

**Investing in Public Health:
Legislation to Support Patients, Workers, and Research**

**United States House of Representatives
Energy and Commerce Committee
Subcommittee on Health**

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Introduction

Chairwoman Eshoo, Ranking Member Guthrie, Chairman Pallone, and Ranking Member McMorris Rodgers, thank you for the opportunity to testify today on a couple of the bills under consideration. My name is Desiree Sweeney, and I am the Chief Executive Officer at NEW Health, a community health center serving rural northeast Washington State.

NEW Health was founded in 1978 and today provides primary medical, dental, behavioral health, and pharmacy services for more than 16,000 patients annually, and employs over 150 staff. We operate seven medical and three dental locations within our vast service area. Three rural counties are connected by three mountain passes, and the area averages just 10.7 people per square mile. One of the counties we serve meets the “frontier” definition of fewer than 7 people per square mile. Our mission is to promote health and wellness within our communities by providing integrated, open-access healthcare for all. Over 72% of NEW Health patients are insured through Medicaid, Medicare, or are uninsured, and over 80% of our patients are low-income (at or below 200% of the federal poverty guidelines).

NEW Health is part of a system of 1,400 Community Health Centers that make up the largest primary care network in the nation by serving nearly 29 million patients. Health centers have four key defining characteristics. They must be: 1) located in areas of high need, 2) offer a comprehensive set of services, 3) serve all patients, regardless of their ability to pay, and 4) be governed by a local board that has a majority of patients. Health centers are in all types of communities across the country, including 42% in rural communities, and serve a variety of patients nationwide. This includes almost 8 million children, nearly 3 million patients 65 years and older, and almost 400,000 veterans. Health centers collectively employ over 250,000 people and create \$63.4 billion in total economic activity each year within America’s most underserved communities.

Health centers have been able to thrive in communities because of the incredible support that Congress, and specifically you all as Members of the Energy and Commerce Committee, have shown over the vibrant 50-year history of the program. For example, the three-year extension of the mandatory Community Health Center Fund has provided multi-year certainty for my health center and others across the country. We look forward to that continued partnership with this committee as we approach the 2023 deadline on the Community Health Center Fund.

Additionally, we are proud of the role we were able to play in the pandemic to provide access to needed services in our community. Community Health Centers across the country have stepped up to meet the needs of the communities they serve first through continued care for underlying health conditions, and COVID-19 testing and vaccinations. Since the onset of the pandemic, health centers across the country have tested over 19 million patients and conducted nearly 22 million vaccinations. Nearly half of the patients vaccinated are racial or ethnic minorities. One of the ways that health centers have been so successful in responding to COVID is using mobile clinics. Just over the last six months, there have been nearly 5,200 mobile unit COVID events to test and vaccinate patients.

I have been at NEW Health for nearly 15 years and have seen the impact our health center has on our patients and the broader community. It is from this perspective and the experiences of the countless patients that I will be sharing my testimony today.

Maximizing Outcomes through Better Investments in Lifesaving Equipment for (MOBILE) Health Care Act

I would like to thank the Committee for considering H.R. 5141, the Maximizing Outcomes through Better Investments in Lifesaving Equipment for (MOBILE) Health Care Act. For years, NEW Health discussed the potential of adding a mobile clinic to better serve remote areas and populations. In the Spring of 2020, we were finally able to purchase a mobile clinic that is equipped to provide both medical and dental services, thanks to federal COVID funding. Due to COVID manufacturing delays, the unit did not arrive until a few months ago. We are just starting to use this new resource in our community, but we see it as critically important to future patient care. This was a need for NEW Health for several reasons that I outline below.

Mobile Units Provide Greater Access to the Community

While we are rural, our population is rapidly increasing. We are utilizing all the space of our current locations and quickly working on expanding physical space. In 2021, we expanded dental services in Colville, Washington, and this year we have started to construct a new 20,000 square foot facility to expand medical, behavioral health, and pharmacy services in the same community. We are also actively developing a capital project to construct a 21,000 square foot integrated primary care medical, dental, behavioral health, and pharmacy facility in Newport, Washington. And, we are also in the early stages of developing a new primary care campus in Chewelah, Washington, that would allow us to add dental and behavioral health services to the medical care we already provide in the community, and to create dedicated training space as part of a partnership with our local high school to provide student internships. We appreciated the funding that Congress recently passed to provide \$1 billion of capital funding to health centers but know more is needed to address the brick-and-mortar facility needs. As a health center serving communities in rural and frontier counties, we have to also recognize that not all of these communities can support a full-time brick-and-mortar site. Our new mobile unit is a cost-effective alternative that breaks down transportation and access barriers for our patients by going beyond the traditional four walls of the clinic.

