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April 23, 2020

Governor's Office for Emergency Relief and Recovery
Legislative Advisory Board
107 N. Main Street
Concord, NH 03301

RE: New Hampshire's Community Health Centers During the COVID-19 Pandemic

Dear Members of the Governor's Office for Emergency Relief and Recovery:

Thank you for the opportunity to speak to you regarding the impact of COVID-19 on New Hampshire's community health centers, their patients, and the communities they serve. First and foremost, we want you to know that New Hampshire's community health centers are open and caring for their communities during the pandemic.

Bi-State Primary Care Association and Community Health Centers

Bi-State Primary Care Association is a non-profit organization that works to expand access to primary and preventive care for all New Hampshire residents. Bi-State's members include New Hampshire's 14 community health centers (including federally qualified health centers, family planning providers, and rural health clinics), a health care consortium, and a community health access network. Community health centers are small non-profit organizations located in medically underserved areas throughout New Hampshire.¹ They provide integrated primary care, oral health, substance use disorder treatment, and behavioral health services to nearly 122,000 patients at 56 locations. The majority of health center patients live at or below 200% of the federal poverty level or \$25,520 for an individual.² Community health centers serve all patients, regardless of their ability to pay or insurance status, and offer a sliding fee discount based on income to uninsured and underinsured patients. Each health center offers a different array of services designed to meet the needs of their communities, and their payer mix and patient demographics vary; however, each health center accepts Medicare, Medicaid, and commercial insurance.

Community Health Centers' Response to the Changing Health Care Landscape

Since Governor Sununu's declaration of a state of emergency on March 13th, the health centers established telehealth services in a matter of days, reconfigured their billing systems to reflect the point of service changes, consolidated practices to accommodate for COVID-testing and patients who test positive, maintained safe spaces for regular visits that cannot be done via telehealth such as well-child visits requiring immunizations and prenatal visits, and the health centers with dental practices remain open for emergencies. Like many health care organizations in New Hampshire and across the country, our health centers have struggled to obtain PPE, including gowns and surgical masks, and COVID-19 testing supplies. Health centers are mission driven organizations that are

¹ Bi-State uses the term "community health center" to include several types of health centers: federally qualified health centers (FQHCs), FQHC-look-alike (FQHC-LAL), rural health clinics (RHCs), and family planning providers.

² Health Resources and Services Administration, Uniform Data System, NH Rollup (2018), federally qualified health centers are required to submit patient demographics, services offered and received, clinical data, and payer information to the Health Resources and Services Administration annually; BSPCA Survey of Membership (2019).

required to see all patients; yet the financial ramifications and access to medical equipment induced by the pandemic limit their ability to do so.

Impact of COVID-19 on Community Health Centers

According to a survey by Health Resources and Services Administration, as of April 10th, New Hampshire's health centers have seen nearly a 50% drop in patient visits compared to pre-COVID-19. Health centers have temporarily closed seven sites due to site consolidation and safety issues. Approximately 55% of New Hampshire's health centers have COVID-19 testing capacity and 44% have COVID-19 drive-up/walk-up testing capacity. A great example of their ability to adapt to the needs of their communities is that over 80% of health center visits are now being conducted virtually. This week, the health centers' identified the change in the number of patient visits, issues with reimbursement for telehealth visits, and meeting the needs of special populations as the top three issues affecting their ability to provide health care services during the pandemic.

Reduction in Patient Visits

The effects of the nearly 50% reduction in patient visits is not solely a workforce or workflow issue, it severely impacts the financial health of the health centers. An analysis by Capital Link of our 10 federally qualified health centers, a subset of the community health centers, found that 43% of our health centers will exhaust all of their operating reserves and 43% of the health centers have less than 30 days cash on hand. The same study calculated that our health centers have furloughed over 300 staff. The health centers with large dental practices have experienced a sharper drop in patient volume and reimbursement because they are limited to providing emergency care. Our health center CEOs estimate that if they had the ability to see 90% of their former patient volume via telehealth, the patient revenue from those telehealth visits would only account for 60-70% of the revenue of in-person visits. Further, the sharp decline in revenue exasperated a longstanding, pre-existing reimbursement issue with the Medicaid Managed Care Program and brought forward issues with Medicare and telehealth billing.

