



ADVOCATES FOR  
COMMUNITY  
HEALTH

December 7, 2022

The Honorable Charles E. Schumer  
Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Mitch McConnell  
Republican Leader  
United States Senate  
Washington, DC 20510

The Honorable Nancy Pelosi  
Speaker  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Kevin McCarthy  
Republican Leader  
U.S. House of Representatives  
Washington, DC 20515

Dear Leader Schumer, Leader McConnell, Leader McCarthy, and Speaker Pelosi,

As our country recovers and rebuilds from the COVID-19 pandemic, it has never been more important to invest in community-driven, community-based health care solutions. Therefore, Advocates for Community Health (ACH) urges you to prioritize issues related to community health centers in any end of year package, including robust funding, policies to address behavioral health, Medicaid coverage, and permanent flexibility for telehealth.

Advocates for Community Health is comprised of leading federally qualified health centers (FQHCs) focused on health equity and innovation to drive health care systems, policies, and health programs. Our members serve over 2.3 million people and provide high-quality, comprehensive primary health care, mental health services, preventive care, and social services to patients most in need, especially during the COVID-19 Public Health Emergency (PHE).

FQHCs are required to provide all services to everyone, regardless of ability to pay. We reinvest 100% of any program income we generate into patient care. Health centers [serve](#) over 30 million patients, of which 1 in 3 patients live in poverty, and about 30% of which are children under 18 years of age. Additionally, health centers have played a key role during the PHE by increasing access to care, including virtually, and collaborating with communities to increase COVID-19 education, testing, and vaccinations to the most underserved areas.

On behalf of the 30 million Americans that use community health centers, we urge Congress to consider the following cross-cutting ACH priorities in the FY 2023 omnibus funding bill:

- Increase funding for FQHCs, especially as the Community Health Center Trust Fund and COVID-19 Supplemental Funding expires in 2023, including \$2.8 billion in discretionary funding;
- Prioritize behavioral health and mental health flexibilities for health centers, including the elimination of any restrictions in the Medicaid program on same day billing for primary care and behavioral health services;
- Extend continuous eligibility provisions in Medicaid and CHIP; and
- Enact permanent telehealth and telemonitoring (remote therapeutic monitoring) flexibilities for FQHCs.

## **Funding**

Health centers served as lifelines for Americans throughout the COVID-19 pandemic by remaining flexible with ongoing demands. COVID-19 supplemental federal funding allowed FQHCs to continue to provide high quality, culturally competent care to their patients and broader communities. As 2021 Uniform Data System (UDS) data shows, health centers provided 21.5 million COVID tests and 22.5 million COVID-19 vaccinations, over 69% of which were to people of color. However, as the data also demonstrates, health centers heavily relied on federal COVID-19 funding, especially from Health Resources and Services Administration (HRSA)'s supplemental funding. Anecdotally, members have reported lost ongoing revenue since the beginning of the PHE, and when the supplemental funding runs out, they will struggle to maintain current service levels.

Based on analysis of our member needs, both current and future, we recommend \$9 billion for FQHCs annually, \$2.8 billion (32%) through annual appropriations and \$6.2 billion (68%) through increased allocations for the Community Health Center Fund. For Fiscal Year 2023, we recommend \$2.8 billion in appropriated funds.

## **Behavioral and Mental Health**

We applaud Congress' work to prioritize behavioral and mental health and urge you to continue this vital work. In particular, we support the provision included in the Finance Committee's discussion draft that would change current law to permit Medicaid to pay separately for mental health and primary care services if delivered on the same day. Data from our members indicate that over 75% of visits include a patient presenting with a behavioral health need. We cannot achieve full behavioral health integration without this statutory change.

## **Medicaid**

Given the impending end of the PHE, we urge the Senate to enact nationwide mandatory 12-month continuous eligibility for all children enrolled in CHIP and Medicaid. There is a negative impact on children's health when they cycle on and off Medicaid and CHIP, which lead to gaps in critical physical and behavioral health care. Providing continuous eligibility for children would help mitigate this by allowing children to remain enrolled in Medicaid and CHIP for 12 months. Currently, over 30 states have adopted a state option to offer 12-month continuous eligibility to children enrolled in CHIP and/or Medicaid. If every state were to implement this bipartisan policy, it would make a dramatic difference in the lives of millions of children and families.

## **Telehealth**

The percentage of health centers offering primary care visits via telehealth increased from about 28% in 2019, before the COVID-19 pandemic, to almost 98.5% in 2021 (UDS 2021). In fact, some of our members did not provide any telehealth services at all before COVID-19, and now nearly all do. Flexibilities implemented during the pandemic to allow FQHCs to provide telehealth services have been largely beneficial for health center patients, particularly in expanding access to mental health services.

Unfortunately, many of these flexibilities will expire along with the PHE, and this will impede health care access for some of the FQHCs' most vulnerable patients. For example, after the PHE expires, long-COVID patients at FQHCs will still require high-intensity care to manage unexpected symptoms and emerging social drivers of health, which can be facilitated by the availability of telehealth. Other patients rely on telehealth availability because of ongoing barriers like lack of access to transportation and inflexible work schedules; addressing social determinants of health relies on the availability of telehealth services.

We urge Congress to allow permanent telehealth and telemonitoring flexibilities for FQHCs in Medicare, particularly to be furnished in any geographic area and in any originating site setting, including the beneficiary's home.

We appreciate your support and the opportunity to provide insight into community health centers' role in providing comprehensive health care to Americans. We look forward to working with Congress on these important issues.

For more information, please contact me at [apearskelly@advocatesforcommunityhealth.org](mailto:apearskelly@advocatesforcommunityhealth.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'Amanda Kelly', with a stylized, flowing script.

Amanda Kelly  
Chief Executive Officer  
Advocates for Community Health