

TESTIMONY COVER SHEET

FOR

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Before the House Energy & Commerce Committee
Subcommittee on Health
On December 4, 2007

Summary:

Health Centers were established 40 years ago to provide access to quality preventive and primary health care for the medically underserved. From 2002 to 2006, the same period in which the federal Health Centers program was last authorized, Congress also steadily increased funding for the program, resulting in an historic expansion that has brought effective, affordable primary care services to an additional 5 million Americans and resulted in new or expanded facilities in over 900 new communities across the country. In order to put Health Centers on a path to serve 30 million patients by 2015, it is critical that the successful health center model of care is preserved and strengthened. The reauthorization of the program will provide the long-term, solid foundation on which health centers will be able to successfully achieve this goal. The Health Centers authority, set forth at Section 330 of the Public Health Service Act, expired in 2006, and requires reauthorization.

The Health Centers program is a well-proven model of care, and it should be swiftly reauthorized. H.R. 1343, the "Health Centers Renewal Act," provides for a straightforward 5-year reauthorization of the program with funding authorization levels that allow centers to serve 30 million individuals by 2015. H.R. 1343 has 230 cosponsors, including a majority of the Members of this Subcommittee and the full Committee and provides a strong foundation for the continued growth of the program.

Georgia Mountains Health Services, Inc (GMHS) provides high-quality, cost-effective health care services to over 6500 individuals, accounting for approximately 16,000 patient visits, in 5 sites in Fannin, Gilmer, and Murray counties. GMHS provides comprehensive primary care services, including basic family medical care, geriatric care, immunizations, basic radiology and full laboratory services. Dental services include preventive screening for children, adolescents and adults; basic restorative services, and specific screening of all diabetics managed by the health center. The work of GMHS has been acknowledged by the local community with a 2005 Chamber of Commerce Community Service Award.

These achievements are due to the core elements of the Health Centers program: openness to all regardless of ability to pay, location in medically-underserved areas, provision of comprehensive preventive and primary health care services, and governance by patient-majority boards. GMHS has been able to expand access to health care services in the areas it serves because of the funding increases that this Committee, the Congress and the President have wholeheartedly supported. However, major challenges still persist. In order to meet these pressing needs, the Health Centers program must be strengthened and expanded by enacting H.R. 1343, so that the lack of access to high-quality health care services a thing of the past.

Testimony of
Steven Miracle
Chief Executive Officer
Georgia Mountains Health Services
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Mr. Chairman and Members of the Subcommittee, my name is Steven Miracle and I am Chief Executive Officer of Georgia Mountains Health Services, Inc., (GMHS), a community health center in Morganton, Georgia. Thank you for the opportunity to speak with the Subcommittee about the federal Health Centers program and its role in expanding and enhancing access to health care services for medically-underserved individuals and families. My health center and centers across the United States appreciate the unwavering support that this Subcommittee has offered to health centers in carrying out their mission and we look forward to continuing to work with you to further strengthen the program to serve additional medically underserved communities.

Mr. Chairman, I know the power of health centers to lift the health and the lives of individuals and families in our most underserved communities because I see it every day at my health center. The community empowerment and patient-directed care model that began in the rural South and the urban Northeast thrives today in every health center in America and I am honored to be here to share with you our success story.

First, I want to share the story of my health center, Georgia Mountains Health Services. Georgia Mountains Health Services began in 1984 as a result of a public-private initiative to provide primary care services to residents of the Appalachian area in the northern part of the state, close to both the Tennessee and North Carolina borders. Every health center has its own unique history, and the path forward for us was never paved with gold. In our case, the roads of our surrounding communities were not even paved, creating tremendous access challenges. Indeed at that time, a trip to Atlanta to obtain health care services would take over 5 hours one way, versus under 2 hours on the four lane road that opened in the 1990s.

The mayor of Morganton and other key city leaders and members of our community determined that health care services were needed in our part of Fannin County, out of great concern about the lack of accessible and affordable care. After extensive work, our community board was formed, our application for federal Health Centers Section 330 grant money was submitted and we received our first grant.

