Ms. Tess Kuenning, CNS, MS, RN
Executive Director
Bi-State Primary Care Association
On Behalf of the National Association of Community Health Centers
To the Subcommittee on Primary Health and Aging

Introduction

Chairman Sanders, Ranking Member Enzi, and Distinguished Members of the Subcommittee:

My name is Tess Kuenning, and I am the Executive Director of Bi-State Primary Care Association located in Montpelier, Vermont, and Concord, New Hampshire. On behalf of the entire health center community, including more than 22 million patients served by Community Health Centers, as well as the National Association of Community Health Centers, I want to say thank you for the opportunity to testify today before the committee on the efforts of Community Health Centers to provide and expand access to primary care services in medically underserved communities.

Patient Protection and Affordable Care Act of 2010

Two important events have radically altered the health care financing and health care delivery systems of our nation: The Patient Protection and Affordable Care Act (ACA) which was signed into law on March 23, 2010, and the Supreme Court's June 28, 2012, landmark decision about same. It is estimated that 30 million people will gain public coverage through Medicaid and/or the Health Insurance Exchanges. There will be increased coverage through a number of mechanisms, but another 30 million will remain uninsured.

In my view, any efforts to increase access to insurance must also include investments to grow and expand the primary care safety net infrastructure. Primary and preventive care must be central to any efforts to achieve its goals of increasing access, managing total patient costs and producing quality patient outcomes.

As this Committee is aware, the ACA created significant federal investments in expanding public coverage and private insurance reforms. However, coverage does not equate to access. It is access that makes coverage real. We need sustainable solutions to increase our primary care capacity; lower and mange our health care costs; and assure quality outcomes, patient satisfaction and patient accountability.

Community Health Centers are the nation's primary and preventive health care safety net. Community Health Centers hold the promise to fulfill access to care for our nation's communities. Community Health Centers historically have, and will continue to care for all patients in their community, but will extend their expertise in caring for our most vulnerable: the uninsured and the Medicaid population.

Health Centers - General Background

Community Health Centers are community-owned non-profit entities providing primary medical, dental, and behavioral health care. In addition, many Community Health Centers also provide pharmacy and a variety of enabling and support services. To date, there are over 1,200 Community Health Centers located at more than 9,000 urban and rural locations nationwide serving as patient centered medical homes for more than 22 million patients. For over 45 years, the nation's Community Health Center infrastructure has grown.

In 2000, Vermont had only 2 Community Health Centers with 7 sites serving just over 18,000 patients. Currently, Vermont has 8 Community Health Centers with 43 clinical sites in 12 counties caring for the whole family from prenatal care to pediatrics, to adult and elder health care, providing a medical home over the past 3 years to more than 158,000 Vermonters. Vermont Community Health Centers have a significant market share serving 1 in 4 Medicaid, 1 in 4 uninsured, 1 in 5 Medicare enrollees and 1 in 8 commercially insured Vermonters. Over the past ten years in New Hampshire, Community Health Centers have grown to 12 organizations across the state serving approximately 76,000 patients in underserved areas.

By statute and mission, Community Health Centers are located in medically underserved areas or serve a medically underserved population. Community Health Centers see patients regardless of their ability to pay or insurance status and offer services based on a sliding fee discount; thereby, easing one of the greatest barriers to care, the financial burden.

Community Health Centers are also directed by patient-majority boards. This unique model ensures care is locally-controlled, responsive to each individual community's needs and, at the same time, reducing barriers to accessing health care though various services. In some communities, Community Health Centers provide or arrange for transportation to ease the geographic barriers. In other communities, Community Health Centers provide care targeted to reduce various cultural barriers by providing culturally competent care including translation services.

At the Community Health Centers of Burlington in Burlington, Vermont, they provide translation for patients from the Sudan, Bosnia, Somalia, Burundi, Tibet, Nepal, Bhutan and Burma to name a few. At the Manchester Community Health Center in Manchester, New Hampshire, of their 8,000 patients, only 51% speak English. There are 62 languages spoken and 49 require interpretation. My training as a nurse and my various roles in clinical practice has allowed me a greater appreciation to understand a successful patient/clinician relationship. From my years of clinical practice in Nepal, I am able to speak Nepali with our increasing immigrant and refugee population from Nepal and Bhutan. I have found myself in Community Health Center waiting rooms speaking Nepali to children, teens, parents and grandparents. They greet this with wonderment and genuine gratitude that someone knows their language. All care at Community Health Centers is tailored to assure patients are welcome and treated with respect.

