

NACHC Policy & Issues Forum 2021

California CHC Top Priorities Talking Points



General Community Health Center Background

- Today, more than 1,370 community health centers serve the state of California, and provide comprehensive, high quality care to 7.4 million people – or 1 in 5 Californians.
- [INSERT INFORMATION REGARDING YOUR CHC.]
- Community health centers provide the full spectrum of care, from primary care to dental to behavioral health care and a variety of enabling and wraparound services.
- In many rural communities throughout California, community health centers serve as the only source of medical and wellness care for middle- and working-class families in the region.

California Community Health Centers COVID-19 Response, Recovery Efforts, and Requests

COVID-19 Response: Testing and Vaccinations

- CHCs are the most qualified and trusted providers to overcome COVID-19's public health and race equity crises.
- Many communities CHCs care for are disproportionately impacted by the pandemic, systemic racism, and poverty.
- California CHCs welcomes the Biden' administration's and Congress' commitment to turning the tide in our nation's COVID-19 response. Working together, we are confident we can quickly administer COVID-19 vaccines to the hardest to reach communities and seize opportunities to align federal resources with state vaccine plans.
- [INSERT INFORMATION REGARDING YOUR CHC'S COVID-19 TESTING AND VACCINATION ACTIVITIES.]

CHC Request

Continue support for an equitable testing and vaccination strategy through:

1. Direct distribution of testing supplies, PPE, and vaccine doses to CHCs, proportional to the number of patients served at CHCs.
2. Prioritization of HRSA vaccine distribution to CHCs in California, and other states, where vaccine delays and inequities persist.
3. [If a Democrat, thank you for your support for the American Rescue Act, which provides sorely needed grants for CHCs.]

COVID-19 Recovery: Telehealth

- In March 2020, California's CHCs quickly transitioned much of their provision of care to a virtual model to ensure that their patients continued to receive vital care while limiting the risk of staff and community spread of COVID-19. [INSERT % OF VISITS THAT ARE TELHEALTH, INCLUDING TELEPHONIC, AT YOUR CHC TODAY.]
- CHCs are still utilizing telehealth, both video and telephonic visits, today and are committed to delivering care in this way long into the future. [INSERT INFORMATION REGARDING YOUR CHC'S TELEHEALTH ACTIVITIES, PROVIDE DETAILS ON TELEPHONIC CARE – HOW AND WHEN IT IS USED.]
- Due to the high costs of broadband services and/or computing devices, resulting in heavy reliance on cell phones, 1 in 8 California households lack Internet access.

- Telehealth, specifically audio only modalities, have the potential to be the great equalizer. Telehealth eliminates long standing barriers to care, increases access to care for health center patients, and reduces no-show rates significantly. [INSERT INFORMATION REGARDING BARRIERS YOUR PATIENTS FACE, INCLUDING TECHNOLOGY BARRIERS THAT MAKE TELEPHONIC CARE CRITICAL.]

CHC Request

To guarantee these innovations continue post-pandemic and can be utilized as part of the long road to an equitable recovery, federal legislative and administrative action is needed:

1. Ensure that CHCs can continue to provide care via both video and telephone visits after the Public Health Emergency is lifted for the same reimbursement rate as in-person visits.
2. This action must be inclusive of Medicare and Medicaid policy to guarantee that no community is left behind.
3. Specifically, states must be encouraged to continue telephonic (audio-only) modalities with PPS payment in their Medicaid programs.

COVID-19 Recovery: Infrastructure and Workforce

- The COVID-19 pandemic has shined a light on the inequities inherent in our public health system, and CHCs are central to a more equitable system in the future.
- Additionally, COVID-19 laid bare the nation’s worsening health workforce gaps that existed before 2020.
- California’s CHCs require more physical capacity and staff to take on new patients or expand services. [INSERT INFORMATION REGARDING YOUR CHC’S PHYSICAL CAPACITY, INCLUDING LIMITATIONS AND GROWTH PLAN.]
- COVID-19 is taking a toll on the mental and physical well-being of care teams as well as fueling competition within the health care delivery system for limited resources. [INSERT INFORMATION REGARDING YOUR CHC’S WORKFORCE CHALLENGES, PROVIDE DETAILS REGARDING AREAS OF SHORTAGE, WORKFORCE COMPETITION EXACERBATED BY COVID-19 DEMANDS.]

CHC Request

In the next budget reconciliation effort or infrastructure package additional action is needed.

1. Attention must be given for resource for new sites and expansion of existing sites.
2. Additional investments in community health workers, behaviorists, and the medical assistant to nursing pipeline that place a priority on racial/ethnic diversity and cultural and linguistic sensitivity are needed.