



January 29, 2019

The Honorable Lamar Alexander, Chairman
The Honorable Patty Murray, Ranking Member
U.S. Senate Committee on Health, Education, Labor & Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the Association of Asian Pacific Community Health Organizations (AAPCHO), I thank you for convening today's timely hearing, *Access to Care: Health Centers and Providers in Underserved Communities*. AAPCHO appreciates your leadership in highlighting health centers' important work of providing critical health services to our communities.

AAPCHO further supports your legislation, S. 192, which will extend for five years federal funding for health centers and other federal health programs. We commend the Committee's bipartisan work to advance and strengthen funding for health centers and ensure access to high quality—including culturally and linguistically appropriate—care for medically underserved Americans, including Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPIs) in the U.S., its territories, and the Freely Associated States.

AAPCHO is a national not-for-profit association of 33 community-based health care organizations, mostly federally qualified health centers (FQHC), dedicated to promoting advocacy, collaboration, and leadership that improves access to and the health status of medically underserved AANHPIs. AAPCHO members serve approximately 500,000 patients annually and provide services that are uniquely appropriate to their patient populations, including culturally and linguistically appropriate health care services, comprehensive primary medical care, and wrap-around enabling services.

AAPCHO members, and health centers generally, play an integral role in providing a range of services to medically underserved populations. Health centers serve more than 27 million patients across the United States, including 1.2 million AANHPI patients. Health centers offer a wide range of primary care services, and they integrate behavioral health, social services and coordinated medical care. Health centers are also leading the way in efforts to drive value and transform health care. Most importantly, the health center model ensures that no one is turned away due to an inability to pay. Health centers serve low-income individuals on a sliding fee scale and welcome patients with Medicaid, Medicare, and private insurance.

For AANHPI communities, health centers are a medical lifeline, providing holistic, high quality, coordinated services that are culturally and linguistically appropriate. AANHPI-serving health centers serve disproportionately more Limited English Proficiency (LEP) patients than the average health facility, recognizing that effective care requires reducing language barriers. The National Association of Community Health Centers reports that nearly 1 in 3 patients served by health centers are LEP and 95% of health center patients surveyed report that their clinicians spoke their language. AANHPI-serving health centers employ multilingual staff and may serve as high as 99% LEP patients with some health centers providing services in over 15 languages.

Moreover, a study specifically on the experience of nearly 3,000 LEP Chinese- and Vietnamese-Americans in health centers concluded that, "language barriers are associated with less health education, worse interpersonal care, and lower patient satisfaction. Having access to a clinic interpreter can facilitate the transmission of health education." Addressing language needs in the health care setting has been linked to more appropriate medical and preventive care visits, follow-up visits, and cost-savings. Health centers—and AAPCHO members in particular—play a critical role in supporting LEP populations.

AAPCHO member health centers further offer enabling services—non-clinical services such as case management, eligibility assistance, interpretation, etc.—provided to patients to support care delivery, enhance health literacy, and facilitate access to care. Enabling services are incorporated with medical care to reduce health disparities and improve outcomes and are vital to reaching medically underserved and linguistically isolated AANHPI households. These services are also necessary for the accurate management of a beneficiaries' health and are integral to the health center model of care.

Health centers' successes are made possible through the bipartisan support of Congress and continued authorization and appropriation of community health programs. The authorities and funding extended by Congress enable our health centers to effectively provide high quality, coordinated services to our patients, especially the underserved. Without Congressional support, health centers in every community across the United States, its territories, and the Freely Associated States will be unable to meet the needs of their communities.

We appreciate your leadership to highlight the important work of community health centers and provide continued funding for the programs we rely on for the next five years. We look forward to supporting your efforts and ensuring that our national policies continue to prioritize health centers and the services we provide to millions of Americans across our country. If you have any questions or if I can be of assistance, please have your staff contact me at acarbullido@aapcho.org.

Sincerely,



Adam P. Carbullido
Director of Policy and Advocacy