the FY2022 appropriations bill.
- Support continued **robust funding in discretionary funding** for Community Health Centers through the FY2023 Labor-HHS Appropriations bill by signing on to the annual appropriations letter led by Reps. Diana DeGette (D-CO) and Gus Bilirakis (R-FL) and Sens. Debbie Stabenow (D-MI) and Roger Wicker (R-MS) to the Appropriations Committees.



# Health Center Capital

## Investing in Health Center Facilities to Continue to Meet the Needs of Patients

The COVID-19 pandemic has highlighted the inequities of the health care system for our rural, minority, veteran, senior, and homeless communities. Now, more than ever, health centers have been essential stakeholders in the public health system – providing much-needed primary and behavioral health services during the throes of an international pandemic. As the nation prepares for life after this deadly disease, Community Health Centers need significant capital improvements to serve their current patients more comprehensively and meet the projected demand for services.

Health centers have grown since 2010 from serving 18 million patients every year to nearly 29 million patients annually in 2020. During that time, Congress has invested resources in capital, but the demand continues to be high.

### Facilities

A 2021 study by Capital Link, found that Community Health Centers' infrastructure needs totaled at least \$17.5 billion.

**Nearly all (97%) Community Health Centers and Look-Alikes already have at least one capital project planned to build, expand, or renovate their facilities to take care of patients.** The top planned projects would boost medical, mental health, and oral health services to patients.

New and modernized facilities will be critical to continue to provide high-quality care to current patients that may have health conditions that have been left unaddressed due to the pandemic and the 8.5 million new patients anticipated by 2025. Significant federal investments in health center capital combined with other existing programs, such as HRSA Loan Guarantees, New Market Tax Credits, and the USDA Community Facilities Program, make these much-needed capital improvements feasible.

### Economic Impact

Over the past 50 years, Community Health Centers have proven their value to local economies. **In 2019 health centers generated 455,000 full-time jobs (253,000 direct, 202,000 indirect) and created more than \$63.4 billion in economic activity.** Further infrastructure investments in Community Health Centers will generate additional economic opportunities and jobs for residents of rural and underserved communities.

## How you can help:

- **Support at least \$2 billion in Health Center Capital Funding** for the alternation, renovation, remodeling, expansion, construction, and other **capital improvement costs** so health centers can continue to meet the health needs of their growing patient populations and the communities they serve.

# Planning for the Future Health Center Workforce



## Growing Today's Primary Care Workforce to Meet Tomorrow's Health Care Needs

Community Health Centers depend upon a network of over **255,000 clinicians**, providers, and staff to deliver on the promise of affordable and accessible health care. Long-term investments in the nation's primary care workforce are needed to achieve the cost-savings the country needs and to ensure health centers can keep pace with the growing and changing health needs in their communities. Severe workforce shortages and growing salary gaps make it difficult for health centers to **recruit and retain an integrated, multi-disciplinary workforce to provide high-quality care**. The COVID-19 pandemic has only exacerbated this reality, increasing health center provider shortages due to burn-out, early retirement, sickness, and marketplace competition. **Continued federal investment is essential to broadening the workforce pipelines health centers depend on to provide care to patients**. Prioritizing funding for primary care workforce programs is critical as there continues to be efforts for a more focused approach and increased attention to primary care. Leading this call is a recent report by the National Academies of Sciences, Engineering, and Medicine (NASEM) entitled, *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. Longer-term shifts that support interprofessional primary care teams will be essential.

### The Key Workforce Pipeline Programs Include:

- Teaching Health Center Graduate Medical Education (THCGME) program
- National Health Service Corps (NHSC)
- Nurse Corps Loan Repayment Program
- Title VII Health Professions
- Title VIII Nursing Workforce Development Programs

The **NHSC supports nearly 20,000 clinicians in urban, rural, and frontier communities**. More than half of all NHSC members serve in a Community Health Center.

The THCGME model directly trains providers at health centers in underserved communities, **improving their understanding of the issues facing health center patients** and increasing the likelihood they will choose to practice in these communities after they complete their training. Since it began in 2011, the program has supported the training of more than 1,148 new primary care physicians and dentists who have graduated and entered the workforce.

Title VII Health Professions and Title VIII Nursing Workforce Development Programs provide education, professional development, and financial aid to health profession students. **The programs train the next generation of health professionals – ensuring the future workforce reflects the diversity, skills, and needs of the communities it serves**. Both programs prepare students for careers in primary care, dentistry, community-based medicine, public health, informatics, nursing, and geriatrics.

The Nurse Corps Loan Repayment Program pays up to 85% of unpaid nursing education debt for registered nurses (RNs), advanced practice registered nurses (APRNs), and nurse faculty (NF). **More than 2,500 Nurse Corps clinicians provide care to over 2 million underserved patients across the U.S.**, including many at Community Health Centers.

## How you can help:

- Support at least **\$3.37 billion for the THCGME program, \$2 billion for the NHSC, and \$500 million for the Nurse Corps Loan Repayment Program**.
- **Support robust FY22 and FY23 appropriations funding for all primary care workforce programs**, including the Title VII Health Professions and Title VIII Nursing Workforce Development programs.

