



Invest in Community Health Centers

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Community health centers (CHCs) are a sole or critical source of comprehensive primary care in underserved communities. Today, nearly 1,400 CHCs serve more than 28 million patients across 12,000 resource-poor communities. Community health centers are federally mandated to operate in or serve communities designated as medically underserved due to elevated poverty and health risks, and a shortage of primary health care providers. States can use emergency **1135 waivers** to loosen Medicaid and Medicare payment rules in order to boost access community health center services. **Key areas for expanding access and Federally Qualified Health Center reimbursement include broadening the use of telehealth and telephonic services; creating alternative, temporary, or mobile sites; and increasing the types of healthcare professionals who can be reimbursed for services.**

Health centers are especially important in mitigating the COVID-19 outbreak. **They serve a high number of people at risk** of severe illness from COVID-19, including 2.6 million elderly patients, 4.8 million patients diagnosed with hypertension, and 1.3 million patients with asthma.

Health centers rely principally on Medicaid, federal appropriations and the Community Health Center Fund, which provides 70 percent of grant funding. Federal investments have led to quality care for patients with complex health and social needs and generated significant health care savings, jobs, and local economic activity. However, health center funding has become increasingly difficult to secure at the level needed, with current funding set to expire in May 2020. And **any reductions in health center funding** are expected to lead to reduction in services, operating hours, and staffing capacity.

Health centers currently face significant decline in revenue due to the outbreak, with fewer patients presenting at the facility and suspension of health care services, such as dental and vision care. The stimulus legislation provides \$1.3 billion for health centers and extends funding through November, but largely to cover COVID-19 testing, telehealth and personal protective equipment. This still fails to cover the ongoing revenue shortfall or cost of maintaining and retaining staff over the longer term. The addition of \$825 million for health centers in the new stimulus proposal will also not be enough to cover the ongoing revenue shortfall or cost of maintaining and retaining staff over the longer term. Health centers will require a longer term funding bill that provides greater stability and the ability to restore service capacity.