RE: Urgent Action Needed to Avert Financial Crisis Among Community Health Clinics in Rural and Other Underserved Communities

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

On behalf of OCHIN, a national nonprofit health information technology innovation and research network of locally controlled community providers providing care in underserved communities in more than 1,000 community health care sites, reaching nearly 6 million patients in 47 states, I respectfully urge immediate action to replenish funds available in the Health Resources and Services Agency (HRSA) Uninsured Program and Coverage Assistance Fund. These programs were intended to reimburse safety-net providers for the costs of COVID-19 care for uninsured patients but will soon stop accepting claims due to a lack of funds even though community health clinics relied on the government’s assurances of reimbursement and the clinics have already delivered care and incurred costs. The lack of funding will have a substantial negative financial impact on community clinics, further exacerbating the crisis among providers and patients in rural and underserved communities.

The deadline for community health clinics to submit claims to the HRSA Uninsured Program is Tuesday, March 22, 2022, and the deadline for the Coverage Assistance Fund is Tuesday, April 5, 2022. The two funds reimburse for uncompensated COVID-19 testing, treatment, and vaccination for uninsured patients as well as costs for administering COVID-19 vaccines to patients who are uninsured or have a copay. Reportedly, even if claims are submitted timely, our network community health clinics have been informed that there may not be funds available to reimburse these costs and claims will be processed on a first come, first served basis. This is true even though the nation has only just come out of a recent surge of COVID-19 infections and patients continue to require COVID-19 related care and services.

Our members are reporting high levels of provider burn-out (the highest since the inception of the COVID-19 public health emergency), persistent vacancies among operational and support staff, and growing demand for services to address the convergence of the mental health and the substance use disorder public health crises. In addition, the 340B affordable medication program (340B) is under attack by pharmaceutical companies and pharmaceutical benefit managers even though it is a critical source of operational funding among OCHIN network members—on average up to 31 percent of total revenue.
These are compounding factors that will debilitate community health clinic operations and worsen the health access and status of patients across rural and other underserved communities that will face increased barriers to care.

Community health clinics have played a critical role during the COVID-19 PHE to provide access in the most hard to reach areas in rural America and other communities that have been disparately impacted by COVID-19. This was possible because Congress and the Administration provided assurances that funding would be available to cover these COVID-19 expenses. The decision to not reimburse for services will have a long-term negative impact that will be difficult to overcome as the nation attempts to move forward from this pandemic.

On behalf of our members, we respectfully urge immediate action to replenish these funds. Please contact me at stollj@ochin.org should you have any questions.

Sincerely,

Jennifer Stoll
Executive Vice President
External Affairs