The first provider at Georgia Mountains was a nurse-practitioner who worked in a trailer located on land made available by the City of Morganton. The trailer, incidentally, also doubled as her home as well as the medical office. I'm proud to say that since those early days in the 1980s, we have come along way. That very first trailer has been replaced with a building with five exam rooms and our corporate office. We have also expanded to five additional sites, including one site that provides dental services. We've grown from one nurse practitioner to an organization employing 30 full-time staff, including 11 health care providers, and several bilingual staff to address to growing needs of our Spanish-speaking patients.

During the most recent reporting period, Georgia Mountains provided services to over 6,500 individuals, more than 16,000 total patient visits. Almost 20 percent of our patients are uninsured and nearly 27 percent are Medicaid recipients. The Latino population is growing the most rapidly in our area and accounts for nearly 15 percent of our patients today.

The services available at GMHS are those one would and should expect from a comprehensive primary care facility. We offer our patients basic family medical care and geriatric care in an outpatient setting. Other services include immunizations, basic radiology and full laboratory services. Our physician providers have admitting privileges at hospitals located in Gilmer and Fannin Counties. Services provided at the dental office include preventive screening for children, adolescents and adults; basic restorative services, and specific screening of all diabetics managed by the health center.

Consistent with the statutory requirements of the federal Health Centers program, our patients are seen, at all locations, regardless of their payment source and ability to pay. Georgia Mountains Health Services is included in most insurance plans and on the workers compensation panel for several businesses. If eligible, depending on household size and income, services are

provided at discounted rates based on a sliding fee scale. May I say that we are fortunate that Congress established the program as a community and patient driven, locally-controlled program. It is because of this vision that my board, my staff, and I are able to create tailored health care solutions that work for our community and that are high-quality and cost-effective.

In fact, Georgia Mountains Health Services is active in promoting health and wellness within Georgia's Fannin and Gilmer Counties. Our efforts were recognized with the 2005 Community Service Award from the Fannin County Chamber of Commerce.

Current Statistics

I am also pleased to provide the Subcommittee with a national snapshot of America's health centers. Health centers serve over 16 million people in every state and territory. Health centers provide care to more than 16 million people, including 10 million people of color, 6 million uninsured individuals, at least 807,000 seasonal and migrant farmworkers, and at least 828,000 homeless individuals. Over 1,100 health centers are located in 6,000 rural, frontier, and urban sites across the country. The communities served by health centers are in dire need of improved access to care, and in many cases the centers serve as the sole provider of health services in the area, including medical, oral health, mental health, and substance abuse services.

Patients can walk through the doors of their local health center and receive one-stop health care delivery that offers a broad range of preventive and primary care services, including prenatal and well-child care, immunizations, disease screenings, treatment for chronic diseases such as diabetes, asthma, and hypertension, HIV testing, counseling and treatment, and access to mental health and substance abuse treatment. Health centers also offer critically important enabling services designed to remove unique barriers to care for our patients, such as family and community outreach, case management, translation and interpretation, and transportation services.

As a result of health centers' focus on the provision of preventive and primary care services and management of chronic diseases, low-income, uninsured health center patients are more likely to have a usual source of care than the uninsured nationally. 99% of surveyed patients report that they were satisfied with the care they receive at health centers. Communities served by health centers have infant mortality rates from 10 to 40% lower than communities not served by health

centers, and the latest studies have shown a continued decrease in infant mortality at health centers while the nationwide rate has increased. Health centers are also linked to improvements in accessing early prenatal care and reductions in low birth weight.

This one-stop, patient-centered approach works. The Health Centers program has been recognized by the Office of Management and Budget as one of the most effective and efficiently run programs in the Department of Health and Human Services (HHS). In fact, the Institute of Medicine and the Government Accountability Office have recognized health centers as models for screening, diagnosing, and managing chronic conditions such as cardiovascular disease, diabetes, asthma, depression, cancer, and HIV/AIDS. A major report by the George Washington University found that high levels of health center penetration among low-income populations results in the narrowing or elimination of health disparities in communities of color.

