

Congress of the United States
House of Representatives
Washington, DC 20515

March 16, 2020

Vice President Michael Pence
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Vice President Pence:

I am writing to you in your capacity as head of the White House Coronavirus Task Force to strongly urge the Task Force to consider the needs of our nation's 1,400 community health centers (CHCs) during this public health emergency. Over the course of the Coronavirus Disease 2019 ("COVID-19") outbreak, CHCs have served as a crucial frontline defense for almost 29 million low-income individuals. Many people who rely on CHCs for their medical needs are among the most vulnerable in our society, including the elderly, children, pregnant women, immigrants and people with disabilities, as well as those suffering disparately from chronic health conditions like asthma, diabetes, cancer and hypertension. Their patients face various language and cultural barriers, as well as food and housing insecurities. Moreover, CHCs are trusted and reliable providers for vulnerable and underserved communities, particularly people and families who are uninsured or underinsured and who might otherwise lack access to vital health services in the face of this global health crisis.

Over the last six weeks, we have witnessed this virus spread across nearly every state and community in America — infecting 3,602 people nationwide and resulting in at least 66 deaths.¹ At the time of this writing, my home state of Massachusetts has reported 164 cases of COVID-19, a number that is expected to grow as more testing becomes available.² On Friday, March 13th a national state of emergency was officially declared in the United States — a move that has underscored the urgent need for action at every level of our health care system. At every juncture of this pandemic, our CHCs and the more than 220,000 health care workers they employ have tirelessly cared for and treated patients who have presumptively been affected by COVID-19, along with their existing patient population, while actively working to contain its rapid spread. Earlier this month, Congress passed, and the President signed into law, \$8.3 billion in emergency supplemental funding, which included funding for CHCs; however, given the rapidly changing dynamics of this pandemic, this simply is not enough.

¹ New York Times. Tracking Every Coronavirus Case in the U.S.: Full Map. (March 15, 2020).

<https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>

² COVID-19 Cases in Massachusetts. (March 15, 2020). <https://www.mass.gov/info-details/covid-19-cases-quarantine-and-monitoring>

While the coronavirus continues to spread, there has been an increasing reliance on CHCs. Last week, during a hearing on the House Committee on Oversight and Reform, Centers for Disease Control and Prevention (CDC) Director, Dr. Redfield affirmed that free testing and treatment for COVID-19 would be provided for the uninsured. In his closing statement, Dr. Redfield went on to say, "I want to just clarify that we're currently examining all avenues to try to ensure that the uninsured have access to testing and treatment. We're encouraging the use of the federally qualified health centers that can do this at reduced or free costs."³ In follow up correspondence between my office, the CDC and Health and Human Services (HHS) it was further indicated that uninsured and underinsured patients with symptoms related to COVID-19 should seek out testing and care at CHCs. Given the demand, there is no doubt that our CHCs will face major capacity issues.

It is deeply concerning that in the midst of this pandemic, Administration officials have tasked CHCs with caring for our nation's most complex and vulnerable patients without providing them with the adequate support and resources to do it. Historically, CHCs have played a vital role in responding to our most pressing public health challenges. From the HIV/AIDS epidemic to the ongoing opioid crisis, CHCs have offered critical health services to vulnerable communities, all the while remaining chronically underfunded and under-resourced. Given the severity of COVID-19, we simply must not allow this to continue. With almost 28 million uninsured Americans, nationwide testing shortages, and a rapidly spreading virus, it is both unfair and unsustainable for CHCs to shoulder this burden without proper resources.

The Task Force must account for these constraints in funding, chronic workforce and supply shortages, the need for expanded telehealth services through Medicaid and Medicare, and rapidly growing utilization rates among the uninsured and underinsured when making strategic decisions about our response to this outbreak. **Public health is not a luxury.** It is crucial that all patients have access to trusted and reliable medical care, like that which is provided by CHCs. Both the health of our communities and the stability of our economy depend on our ability to ensure that the needs of the most vulnerable are met. To do that, we must provide our frontline defense teams with the resources, equipment and tools necessary to respond to this crisis and keep our communities safe.

