August 29, 2006

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

Dear Mr. Johnson:

The Lutheran Family Health Centers commend the Citizens’ Health Care Working Group (CHCWG) on its efforts to include citizen input on improving access to quality health care for all Americans.

For 40 years, the Lutheran Family Health Centers have served the ethnically diverse, medically underserved neighborhoods of southwest Brooklyn, New York. The Lutheran Family Health Centers have grown to become one of the largest, most comprehensive federally funded community health center networks in the nation.

The Lutheran Family Health Centers generated 631,550 visits in 2004, providing services to 87,839 patients. Currently, we operate 9 full-time primary care sites, 14 school-based health centers, and a behavioral health program that co-locates mental health and chemical dependency services with HIV primary care.

The Lutheran Family Health Centers offer a full range of comprehensive primary and specialty care services as well as comprehensive dentistry at four health center sites. Complementing this system is a full array of ancillary and diagnostic services, rehabilitation and early intervention programs, three Women, Infants and Children nutrition programs, social work services, and comprehensive health promotion/disease prevention activities including HIV counseling and testing. The Lutheran Family Health Centers offer a wide scope of enabling services that assist community residents in overcoming financial and other barriers.
The Working Group’s Interim Recommendations are generally on target and we support the CHCWG’s efforts to ensure that these messages are heard by Congress. We strongly support the recommendation that coverage must be ensured for all. However, I am writing you today to express our deep concern regarding one aspect of the second proposal in the Interim Recommendations. Specifically, the recommendation to “expand and modify the FQHC concept to accommodate” other providers could potentially remove or reduce the federally qualified health center community board requirement. This recommendation departs significantly from the goal of community health centers of ensuring a community voice in the provision of services, and undermines existing patient democracies and safeguards.

New York State’s Primary Care Association and many New York community health center providers participated in the Working Group meeting held in New York City on April 22, 2006. My understanding is that modification of FQHC statutes was not a part of the discussion or recommendations made at this meeting. I am concerned about the inclusion of modification of FQHC statutes into the recommendations, especially in light of the fact that the modifications were not discussed at all of the community meetings.

The Citizen’s Working Group is an important avenue for American voices. As an advocate for community-based, high quality and affordable health care, I ask you to remove this recommendation and shift your support to build upon the successes of community-governed health centers by protecting their community boards.

Sincerely,

LKM: gdp

Larry K. McReynolds
Executive Director