As I mentioned, our service area is spread across three rural and frontier counties with mountain passes. Transportation is a significant challenge, especially in the wintertime, and we have very limited options for public transportation. Additionally, the communities we serve are home to a statistically high number of older adults. This is reflected in our patient data, as 30% of NEW Health patients are age 65 and older. Bringing health care services closer to patients' homes is essential to help patients gain access to care.

While some of our communities have access to fiber internet, the vast majority of our service area have historically lacked internet and adequate cell phone signal. Over 23% of households in our service area do not have broadband, as compared with just 11% of households statewide. Broadband infrastructure development is a high priority in northeast Washington, but until we

have better infrastructure many local residents have limited access to telehealth and must access services in-person. The mobile clinic expands our ability to delivery health care access closer to home.

Importantly, the mobile clinic allows for services to be tailored to specific populations throughout the area. In particular, when we looked at community gathering locations in our rural counties to evaluate where we could take a mobile clinic, the most common public locations include K-12 schools, libraries, and Veterans of Foreign Wars (VFW) halls. We have met with each of these types of organizations, and they strongly see the need for mobile health care services, and we are looking forward to our ongoing collaborations.

In particular, nearly 10% of the population residing in our service area are Veterans. Some of our retired service men and women are currently not accessing health care because they are uncomfortable coming to a brick-and-mortar clinic, or they do not trust the health care system. However, they may be willing to meet with a doctor if a mobile clinic is parked at their local VFW, a trusted partner in the community.

Additionally, our region of Washington State is impacted by wildfires annually. Wildland firefighters set up camps in remote locations near active forest fire areas, oftentimes operating out of these temporary camps for days or weeks at a time. We are planning on providing health care services at these camps during wildfire season. This would not be possible without our new mobile clinic.

During conversations with our local school superintendents and school nurses, they see every day the challenges their students face because of a lack of oral health care access in the region. Over 20,000 low-income Medicaid patients in our three counties are currently not using dental services due to a lack of local access. While NEW Health operates three dental clinics, with plans to add a fourth, it simply is not enough to meet the significant need in our service area. That is why we specifically included a dental operator on our mobile unit so that we can continue to tackle this challenge. We know people are in pain, and we will use the mobile clinic to provide dental outreach.

These same principles apply across the country as well. According to the Uniform Data System, the core Community Health Center data set collected each year by the Health Resources and Services Administration (HRSA), nearly 30% of health centers have mobile van units. On average, these health centers serve slightly more agricultural workers and significantly more patients experiencing homelessness than the national average. On average, these health centers also serve more patients than the national average, which demonstrates how critical it is to meet patients where they are in the community.

Need for Legislation

I would like to express my support and convey the support of the National Association of Community Health Centers (NACHC) for the *MOBILE Act*, H.R. 5141. The bill does several things.

First, and most importantly, the bill authorizes mobile units specifically as part of HRSA's New Access Point grant authority. Currently, a mobile unit can only qualify as part of a New Access Point if it is associated with a permanent brick-and-mortar site. This change will facilitate more mobile units being utilized by health centers.

Second, the bill authorizes HRSA to assist with the costs for renovation and new construction of permanent facilities or mobile units. This includes acquiring, leasing, expanding, or renovating existing buildings or mobile equipment or vehicles.

Lastly, it includes language for a "burn off" of federal interest within a capital project. Currently, neither the HHS property rules nor HRSA grants management guidance includes definitive language regarding timelines for when a federal interest in property or equipment constructed, acquired, or improved with federal funds, in whole or in part, would expire. This clarity will be especially important for mobile units, which have a shorter lifespan than permanent health center facilities and will reduce the administrative complexity of managing federal funds in the years after acquisition.

I understand that the Senate Health, Education, Labor, and Pensions Committee has considered and passed the companion to this legislation with some modifications. I hope that this bill, in some form, will be able to be enacted this year.

Building a Sustainable Workforce for Healthy Communities Act

NEW Health's workforce challenges pre-dated COVID. In the fall of 2021, we launched our own strategic workforce development program called NEW Health University. This program is the culmination of many years of developing creative solutions to rural workforce challenges. To build a sustainable workforce, we are investing in both internal and external workforce pipeline development initiatives. As part of that strategy last year, we created a new department, called Patient Services, to support our patients with all their needs outside of the exam room with a focus on patient satisfaction. As we continue to implement and grow this new department, our plan for 2023 is to add a Community Health Worker role that we call Patient Navigators. Our Patient Navigators will focus on social determinants of health. For example, if a doctor identifies their patient needs access to food or housing, the provider will schedule the patient with a Patient Navigator for assistance. It is important for this type of position to understand local needs and to be a trusted local resource. For example, in our local area, many households rely on firewood for heat during the long winter months. We have had patients in the past who ran out of firewood, and we were able to use local connections to provide for the patient. While our doctors clearly see the need and value of the Patient Navigator role, this type of position does not generate revenue. Developing funding mechanisms to increase the utilization of community health workers would help health centers and other organizations serving low-income and vulnerable patients.

