

Labor Health and Human Services, Education, and Related Agencies Witness Disclosure Form

Clause 2(g) of rule XI of the Rules of the House of Representatives requires non-governmental witnesses to disclose to the Committee the following information. A non-governmental witness is any witness appearing on behalf of himself/herself or on behalf of an organization other than a federal agency, or a state, local or tribal government.

<p>Your Name, Business Address, and Telephone Number:</p> <p>Charles White, CEO Franklin Primary Health Center Inc. </p>																										
<p>1. Are you appearing on behalf of yourself or a non-governmental organization? Please list organization(s) you are representing.</p> <p>Franklin Primary Health Center, Inc.</p> <p>National Association of Community Health Centers, Inc.</p>																										
<p>2. Have you or any organization you are representing received any Federal grants or contracts (including any subgrants or subcontracts) since October 1, 2008?</p> <p><u>Yes</u> No</p>																										
<p>3. If your response to question #2 is "Yes", please list the amount and source (by agency and program) of each grant or contract, and indicate whether the recipient of such grant or contract was you or the organization(s) you are representing.</p> <p>Franklin Primary Health Center Inc.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><i>Source: U.S. Department of Health and Human Services</i></td> </tr> <tr> <td>Community Health Center:</td> <td style="text-align: right;">\$4,874,495</td> </tr> <tr> <td>Health Centers Grant for Homeless Populations:</td> <td style="text-align: right;">\$397,986</td> </tr> <tr> <td>Health Centers Grant/Residents of Public Housing:</td> <td style="text-align: right;">\$362,539</td> </tr> <tr> <td>Health Centers Migrant Workers</td> <td style="text-align: right;">\$14,978</td> </tr> <tr> <td>Ryan White Title II</td> <td style="text-align: right;">\$576,366</td> </tr> <tr> <td>Recovery Act Health Center Cluster Program</td> <td style="text-align: right;">\$219,926</td> </tr> <tr> <td>Capital Improvement Program</td> <td style="text-align: right;">\$553,384</td> </tr> <tr> <td>Increased Demand for Services to Health Centers</td> <td style="text-align: right;">\$651,763</td> </tr> <tr> <td>Health Information Technology Implementation</td> <td style="text-align: right;">\$257,907</td> </tr> <tr> <td>Prevention and Treatment of Substance</td> <td style="text-align: right;">\$64,198</td> </tr> <tr> <td colspan="2"><i>Source: U.S Department of Housing & Urban Development</i></td> </tr> <tr> <td>Supportive Housing Program</td> <td style="text-align: right;">\$75,271</td> </tr> </table>	<i>Source: U.S. Department of Health and Human Services</i>		Community Health Center:	\$4,874,495	Health Centers Grant for Homeless Populations:	\$397,986	Health Centers Grant/Residents of Public Housing:	\$362,539	Health Centers Migrant Workers	\$14,978	Ryan White Title II	\$576,366	Recovery Act Health Center Cluster Program	\$219,926	Capital Improvement Program	\$553,384	Increased Demand for Services to Health Centers	\$651,763	Health Information Technology Implementation	\$257,907	Prevention and Treatment of Substance	\$64,198	<i>Source: U.S Department of Housing & Urban Development</i>		Supportive Housing Program	\$75,271
<i>Source: U.S. Department of Health and Human Services</i>																										
Community Health Center:	\$4,874,495																									
Health Centers Grant for Homeless Populations:	\$397,986																									
Health Centers Grant/Residents of Public Housing:	\$362,539																									
Health Centers Migrant Workers	\$14,978																									
Ryan White Title II	\$576,366																									
Recovery Act Health Center Cluster Program	\$219,926																									
Capital Improvement Program	\$553,384																									
Increased Demand for Services to Health Centers	\$651,763																									
Health Information Technology Implementation	\$257,907																									
Prevention and Treatment of Substance	\$64,198																									
<i>Source: U.S Department of Housing & Urban Development</i>																										
Supportive Housing Program	\$75,271																									

National Association of Community Health Centers, Inc.

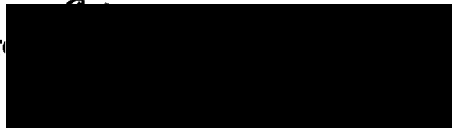
Source: U.S. Department of Health and Human Services

Technical Assistance and Non-Financial Assistance to Health Centers:	\$19,492,698
Consolidated Health Centers (HIV Supplemental):	\$914,510
AIDS Education and Training Centers:	\$272,955

Source: Corporation for National and Community Service

AmeriCorps Outreach Initiative	\$7,700,771
California VISTA/AmeriCorps VISTA	\$18,000
New York VISTA/AmeriCorps VISTA	\$1,009,940
AmeriCorps National Fixed Amount FY10	\$4,808,856
California AmeriCorps Pass-Through State Community Health Corps	\$2,218,041
Florida AmeriCorps Pass-Through State Community Health Corps	\$437,876
Texas AmeriCorps Pass-Through State Community Health Corps	\$938,595

Signature



Date:

3/26/12

Mr. Charles White
Chief Executive Officer
Franklin Primary Health Services- Mobile, AL
on Behalf of the National Association of Community Health Centers

Introduction

Chairman Rehberg, Ranking Member DeLauro, and Distinguished Members of the Subcommittee:

My name is Charles White and I am the CEO for Franklin Primary Health Services located in Mobile, Alabama. I am honored to be here today representing the entire health center community, including the more than 20 million patients served nationwide by health centers, the over 130,000 full-time health center staff, and countless volunteer board members who serve our centers as well as the National Association of Community Health Centers. We are all incredibly grateful for this committee's bipartisan record of strong support for health centers and I thank you for the opportunity today to outline our ongoing need for your support, as well as the great unmet need for primary care facing our communities, and how health centers are poised meet the challenge.

