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August 30, 2006

Randall L. Johnson, Chair  
Citizens' Health Care Working Group  
7201 Wisconsin Avenue Suite 575  
Bethesda, MD 20814

Dear Mr. Johnson:

Please accept these comments from the Colorado Community Health Network (CCHN) regarding the Citizens' Health Care Working Group interim recommendations. CCHN is the association for Colorado's 15 Community Health Centers (CHCs), which operate 113 clinic sites in 34 Colorado counties.

I am grateful that the Citizens' Health Care Working Group sought the input of so many people across the nation in developing their interim recommendations. Representatives of CCHN and of its member Community Health Centers participated in the Denver event and completed the online survey. CCHN is concerned, however, about the second interim recommendation to relax some of the requirements community-based providers must meet to qualify for federal benefits. In particular, CCHN is concerned about removing the requirement that consumer-majority boards of directors govern CHCs.

As of now, CHCs must meet stringent standards to qualify for federal support. They must: provide comprehensive primary health care to all patients regardless of ability to pay, be located in high-need areas, and operate as nonprofits or public agencies with a mission to provide health care to low-income, working families. In addition, the law requires that CHCs be governed by community boards of directors. At least 51 percent of a board's members must be patients of the CHC they govern. Consumer-majority boards allow CHCs to respond quickly to the needs of the communities they serve, a strength affirmed in the Working Group's Colorado meeting. The overview of that meeting states that, "(Participants) supported more direct involvement by consumers-particularly in providing more feedback to guide change..."

Integrated community health networks and other safety net providers are vital players in providing care to the uninsured and underinsured and need increased federal support. However, loosening the requirements for that support is not the answer. Increasing the number of providers eligible for a shrinking portion of the federal budget will limit the number and quality of services presently available. Colorado's CHC's provided comprehensive primary and preventive services to 396,000 patients in 2005, approximately 182,000 of whom lacked insurance. This represents 23.6 percent of Colorado's 770,000 uninsured. As the numbers demonstrate, the problem is bigger than CHCs. Fostering partnerships among and providing adequate financial support to all safety net providers while maintaining the integrity of the health center program is essential. It makes more sense, then, to expand the federal government's commitment to and support of all health care providers that serve the uninsured and underinsured rather than relaxing the requirements of the CHC program.

Sincerely,

Annette Kowal  
Chief Executive Officer