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Markey CHC amendment still in play

HEALTH CLINIC FUNDING COULD LOWER RATE OF UNINSURED, SAVE BILLIONS

Proposals contained in two versions of the House health reform bill would boost funding for Community Health Centers by \$39 billion, and stakeholders and researchers suggest this would more than double the capacity at the nation's 7,500 CHCs, save billions for the government and the health system and significantly decrease the number of uninsured when coupled with other proposals in the bill to train more primary care doctors.

The Energy and Commerce version of the bill — which will shortly be melded with those passed out of Ways & Means and Education & Labor — has just a third of the money in the two other versions of the bill — \$12 billion — after lawmakers approved an en bloc amendment that shaves billions for the price tag (see related story).

Rep. Ed Markey (D-MA), chair of the Energy and Commerce subcommittee on Energy and Environment, is also seeking changes to the bill that would provide CHCs access to low-cost loans for infrastructure improvements. During discussion in the full committee about the issue, Energy and Commerce Committee Chair Henry Waxman (D-CA) said he would consider the proposal — a Markey amendment that was filed, but never offered — and give it “due consideration.”

“Hopefully, we can find a way to accomplish this objective within this legislation, but, if not, in another vehicle before this committee,” Waxman said during markup in July.

Staff for Markey declined comment about the status of the CHC amendment.

Stakeholders and researchers suggest that the \$39 billion would go a long way to expand the CHC program and help many uninsured patients get treatment and care.

George Washington University researchers — controlling for differences in age, gender, health status and other factors — found that health center patients had much lower health expenditures compared with other patients — about \$1,100 less on average, according to 2006 data.

Building on this finding, Leighton Ku, Director of the Center for Health Policy Research at George Washington University, and his colleagues applied case load projections from earlier studies and adjusted for inflation to project savings of 1,800 per health center patient through 2019. Finally, multiplying the savings per patient by the projected 20 million new Community Health Center patients covered through 2019 under two versions of the bill, Ku found that the health center proposal, coupled with new policy to train more primary care doctors, would save the health care system \$212 billion by 2019. That estimate includes a reduction in Medicaid expenditures, according to the research, of \$59 billion.

About 40 percent of patients seen in CHCs are uninsured while 35 percent are Medicaid eligible.

A second part of the latest study, *Using Primary Care to Bend the Curve: Estimating the Impact of Health Center Expansion on Health Care Cost*, found that if private insurers boosted their payments to Community Health Centers to a level of reimbursement that Medicaid programs pay, even more of the uninsured would be covered. The idea being that the health exchange created under the bill would induce higher reimbursement, Ku said. If that were to occur, the study, unveiled Sept. 1, found that 22 million more uninsured patients would be covered by CHCs and savings would total \$251 billion over ten years, of which more than \$70 billion would be saved by the Medicaid program.

“We are thrilled by the research that has been conducted because this really suggests that coverage expansion, particularly in tandem with investments in the primary care infrastructure that Community Health Centers form, not only expand the health center model and address the needs of the medically underserved, but yield very dramatic savings,” said Feygele Jacobs, chief operating officer of the RCHN Community Health Foundation in New York City.

“In general, what people believe happens at health centers is that they provide better primary care and in an efficient way,” Ku said. Examples of this include the ability of CHCs to help diabetics and asthmatics manage and control their diseases well, he said.

“This is something that saves money for the federal government and saves money for the health system overall,” Ku said. “Indeed, it does look as though it bends the curve.”

An example of this is other research that shows that CHC patients who are diabetic are better able to control their blood sugar levels — hemoglobin A1C levels — than other patients, according to Dan Hawkins, senior vice president and director of research at the National Association of Community Health Centers.

Ku defended his research, but wouldn’t predict whether the Congressional Budget Office would embrace it, although he did say that he has worked with CBO on similar issues in the past.

The savings estimates are not purely based on preventive services, but also on data that suggest there is more efficient primary care being provided in Community Health Centers, Ku said.

“I think CBO is willing to believe the concept that: A) care can be more efficient and B) that primary care can reduce expenditures in other parts of the health sector. So hopefully CBO will pay attention” to the study, he said.

Aside from the funding increases for CHCs, Hawkins said there are three other provisions of the bill worth noting. The bill does the following: 1. allows CHCs to be reimbursed for providing preventive care services now covered under Medicare, which include screenings for breast cancer, abdominal aortic aneurysms, colorectal cancer, prostate cancer and glaucoma; 2. includes a provision requiring commercial payers that offer insurance in government-designated medically underserved areas to contract with Community Health Centers and other safety net providers; and 3. creates a trust fund to grow CHCs which includes \$3.8 billion over 10 years to pay for training of primary care physicians who join the National Health Service Corps, more than tripling the budget for the corps. — *Brett Coughlin*