AHCA

Word Count: 433

The waiting room of our health center is thousands of miles from the U.S. Capitol, but the deliberations under that dome to fix health care will have a direct impact on the patients in our waiting room.

Community Health Centers like ours bring a unique and important perspective to the national conversation on health care. We are part of a nationwide network that started more than 50 years ago to provide quality primary care in places where doctors and services were scarce or non-existent. Our health centers have since grown to serve as the family doctor to 25 million Americans in communities all over the country. We have saved countless lives while using federal resources very efficiently. We have reduced and prevented chronic disease for the most challenging patients and provided people with more affordable options for health care than a hospital emergency room. We are also innovators in responding to national health crises, such as the opioid epidemic.

There is little doubt that health centers have contributed significantly to cost savings for the American taxpayer. In fact they save on average $2,371 (or 24%) in total spending per Medicaid patient when compared to other providers, according to a 2016 study published in the ***American Journal of Public Health.*** Yet, it is not sufficient to describe us as just another health care program. We are problem-solvers that look beyond medical charts, not only to prevent illness, but also to address the factors that actually cause poor health, such as homelessness, lack of nutrition, stress or unemployment.

For decades our health centers have earned bipartisan support. Yet, even such broad support may not be enough to ensure we can continue to serve people in need.

Proposals now being considered to block grant Medicaid and roll back states’ expansion of the program will put [please insert the number of people in your state or health center who rely on Medicaid] at risk for losing their insurance protection. Typically when people have no insurance they will delay needed care and require more costly medical interventions as they get sick. When that happens, we all pay a price.

Similarly, proposals to place the most vulnerable and sick patients into underfunded high-risk pools will cause our patients who are most in need of coverage to face the greatest challenge in affording it.

Both insurance coverage and access to care are vital to our nation’s health. We are committed to working with all lawmakers - no matter on which side of the aisle they sit - to strengthen and improve our nation’s health care system.