Therefore, it is crucial that we ensure CHCs have immediate access to the resources and supplies, like personal protective equipment (PPE) and tents, they need to get us through this pandemic. However, it's not enough to just provide resources. We must adequately fund CHCs and provide them with the financial stability needed to care for the millions of people who depend on their services each and every day, and ensure they aren't forced to close their doors when we need them the most, due to social isolation, heightened workforce shortages and diminished revenue. For these reasons, I strongly urge the Task Force to take the following steps:

- **Scale up production of personal protective equipment and ensure distribution of assets from the Strategic National Stockpile that takes the needs of CHCs into**

³ House Committee on Oversight and Reform. Hearing on Coronavirus Preparedness and Response. (March 12, 2020). <https://www.youtube.com/watch?v=qoqnStj3hE4&feature=youtu.be>

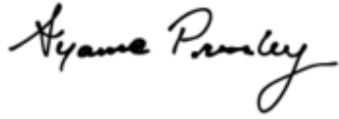
consideration. As the frontline defense for vulnerable communities, Community Health Centers must be a priority in receiving personal protective equipment, including gloves, face masks (e.g., N95 respirators), face shields, gowns, and other medical gear. It is critical that the government expeditiously ramp up its production of protective equipment, fulfill requests by state public health departments for supplies without delay, and continually monitor the allocation needs of CHCs throughout this outbreak.

- **Urge the Centers for Medicare & Medicaid Services (CMS) and relevant agencies to provide greater flexibility and funding to states.** It is essential for CMS to remove administrative hurdles for Medicaid coverage and other rules governing telehealth, healthcare worker certification, eligibility for the elderly and people with disabilities, and coverage for supportive services during this outbreak. With over 70 million Medicaid patients across the nation, it is imperative that states have the flexibility they need to provide affordable and accessible care to all who need it. In addition, millions of Americans, particularly those who live in communities served by CHCs, regularly experience housing and food insecurity. This pandemic makes them increasingly more vulnerable. Flexible funding will allow states to provide that security to families and contribute to the overall goal of “flattening the curve”.
- **Urge HHS Secretary Azar to provide guidance and waive certain regulations that restrict CHCs efforts to quickly respond to this crisis.** It is essential that CHCs have the resources to properly respond to the ongoing outbreak, prevent further spread of illness and keep all of our communities safe. To do so, CHCs and health care workers need flexibility in triaging and treating patients. One method of doing this would require Health Resources and Services Administration (HRSA) to ease regulatory restrictions that hamper CHCs ability to establish extraordinary measures such as the setting up tents, alternative testing sites, and other protocols, including temporary waivers or postponements of requirements that impede rapid response to this pandemic and the relaxation or waiver of site restrictions, in order to ensure Federal Tort Claims Act (FTCA) deemed health centers retain their full coverage. Moreover, barriers to telehealth for CHCs must be waived to allow these services to be more widely utilized by patients in need of medical care and to prevent unnecessary exposure during this outbreak.
- **Fully rescind the public charge rule.** CHCs are a trusted provider in rural and urban communities, especially for immigrant and migrant populations. The public charge rule has stoked fear in the lives of our immigrant neighbors and, as a result, many have chosen to forgo medical care and public assistance altogether. This undermines CHCs’ ability to ensure everyone has access to medically necessary care, and potentially lifesaving treatment, and it creates even greater public health risk during a pandemic. While I recognize that United States Citizenship and Immigration Services (USCIS) announced last week that COVID-19 testing and treatment will not be considered as part of the public charge test, this is simply not enough. Families, regardless of citizenship status, should be able to rely on housing, as well as food and nutrition assistance, to remain healthy during this COVID-19 pandemic. The continued implementation of this rule will continue to pose a public health threat to our communities. If the Task Force is committed to protecting public health, it must urge the President to fully rescind this cruel and shortsighted policy.

As COVID-19 continues to impact every aspect of American life, it is crucial that the Task Force take the necessary actions to protect the long-term stability of our nation’s community health centers and the frontline health care workers who work every day to ensure the most vulnerable are able to

receive the health care services they need. I strongly urge you to consider these recommendations in response to this global health pandemic.

Sincerely,

A handwritten signature in black ink that reads "Ayanna Pressley". The signature is written in a cursive, flowing style.

Ayanna Pressley
Member of Congress