Health Centers- General Background

Health Centers are non-profit entities that provide primary medical, dental, and behavioral health care, along with pharmacy and a variety of enabling and support services to more than 20 million patients today. By statute, health centers must be located in a medically underserved area or serve a medically underserved population and provide comprehensive primary care services to all community residents regardless of insurance status or ability to pay, while offering care on a sliding fee scale. Health centers are also directed by patient-majority boards, ensuring that care is locally-controlled and responsive to each individual community.

Currently, there are more than 1,200 health centers serving as medical homes at 8,000 sites in rural and urban underserved communities nationwide. Health centers specialize in providing high-quality, cost-effective primary and preventive health care. Utilizing our unique health center model,

we save the entire health system, including the government, approximately \$24 billion annually by keeping patients out of costlier health care settings, such as emergency departments. Indeed, countless studies over many decades have demonstrated that health centers are a cost-saver. Studies have also proven that health centers improve the health status in communities, reduce emergency room use, and eliminate health disparities amongst their patients. Additionally, health centers serve as small businesses and economic drivers in their communities. And yet, seeing the great need in our communities, we stand ready to do more.

Franklin Primary Health Services - Background

Franklin Primary Health Center (Franklin) is a private, non-profit community health center founded in 1975 by Dr. Marilyn Aiello and a group of concerned citizens who recognized the need for quality health care in the underserved Davis Avenue community (now the Dr. Martin Luther King, Jr. Avenue community). Initially, Franklin was organized and funded by a group of community volunteers. Franklin later applied for and received funding from the Health Resources and Services Administration (HRSA) in 1979. The Center is named after Dr. James Alexander Franklin, Sr. who was a physician, humanitarian, and scholar who served the community for more than 60 years.

I, Charles White, was appointed CEO in 1982. During my tenure Franklin has grown from one site in one county with five employees to 15 sites and over 220 employees throughout Mobile, Baldwin, and Choctaw Counties in Alabama. We currently serve approximately 40,000 patients each year. In FY2011, we had over 124,000 visits of which 69% were African-American, 24% white, 3% Hispanic, 1% Asian, and 3% comprised all other races. Of this number 55% were uninsured, 28% on Medicaid, 9% on Medicare, and 8% were on private insurance. Out of the total number of patients, 57% were at or below 100% of the Federal Poverty Level (FPL).

Franklin's Health Center program is comprised of 12 Community Health Center sites, a Health Care for the Homeless program, a Public Housing Primary Care program, a Migrant Health

Center Program, a Ryan White HIV/AIDS program, and a Behavioral Health Program. Services offered include internal medicine, family medicine, pediatrics, obstetrics & gynecology, adult and pediatric rheumatology, optometry, pharmacy, laboratory, x-ray, transportation, and social services.

The major causes of death in our three county service area are heart disease, cancer, stroke, and diabetes. Hypertension and diabetes are the two most common chronic conditions affecting our patient population, which if not treated, can lead to heart disease, stroke, kidney failure, blindness, amputations, etc. In FY2011, approximately 20% of our patient population had as their primary diagnosis hypertension and approximately 10% had diabetes as their primary diagnosis. Last year, we saw over 10,000 dental patients with five dentists. Approximately 90% of those patients were uninsured adults. There is no dental insurance coverage in Alabama for low-income adults.

With over 220 employees, Franklin is a major employer in all three counties. According to a recent published report, Franklin has injected \$19.5 million of operating expenditures directly into the local economy and stimulated an additional indirect and induced economic activity of \$13.8 million resulting in an overall economic impact of \$33.3 million.

Franklin Primary Health Services - Ongoing Need

Despite all of the services provided by Franklin and two other health centers in District One, there is still a significant amount of unmet medical need in the area. The latest Uniform Data System (UDS) Mapper reveals that of the 161,952 low-income persons in Mobile County, 54% are currently not being served by a health center. In Choctaw County, of the 6,800 low-income persons, approximately 74% are not currently being served by a health center. In Baldwin County, of the 54,594 low-income persons, 90% are not currently being served by a health center. From these numbers, one can see there is a tremendous amount of unmet need in all of our counties.

In an attempt to address this unmet need in Baldwin County, we applied for a New Access Point grant in 2010. Our application scored in the 90th percentile and was approved, but unfunded. If

funded, this project would create 11 new jobs and serve 4,000 new patients in its first year of operations. Due to the severe shortage of primary care physicians and affordable health care, practically all of the uninsured and underinsured patients in this medically underserved community utilize the hospital's emergency room for care.

