



FARM CREDIT  
COUNCIL



NATIONAL ASSOCIATION OF  
Community Health Centers®



National  
Farmers  
Union



NRHA  
NATIONAL RURAL HEALTH ASSOCIATION

June 1, 2020

The Honorable Mitch McConnell  
Majority Leader  
U.S. Senate  
Washington, DC 20510

The Honorable Chuck Schumer  
Minority Leader  
U.S. Senate  
Washington, DC 20510

The Honorable Nancy Pelosi  
Speaker  
U.S. House of Representatives  
Washington, DC 20510

The Honorable Kevin McCarthy  
Minority Leader  
U.S. House of Representatives  
Washington, DC 20510

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi, and  
Minority Leader McCarthy,

We write to share our strong support for the Community Health Center (CHC) program  
and to urge you to continue supporting this important program by meeting critical  
funding needs, especially due to the coronavirus pandemic (see attached).

CHCs are especially needed in rural areas where access to health care is low and the  
need for medical attention is high. This is especially true among family farmers and  
ranchers who are striving to maintain a secure food supply for the nation during this  
unprecedented crisis. American farmers tend to be much older and more injury-prone  
than workers in other industries. Furthermore, family farmers are more likely than the  
general population to have a preexisting condition. The affordable, high-quality  
healthcare provided at community health centers fills a critical need for the men and  
women who produce our nation's food, fiber, and fuel.

Since 2010, 113 rural hospitals have closed, limiting many rural Americans' access to  
medical care. Today, over 2,000 more health center delivery sites are temporarily  
closed due to revenue losses as a result of the COVID-19 pandemic. Without additional  
support from Congress, the CHC program will be further diminished and rural  
Americans' access to cost-effective primary and preventive care will continue to  
decrease.

We recognize Congress provided funding for the CHC program in each of the previous Covid-19 relief packages, however significantly more is needed to keep health centers fully operational at a time when they are most needed.

As you know, CHCs are uniquely located in 12,000 communities, half of which are in rural areas, covering nearly all 3000+ counties in the U.S. This makes their continued operation of paramount importance as our country develops logical, data driven and evidence-backed strategies to reopen the economy.

We urge Congress to ensure that the CHC program continues to be a vibrant program that has improved the health and well-being of many of our nation's most vulnerable individuals and communities.

Thank you for your consideration of our thoughts. We appreciate your support of supplemental funding for CHCs to ensure no losses in health care access for the over 30 million Americans served by the program.

Sincerely,

American Farm Bureau Federation  
Farm Credit Council  
National Association of Community Health Centers  
National Farmers Union  
National Rural Health Association

## **A Strong Public Health System Requires A Strong System of Community Health Centers**

### **1) COVID-19 EMERGENCY: \$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 so doing 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 need long-term financial stability to maintain current services, meet staffing needs and deliver reliable, quality services. Managed growth of health center capacity will allow expansion of services to additional medically underserved patients in high need areas, in response to the COVID-19 aftermath and provide services to ALL regardless of ability to pay.

### **3) CRITICAL EXPANSION OF WORKFORCE PROGRAMS TO ADDRESS SHORTFALL: \$7.8 BILLION OVER 5 YEARS**

- 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

Beyond current workforce shortages in underserved areas, Federal government data projects a national shortfall of up to 160,000 physicians and one million nurses by 2025. Expanding these proven workforce programs will bring providers to practice in medically underserved communities and help address the primary care shortage. Estimate: additional 50,000 clinicians in health centers.

### **4) CRUCIAL INFRASTRUCTURE INVESTMENT: \$20 BILLION OVER 5 YEARS OR UNTIL EXPENDED**

There has not been 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. Beyond the COVID-19 crisis, health centers must plan, prepare and position for future emergencies among their 12,000 urban and rural communities.

### **OTHER CRITICAL NEEDS:**

- **Telehealth:** The Cares Act gave health centers limited reimbursement for providing telehealth services to Medicare patients in their homes; However, the rates are insufficient. Further statutory changes are needed to ensure that payment is consistent with current Medicare and Medicaid statute and policy. Bill language will be provided.
- **340B:** Protect health centers' ability to retain 340B savings on drugs dispensed to Medicaid Managed Care patients consistent with current statute. Bill language will be provided.