

COMMUNITY HEALTH CENTERS PUSH TO REVAMP FED CAPITAL FUNDING

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The push to grapple with a crumbling brick and mortar infrastructure has spurred a call on appropriators to increase funding for the nations' community health centers by \$248 million next year which would bring the total to \$2.3 billion in fiscal 2009, allowing for an expansion of care to 1.5 million patients, according to stakeholders.

Restructuring federal funding for capital campaigns to create a single national entity and a new plan to create a federal credit enhancement program that includes tax-exempt bonds and dedicated tax credits, would allow health centers to rapidly expand in time to meet the increasing need for their services, according to a new report sponsored by the National Association of Community Health Centers (NACHC), Capital Link and Community Health Ventures.

The groups say the goal is to meet the growing need of providing primary care to a wave of new patients that will total 30 million by 2015, expand access to primary care services for the nations' 56 million "medically disenfranchised" and shore up the 6,300 community health center sites, half of which are 20 years old or older.

Community health centers will need to invest \$10.5 billion in facilities and equipment in order to be equipped to handle the wave of new patients, the "Access Capital" report indicates.

The lobbying effort has spurred many in the Senate and House to get moving. In the Senate, 39 Senators -- including Finance Committee Chair Max Baucus (D-MT) -- have signed a "Dear Colleague" sign-on letter to Labor HHS Appropriations subcommittee chair Tom Harkin (D-IA). The letter is being circulated by Sens. Debbie Stabenow (D-MI) and Kit Bond (R-MO). In the House, 154 members (112 Democrats and 42 Republicans) have signed on to the letter, which was drafted by Energy & Commerce health subcommittee Chair Frank Pallone (D-NJ) and ranking Republican Nathan Deal (R-GA).

"Are we asking for another handout? The answer is no. We're asking for Congress to invest in health centers and get a great return on that investment," said Dan Hawkins, NACHC vice president during a March 12 senate briefing about the report. Hawkins said direct federal funding for community health centers is expected to more than double by 2015 to \$5 billion. In all, with private insurance, Medicaid -- which makes up about 30 percent of receipts for health centers -- and Medicare reimbursements, the overall budget for health centers in 2015 will grow to \$20 billion.

"You do the math: \$5 billion, 30 million patients ... and health centers will return more than \$40 billion in health system savings, a four-to-one return," Hawkins said.

These safety net providers include the Yakima (WA) Neighborhood Health Services, which provided care for 16,000 patients in 2007, of which 80 percent were from families

living below the poverty line and 1,853 were homeless, according to Anita Monoian, CEO and president of the clinic since 1979. In Yakima County only 13 percent of the jobs pay above the minimum wage, said Monoian, adding, “we’re not very proud of that.”

But what she is proud of is the quality care that her clinic’s nurses and doctors provide to patients and the economic boost the clinic gives to the Yakima community, estimated by Monoian to total about \$19 million last year in the form of wages.

Opened in 1972, the North End Community Health Center in Boston provides care to the highest concentration of low income seniors in Massachusetts and approximately 10,000 patients overall, said James Luisi, the clinic’s long time CEO. Each year his clinic pumps about \$30 million back into the North End. “We are the community’s economic engine,” he said.

“We’ve been at this for more than 40 years and we have a track record of providing high quality preventive care” that has resulted in tangible savings, said Gary Wiltz, the CEO and former medical director of Teche Action Clinic in Franklin, LA. Wiltz began his career treating patients in a former church in Franklin in 1982 and is now caring for the children of some of his 80- and 90-year-old patients.

Louisiana legislators recently approved \$41 million for capital improvements at health centers in the state, which will allow the community health centers there to serve 186,000 more people in the medically under served parishes of Louisiana.

Wiltz explained that even before Hurricane Katrina and Hurricane Rita smashed into Louisiana, the community health centers were woefully underfunded and overcrowded. But even with the added funding and many patients relocating to other states after the disaster, clinics in the state are on the edge of collapse.

“We are now at capacity. We are at the breaking point. Our next available appointments are almost a month away. We have now gone to extended hours, opening on Saturdays ... to try to meet the demand that’s out there,” said Wiltz. “And this is not just a local issue, it is happening all over the country.” What is unique to Louisiana, is an extreme shortage of primary care physicians that has resulted in access problems for patients.

“The fact that you have an insurance card does not always grant you access to care, I can’t emphasize that enough,” he said, talking about the 57 million “medically disenfranchised” patients across the country, many of whom have insurance, but don’t have access to a primary care physicians.

“The whole idea that insurance coverage buys you access to care is not true. We deal with it on a daily basis,” he said.

