

U.S. Senate Committee on Health, Education Labor & Pensions
Access to Care: Health Centers and Providers in Underserved Communities
January 29, 2019
10:00 A.M., 430 Dirksen Senate Office Building

Purpose

The purpose of this hearing was to discuss improving and funding community health centers and teaching health center programs in underserved communities.

Members Present

Chairman Alexander, Ranking Member Murray, Senator Casey, Senator Warren, Senator Cassidy, Senator Kaine, Senator Hassan, Senator Murkowski, Senator Jones, Senator Romney, Senator Rosen, Senator Braun

Witnesses

Dennis Freeman, Ph.D., Chief Executive Officer of Cherokee Health Systems, Knoxville, TN

Andrea Anderson, M.D., F.A.A.F.P., Director of Family Medicine Unity Health Care, Inc., Core Faculty, Wright Center for Graduate Medical Education in conjunction with Unity Health Care, Inc. Washington, DC.

John B. Waits, M.D., F.A.A.F.P. Residency Director, Cahaba Family Medicine Residency, Chief Executive Officer, Cahaba Medical Center, Centreville, AL

Thomas Trompeter, President and Chief Executive Officer of HealthPoint, Renton, WA

Opening Statements

Chairman Alexander stated that reducing healthcare cost and making sure getting a college degree is worth the money are the two most important subjects to be talked about in this committee. There are more than 300,000 primary healthcare doctors in the U.S. Community health centers are a way American families can have access to health treatment close to home. They have been helpful in battling the opioid crisis. These centers accept private insurance, Medicare and Medicaid. They also receive federal funding. They must act by the end of September to make sure these centers receive the appropriate funding that is why he has introduced a bill to extend the funding allowed to these centers for four additional federal programs. These centers rely in a well trained work force which train doctors and nurses.

Ranking Member Murray stated that community health centers serve over 27 million Americans. These programs help Americans get the care they deserve, close to home. This time last year they were in a crisis, these centers were left without knowing if congress would extend their funding. If funding runs out this year, they will be back to where they were this time last year. They must provide stability to these centers. Their bipartisan bill will provide five years of funding to these centers and give them the certainty that they need to bring on new skilled staff and offer new services and care for patients close to the centers. It will also provide teaching services which encourages medical and doctors to

work in underserved communities. This will give health centers greater confidence to recruit the best people to work in an underserved community.

Testimony

Dr. Freeman stated that health centers serve the nation's least fortunate residents in rural areas. Cherokee recognized that primary care is the main access point with people with behavioral problems. They provide comprehensive care to patients that have substance use disorders and chronic disorders. Health centers are in a unique position to lead treatment response of the nation to combat the opioid crisis. Additions to opioids are usually mingled with other additions. So health centers need comprehensive medical teams. They are dependent on the annual grant from HRSA. The 330 funding is the solid rock of their funding base. Health Centers have faced uncertainty on the renewal of their funding. They are grateful to know that legislation has been introduced to ensure that funding is in place for five years.

Dr. Waits stated that without congressional action, the programs will lapse in September. Cahaba applauds the 5 year funding extension. The teaching health center program helps respond to medical needs. The nation faces a doctor shortage, it is felt most deeply in medically underserved areas. The Alexander-Murray bill will help improve the teaching program. They need to restore some resident slots that were occupied by HRSA but not filled during the last couple of years of uncertainty. The Collins-Jones bill would fund expansion of the teaching health center program to meet demand.

Dr. Anderson stated that the NHSC has placed more than 50,000 providers in underserved communities with more than 10,000 placement in the last year alone. However, there is still a need that is greater than this. Their providers serve in critical access hospitals, prisons, and rural health clinics. They are thankful for the introduction of legislation to support the NHSC to make sure it is stable and strengthen. They ask them to extend the funding to make sure all current applicants are funded. This would be beneficial to the program and to the families and friends that they serve every day.

Mr. Trompeter stated that they participate in the national loan repayment program which is made possible by medical matching funds. 20% of their workforce receive this support. Loan repayment is the most effective tool to keep clinicians for the long haul. The federal 330 grant is critical for them to provide support for these underserved communities. They must provide stable and long term funding for the care they provide. They need congress's support. He applauds the committee to extend the funding for an additional 5 years. He urges the HELP committee to move this legislation forward and to prevent a repeat of uncertainty that happened last year.

Questions and Answers

Senator Cassidy asked if they are 340B providers. **Everyone nods.** **Senator Cassidy** asked Dr. Freeman how the 340B program interacts with what they are doing. He asked because that could be as source of revenue. He asked if they pass those savings on to their patients if they have a drug which is coming to them at a below cost. **Dr. Freeman** responded yes, it is a limited source of revenue for them. In their state, with Medicaid

patients, the revenue is really subbed out to a subcontractor so they're paid only a filling fee on Medicaid patients. It is a great benefit to the patients to give them lower cost prescriptions. **Senator Cassidy** asked if Mr. Trompeter and Dr. Waits if they also give those savings on to their clients. **Dr. Waits** responded yes, it is crucial revenue stream to pass on the savings cost of medication to their uninsured patients from their in house dispensaries. **Senator Cassidy** asked if they bill insurance and do they similarly pass that savings along to the insurance companies. **Mr. Trompeter** responded yes, they pass those savings along to their patients. It is the tool that allows them to provide medication to their uninsured patients at a discount. **Senator Cassidy** stated that a certain percentage of Mr. Trompeter's patients do have private commercial insurance. He asked if those savings passed on to them as well. **Mr. Trompeter** responded that they normally don't use the 340B program for those patients. They will go to a commercial pharmacy. It is a very small percentage of their patients.

