



Bipartisan MOBILE Health Care Act

Introduced by Rep. Susie Lee (D-NV), Rep. Jaime Herrera Beutler (R-WA), Rep. Raul Ruiz (D-CA), and Rep. Richard Hudson (R-NC)

The need:

- Across the country, 1 in 11 Americans – including 400,000 veterans and 8.7 million children – rely on Federally-Qualified Health Centers (FQHCs) for their health care.^{i,ii}
- The FQHC program is leading the nation in driving quality improvement and reducing health care costs for America's taxpayers.
- While FQHCs have been highly successful in expanding quality health care nationwide, there are too many small and rural communities that do not have the population base to support full-time health centers and would greatly benefit from mobile health units.
- There are also FQHCs serving critical need areas with high patient demand that lack adequate space to offer the full range of care, and desperately need funding to expand.

What is the Health Center New Access Points (NAP) grant program?

- The Health Center NAP grant program – run by the Health Resources and Services Administration (HRSA) – was designed to improve the health of the nation's underserved communities and vulnerable populations by expanding access to affordable, quality, and cost-effective primary health care services.
- NAP funding provides operational support for FQHCs' new service delivery sites for the provision of primary care services (i.e., new access points).ⁱⁱⁱ
- Currently, the NAP program has significant restrictions on FQHCs using these grants for construction costs or to expand their services via mobile clinics.

What this bill does:

- This bill would allow greater flexibility of use of the NAP grants so each FQHC can use funds to meet their community's specific needs and expand their care delivery.
- The bill expands allowable use criteria in the NAP grant program to include mobile clinics and building renovation, acquisition, or construction costs to increase access to affordable, quality care in rural and underserved communities.
- More specifically, the allowable uses would include:
 - Acquiring, leasing, expanding, or renovating mobile medical vehicles or equipment to establish a new delivery site that serves medically underserved populations and expands access to care in small and rural communities.
 - Leasing, expanding, or renovating an existing community health center building.
 - Constructing a new health center building.

Endorsements:

- National Association of Community Health Centers (NACHC)
- National Rural Health Association (NRHA)
- National Health Care for the Homeless Council (NHCHC)
- Nevada Primary Care Association (NPCA)
- Nevada Health Centers
- First Person Care Clinic (Nevada)
- North Carolina Community Health Center Association (NCCHCA)
- Cabarrus Rowan Community Health Center (North Carolina)

Nevada Facts:

- Nevada has nearly 50 FQHC sites serving over 100,000 Nevadans – including over 30,000 children.
- FQHCs provide Nevadans with access to a range of essential health providers and services, including physicians, nurses, dental staff, pharmacies, and behavioral health specialists.
- Nevada's FQHCs reduce our state's health care costs and produce saving. On average, health centers save 24% per Medicaid patient when compared to other providers.
- Every \$1 in federal investment in Nevada's FQHCs generates \$5.34 in economic activity across Nevada. In total, health centers in Nevada deliver \$216,272,720 in economic activity.^{iv}
- Because FQHCs provide high quality primary care services, Nevada's FQHC network is also called upon to support critical public health priorities including the opioid crisis, HIV epidemic, and the response to COVID-19.^v

Stakeholder Quotes:

- "NACHC thanks Rep. Susie Lee (D-NV), Rep. Jaime Herrera Beutler (R-WA), Rep. Raul Ruiz (D-CA), and Rep. Richard Hudson (R-NC) for introducing the MOBILE Health Care Act. By including mobile medical equipment and vehicles as part of the allowable use criteria in the New Access Point Grant program, **this legislation will give health centers the flexibility to expand access to care to millions of patients in medically underserved and rural areas.** The bill will allow our health centers to build on the success of using mobile clinics to combat the COVID-19 pandemic and **enable clinics to expand services to hard-to-reach populations**, including those experiencing homelessness, older adults, and those in rural communities. NACHC urges Congress to pass this bipartisan legislation."
 - *Tom Van Coverden, President & CEO of the National Association of Community Health Centers*
- "The Nevada Primary Care Association enthusiastically supports the MOBILE Health Care Act. In our state, **more than 2/3 of residents live in a primary care Health Professional Shortage Area** including 82% of our rural population and nearly two million urban residents. Our Community Health Centers provide comprehensive primary care to more than 100,000 residents, including nearly 8,000 homeless patients best

served by mobile health units, but the geography and demographics of the state make it difficult to address the unmet need with physical clinics that are easily accessible to all. Expanding **the ability of Community Health Centers to serve their patients with mobile units is essential** to ensuring that all our residents have access to affordable high quality comprehensive primary care."

- Nancy Bowen, CEO of the Nevada Primary Care Association

- "Nevada Health Centers is the largest Community Health Center program in Nevada, with 17 health centers; seven Women, Infants, and Children offices; and three mobile health programs. Of the latter, **our mobile services allow us to bring compassionate care and critical services** to individuals and **communities that might otherwise have difficulty accessing one of our standalone centers**. Annually, our Mammovan provides more than 2,600 mammograms throughout the Silver State; our Ronald McDonald Care Mobile provides dental treatment to more than 770 pediatrics patients; and our Nevada Children's Health Project serves more than 2,100 children in the southern Nevada region. **Year over year, we see an increased demand and interest to bring our services to the people, in the places where they live and work**, and expanding the scope of NAP grant funding to support the purchase of additional mobile units will position Nevada Health Centers and our FQHC peers to better meet the needs of those we serve. We urge you and your colleagues to support this effort and, in turn, help your Nevada-based constituents gain additional access to mobile programs that improve their overall health and well-being."

- Walter B. Davis, CEO of Nevada Health Centers

- "First Person Care Clinic's team supports the MOBILE Health Care Act. Our Community Health Center provides comprehensive primary care, behavioral health, dental, and many other services to more than 8,000 residents per year, including nearly 400 homeless patients that would be best served by mobile health units, but **the geography and demographics of the state make it difficult to address the unmet need with physical clinics** that are easily accessible to all. Expanding the ability of Community Health Centers to serve their patients with mobile units is essential to ensuring that all our residents have access to affordable high quality comprehensive primary care."

- Roxana Valetton, CEO of First Person Care Clinic

ⁱ <https://bphc.hrsa.gov/about/healthcenterprogram/index.html>

ⁱⁱ https://www.nachc.org/wp-content/uploads/2019/03/Nevada_21.pdf

ⁱⁱⁱ <https://bphc.hrsa.gov/program-opportunities/new-access-points>

^{iv} https://www.nachc.org/wp-content/uploads/2019/03/Nevada_21.pdf

^v <https://bphc.hrsa.gov/about/healthcenterprogram/index.html>