Health centers are proud of our ability to provide whole-person care that includes ensuring access to primary care as well as other services focused on addressing wellness and meeting unmet medical need. Local health care workers have filled a critical role in Community Health Centers, because so many of us are facing drastic workforce shortages in our areas. Community Health

Workers are central to this work, ensuring access to a range of services along the continuum of care. CHWs are trusted members of the communities that health centers serve and act as the liaison between patients, families, and the health center care team. They improve patient health outcomes by addressing gaps in needed health care, reducing the need for emergency care, and improving the cultural competency of service delivery within communities.

CHWs have been effective champions of vaccine outreach and awareness during the pandemic. As outlined above, health centers have administered the COVID-19 vaccine to millions of underserved patients. Health centers' success nationally in ensuring access to and successfully administering the vaccine to these patients and communities would not have been possible without CHWs. In 2020, there were a total of 1,609 CHWs serving in health centers – nearly double the number in 2016.

Ninety-seven percent (97%) of health centers stated in the NACHC survey that securing additional federal funding to provide staff salaries commensurate with competing employers is an immediate priority – this legislation will directly address that priority.

Need for Legislation

One of the primary reasons health centers strongly support this legislation is because Community Health Workers – and health centers – continue to face significant obstacles surrounding reimbursement for their services. Currently, only approximately half of all states provide any reimbursement pathway for CHWs. While several states aim to establish certification and training standards for CHWs, these requirements can come at a cost and pose another barrier to sustaining a stable CHW workforce at health centers. The continued challenges of permanently establishing state-level reimbursement and funding support for CHWs provide an even stronger reason for additional federal funding as outlined in H.R. 8151.

Community Health Workers are an integral part of health centers' patient care and provide health care teams with the needed support amidst one of the most severe workforce crises health centers have ever encountered. While health centers continue to battle workforce attrition, CHWs continue to provide access to vital services and improve patient outcomes. The COVID-19 pandemic has underscored the significant importance of Community Health Workers and their integration into health care services for underserved communities. H.R. 8151 will ensure continued resources for the work of CHWs and support primary care at the 1,400 health centers across the country.

Conclusion

Again, Chairwoman Eshoo, Ranking Member Guthrie, Chairman Pallone, and Ranking Member McMorris Rodgers, I appreciate the opportunity share my thoughts and experiences from NEW Health as the committee debates these pieces of legislation.

I know our patients will benefit from our new mobile clinic and believe other health centers across the nation will do so if the MOBILE Health Act is passed. Additionally, while we do not currently utilize Community Health Workers today, I believe the legislation and corresponding funding would enable great utilization of Community Health Workers across the nation.

Thank you and I would welcome any questions that you may have.

Supplemental Pictures



Several NEW Health Board members with the new Mobile Clinic in Colville, Washington.



NEW Health’s Mobile Clinic is equipped with both a medical exam room and a dental operator. Pictured below is Vickie Nussbaum, NEW Health’s Chief Administrative Services Officer, standing in the Mobile Clinic. After 42 years with NEW Health, Vickie is retiring in August 2022.

NEW Health’s rural service area is home to a statistically high number of older adults. While approximately 16% of the U.S. population is age 65 and older¹, 30% of NEW Health patients are 65 and older.

Reflective of the local service area, a number of NEW Health employees have recently retired or are nearing retirement age which adds to rural workforce challenges.



¹ 2020 Profile of Older Americans, published May 2021, Administration for Community Living, US Department of Health and Human Services

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THANK YOU VETERANS!

NEW Health is honored to employ and serve heroes. We thank all Veterans for their service to our country.

Many retired service members choose to make rural northeast Washington State their home.

Nearly 10% of the local population are Veterans².

Reflective of the local service area, a number of NEW Health employees are Veterans.

The image to the left is an advertisement that ran in local newspapers for Veterans Day 2021. Employees posed with their military service portrait.

NEW Health employees who are Veterans wear a flag pin (*pictured below*) to help patients who are Veterans to relate and build trust with their local health care team. If a patient indicates they are a Veteran, NEW Health employees have pins to hand out to patients.



² Washington State Department of Veterans Affairs, Veterans by County 2021