Community Health Centers are more than a safety net, they have a demonstrated track record of improving the health and well-being of their patients using a locally-tailored health care home model designed to coordinate care and manage chronic disease. This distinctive model of care has enabled us to save the entire health system, including the government and taxpayers, approximately $24 billion annually by keeping patients out of costlier health care settings, such as emergency departments.[i]As a result of their timely and appropriate care, Community Health Centers save $1,263 per person per year, lowering costs across the delivery system–from ambulatory care settings to the emergency department to hospital stays.[ii] Nationally, approximately 39% of Community Health Center patients are covered by Medicaid and another 36% are uninsured.[iii] In return, Community Health Centers bring significant value to the Medicaid program, serving 14% of Medicaid patients for only 1% of Medicaid spending.[iv]

In addition to reducing health care costs, Community Health Centers can also serve as small businesses and economic drivers in their communities. In 2012, Community Health Centers employed 153,000 individuals[v] and in 2009 generated $20 billion in total economic benefits in poor urban and rural communities.[vi] Vermont Community Health Centers employed 753 individuals and generated nearly $108 million in total economic benefits; while New Hampshire Community Health Centers employed 537 individuals and generated over $77 million in total economic benefits in their communities.

Community Health Centers Can Improve Health Care Outcomes and Reduce Health Care Costs

Numerous published studies over many decades have demonstrated that Community Health Centers are a proven cost saver. Studies have also proven that Community Health Centers improve the health status in communities, reduce emergency room use and eliminate barriers to health care.

A recent Journal of Rural Health article entitled: *Presence of Community Health Center and Uninsured Emergency Department Visit Rates in Rural Counties*, written by Dr. George Rust, et. al., found that counties with a Community Health Center site had 25% fewer uninsured emergency department visits.[vii] Without access to primary care, many people delay seeking health care until they are seriously ill and require inpatient hospitalization or care at an emergency room at a much higher cost. Community Health Centers can help reduce those unnecessary costs by serving as health care homes for the underserved.

Barriers to care make it difficult for individuals to access primary care and the demand for primary care far exceeds the supply across the nation, but Community Health Centers can play a role in solving this crisis. The National Association of Community Health Centers (NACHC) recently released a report entitled: *Health Wanted, the State of Unmet Need for Primary Health Care in America ("Health Wanted"),*[viii] which states that barriers to accessible care include affordability, accessibility and availability can diminish access to primary care. *Health Wanted* shows when Community Health Centers are located in these medically underserved areas, communities are able to overcome these barriers to care and are able to

improve health care outcomes, as well as reduce health care costs. However, the demand for Community Health Centers continues to outpace growth. *Health Wanted* also highlights the fact that at least 25% of U.S. counties in greatest need do not have a Community Health Center.

Underserved communities all across the country are seeking competitive federal grant support to build or expand their primary care infrastructure. In Vermont, there are 3 communities that are fully poised to apply for competitive federal funding to bring medical, dental and behavioral health services to communities in need. As well, of the 8 current Vermont Community Health Centers, 7 of them have plans to further expand their medical, dental and behavioral health services to either their existing sites or to new towns if only there were sufficient federal funding. This scenario plays out the same in New Hampshire, in that each of the 12 Community Health Centers could expand their primary and preventive services to thousands more patients if resources were available.

Growth of the Community Health Center Program

Community Health Center expansion, championed by Members of Congress and Presidents of both parties, has improved access to primary care in rural and urban medically underserved communities in every state and territory and brought enormous economic value and improved health to the entire system. Since 2002, Community Health Centers have expanded care from 11 million patients to 22 million patients through the efforts of both Republicans and Democrats. Despite the growth of the Community Health Center program over the years, more than 60 million Americans still lack access to a primary care provider.[ix]

Our most recent expansion under the Affordable Care Act (ACA) was championed by the distinguished Chairman of this Subcommittee, Senator Sanders. The Health Center Trust Fund provides $9.5 billion in funding to support the expansion of Community Health Centers across the country to reach and serve an additional 40 million people.[x] The expansion of the Community Health Center program to new sites and for expansion of services at existing locations will continue until 2015. The goal of the Trust Fund is to ensure that existing Community Health Centers are thriving and new Community Health Centers are ready to provide primary care access to the newly insured in 2014.