Senator Murray asked how the federal grants have helped communities in Washington. **Mr. Trompeter** responded that the grants are the fundamental support that they have to help the whole program. They help them provide services that are not covered by most insurances. This includes social work, care coordination, etc. **Senator Murray** asked if he could describe the impact of the lapse in funding that occurred last year. **Mr. Trompeter responded** it threw things into uncertainty. Their faculty was nervous that they would have to renege on promises that they gave to help students complete their medical degree. It created enough uncertainty that it was almost no way to run a business. It really did make them slow down and reconsider things. **Senator Murray** asked how training providers better prepares them to actually practice in those kinds of settings. **Dr. Waits** responded that a graduate of a teaching health center would not be deterred to practice in a community health center because they are well trained.

Senator Romney asked to what extend is there involvement of the state for the program that they administer and what coordination is there between federal and state dollars and direction. **Mr. Trompeter** responded they are fortunate to live in a state with a great state government and healthcare approach and they are well coordinated. They do not receive state dollars so they only coordinate with the state in regards to Medicaid. **Dr. Anderson** responded that in regards to the uncertainty of the funding last year, it causes a ripple effect. The importance of the funding cannot be emphasized enough. In order to capture the talent and providers to make the students stay in the communities, they need funding to cover their residencies so they thank them for their support.

Senator Casey asked if they can discuss how teaching health centers can adapt their programs to meet those unique needs of the communities, and also how they are able to train residents to respond to those needs. **Dr. Anderson** responded that the teaching health center program is so important to encourage residents to serve in underserved communities. These residents have signed on to train in the community health centers. This shows that this is a pipeline for these students to stay in the communities. By training these residents in these setting, they are more likely to stay in these settings afterwards. **Dr. Waits** responded that teaching health center program is an innovation. It's such an accountable program that has transparent outcomes.

Senator Murkowski asked what more can they do to attract individuals into the medically underserved areas. **Dr. Anderson** responded that they can double or tripling their funding for scholarship applicants and loan repayments. These health profession shortage areas go to the highest needs and trickle down so they cannot fund the ones at the bottom. **Dr. Waits** responded that from the educational standpoint, this Alexander-Murray and Collins-Jones legislation goes a long way. The stability to the funding is key. **Dr. Freeman** responded that when they recruit providers, they can't promise that they're going to receive loan repayment.

Senator Hassan asked how additional funding to community health centers address the need for professional health services, particularly those states who have been hit hardest with the opioid epidemic. **Dr. Freeman** responded that if they did more training of behavioral analysts within the community health care settings, many more would stay in those settings and the efficiency would be greater than if they were isolated behavioral health silos. **Dr. Anderson** responded that it is invaluable to have a mental health provider working alongside her. **Mr. Trompeter** responded that they train post-doc psychologists and they are able to do that with a stable base to work from. The first thing they can do is fund the health centers.

Senator Braun asked if they could describe patient services and how much revenue they generate from folks who aren't availing themselves as something that would be supplemented through government. **Dr. Freeman** responded that they get a federal grant of 8 million through HRSA. **Senator Braun** asked how hard is it to staff located outside of the doctor or resident. **Dr. Waits** responded that it is tough as well.

Senator Jones asked if they can explain to the committee how their teaching health center can benefit from an increase in funds over the next 5 years and how they can use those funds to help the people of Alabama. **Dr. Waits** responded that the increase in the legislation would be critical. Inflation has caused all costs to go up. In terms of the five year authorization, it is also important. They are persuading medical students to follow through on their dream to go to an underserved area. As they get to the end of medical school, students find themselves in debt. A training program without funding is daunting. So the 5 year reauthorization is critical.

Chairman Alexander asked based on their experience, what can the committee do to remove barriers or create incentive so that primary health care doctors can help them help patients get better outcomes and experiences at lower cost. **Dr. Freeman** responded that health centers are cost effective. **Mr. Trompeter** responded that they would urge them to support the models that they already know works such as teaching health centers and community health center programs.

Senator Rosen asked how can they grow their "people pipeline" and how can they help them grow their access to the community. **Dr. Anderson** responded that as a provider, they work in a team setting meaning when a patient comes in they always see the same doctor. They develop a relationship with that team. So investing in all of those levels of the

m team makes the center be solvent and makes for better healthcare outcomes. **Senator Rosen** asked if they think an investment in rural broadband and telemedicine would amplify the ability of community health centers and teaching centers to provide better and more access to healthcare. **Dr. Waits** responded that it is absolutely critical for their electronic health records. The USDA helps with some rural broadband services.

Senator Warren asked Mr. Trompeter if any of his patients rely of federal food and nutrition programs or federal housing vouching that were affected by the government shutdown. **Mr. Trompeter** responded yes, they were affected by the government shutdown and it created a lot of anxiety amongst the patients. **Senator Warren** asked what impact the shutdown had on Dr. Anderson's patients and staff. **Dr. Anderson** responded that it also caused a lot of anxiety to both staff and workers. There are many individual anecdotes.

Senator Kaine asked about the workforce challenges that Dr. Freeman grapples with and how they deal with them in rural Tennessee. **Dr. Freeman** responded that training is the best recruitment. When they can get different health professionals, they're able to keep most of them. Training within their workforce is important. **Senator Kaine** asked how important is well designed service loan forgiveness programs to attract healthcare professionals to underserved communities. **Dr. Anderson** responded that these programs are critical to recruit the workforce to serve the community.