

July 25, 2000

The Honorable John D. Dingell
Ranking Minority Member
Committee on Commerce
United States House of Representatives
564 Ford House Office Building
Washington, D.C. 20515

Dear Mr. Dingell:

On behalf of the National Association of Community Health Centers (NACHC) thank you for the opportunity to submit our views on the "FamilyCare Act of 2000." We appreciate your consideration of our views.

As you know, health centers provide high quality primary care to people of all ages and from all cultures in medically underserved communities in every state, regardless of their income or ability to pay. Health centers are the health care home for nearly 4.5 million children, 7 million people of color, over 600,000 farmworkers, and more than a half-million homeless men, women, and children each year – 11 million patients in all, 4.5 million of whom are uninsured.

Health centers see countless patients nationwide on a daily basis whose lives would be positively impacted by the policies you have set forth in the FamilyCare Act. NACHC salutes your bold vision to provide health insurance coverage to the parents of low-income children enrolled in Medicaid and CHIP (including adoptive parents or relatives responsible for the child). For far too long, hard-working, low-income families have been able to access coverage only for their children. However, keeping parents healthy and productive should be an equal national priority.

Wisely, you have stipulated that states may not cover these adults until they have covered all eligible CHIP children up to 200% FPL and only after having eliminated any waiting lists or eligibility restrictions on covering children in the CHIP program. It is NACHC's hope that states will continue to maximize their CHIP enrollment efforts for children at the same time they embrace exciting, new opportunities to provide coverage to the parents of such children. By extending coverage to more health center patients, the FamilyCare Act would enable health centers to use grant dollars now spent on care for those who would be covered under this bill to provide care to additional uninsured families and individuals who would remain ineligible for coverage.

NACHC is also eager to see states implement some of the new coverage expansion options outlined in the FamilyCare Act. Under this proposal, states would have the option to cover children through age 20 in Medicaid and CHIP; legal immigrant children, pregnant women, and parents in Medicaid and CHIP; and for the first time, pregnant women in CHIP. These options help to stitch these programs together better – working to close some of the current gaps that unnecessarily exist for certain classes of beneficiaries. These are common sense changes which NACHC has long supported.

Additionally, this legislation moves the Medicaid and CHIP programs off of their parallel courses and attempts to intersect the application and enrollment procedures for the two programs. By mandating one simplified application for both programs and by requiring identical enrollment procedures in key areas such as resource standards, simplified eligibility, and using the same verification policies, forms, and frequencies for both initial determinations and redeterminations, the FamilyCare Act will reduce and eliminate many of the current barriers that exist for enrolling children into programs for which they are eligible. These new requirements will support health centers and other high-volume Medicaid and CHIP sites in their efforts to assist children and families in signing up for and understanding the benefits of these important public health coverage programs.

Health centers work tirelessly to find and enroll all eligible children into Medicaid and CHIP in their communities. NACHC supports the legislation's aggressive expansion of outreach and enrollment procedures, such as new presumptive eligibility sites and options (adding presumptive eligibility for the CHIP program and for entire families) and new outreach contact points. The Medicaid and CHIP programs can only help children and families when they know about them, are encouraged to enroll, and are assisted with the application process.

There are a fair number of health center patients who have recently left welfare to go to work and have received health coverage under the Transitional Medicaid Assistance program. This is a program that works well and should be made permanent under the law, as the FamilyCare Act proposes.

With respect to the bill's provisions authorizing the new Community Access Program (CAP), we are enthusiastic about this new effort to improve access to needed care for the uninsured, especially one that engages the broader local health community in providing needed services for uninsured health center patients and others in an organized fashion. This program has already received over 200 applications for funding this year, and health centers have been involved in many of the applications received. We appreciate the language in your bill that ensures that health centers will play a critical role in advancing the effectiveness of this new program by giving strong recognition and a

central role to true safety net providers in developing and managing the CAP-funded consortia. We also appreciate the flexibility permitted in structuring care networks to serve certain communities – such as isolated rural areas – where there may be too few providers to form vertically-integrated systems of care, or to serve certain population groups –such as homeless individuals -- whose greatest need may be for coordinated delivery of one particular service (such as mental health or substance addiction treatment).

Once again, thank you for the opportunity to provide our views on this legislation. In summary, the National Association of Community Health Centers believes the FamilyCare Act of 2000 is a good bill and deserves to become law. We stand ready to work with you to achieve its enactment.

Sincerely,



Thomas J. Van Coverden
President and CEO

CC: The Honorable Richard Gephardt
The Honorable Sherrod Brown
The Honorable Charles Rangel
The Honorable Fortney “Pete” Stark
The Honorable Gene Green