

## 2021 National Health Center Week Legislative Talking Points

### Health Centers on the Front Lines in the Fight Against COVID-19

- Community Health Centers have been drivers of equity in the fight against COVID. They have administered 13.7 million vaccines, the vast majority (66%) delivered to racial and/or ethnic minority patients.
- Health centers appreciate the \$7.6 funding that the Biden administration and Congress provided through the American Rescue Plan. This funding has been instrumental to making this continued effort possible.
- This flexible funding has allowed health centers to develop plans to address local needs and ensure that care can continue for millions of patients.

### Health Centers Need Continued Federal Infrastructure and Workforce Investments to Care for Patients of Today and Tomorrow

- According to a recent analysis by Capital Link, Inc., health center capital needs through 2025 are expected to total \$17.5 billion, including funds to repair, replace and upgrade existing infrastructure as well as build capacity to serve up to 38.5 million patients by 2025.
- Nearly all health centers surveyed have at least one planned project and over 20% have two planned projects. These planned projects will support a range of critical health center services, with many projects accommodating multiple services and programs.
- An investment of \$10 billion over five years, which is included in the House LIFT America Act, could be leveraged to meet this overall need and allow health centers to expand their operations.
- This funding is even more critical should Congress look to expand Medicare to include dental, vision and hearing. Nearly 3 million Medicare beneficiaries are served at health centers and capital funds will turn this new coverage option into high-quality care for elderly health center patients.
- Chronic workforce challenges and shortages at health centers have only been exacerbated by the pandemic. The historic investments in the primary care workforce that were included in the American Rescue Plan will pay dividends for years to come and should be extended in the next human infrastructure bill to create additional pathways for clinicians in underserved communities.

### 340B is a Lifeline for Health Centers

- Health centers rely on the 340B program to provide patients access to affordable medications and comprehensive health services like dental care, behavioral health, and other specialty care.
- Unfortunately, pharmaceutical companies and pharmacy benefit managers (PBMs) continue to undermine the program by refusing to ship drugs to contract pharmacies or siphoning off 340B savings through discriminatory contracting practices.

- Health centers support 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 and encourage all House members to cosponsor the bill.

### **Telehealth Has Enabled Care for Health Center Patients and Needs to be Continued Past the PHE**

- Health centers quickly embraced telehealth to care for patients since the outbreak of COVID-19. Telehealth utilization went up by nearly 6,000 percent and allowed health centers to care for millions of patients, including those with chronic conditions, patients with non-emergent cases of COVID, the homebound and the elderly.
- This care, which included both audio-visual and audio-only telehealth, was only possible because of the flexibilities afforded by Congress during the Public Health Emergency. These policies need to be extended to avoid interruptions in the delivery of care at the end of the emergency.
- Over 90% of health centers believe failure to extend the current telehealth flexibilities beyond the PHE will lead to greater difficulty reaching vulnerable populations, and over 80% state that inaction will lead to worse outcomes for patients with behavioral health or substance use needs.
- Congress should take steps to do the following:
  - Recognize health centers as distant site providers within Medicare and remove originating site restrictions to allow services provided wherever the patient or provider is located.
  - Ensure adequate reimbursement for services at rates equal to in-person visits;
  - Permit health centers to continue providing audio-only telehealth visits for patients in rural areas and seniors who do not have access to broadband or smartphones.