

## SOUTH DAKOTA FEDERAL PRIORITIES

South Dakota's community health centers (CHCs) provided primary care, behavioral health services, and dental care to nearly 80,500 South Dakotans in 2020. They demonstrated that communities could improve health, reduce health inequities, generate taxpayer savings, and effectively address a multitude of costly and significant public health problems, including epidemics of flu and coronavirus, HIV/AIDS, substance use disorders, maternal mortality, veterans' access to care, and natural disasters.

To continue their important work and mission, CHCs need increased pharmacy access for underserved patients, support for health centers' telehealth services, investment in workforce, and strong and stable funding.

**Health centers want to continue to work in partnership with Congress to address the following issues.**



### INCREASING PHARMACY ACCESS FOR UNDERSERVED PATIENTS



Providing access to a full range of affordable, comprehensive services, including pharmacy services, is a key component of the community health center model. Established in 1992, the 340B Drug Discount Pricing Program provides health centers access to outpatient drugs at reduced prices, enabling them to ensure that all low-income patients have access to affordable prescription drugs.

The savings from the 340B program must be reinvested into health center activities and are integral to health centers' ability to sustain ongoing operations. In fact, many health centers report that due to their slim operating margins, without the savings from the 340B program, they would be severely limited in their ability to support many of their core services and activities for their patients.

- Make it explicitly clear that **340B covered entities are entitled to purchase all drug manufacturers' covered outpatient drugs** at 340B pricing for eligible patients through each covered entity's contract pharmacies.
- **Prevent implementation of a 340B rebate model** by manufacturers and clarify that it would violate a material condition of the 340B Drug Pricing Program.
- **Prevent private for-profit companies from "pick-pocketing" 340B savings from health centers** to their entities, thereby undercutting the intent of the program for health centers by granting HRSA authority to stop them. Congress must guarantee a solution by adding an "anti-discrimination" clause to the 340B statute.

## EXPAND CHC TELEHEALTH OPPORTUNITIES



All community health centers in the Dakotas are utilizing telehealth to meet their patients' needs. Telehealth services help address pandemic, geographic, economic, transportation, and linguistic barriers to health care access. Because CHCs are required to offer comprehensive services in areas of high need, including sparsely populated rural areas, health centers are pioneering the use of telehealth to expand access to quality health care services.

- **Co-sponsor the Protecting Access to Post-COVID-19 Telehealth Act (HR 366) and the CONNECT for Health Act** (when reintroduced). These bills modernize Medicare policy by recognizing health centers as both “distant and originating sites” to be reimbursed for telehealth coverage wherever the patient or provider is located
- Support legislative and regulatory efforts to ensure **permanent policy changes to Medicare and federal Medicaid matching funds to states for audio-only telehealth services and that health centers are reimbursed at rates equal to an in-person visit.**

## WORKFORCE



The National Health Service Corps (NHSC) and other federal workforce programs are critical to our ability to recruit providers to communities that need them. We appreciate the \$900 million provided in the American Rescue Plan to address workforce shortages caused by the pandemic. There is also a need to increase the long-term investment in workforce programs as their value has slowly eroded since funding was increased in 2010.

- **Co-sponsor the Strengthening America's Health Care Readiness Act (S. 54)**, from Senators Durbin and Rubio. S. 54 will invest \$5 billion in the NHSC, \$1 billion in the Nurse Corps, and create a pilot to harness members of the NHSC workforce to serve in emergency capacities through the National Disaster Medical System.

## SUPPORT COMMUNITY HEALTH CENTERS



We appreciate the emergency funding allocated to health centers throughout the pandemic. These resources were critical to our ability to keep our doors open and meet the need for COVID-19 testing, treatment, and vaccination. We also appreciate the three years of (level) mandatory funding for the program that was passed in late 2020. In 2021, we are looking to Congress to maintain the base funding for CHCs and invest in future growth for the program.

- Sign on to the House DeGette-Bilirakis letter to the Appropriate Committee requesting “strong funding” for health centers.
- Support \$2.2 billion **for CHC discretionary funding** through the FY2022 Labor-HHS Appropriations bill.
- Support a four-year commitment to double mandatory federal investments in community health centers to preserve and strengthen existing delivery sites and expand access to millions more Americans. This would enable CHCs to expand services and increase the number of communities we can serve.