



SUPPORT COMMUNITY HEALTH CENTERS PROTECT ACCESS TO QUALITY HEALTH CARE FOR ALL SOUTH DAKOTANS

South Dakota health centers serve as essential medical homes where patients find services that promote health, diagnose and treat disease, and manage chronic conditions and disabilities. They provide care to nearly 124,000 people in 33 communities. In 2022, health centers in South Dakota helped generate over 1,300 jobs and had an economic impact of \$210,418,822.

Federally qualified health centers are non-profit, community-driven clinics that provide high-quality primary and preventive care to all individuals, regardless of their insurance status or ability to pay. Health centers are located in underserved and low-income urban and rural areas across South Dakota, providing access to affordable, quality health care for those who need it most. **Health centers want to continue to partner with Congress to address the following issues.**



SUPPORT HEALTH CENTER FUNDING

Health centers have a proven track record as efficient providers that save the health care system billions of dollars by reducing preventable inpatient hospitalizations and emergency room visits through timely access to more efficient primary care. For example:

- Dr. Robert Nocon and his colleagues examined Medicaid claims from 13 states and found that when compared to patients receiving primary care from other settings, health center patients had total health care costs that were 24 percent lower.
- Mukamel et al. evaluated cost savings by Medicare patients using health centers compared to other types of care. They found that median annual total medical costs for health center patients were 10 percent lower than for those receiving primary care at private physicians' offices and 30 percent lower than for those getting care at other outpatient settings.

Health centers receive federal funding through two pathways – the annual discretionary funding (approximately 30 percent) and the multi-year base funding from the Community Health Center Fund (roughly 70 percent). **Both sources of federal funding for health centers expire on March 8, 2024.**

- **Support the funding levels in the Bipartisan Primary Care and Health Workforce Act that was reported out of the Senate HELP Committee.** A recent estimate by Matrix Global Advisors found that health center funding has eroded by \$2.1 billion because of inflation and patient growth. At a minimum, the proposed 15 percent base grant adjustment is needed to sustain existing services.
- **Support robust FY2024 and 2025 Community Health Center Funding:** Urgently pass full-year appropriations for Fiscal Year 2024 that protects community health center funding.



INCREASING PHARMACY ACCESS FOR UNDERSERVED PATIENTS

Providing access to a full range of affordable, comprehensive services, including pharmacy services, is a key component of the community health center model. The 340B program enables us to offer affordable medications to uninsured and underinsured patients. In addition, many health centers report that due to their slim operating margins, without the savings from the 340B program, they would be severely limited in their ability to support many of their core services. With over 90 percent of health center patients at or below 200 percent of the Federal Poverty Level, there is no question that health centers exemplify the type of safety net program the 340B program was intended to support.

- **Protect and strengthen the 340B drug pricing program.**
- Several Senators have released a discussion draft called the **SUSTAIN 340B Act** that represents a comprehensive solution that deserves consideration and support.



TRAINING AND RECRUITING THE NEXT GENERATION IN HEALTH CENTERS

Workforce shortages are the number one barrier that prevents health centers in South Dakota from achieving their mission. Severe workforce shortages and growing salary gaps make it difficult for health centers to recruit and retain an integrated, multi-disciplinary workforce to provide high-quality care.

- The Bipartisan Primary Care and Health Workforce Act provides mandatory funding of \$950 million annually for the National Health Service Corps for the next three years. This type of significant investment is needed to support recruitment to South Dakota health centers.
- **Support robust FY24 and FY25 appropriations funding for all primary care workforce programs.**
- **Support the Health Care Workforce Innovation Fund** within the Health Resources and Services Administration (HRSA) Bureau of Health Workforce which is included in S. 2840 and the forthcoming Health Care Workforce Innovation Act in the House.



EXPAND HEALTH CENTERS' TELEHEALTH OPPORTUNITIES

All health centers in the Dakotas utilize telehealth to meet patients' needs. Telehealth services help address geographic, economic, transportation, and linguistic barriers to health care access. Because health centers are required to offer comprehensive services in areas of high need, including sparsely populated rural areas, they are pioneering the use of telehealth to expand access to quality health care services, especially behavioral health services. It is critical to health centers that Congress pass permanent policy changes to telehealth flexibilities before they expire on December 31, 2024.

- Support the **CONNECT for Health Act (H.R. 4189/S. 2016)** and the **HEALTH Act (H.R. 5611)**. In particular, FQHCs need a permanent fix so they can serve as distant sites in Medicare. We also ask for Medicare payment parity for telehealth services.
- Support the **Telemental Health Care Access Act**, co-sponsored by Senator Thune, to remove barriers to telemental health services for Medicare beneficiaries.



FULL FEDERAL FMAP FOR URBAN INDIAN ORGANIZATIONS

Congress recognizes the obligation of the federal government to pay for health services to Native Americans as Indian Health Service beneficiaries at the full cost of their care as Medicaid beneficiaries. This is in fulfillment of the trust and treaty responsibilities to Indian Country. Currently, Urban Indian Organizations are the only part of the 3-part Indian Health system (IHS, Tribal Organizations, and UIOs) not reimbursed for services provided to IHS-Medicaid beneficiaries at the full rate. In 2021, Congress provided this full FMAP to states for 8 quarters, which expired on March 31, 2023. An extension is needed and would financially benefit the state.

- **Support H.R. 6533, the Urban Indian Health Parity Act**