Chairman Alexander, Ranking Member Murray and members of the Committee, thank you for the opportunity to provide testimony in support of the Community Health Center Fund, the National Health Service Corps, and the Teaching Health Center Graduate Medical Education program, as well as the importance of addressing the Primary Care Funding Cliff we face in Federal Fiscal Year 2020.

My name is Thomas Trompeter. I am the President and Chief Executive Officer for HealthPoint. HealthPoint is a Federally Qualified Health Center, founded in 1971, serving people in need in suburban King County, outside the City of Seattle.

In 2018, we provided care to underserved communities in King County through 10 "full service" health centers, 3 school based clinics, 3 out-stationed primary care clinics, and a mobile medical van which focuses on serving people who are homeless. We provide the full spectrum of primary medical, dental, and behavioral health care.

Here are a few key metrics for HealthPoint in 2018:

- We served 89,000 patients
- 16% of our patients have no insurance
- 65% of our patients are covered by Medicaid/CHIP
- We provided $8.5 million in care that was not paid for by our patients or their insurance

In addition to emphasizing the essential role our base federal grant plays in providing high quality primary care to underserved communities, I would like to thank you for the recent supplemental funding for increased access to critical integrated mental health and substance use disorder services. With funding through the recent AIMS and SUDS service expansions, HealthPoint has added (and is adding) new personnel to expand access to integrated SUD and MH treatment for our patients. The opioid epidemic in our service area continues to increase, with no end in sight. As a Federally Qualified Health Center, HealthPoint is at the forefront of responding to this community-wide crisis. We are dedicated to meeting the challenge by removing barriers and providing opportunities for more high-risk patients to access care. With the epidemic creating the need for increased staff capacity, these supplemental awards provide critical funding needed to better respond to this crisis. Our increase in integrated SUD and MH personnel (Behavioral Health Consultant, Chemical Dependency Counselor and a Psychiatric Nurse Practitioner) will expand access to services for existing as well as new patients and strengthen our capacity and commitment to making sure that care is within reach for everyone who seeks help.

Like many health centers across the country, we participate in the National Health Service Corps Loan Repayment Program, as well as Washington State's own health professions loan

repayment program, which is made possible by federal matching funds. These programs provide support for medical and dental providers, behavioral health providers and pharmacists working at HealthPoint.

- About 20% of this workforce at HealthPoint is currently receiving support through these programs.
- Nearly 50% of all our providers are either currently receiving support or have received support in the past.

This is key. Loan repayment is an essential recruiting tool for HealthPoint and for health centers in general. It is the most effective tool we have at HealthPoint to introduce new clinicians to our work. It is not uncommon for providers – once exposed to the rewarding work we do – to decide that working in a Health Center is a truly worthwhile career and to stay with us.

We are also deeply engaged in training the next generation of health center providers. We are a community campus of the AT Still School of Osteopathic Medicine in Arizona (SOMA). 79% of our graduates pursue residencies in primary care – a percentage that is far greater than in most medical schools.

We are a Teaching Health Center through The Wright Center National Family Medicine Residency Consortium. We have graduated 3 classes of residents for a total of 11 new physicians. Of that 11:

- 7 are working in Community Health Centers – 4 at HealthPoint, 2 at other Washington CHCs, and one in a California CHC
- Of the remaining 4, 3 are working in our local area and 1 is practicing out of state.

It is worth noting that for each of the three years we have operated the residency program, the number of graduates choosing to work in a Health Center has increased. We are thrilled with the Teaching Health Center program.

I would like to offer one example of the success of our involvement with the Teaching Health Center program. In 2017, we graduated from our residency a woman who was a patient at HealthPoint. She was inspired by her HealthPoint provider and, after completing her undergraduate degree, entered our SOMA community campus and then was accepted into our residency program. She is now a practicing physician in our community.

I am grateful that the Committee is holding this hearing to discuss the importance of resolving the Primary Care Funding Cliff. For the last two authorization and appropriation cycles, HealthPoint and CHCs in Washington State and around the nation have experienced serious

uncertainty due to the challenges we have faced with the Cliff. We must arrive at a more durable solution and provide stable and adequate long term funding for the critical care we provide for underserved communities.

In the fall of 2017, when funding for all three programs expired and we actually went over the cliff, we at HealthPoint scrambled to make sure that we would not have to curtail services to people in need and to the medical students and residents who rely on us. Fortunately for us, the gap in funding was ultimately resolved prior to the end of our own grant budget period, thereby saving us from having to make even more difficult decisions. Nonetheless, the level of uncertainty created serious difficulty for us as an organization. And, while I remained relatively confident that a solution would be found, I cannot say the same for our staff. Perhaps the most powerful example of the effects of this uncertainty is with our Family Medicine Residents and faculty. Our residents were understandably concerned that the promise we made to them would be unfulfilled due to loss of THC funding. Our faculty were understandably concerned that we would be forced to renege on our commitment to these future Family Physicians. This, then, created serious concern that our federal government would abandon a program that has shown great promise in helping to address the shortage of primary care physicians dedicated to caring for underserved populations.

It is understandable that some might question the need for federal grant support in a state like Washington with our adoption of the Medicaid expansion under the Affordable Care Act. However, like the other CHCs in Washington, HealthPoint still serves a significant number of people with no insurance. 17% of our patients have no insurance. In addition to that, many of our insured patients are still low-income with policies that have copay and deductible provisions that are not affordable for them. The federal 330 grant is <u>the essential</u> support for our ability to provide care to these uninsured and underinsured patients.

I would also point out that – in many ways – our support through the federal CHC program helps HealthPoint leverage other needed grant support. Like all CHCs, we are supported by a "patch-work quilt" of grants and reimbursements – all of which are critically important to our ability to serve our communities. Chief among these sources is the support we receive through the CHC programs – it is in many ways the seal of approval that our other sources of support look to as an assurance that we are a high quality organization worth their investment.

All the programs I have briefly described here – whether directly supported with federal funding or indirectly supported because of the foundation that federal support provides – are made possible by the stable and adequate funding we have historically received through the CHC programs portfolio. Without your continued support, all this work is in serious jeopardy.

I am grateful that the Chairman and Ranking Member, who just happens to be my own Senator, have introduced legislation to extend funding for the Community Health Center Fund, the National Health Service Corps, and the Teaching Health Centers program for an additional five years. I know other esteemed Members of this committee have also sponsored legislation to extend long term funding. On behalf of health centers in Washington and across the country I want to thank you all for these efforts. I urge the HELP Committee to move this legislation forward in order to provide stable and full funding for the CHC programs, and to prevent a repeat of the uncertainty and disruption that occurred in the last two authorization and appropriation cycles. Our staff, our patients, and our community our counting on you.