We also applied for funding to address this identical issue of the inappropriate utilization of emergency rooms in Mobile County. A local hospital has offered us space adjacent to their Emergency Department to: alleviate unnecessary emergency room visits, provide patients a primary care medical home, improve quality of care delivered, and reduce the cost of care for the system and patients. If awarded, this project would create 32 new jobs and serve 25,000 additional patients.

FY2013 Funding Request

The President's proposed FY2013 budget proposal provides \$1.58 billion in discretionary funding for the Health Centers program. Together with the \$1.5 billion in FY 2013 mandatory funding available for health centers, the program could receive a net increase of \$300 million for FY 2013 equaling total funding of \$3.1 billion.

We strongly support the President's proposed funding level of \$3.1 billion for health centers, but we are concerned about the Administration's proposal to hold back \$280 million of the total proposed increase of \$300 million and instead spread out health center growth over a longer period of time. We believe that the pressing need for primary care services has clearly been demonstrated through recent health center funding competitions and the extraordinary number of high scoring applications. In fact, over 1800 health center expansion applications are now pending at HRSA, waiting for funding. As I mentioned, several of them are from Franklin.

Health centers have put forth a proposal to both stabilize the Health Centers program- the intent of the President's budget proposal- and maintain growth in the face of overwhelming need. We are respectfully requesting a total of no less than \$3.1 billion in funding for the Health Center

program. However, we propose that the entire increase be used immediately to provide for the expansion of care to 2.5 million new patients. We also propose to stabilize the health center base by providing-within the \$3.1 billion total- \$2.8 in discretionary funding. This discretionary increase could be entirely paid for using health center mandatory funding. This approach will ensure the viability of the Health Centers program going forward and allow for expansion of health centers to reach individuals who currently lack access to basic primary care.

Conclusion:

We understand the budgetary constraints this Subcommittee is operating under and the difficult decisions you must make this year, but as the Subcommittee crafts FY2013 funding legislation please keep the following in points in mind:

- Over 700 new Health Center applications remain unfunded. These are communities with no health center and a documented shortage of primary care access.
- Over 1,100 existing Health Centers that applied for expanded medical, oral and behavioral health, pharmacy, and vision services based on identified unmet need in their communities remain unfunded.
- 129 communities without a Health Center but with documented need have received funding for planning grants, and most will soon be ready to apply to be funded for a new Health Center in their community.

Health centers are ready, willing, and with \$3.1 billion in funding for 2013, we will be able to continue toward our shared goal of expanding access to quality and affordable health care to all Americans. I ask for this Subcommittee to continue its long track record of bipartisan support for health centers in FY2013.

Thank you.



Charlie White Jr., CEO
Chief Executive Officer

Charles White is the CEO of Franklin Primary Health Center, Inc. where he has served for approximately 30 years. He is responsible for the direction and operations of a multimillion dollar comprehensive health center practice. He has grown the practice from 1 center with 1 doctor in 1982 with a budget of \$150,000 to 15 locations in 3 counties with a current budget in excess of \$20 million dollars. When he started, Franklin had a total of 5 employees including himself. Today Franklin employs over 220 employees, which includes over 30 providers including primary care physicians, specialists, nurse practitioners, dentists, optometrists and pharmacists.

Mr. White earned a Bachelor of Science degree in Biology & Chemistry from Alabama State University in Montgomery, Alabama and a Masters in Public Health with a concentration in Health Administration from the University of Alabama in Birmingham's School of Public Health. He was also awarded an Honorary Doctorate from the Interdenominational Theological Seminary.

Mr. White presently serves on the Health Policy Committee of the National Association of Community Health Centers and on several state and local community boards including the, the Alabama Primary Health Care Association, Forward Mobile, and Chairman of Bishop State Community College's Foundation Board, to name a few. He is also a "Life" member of Alpha Phi Alpha Fraternity and an active member of Beta Omicron Lambda's Graduate Chapter of Alpha Phi Alpha.

Mr. White is the recipient of many national, state and local awards including the Aaron L. Brown Memorial Public Service Leadership Award presented by the National Association of Community Health Centers (NACHC); the University of Alabama at Birmingham's Distinguished Alumnus of the Year Award; the Future 30 Award for Small Businesses from the Mobile Chamber of Commerce; the Public Citizen of the Year Award from the National Association of Social Workers; the U.S. Department of Health & Human Services "Administrator's Citation Award; and inducted into the 2012 NACHC Grassroots Hall of Fame, to name a few.

In addition to his duties as CEO of Franklin Primary Health Center, Mr. White is Family Pastor at Highpoint Baptist Church and in that capacity he oversees and provides leadership for the Nursery, Children and Youth Church, the Sports Ministry, the Scholarship and College Ministry and the Marriage & Enrichment Ministry. Charles and his wife, Clotelia have been married for 32 years and have been blessed with three wonderful children and one fabulous grandson. In addition to his love for God, family, work and the community, Mr. White loves fishing, singing, praying and preaching.