# Federal Telehealth Policy: Guaranteeing Equitable Access Post-Pandemic

2/25/2022



## OVERVIEW

Today, more than 1,300 community health centers (CHCs) in California provide high-quality comprehensive care to over 7.2 million people each year. For decades, community health centers have provided care to everyone, regardless of their ability to pay, their immigration status, or their individual circumstances. Community health centers provide the full spectrum of care, from primary care to dental to behavioral health care and a variety of enabling and wraparound services.

## THE PROBLEM

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. At the peak of the pandemic before vaccines were available, California CHCs were utilizing telehealth, both video and telephonic visits, for over 60% of their patient care. While safe reopening has brought this volume done, much has been learned. Many patients prefer telehealth, and telehealth appointments result in far fewer missed visits. Surveys conducted by the California Health Care Foundation reported a significant demand shift among Medi-Cal patient to utilizing telehealth and telephone visits. Specifically, the survey found that most patients would like the option of a telephone or video visit and would likely choose a phone or video visit over an in-person visit whenever possible.<sup>1</sup> Telehealth has the potential to be the great equalizer, eliminating long-standing barriers to care like transportation, childcare, and work schedules.

As the result of health center-led advocacy efforts, the California Legislature, working with the Newsom Administration, made the important decision to allow all Public Health Emergency (PHE) flexibilities for telehealth, including audio-only modalities, to continue for their Medicaid program through end of 2022.

Additionally, California committed to, and already launched, a new stakeholder process at the state's

Medicaid agency to design the telehealth policies starting in 2023. California has committed to maintain payment parity for all modalities, eliminate site limitations for patients and providers, and create more allowances on establishing patient relationships. While this is tremendously promising, federal leadership will be critical to supporting these policies and encouraging state Medicaid agencies across the country to do everything in their authority to support future telehealth innovation.

## THE SOLUTION

To guarantee these innovations also continue in the Medicare program post-pandemic and can be utilized as part of the long road to an equitable recovery, federal action is needed. With many Medicare telehealth flexibilities set to expire at the end of the PHE, it is crucial that the following policies be continued and ultimately made permanent to ensure equitable access to telehealth:

- Recognize health centers as distant site providers;
- Remove originating site restrictions to allow for care regardless of the patient location;
- Ensure payment at the FQHC Prospective Payment System (PPS) rate; and
- Permit health centers to continue providing audio-only telehealth visits for patients.

There are a number of current bills that would address these priorities. They include the CONNECT for Health Act (H.R. 2903/S. 1512), the Protecting Access to Post-COVID-19 Telehealth Act (H.R. 366), and the HEALTH Act (H.R. 4437).

In addition to these initiatives, the National Association of Community Health Centers (NACHC) is also strongly advocating that any policy effort continues to build on the recent CY 2022 Medicare Physician Fee Schedule Final Rule published by CMS that expanded protections for FQHC mental health services provided via telehealth.

## FOR MORE INFORMATION

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<sup>1</sup> California Health Care Foundation, *Listening to Californians with Low Incomes: Health Care Access, Experiences, and Concerns Since the COVID-19*

*Pandemic*. Oct 2020. <https://www.chcf.org/wp-content/uploads/2020/10/ListeningCaliforniansLowIncomes.pdf>.

# 340B Drug Pricing Program



## Increasing Access to Affordable Medications for Underserved Patients

Providing access to a full range of affordable comprehensive services, including **pharmacy services, is a key component of the Community Health Center model.** Established in 1992, the 340B Drug Discount Pricing Program enables health centers to purchase outpatient drugs at reduced prices, allowing them to ensure that all low-income patients have access to affordable prescription drugs.

In addition, the savings health centers receive by purchasing discounted medications through the 340B program must be reinvested into health center programs and services. Due to Health centers' slim operating margins, these savings are integral to their ability to sustain ongoing operations. In fact, without the savings from the 340B program, health centers would be severely limited in their ability to support many of their core services such as behavioral health and opioid treatment programs and other activities for their patients.

## The Facts

Health centers exemplify the type of safety net program that the 340B program was intended to support. By law, all health centers:

- serve only those areas and populations that HHS has designated as high need,
- ensure that **all patients can access the full range of services they provide**, regardless of insurance status, income, or ability to pay.
- must reinvest all 340B savings into activities that further their mission of expanding access to care for the medically underserved

While every health center decides how its 340B savings can best benefit its patients, these savings often **support clinical pharmacy programs, extended evening and weekend hours, case management services and sliding fee discounts** – ultimately expanding the range and scope of comprehensive services. Health centers are also subject to detailed programmatic and reporting requirements as well as federal oversight that they must adhere to, and which guide their participation in the 340B program.

## The Impact

The 340B program is currently under assault on several fronts – and it is crucial that it is protected. Health centers' reliance on 340B is critical to their financial viability and their ability to provide high quality, comprehensive low-cost health services, including affordable medications, to their patients.

## How you can help:

- **Cosponsor the PROTECT 340B Act (HR 4390)**, from Reps. David McKinley (R-WV) and Abigail Spanberger (D-VA) to prohibit pharmaceutical benefit managers (PBMs) and insurers from engaging in discriminatory contracting practices or “pick-pocketing” 340B savings from health centers.
- Make it explicitly clear that **340B covered entities are entitled to purchase all drug manufacturers' covered outpatient drugs** at 340B pricing for eligible patients through each covered entity's contract pharmacies.