

**Supporting Community Clinics and Health Centers During the COVID-19 Crisis**

Across the nation, nearly 30 million people rely on community health centers for their care. In California, health centers serve 7.2 million patients annually and in Los Angeles County, 1.7 million patients turn to community clinics for care each year. During a public health emergency, health centers provide triage, treatment, and referrals and also work in partnership with the local health departments and the state of California. This crisis is no different – community clinics and health centers are uniquely positioned to assist in the fight against the spread of COVID-19 because they are rooted in the communities they serve and are trusted sources of care and information for the people served. Community health centers, especially when appropriately resourced and supported by our state and federal partners, have the potential to unburden our hospital partners who need to be ready and available for the sickest Californians.

The Community Clinic Association of Los Angeles County (CCALAC) represents 64 nonprofit community clinics and health centers that operate more than 350 sites and serve approximately 1.7 million low-income uninsured, and underserved individuals every

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year throughout Los Angeles County. A recent analysis found that CCALAC's member clinics are likely to lose \$197 million over a three month period due to declining Medicaid visit revenue and curtailed services in response to COVID-19. To-date, Los Angeles' Federally Qualified Health Centers (FQHCs) have received \$60.2 million in emergency health center funding. This is not enough to cover one month's lost revenue.

Several health centers also received a very small amount of funds through the first allocation of Provider Fund resources – health centers were not well served by a formula based on Medicare FFS reimbursement. In addition, a small number of Los Angeles County health centers were able to obtain loans under the Paycheck Protection Program. Overall, the resources received to-date are not nearly enough to ensure all our health centers will survive this crisis so they can keep the lights on, their staff employed, and their doors open to serve their patients during and after this crisis.

The numbers and projections across California are shocking. Unless the situation changes, within three months more than 25 percent of health centers will have exhausted funds to pay operating expenses; another 25 percent will have less than one month of cash on hand remaining. With the COVID-19 immediate crisis response expected to last at least three months, and our society and delivery system expected to be impacted for much longer than that, one analysis suggests that without financial assistance half of community health centers may be forced to take drastic steps, such as closing sites, before this pandemic is under control.

CCALAC's member clinics, as well as health centers across the nation, are in dire need of assistance. Health centers desperately want to keep their doors open and their staff employed so they can continue to do the work they do – both during this crisis and

beyond. In the recent announcement last week regarding the CARES Act Provider Relief Fund, there was no specific reference to community health center funding. It is important that the next apportionment there be a specific pool of funds for community health centers that would include Federally Qualified Health Centers (FQHCs), FQHC look-alikes, and community clinics.

**I, THEREFORE, MOVE THAT THE BOARD OF SUPERVISORS:**

Direct the Chief Executive Officer (CEO) to send a 5-signature letter to the U.S. Department of Health and Human Services Secretary Alex M. Azar II to request that as guidance and allocation formulas are determined for the allocation of the \$75 billion added to the Public Health and Social Services Emergency Fund by the Paycheck Protection Program and Health Care Enhancement Act, to ensure that sufficient new funding is awarded to health and behavioral health centers.

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