



**National Association of
Community Health Centers, Inc.**

February 13, 2004

The Honorable John Dingell
United States House of Representatives
2328 Rayburn House Office Building
Washington, D.C. 20515

Dear Congressman Dingell:

On behalf of the National Association of Community Health Centers (NACHC), I write to offer our strong endorsement of the FamilyCare Act of 2004.

As you know, Community health centers play a critical role in building bridges to better care, and they are an intricate part of the health care safety net, in place to catch those who fall through the cracks. Health centers serve as the family doctor and health care home for 15 million Americans in over 3,000 urban and rural communities across the country regardless of their ability to pay. Today, one in ten Medicaid recipients, one in six low-income children, one in eight uninsured individuals, and one in ten rural Americans benefit from these centers.

To be certain, health centers see countless patients nationwide on a daily basis whose lives would be positively impacted by the provisions contained in the Act. NACHC congratulates you on your steadfast efforts to provide health insurance coverage to the parents of low-income children enrolled in Medicaid and the State Children's Health Insurance Program (SCHIP), 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, the legislation stipulates 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 your legislation offers 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.

Additionally, under the legislation, 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 that NACHC has long supported.

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

NACHC also applauds the legislation's call for making the Transitional Medicaid Assistance program permanent. This is a program that works well and we are pleased that the legislation recognizes this achievement.

In summary, we are proud to endorse and offer our fullest support for the FamilyCare Act, and we stand ready to assist you in helping to achieve its enactment. Please do not hesitate to contact me or Licy Do Canto, Assistant Director of Health Care Financing Policy, if there is any way we can contribute further to this effort.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel R. Hawkins, Jr.", written in a cursive style.

Daniel R. Hawkins, Jr.
Vice President for Federal, State, and Public Affairs

cc: Kim E. Sibilisky, Executive Director, Michigan Primary Care Association