The Health Centers program was last reauthorized in 2002, as a part of the Health Care Safety Net Amendments Act. As you know, the program's authorization expired in October of 2006. I am grateful to the Subcommittee for its leadership role in strengthening and improving the Section 330 statute in 2002, further modernizing it to serve millions of new patients. During the 2002 reauthorization, this Committee and Congress importantly reaffirmed the program's four core elements, and have done so consistently over the entire life of the program. These core elements, which have proved critical to its continued success, require that health centers: 1) be governed by community boards - a majority of whose members are current health center patients - to assure responsiveness to local needs; 2) be open to everyone in the communities they serve, regardless of health status, insurance coverage, or ability to pay; 3) be located in high-need medically-underserved areas; and 4) provide comprehensive preventive and primary health care services.

Reauthorization Key to Historic Expansion of Access to All America

I would like to extend a very special note of gratitude to Rep. Green and Rep. Pickering for introducing H.R. 1343, the "Health Centers Renewal Act," legislation that would provide for a straight reauthorization of the program through FY 2012 at an initial funding level of \$2.188 billion in FY 2007. The bill, supported by a majority of the Members of this Subcommittee and the full Committee as well as 230 Members of the House, also continues intact the key program requirements that enable health centers to provide high quality, cost-effective care that is tailored

to the specific health care needs of the communities they serve. Health centers strongly believe that H.R. 1343 represents the best opportunity for the successful renewal of the Health Centers program.

While the Health Centers program has made historic gains in providing increased access to health care services in medically-underserved communities and to medically-underserved populations, major challenges still persist. Lack of access to affordable and readily available primary and preventive care remains a pervasive problem throughout the United States. A recent study by NACHC and the Robert Graham Center found that nearly half of those individuals are “medically-disenfranchised”, that is they have some form of insurance but do not have ready access to care and live in areas with insufficient numbers of primary care physicians to provide important primary and preventative care. These individuals are often forced to turn to hospital emergency rooms for basic primary care needs, driving up costs and overburdening already crowded facilities.

With the support of this Subcommittee, health centers stand ready to become an even larger national network of health care delivery in the years ahead. By the year 2015, an estimated 30 million Americans could have access to high-quality primary and preventive care services. This expansion, as supported by this legislation, is an important part of improving and enhancing access to primary care for the growing number of uninsured, underinsured, and publicly insured persons experiencing increasing barriers to care. Eventually, this program growth has the potential to reach all Americans who are without a health care home today, with health centers serving as models and innovation leaders for what the practice and delivery of primary care could become.

Health centers and the National Association of Community Health Centers are deeply grateful to Congress for its support of the Health Centers program. The increases since 2001 have enabled over 1200 additional communities to participate in the Health Centers program and to deliver community-based care to more than 6 million additional patients. We are also very grateful that Congress has provided additional funding for base grant adjustments for existing health centers, which have seen unexpected increases in the number of uninsured patients coming through their doors at the very same time they continue to battle the continuously rising cost of delivering health care in their communities. These base grant adjustments have allowed health centers

across the country to stabilize their operations and continue to provide care to their existing patients, while also looking for ways to expand access to necessary care.

Health centers applaud the leadership of Chairman Pallone and Ranking Member Deal for authoring a successful letter to the House Appropriations Committee in support of \$2.188 billion in overall FY 2008 funding for the Health Centers program – equal to the initial year funding in H.R. 1343, which will help fuel the next phase of growth of the program. This expansion, as supported by funding levels in H.R. 1343, will put health centers on a path to eventually serve 30 million patients by 2015. We were also pleased that the full House passed this funding level of \$2.188 billion for the Health Centers program as part of FY 2008 appropriations legislation.

