

Access to Care: Health Centers and Providers in Underserved Communities

January 29, 2019

The Senate Committee on Health, Education, Labor and Pensions will please come to order.

Senator Murray and I will each have an opening statement, and then we will introduce the witnesses. After the witnesses' testimony, senators will each have 5 minutes of questions.

This is the first hearing of the new Congress so let me take a few minutes to talk about what we hope to accomplish these next two years.

Number one, reducing health care costs.

And number two, making sure a college degree is worth students' time and money.

On health care costs, this Committee has held five hearings on reducing the cost of health care.

Testimony from Dr. Brent James, a member of the National Academy of Medicine, said that up to half of health care spending is unnecessary.

That startled me and it should startle the American people.

That is a massive burden on American families, businesses, and state and federal budgets.

I sent a letter to health experts, including the witnesses at our five hearings, asking for specific recommendations to reduce health care costs.

I'd like to encourage anyone with a specific recommendation to submit your comment by March 1 to lowerhealthcarecosts@help.senate.gov.

A second priority is updating the Higher Education Act to ensure that the expense of a college education is worth it for students.

The last time we seriously addressed higher education was in 2007. A lot has happened since then.

In 2007, there was no iPhone.

A micro-blogging company named Twitter had just gained its own separate platform and started to scale globally. And Amazon released something called Kindle.

In a new book, New York Times columnist Tom Friedman puts his finger on the year 2007 as “the technological inflection point.”

So we need to take a look at this federal support for higher education that affects 20 million students and 6000 universities, colleges, and technical institutions.

And our goal includes simplifying the federal aid application; a fairer way for students to repay their loans; and a new system of accountability for colleges.

I will be working on these priorities with Ranking Member Patty Murray, with members of the HELP Committee, and other Senators interested reaching a result on lowering health care costs and updating the Higher Education Act.

We hope to complete our work on both of these things in the first six months of this year.

And in addition, in these next few months, we need to reauthorize the Older Americans Act, which supports the organization and delivery of social and nutrition services to older adults and their caregivers and reauthorize the Child Abuse Prevention and Treatment Act, important legislation that funds major grant programs that provide a social services response to issues of child abuse and neglect.

And today’s topic – extending federal funding for community health centers, as well as four other federal health programs, which are all set to expire at the end of this fiscal year.

Community health centers actually fit into a larger topic of great interest to this Committee, which is primary care.

There are more than 300,000 primary care doctors in the United States, according to the American Medical Association.

This is the doctor that most of us go to see for day-to-day medical care – an annual physical, flu vaccine, or help managing a chronic condition like diabetes.

It is our access point to additional medical care, and can refer us to specialists, if, for example, we need to get our hip replaced or a MRI.

Adam Boehler, who leads the Center for Medicare and Medicaid Innovation, estimated that primary care is only 2-7 percent of health care spending but could help to impact as much as half of all health care spending.

We will be having a hearing next week on how primary care can help control health care costs.

Today, we are talking about a prime example of primary care: 27 million Americans receive their primary care and other services at community health centers.

For example, in Tennessee, after Lewis County's only hospital closed, the closest emergency room for its 12,000 residents was 30 minutes away.

The old hospital building was turned into the Lewis Health Center, a community health center which operates as something between a clinic and full hospital.

Lewis Health Center estimates they can deal with about 90 percent of patients that walk in the door.

The center has a full laboratory to run tests, can perform X-rays or give IVs, and keeps an ambulance ready to take patients to a partnering hospital if they need more care.

Because the Lewis Health Center is a community health center, they charge patients based on a sliding scale which means more people have access to and can afford health care.

Community health centers like Lewis Health Center are one way American families can have access to affordable health care close to home.

This includes a wide range of health care, including preventive care, help managing chronic conditions like asthma or high blood pressure, vaccines, and prenatal care.

There are about 1,400 federally-funded health centers that provide outpatient care to approximately 27 million people, including 400,000 Tennesseans, at about 12,000 sites across the United States.

These other locations could be a mobile clinic or at a homeless shelter or school.

Community health centers have also been an important part of combating the opioid crisis that has impacted virtually every community across the country.

Last year, the Department of Health and Human Services provided over \$350 million in funding specifically to support community health centers providing care for Americans in need of substance use disorder or mental health services.

And in 2017, 65,000 Americans received medication-assisted treatment for substance use disorders at a community health center.

These centers accept private insurance, Medicare and Medicaid, and charge patients based on a sliding fee scale so that those who are in need of care receive it, regardless of ability to pay.

Community health centers also receive federal funding to help cover their costs.

In Fiscal Year 2019, these centers received \$4 billion in mandatory funding and \$1.6 billion in discretionary funding.

Congress has to act by the end of September to make sure community health centers continue to receive this federal funding and keep their doors open.

Two weeks ago, Senator Murray and I took the first step by introducing legislation that will extend funding for community health centers for five years at \$4 billion a year in mandatory funding.

The legislation also extends funding for four additional federal health programs set to expire in September: the Teaching Health Center Graduate Medical Education Program; National Health Service Corps; Special Diabetes Program; and Special Diabetes Program for Indians.

Today we will hear about how the community health centers program is working and how to ensure 27 million Americans can continue to have access to quality health care closer to their homes and at a more affordable cost.

Community health centers, and hospitals across the country, rely on a well-trained health care workforce.

Two federally funded workforce programs, which train doctors and nurses, expire this year.

The first is the Teaching Health Center Graduate Medical Education Program that helps train primary care doctors and dentists in community-based settings, often at community health centers.

And second, the National Health Service Corps, which provides scholarships and loan repayment for health care professionals who go to work in rural or underserved areas.

More than half of these doctors choose to work at one of the 12,000 community health centers and affiliated sites across the country as part of their service requirement.

I look forward to hearing from the witnesses today and learning more about all three of these programs, and discussing how we can work together to ensure funding for these programs is extended so Americans can continue to have access to affordable health care closer to home.

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