We believe the continued expansion of Community Health Centers is essential to ensuring access to primary care in medically underserved communities. Unfortunately, efforts to continue that expansion have faltered recently. The President's proposed FY2013 Health Resources and Services Administration (HRSA) budget provides $1.58 billion in discretionary funding for the Community Health Centers program. Together with the $1.5 billion in FY 2013 mandatory ACA funding available, Community Health Centers could receive a net increase of $300 million in total programmatic funding for FY2013 equaling total funding of $3.1 billion.

We strongly support the President's proposed funding level of $3.1 billion for Community Health Centers, but we are concerned about the Administration's proposal to hold

back $280 million of the total proposed increase of $300 million and instead spread out health center growth over a longer period of time.

HRSA's January 16, 2012 solicitation for New Access Point grants will only expend $20 million of the $300 million in available funding under the ACA to establish 25 new Community Health Centers and only expand care to 60,000 new patients. Instead of holding back funding, we propose that the entire increase be used immediately to provide for the expansion of care to 2.5 million new patients. This planned minor expansion will fall far short of addressing the pressing need for primary care services that has clearly been demonstrated in communities nationally and will not provide the access to primary care that was promised in the ACA. Next year, when several critical provisions of the ACA begin, we should do all we can to assure we have a strong, stable and growing primary care infrastructure with additional sites for patients to access care.

I would be remiss if I failed to cite another vital program that supports the goal of creating medical homes for underserved Americans, the National Health Service Corps (NHSC). The NHSC, which places trained health professionals in Community Health Centers and other settings located in shortage areas, continues to serve as a vital partner to the Community Health Center program. Half of the approximately10,000 health professionals placed by the NHSC are at Community Health Centers. That program, too, was expanded in the ACA thanks to your leadership, Mr. Chairman, with $1.5 billion provided to it over 5 years, enough to train and place some 17,000 health professionals by 2015. And even though it also suffered a reduction in funding last year, the NHSC has been, and remains, a key partner in the expansion of care in preparation for the coming coverage expansions under the ACA.

Conclusion

Without their local Community Health Center, many communities and patients would often be without any access to primary care. Community Health Centers have proven time and time again that access to a health center translated to improved health outcomes for our most vulnerable Americans and reduced health care expenditures for this nation. Continued expansion of our program will result in the ability for Community Health Centers to reach a sizeable portion of the medically underserved individuals who would otherwise be forced to seek care in emergency departments, or delay care until hospitalization is the only option.

Mr. Chairman, we stand ready to meet the demand among those in need of primary care. However, Community Health Centers can only meet these primary care demands if we can provide access to care. This means leveraging the funds available under the ACA to expand the number of Community Health Centers throughout the country to ensure we are able address the nation's primary care shortage.

We look forward to working with you and the other members of this Subcommittee to accomplish our shared goal of improving access to primary care while reducing overall health care costs across the country.

Thank you, Mr. Chairman.

[i] Ku L,et al. *Strengthening Primary Care to Bend the Cost Curve: The Expansion of Community Health Centers Through Health Reform*. Geiger Gibson/RCHN Community Health Foundation Collaborative at the George Washington University. June 30 2010. Policy Research Brief No. 19.
[ii] Ku L, et al, 2010.
[iii] Ku L, et al, 2010.
[iv]Hing E, Hooker RS, Ashman JJ.Primary Health Care in Community Health Centers and Comparison with Office-Based Practice. *Journal of Community Health*. 2010
[v]Bureau of Primary Health Care, Health Resources and Services Administration, DHHS.2011 Uniform Data. System
[vi] Capital Link. *Community Health Centers as Leaders in the Primary Care Revolution*. August 2010. www.nachc.com/research-data.cfm
[vii] Rust George, et al. "Presence of a Community Health Center and Uninsured Emergency Department Visit Rates in Rural Counties." *Journal of Rural Health* Winter 2009 25(1):8-16.
[viii]National Association of Community Health Centers and the Robert Graham Center. *Help Wanted: The State of Unmet Need for Primary Care in America.* March 2012. www.nachc.com/client//HealthWanted.pdf www.nachc.com/client//HealthWanted.pdf
[ix]National Association of Community Health Centers. *Primary Care Access: an essential building block of health care reform*. March 2009. http://www.nachc.com/client/documents/pressreleases/PrimaryCareAccessRPT.pdf
[x]National Association of Community Health Centers. *Community Health Centers: The Local Prescription for Better Quality and Lower Costs*. 2011