Despite the success of the President's recent expansion initiative, less than half of all approvable applications for new or expanded health center sites received funding from 2002-2006, demonstrating a high demand for continued expansion. Indeed the application process is rigorous, and it should be. Health Center program funds are awarded on a nationally competitive basis, ensuring that the highest quality projects receive approval. Despite the overwhelming number of communities that compete for funding under the new and expanded access process, many underserved communities continue to lack adequate resources even to submit a competitive application, and in some cases, to even coordinate and complete the current application. I would point out that this legislation clearly reauthorizes planning grants, which are important tools to help lay the foundation for successful health center organizations in communities currently without them, helping to identify the target communities and populations, and outline strategies for serving those in need.

Health centers recognize the relationship between timely program reauthorization and continued funding and believe that reauthorization will make it possible for even greater expansion of access to affordable, high-quality health services to underserved communities. Additionally, preserving the core elements of the Health Centers statute will ensure that health centers funded by Congress will be held to the highest possible standards and will be accountable to the patients and communities they propose to serve.

In Congress's previous reauthorizations of these statutory requirements, it sent a clear message that it sees patient involvement in health care service delivery as key to health centers' success in

providing access and knocking down barriers to health care. In this reauthorization, nothing is more important than retaining the requirement for patient-majority board governance of health centers and ensuring the enactment of the funding authorization levels in H.R. 1343. Active patient management of health centers assures responsiveness to local needs. This begins with community empowerment, through the patient-majority governing board that manages health center operations and makes decisions on services provided, and leads to the fulfillment of the other core elements of the program. Additional funding for the program will ensure access to high-quality cost-effective care for millions more individuals.

First, I cannot over-stress the importance of the patient-majority board of directors. Through the direction and input of community boards, health centers can identify their communities' most pressing health concerns and work with their patients, providers, and other key stakeholders to address these issues. With unique and direct community connections, board members determine the best approach for removing barriers to health care, helping health centers to meet their patients where they are, not where someone might want them to be. The critical, distinguishing feature of the health center model of community empowerment is that the community has been directly involved in virtually every aspect of the centers' operations, and, in turn, each health center has become an integral part of its community, identifying the most pressing community needs and either developing or advocating for the most effective local solutions.

At Georgia Mountains Health Services, our patient-majority board is a good reflection of both our service area and our patient population. In our small, rural community, we have a mix of retired people, executives, small business owners, and Latinos and Caucasians, all of whom are committed to ensuring that the care we provide is laser-focused on our patients and our community. Our board has been centrally involved in developing our strategic plan and in identifying new service areas needing access to medical services. In addition, individuals on our board are active volunteers in support of the various outreach efforts in which our organization is engaged.

Another critical component of the Health Centers law is that in order to ensure that services are not duplicated, health centers are required under the statute to be located in high-need, federally-designated, medically-underserved areas. This requirement establishes health centers in identified underserved communities where there are well-documented gaps in care. Health

centers are also distinctive in the broad range of required and optional primary and preventive health and related services they provide under Section 330. This also includes a range of enabling services that ensure optimal access to care.

Georgia Mountains believes that these core statutory requirements provide the crucial framework for success of the Health Centers program. Our center and the entire program simply would not be where they are today without these critical elements. I commend Congress for safeguarding these requirements in every previous reauthorization of the Section 330 program since its inception and urge you to renew these core elements in this reauthorization today.

Preparing Health Centers for the Future

In their four-decade history, health centers have faced down and overcome many challenges and today this is no different for Georgia Mountains. One of these challenges is the looming primary care workforce shortage in underserved communities and the other is the struggle to provide health care services in the wake of natural disasters.

Even though our health center has expanded access to services in the Morganton area over the past seven years, we are always working to ensure that we will have an adequate number of physicians and other providers to deliver care to our patients. The looming workforce shortage is often the number one topic of discussion among my fellow health center directors across the country, as we all cope with a dramatic decline in both the number of graduating medical students choosing the primary care field and those that choose to serve in a medically-underserved community. The same is true for dental students.

