

**Attachments—Additional Questions for the Record**

**Subcommittee on Health  
Hearing on  
“Investing in America’s Health Care”  
June 4, 2019**

**Mr. Dean Germano**

**The Honorable Morgan H. Griffith (R-VA)**

1. Can you explain to me how the National Health Service Corps determines where medical professionals are most needed?
  - Which states have the most placements?
  - Which states have the lowest placements?

The Health Resources and Services Administration (HRSA) within the U.S. Health and Human Services Department (HHS) has an Office of Shortage Designation which determines eligible sites for National Health Service Corps placements. All NHSC placements are made federally-designated Health Professional Shortage Areas (HPSAs). These areas can be geographic regions, subsets of populations, and facilities experiencing a shortage of primary care, dental health, and/or mental health professionals.

HRSA also identifies specific facilities, which include health centers, tribally-run clinics, Urban Indian Organizations, Rural Health Clinics, federal and state correctional institutions, state and county mental hospitals, and public or non-profit medical facilities as National Health Service Corps (NHSC) eligible sites. In order to become an NHSC site, the facility must provide services to everyone, regardless of ability to pay, on a sliding fee scale. The facility must also possess a minimum HPSA score, which ranges from 0 to 25. The HPSA score is primarily based on the ratio of population to providers (but other factors including the percentage of the population below 100% FPL and travel time to the nearest source of care outside the HPSA designation are also considered). HPSA scores are used for granting awards to NHSC loan recipients: HRSA first funds applicants who are working in facilities with the highest score (25), and works its way down until it distributes all available funding. Last year HRSA was able to fund NHSC loan repayment applications at organizations with a HPSA score of 16. Similarly, NHSC Scholars are eligible to serve only at sites with the highest HPSA scores.

States with the most NHSC placements as of September 2018 are:

1. California (979)
2. New York (632)
3. Illinois (565)
4. Arizona (471)

5. Michigan (469)

States with fewest placements, as of September 2018 are:

1. New Hampshire (17)
2. Delaware (22)
3. Vermont (33)
4. Wyoming (35)
5. New Jersey (45)

However, many of the U.S. Territories have even fewer placements (except Puerto Rico, which has 129)

**The Honorable Gus M. Bilirakis (R-FL)**

1. Mr. Germano- FQHCs, federally qualified health centers, are important to the care people in my district receive. They are especially vital for Medicaid patient patients and others with complex and chronic health conditions. Recognizing the need to improve quality and our efforts to enhance quality specifically under the Medicaid program, what resources and incentives can we provide to enable Qualified Health Centers to be better equipped to provide the highest levels of quality in delivery?

Community Health Centers are undertaking a wide range of efforts to ensure they are delivering the highest quality care to 28 million patients across the country, and in communities like yours. Section 330 dollars allocated by Congress have enabled health centers across the country to achieve lower rates of babies born at low birth weight compared to other care providers, despite serving more at risk patients, especially those served by Medicaid. Additionally, due to the continued support provided via Section 330, health centers continue to perform better on several ambulatory quality measures compared to private practitioners including higher rates of: blood pressure screenings, prescribing beta blockers to patients with coronary artery disease, and prescribing ace inhibitors to patients with congestive heart failure.

To continue to enable health centers to advance initiatives like these, one of the most basic, yet important needs, is long-term and stable funding. While funding for state Medicaid programs and their related quality efforts are effectively automatically funded by Congress each year, CHCs must receive timely funding from Congress to enable health centers to continue to serve some of the most vulnerable and underserved patients, including those on Medicaid. That's why it's so important that Congress pass legislation as soon as possible to extend, and increase funding for, the Community Health Center Fund.

Lastly, ensuring robust and sustained federal support for state Medicaid programs will help to support the great work health centers are already doing around the country. In conjunction with Section 330 dollars, a strong Medicaid program has served as a lynchpin of their success in expanding access to mental health services, boosting rates of substance use disorder treatment, and increasing patient engagement and community outreach.