



May 5, 2020

The Honorable Lena Gonzalez
Chair, Senate Special Committee on Pandemic Emergency Response
State Capitol, Room 2068
Sacramento, CA 95814

Re: Community Health Centers: COVID-19 Response and Priorities

Dear Chair Gonzalez:

On behalf of our 16-member organizations, which serve 858,757 patients for 3.6 million visits each year, in 140 practice locations, in the counties of San Diego, Imperial, and Riverside, please accept my gratitude to the Legislature for its leadership during this unprecedented public health emergency. It is because of the swift action and decision-making by you, your colleagues, and the administration that we are flattening the Corona virus curve and saving countless lives. I applaud Senate pro Temp Atkin's action to establish the Senate Special Committee on Pandemic Emergency Response Committee.

In advance of the first hearing of this Committee, I share with you our members' COVID-19 experiences and top priorities. **Health Center Partners of Southern California, in collaboration with California Primary Care Association (CPCA) and the 180 CHC organizations across the state, call on the Administration and Legislature to work together to ensure a coordinated statewide approach to a COVID-19 response, incorporating counties, city public health departments, Community Health Centers (CHCs) and other health system partners.**

The Role of Community Health Centers in the COVID-19 Response and Recovery

In California, CHCs serve 7.2 million patients annually - almost 17% of Californians turn to CHCs for their medical care. **My 16 member organizations in southern California serve 858,757 across three counties. That's 1 in 6. In San Diego County, that's 1 in 5 – or 20% of the entire local population – which relies on CHCs for culturally and linguistically competent, accessible, affordable medical care in the communities where they live.**

During a public health emergency, CHCs provide triage, treatment, referrals and work in partnership with local health departments and the state of California. This crisis is no different. CHCs are uniquely positioned to assist in the fight against the spread of COVID-19 because they are rooted in the communities they serve and are trusted sources of medical care for anyone who walks through their doors.



I am heartened to see COVID-19 testing as an area of early focus for the Committee.

I agree testing is key to our state's response and recovery. Already, many CHCs have begun testing. **As of May 1, my members report having collected 2,798 COVID-19 test samples and have identified 301 positive cases. Additionally, 73% of my members offer walk-up or drive-through testing on-site.** In a recent survey (April 17, 2020) conducted by the Health Resources Services Administration (HRSA), 90% of the California CHCs responding are testing, and 53% have drive-up/ walk up testing capacity.

To turn the corner on this battle against the Corona virus, the State, working with public health departments, must intentionally incorporate CHCs and coordinate with them in the next stage of combatting the virus through wide-scale testing and contact tracing and quarantine/isolation.

Extreme Financial Losses

California's CHCs are anticipated to lose \$1 billion in the next three months. **My 16-member organizations alone anticipate losing \$241 million over the next six months. These losses will deplete their reserves and require layoffs of more than 3,300 employees, including front-line medical providers.**

Closures and job losses will ripple through local economies, resulting in an additional \$291 million in lost revenue and more than 3,200 additional lost jobs. Unless this situation changes immediately, more than 25% of CHCs will exhaust operating funds in the next three months, and another 25% will have less than one month's worth of cash on hand. With the COVID-19 response expected to last at least three months, one analysis suggests that without immediate financial assistance 51% of CHCs will be forced to close before this pandemic is under control.

I know the federal government must take up part of this financial burden and I am working to ensure our members receive available federal funds. **To date, my members have received an estimated \$25 million from the different federal stimulus packages – which is not nearly enough to recoup their financial losses – which are running presently at \$40 million per month, as stated above.**

Telehealth and Telephonic Care – Key to Care and Financial Viability

Telephonic and telehealth visits are key to mitigating COVID-19 exposure as it limits the spread of COVID-19 to medical providers, other patients, and the general community. **Today, my members' telehealth and telephonic visits account for an average of 70% of all patient visits.** When fully equipped and included as part of the response to this pandemic, CHCs play a critical role in making sure patients are receiving the appropriate level of care in the right health care setting. Right care. Right time. Right place.

That's why most of my members have applied for support under the Federal FCC Telehealth funding opportunity to purchase additional remote monitoring devices to further enhance the telehealth program. I am very grateful for the Administration's decision to allow CHCs to be reimbursed for telephonic care and lift restrictions on telehealth visits. These actions may not have happened had it



not been for the foresight of the Legislature to pass AB 1494 (Aguiar-Curry) in 2019 and the additional actions taken by the Legislature in March to push the Administration on immediate implementation.

CHCs have been viewed as the frontline in the U.S. health care delivery system long before COVID-19. CHCs will remain at the frontline long after it is over. **As the Committee determines its COVID-19 recommendations and priorities, I respectfully request CHCs be included.**

Sincerely,

A handwritten signature in blue ink, appearing to read "Henry N. Tuttle".

Henry N. Tuttle
President and Chief Executive Officer
htuttle@hcpsocal.org

cc: Senator Patricia Bates, Vice Chair
Senator Brian Jones
Additional Members, Senate Special Committee on Pandemic Emergency Response
Senate President pro Tempore Toni G. Atkins

[Health Center Partners of Southern California](#), a family of companies, includes a 16-membership organization of federally qualified health centers, Indian Health Services Organizations, both urban and sovereign, and Planned Parenthood of the Pacific Southwest, collectively serving 850,000+ patients each year, for 3.6 million patient visits each year, at 140 practice sites across San Diego, Riverside, Imperial counties, with the seventh largest provider group in the region. [2018/2019 Impact Report](#).