

Testimony of Gary Wiltz
Senate Committee on Health, Education, Labor and Pensions
Subcommittee on Primary Care and Aging
Hearing on “Addressing Primary Care Access and Workforce Challenges: Voices from the Field”
Wednesday, April 9, 2014

Chairman Sanders, Ranking Member Burr and Members of the Subcommittee,

Thank you for the opportunity to join you today to discuss such an important – and urgent – topic: the persistent and growing need for access to primary care in communities across this country. My name is Gary Wiltz. I am a board certified internist and currently serve as Chief Executive Officer of Teche Action Clinics, a network of soon-to-be 10 community health centers serving six parishes in southwest Louisiana whose home base is in Franklin, La.

I also currently serve as Chairman of the Board of the National Association of Community Health Centers (NACHC), which represents the more than 1,200 Health Center organizations nationwide. Health centers currently provide care in more than 9,000 rural and urban underserved communities and serve some 22 million patients, which is a direct result of broad, bipartisan support for the Health Center Program in Congress. This support, which extends back decades and has been embraced by presidential administrations of both parties, has led to continued and expanded investment in our model of care. On behalf of all of America’s community health centers, I want to thank you, Mr. Chairman and each member of the Subcommittee and Congress for your unwavering focus on this issue. The reason I am here to talk with you today is to discuss the positive impact and tremendous strides Community Health Centers have made in providing access to primary care services to millions of vulnerable Americans throughout the country as well as highlight a looming funding crisis that threatens the very existence of the Health Center Program.

I came to Teche Action Clinic in 1982 as a National Health Service Corps (NHSC) Scholar with a three-year service commitment, and thirty-two years later I am still there, serving patients every day. It is from that perspective that I want to speak to the Subcommittee today about the notion of access to care. "Access" is a term that gets used frequently in our national health care discussion, but with varying interpretations of its meaning. For some, access means merely having health insurance coverage. Others have suggested that a local emergency room constitutes sufficient access. To those of us who serve on the "front lines" of health care delivery, access is more than just having an insurance card. It is more than getting care in an emergency room. Access is having a place to go for regular, reliable, high-quality preventive and primary care.

Teche Action Clinic is just such a place. In 2013, we provided access to care to more than 18,000 underserved Louisianans, more than 97% of who are low-income. Nearly half of our patients are uninsured and nearly a third are covered by Medicaid. We provide not only primary *medical* care but also oral health, behavioral health, on site pharmacy, lab, WIC, nutrition counseling, diabetes education, chronic disease management and enabling services including transportation, translation and enrollment services. Like all health centers, our doors are open to everyone regardless of ability to pay. We are a Joint Commission certified Patient-Centered Medical Home, meaning our care is delivered in a coordinated manner by an interdisciplinary team with a focus on increasing safety, improving health and reducing costs.

Community Health Centers like the one where I serve are locally-controlled, non-profit entities. By its very design, the health center model breaks down barriers to health care access, including those created by geography and income. Health centers are also economic engines in some of the most economically depressed communities in the nation. In 2009 alone, Health Centers generated \$20 billion in economic impact and were responsible for nearly 200,000 jobs. My health center is one of the largest employers in our community providing over 150 good paying jobs, all above minimum wage.

Community health centers not only deliver effective care, but we have a demonstrated track record that shows that we're a smart investment of public funds. Nationally, we save the entire health system approximately \$24 billion annually by keeping patients out of costlier health care settings, such as emergency departments. At our Franklin site we are open 6 days a week 12 hours a day 7:30am to 7:30pm, and we have been able to decrease inappropriate ER visits in my community by over 40 percent. Just recently, one of my patients, who is employed but uninsured, came to the health center on a Saturday evening after he got off work at 6:00 PM. He was suffering from a severe headache due to dangerously high blood pressure. We were able to get him in, diagnose the problem and treat him that evening, which saved him from waiting for hours to be seen at an emergency room and paying over \$800.00. Our ability to see him and provide him with services when he needed care also allowed him to go to work the next day.

In addition to providing the right care at the right time at the right price, Health Centers have established an impressive record of delivering high-quality care to our patients. Research has shown that Health Centers provide equal or better care compared to other primary care providers, all while serving communities with more chronic illness and socioeconomic complexity. Health center patients receive more preventive services, such as immunizations, health education, mammograms, pap smears, and other screenings, than patients seen in other settings.

Unfortunately, many of the residents in my state, both the uninsured and insured, are unable to access critical primary and preventative care services because they just can't afford it or do not have access to a health center or other primary care provider. Clearly our work is not done. Despite the strong bipartisan support and the history of investment in our capacity, many communities in need still lack a Health Center or any other form of basic primary care. Even in communities with a Health Center, demand often far exceeds supply and significant unmet need remains due to limited resources. Many

Health Centers struggle to recruit and retain a primary care workforce that is prepared to address the challenges of providing care to the medically underserved.

A recent report issued by NACHC and the Robert Graham Center for Policy Studies indicates that as many as 62 million Americans lack regular access to primary care. Access barriers such as geography, income, and insurance status – and the provider shortages that exacerbate them – lead to poorer health outcomes and increased costs for taxpayers. Yet at the very time that this need for expanded access is most necessary, without deliberate Congressional action both Health Centers and vital primary care workforce programs face a threat to their very existence. I want to focus the remainder of my testimony on this issue – which we have taken to calling the Primary Care Cliff – and the urgency of addressing it as soon as possible.

The Health Center grant, which supports the operations of the more than 1,200 federally-funded health center organizations nationwide, is financed through a mix of annual discretionary appropriations and mandatory funding appropriated through the Health Centers Fund. In the coming Fiscal Year, if the health centers program were to maintain discretionary funding at current levels and to fully utilize the last remaining year of funding in the mandatory health center fund, we would build the capacity to serve as many as eleven million new patients.

In FY2016, however, Health Centers face a funding cliff: the mandatory funding, which currently accounts for more than half of all health center dollars, will end unless it is reauthorized. With only discretionary funding at current levels, Health Centers would see up to 70% reductions in grant funding, leading to significant cuts to operations and reduction or elimination of health care access in some of the nation's most vulnerable communities. This would occur just as the demand for the type of care Health Centers provide is growing. I mentioned earlier that my center is soon to be 10 sites as we will be opening 2 new sites in a high-need parish in the next 2 months. If these cuts are to come to fruition, not

only would I be unable to open these two new sites, I would be forced to close two additional sites, lay off over 10 percent of my staff and more importantly over 3,000 of my current patients would no longer have access to primary care services in Franklin.

In addition to Health Centers, the National Health Service Corps and Teaching Health Center programs also face looming funding cliffs. The National Health Service Corps is a vital program that provides scholarships and loan repayment to providers that commit to serving in underserved areas, as I have done for my entire professional career. The Teaching Health Center program is an innovative effort focused on growing the supply of primary care providers trained in community-based settings.

I know my colleagues on the panel will be speaking in more depth about these workforce development programs, but let me just say this: taken together, the funding cliff that faces these three programs threatens the stability and sustainability of our health care system. Failing to fix this cliff would send the country in the wrong direction by reducing primary care capacity and sending costs spiraling upward. There is no way we can absorb a 70% cut. Instead it will force Health Centers to close sites and lay off workers, meaning a major reduction critical access for the patients and communities we serve.

We strongly urge Congress to address this problem this year – so that health centers and our current and future clinicians can plan for the future knowing that access to care in our communities can be a reality for years to come. I know each of us, as well as the organizations we partner with and represent, is eager to work with you to address this problem. Thank you for your time and I look forward to your questions.