It shouldn't be surprising that a study from the Journal of the American Medical Association (JAMA) found significant vacancies in physician and other health professions positions at health centers across the country. The greatest vacancy rates were in rural and inner-city health centers, ranging from 19% to 29% of their current workforce. By discipline, there were vacancies for more than 760 primary care physicians, 290 nurse practitioners, physician assistants, and nurse midwives, and 310 dentists.

Health Centers Rely on Other Key Programs to Address Challenges

One solution that would help Georgia Mountains Health Services and other centers address workforce shortages is the reauthorization and expansion of the National Health Service Corps (NHSC). I am grateful that the Committee reauthorized this program in 2002 at the same time as it reauthorized the Health Centers program, and I urge the Committee to do so this year. Health centers hold the NHSC program in very high regard because the program is critical to ensuring that there are adequate numbers of health care providers to deliver care to their patients. Approximately 54 percent of NHSC clinicians serve in health center sites. As a health center CEO, I recognize the great value of the NHSC. My health center is in need of three additional providers: a family practitioner, a pediatrician, and a dentist. While our center is located in a Health Professional Shortage Area, I have been unable to obtain a Corps clinician. I recognize the value of the Corps, and I urge Congress to reauthorize the program at increased funding authorization levels that would allow our center to take advantage of the Corps.

The threat of a public health emergency is a second critical challenge for health centers in the 21st century. The experience of many health centers who mobilized to help their sister health centers in the wake of Hurricane Katrina and Rita points to the need to update the Federal Tort Claims Act (FTCA) statute to ensure liability coverage for other health centers and their employees who travel offsite to provide care at health centers affected by a public health emergency. While our health center did not have an opportunity to participate in the response to Katrina or Rita, a natural disaster or public health emergency can strike anywhere and at anytime. In reflecting on the area in which we are located, it is possible that we could be the nearest source of primary care should an emergency occur in another state, Tennessee for example. I understand that there is legislation that would help health centers address this issue, H.R. 870, sponsored by the late Rep. Paul Gillmor and Rep. Diana DeGette, which we support.

Additionally, the FTCA must also be modernized to allow health centers to better address the physician shortage facing my health center and others across the country. In several instances over the years, I have been approached by physicians and other providers in our community who wanted to volunteer at our health center. If the liability protection afforded to health center physicians under the FTCA could be clarified to cover doctors who wish to volunteer their time – this would open up volunteer opportunities for physicians wishing to donate their services at our sites. There is legislation, H.R.1626, sponsored by Rep. Tim Murphy and Rep. Susan Davis that would clarify FTCA coverage to include physicians who volunteer to provide care to health center patients. We believe that H.R. 1626 will provide immediate assistance to health centers to

address workforce shortages and, most importantly, give doctors a chance to make a real difference in communities.

I also wanted to briefly express my support for H.R. 4205, the “School-Based Health Clinic Establishment Act,” legislation to improve the health of America’s school children through the development and operation of school health clinics to provide comprehensive primary care health services to underinsured and at-risk children and adolescents. While Georgia Mountains Health Services does not operate a school-based clinic, we are well aware that these clinics provide high-quality comprehensive primary, preventive, and mental health care services to approximately 2 million students in 46 states.

Conclusion

Health centers appreciate the unwavering support of Congress for the program over the past four decades. Over that period, health centers have produced a return on the federal investment in the program, by providing access to care and a health care home to millions of patients in medically-underserved communities across the country. Because Congress has continued to reaffirm the core elements of the program; that health centers are open to all, run and controlled by the community, located in high need medically-underserved areas, and provide comprehensive primary and preventive services, the program has successfully responded to the challenges posed by our ever-changing health care system. On behalf of health centers across the country, their staffs, and the patients they serve, we stand ready to work with you to ensure that the Health Centers program is reauthorized this year in order continue to providing a health care home for everyone who needs their care. Thank you once again and I would be happy to entertain questions from the Committee.