Telehealth

Our health centers continue to report that the transition from predominantly in-person visits to virtual visits has gone relatively well. Every health center has expressed hope that telehealth continues to be an option supported by policymakers after the pandemic ends because it increases access to care. For example, a chief medical officer of one of our health centers reported an increased use of behavioral health services as a direct result of telehealth: Patients who were previously hesitant to engage in behavioral health services were more willing to participate due in large part to being more comfortable in their own homes. The new world of telehealth is not problem-free for the health centers. Many of the changes the Centers for Medicare and Medicaid Services made to the Medicare program are not applicable to federally qualified health centers and rural health clinics. Rather than receiving their traditional fee, those health centers now receive a small fee for telephone-only visits, a reduced fee for audio/video visits, and there is cost-sharing for patients. As you can imagine with New Hampshire's older population, 22% of the health centers patients are Medicare beneficiaries, making the reduction in patient revenue from Medicare a significant issue for the health centers.

Caring for Special Populations

New Hampshire's primary care, behavioral health, oral health, and substance use disorder treatment needs have not decreased due to the COVID-19 pandemic. Our health centers report an increased demand for substance use disorder treatment and behavioral health services and are concerned that people may relapse due to job losses, the lack of safe housing, and the impact of COVID-19 on homeless shelters, all resulting in people delaying or foregoing necessary care. Health centers have

and will continue to respond with innovative solutions: For example, Greater Seacoast Community Health launched a pilot of community based, mobile Medication Assisted Recovery to expand access to services for people experiencing unstable housing during the pandemic by using a minivan and meeting patients where they are in the community. Also, New Hampshire has three health centers designed to treat people experiencing homelessness – one in Manchester, one in Nashua, and one in Portsmouth. The limited housing options for people experiencing unstable housing became even more limited because of the COVID-19 pandemic. Additionally, our health centers serve a disproportionate number of patients living with chronic conditions. Bi-State and our members fear that people will delay care due to the COVID-19 pandemic and encourage people to contact their primary care providers with any concerns they may have.

Financial Support for COVID-19 Related Costs

Fortunately, federally qualified health centers, a subset of the community health centers, received \$7.8 million in federal support through federal legislation. The CARES Act funding was limited to the COVID-19 response: the supplemental funding provides one-time support to health centers for the detection of coronavirus and/or the prevention, diagnosis, and treatment of COVID-19, including maintaining or increasing health center capacity and staffing levels during a coronavirus-related public health emergency. Bi-State and our members are grateful for the federal support; however, the funding does not make up for loss in patient revenues. The funding each health center received is not enough to cover a month of payroll. To date, only three of our health centers, Amoskeag Health, Charlestown Health Center, and Weeks Medical Center's Rural Health Clinic have received funding from the state's Emergency Healthcare System Relief Fund. Further, two of New Hampshire's health centers, Planned Parenthood of Northern New England, and White Mountain Community Health Center, are not FQHCs and have not received any federal or state financial support. White Mountain Community Health Center is a federally qualified health center look-alike, which means it is required to meet the strict requirements of an FQHC but does not benefit financially from federal FQHC funding.

Moving Forward

There is a large amount of uncertainty about how to keep the doors open in a time of a pandemic couple with a significant drop in revenue. The health care system changed dramatically in a very short amount of time. The health care needs of the Granite State unrelated to COVID-19 are not going away and in order to keep people healthy and out of hospitals, primary care providers like the community health centers need to remain open. Our health centers have had to make the difficult decision to furlough staff, they changed how they provide services, and changed where those services are provided. They are doing the absolute best they can in a difficult situation.

Bi-State respectfully requests that a portion of any federal stimulus funding the state receives be set aside to ensure access to primary, preventive health care services including behavioral health, oral health, and substance use disorder treatment services. Bi-State and our health centers are happy to provide the GOFERR with additional information on the safety-net system in New Hampshire during one of your meetings or answer questions that you might have. Again, New Hampshire's community health centers are open and continue to serve their communities.

Please feel free to reach out to me if you have any questions.

Sincerely,

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