

North Carolina Community Health Center Association

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February 1, 2022

Sent via Electronic Mail

The Honorable Jim Burgin, Chair Joint Legislative Oversight Committee on Health and Human Services North Carolina General Assembly 300 N. Salisbury St., Rm. 620, Raleigh, NC 27603

The Honorable Larry W. Potts, Chair Joint Legislative Oversight Committee on Health and Human Services North Carolina General Assembly 300 N. Salisbury St., Rm. 307B1, Raleigh, NC 27603 The Honorable Donny Lambeth, Chair Joint Legislative Oversight Committee on Health and Human Services North Carolina General Assembly 300 N. Salisbury St., Rm. 303, Raleigh, NC 27603

Mark Trogdon, Director Fiscal Research Division Legislative Office Building, Suite 609 300 N. Salisbury St., Raleigh, NC 27603

Dear Joint Legislative Oversight Committee Co-Chairs and Director Trogdon,

North Carolina Session Law 2020-4, as amended by S.L. 2020-80, S.L. 2020-82, S.L. 2020-97, and S.L. 2021-1, appropriates \$12,425,000 from the Coronavirus Relief Fund to the North Carolina Community Health Center Association (NCCHCA) for distribution to its member health centers to cover the cost of eligible health services provided during the COVID-19 emergency and other costs allowed pursuant to federal guidance. North Carolina Session Law 2021-1 extended deadlines for expenditures of COVID-19 funds and required the North Carolina Community Health Center Association (NCCHCA) to report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division of the North Carolina General Assembly by February 1, 2022 on the use of the Coronavirus Relief Fund dollars received.

Pursuant to the provisions of the law, NCCHCA is pleased to submit this report detailing how the funds allocated to NCCHCA have been used by our subrecipient community health center members. This report builds on the prior reports submitted by NCCHCA to the NC General Assembly: the first on a plan for allocating the funds (submitted July 31, 2020, with a technical correction on August 28, 2020); the second on an updated plan for allocating the increased funds received (submitted October 30, 2020); the third on the use of the funds by recipients (submitted February 1, 2021); the fourth on the allocation plan for unspent funds (submitted April 1, 2021); the fifth on the allocation plan for unspent funds (submitted December 1, 2021).

We extend our gratitude to the North Carolina General Assembly for your leadership as well as your support and recognition of community health centers' important role during this pandemic.

Use of Funds by Community Health Centers

As discussed in our February 2021 report, NCCHCA's 37 subrecipient organizations spent over 92 percent (\$11,479,515.81) of the total funding received through December 2020. Following a few reallocations among our subrecipient community health center members throughout 2021, we are pleased to report that the remaining \$945,484.19 was exhausted by the end of 2021. As reported to the NC Pandemic Recovery Office, all \$12,425,000 in funds received were expended by subrecipients in the aggregate across the eligible budget categories in the table below.

Employee Expenses	Contracted Labor Expenses	Other Service Expenses	Subcontract Expenses	Goods Expenses	Equipment Expenses	Other Expenses	Total
\$5,485,586.11	\$618,578.91	\$266,388.09	\$595,175.57	\$2,215,317.53	\$ 2,366,273.04	\$877,680.76	\$12,425,000.00

Community health centers leveraged these funds to continue and expand their life-saving efforts throughout the pandemic. As we detail below, this funding enabled North Carolina's community health centers to make critical expenditures that strengthened their operations and clinical care during an unprecedented time of high need. Examples of expenditures within each of the budget categories follow below:

- **Employee Expenses: \$5,485,586.11.** These expenses included payroll and benefits costs for community health center providers and staff—including physicians, nurses, physician assistants, community health workers, and others.
- Contract Labor Expenses: \$618,578.91. These expenses included the cost of COVID-19 related contract labor, including clinicians brought on to staff community-based testing activities and vaccination efforts, as well as costs for IT services incurred due to COVID-19.
- Other Service Expenses: \$266,388.09. These expenses included costs for cleaning services, reimbursement for eligible expenses for COVID-19 outreach workers, internet services, and telehealth platform costs.
- **Subcontract Expenses: \$595,175.57.** Subcontract expenses included facility renovations for infection control, such as redesign of patient exam rooms, installation of glass partitions in common areas, and design and construction plans for walk-up pharmacy windows.
- **Goods Expenses: \$2,215,317.53.** Goods expenses included COVID-19 test kits, cleaning supplies, and personal protective equipment, among others.
- Equipment Expenses: \$ 2,366,273.04. Equipment expenses included mobile medical units and other vehicles used for community-based COVID-19 response (including testing, vaccine administration, and mobile medical care), vaccine storage and refrigeration equipment, hardware and devices for telehealth, COVID-19 screening and testing equipment, air purification equipment, and tents for community-based COVID-19 events.
- Other Expenses: \$877,680.76. Other expenses included eligible costs of COVID-19-related patient care (such as COVID-19 testing, COVID-19 treatment, treatment for underlying conditions that put patients at greater risk of severe illness if they contract COVID-19, or other services furnished to patients without health insurance due to COVID-19-related job losses), telehealth platform fees, and food vouchers for uninsured patients with food insecurity issues due to COVID-19.

For more information, an appendix concludes this report with a full list of NCCHCA subrecipient expenditures by budget category.

On behalf of North Carolina's community health centers, we thank you and the rest of the North Carolina General Assembly for your leadership and swift action. Community health centers have played a critical role in ensuring an equitable response to the COVID-19 pandemic, and your support strengthened their capacity to not only survive the worst of the pandemic's stressors, but also to enhance their response and continue providing comprehensive primary care services in rural and underserved communities without regard to patients' ability to pay. Without your support, North Carolina's community health centers would not be where they are today.

Should you have any questions regarding this report, please contact Brendan Riley, Director of Policy, NCCHCA at rileyb@ncchca.org and 919-469-1116.

Best,

Brendan Riley
Director of Policy

North Carolina Community Health Center Association

CC: Members of the Joint Legislative Oversight Committee on Health and Human Services

Rep. Gale Adcock, FNP Rep. Becky Carney Sen. Steve Jarvis Rep. Mark Pless Rep. Kristin Baker, M.D. Sen. Kevin Corbin Sen. Joyce Krawiec Rep. Wayne Sasser Sen. Lisa S. Barnes Rep. Carla D. Cunningham Sen. Michael Lee Rep. Donna McDowell White Rep. Hugh Blackwell Sen. Valerie P. Foushee Sen. Natalie S. Murdock Sen. Mike Woodard Rep. William D. Brisson Sen. Ralph Hise Sen. Jim Perry Sen. Gladys A. Robinson

About the North Carolina Community Health Center Association

Representing the state's community health centers since 1978, NCCHCA today comprises 42 community health center member organizations, including 39 federally qualified health center (FQHC) grantees and 3 FQHC look-alike organizations, all of which are commonly referred to as community health centers (CHCs). All FQHC and FQHC look-alikes in North Carolina are members of NCCHCA. With funding from the Health Resources and Services Administration (HRSA), NCCHCA is North Carolina's state Primary Care Association (PCA) and Health Center Controlled Network (HCCN), representing the interests of FQHCs to state and federal officials and providing training and technical assistance on clinical, operational, financial, administrative, and governance issues.

About Community Health Centers in North Carolina

North Carolina's community health centers provide whole-person primary medical care, as well as integrated services—such as dental, behavioral health, pharmacy, substance use disorder, and enabling services—to patients without regard to their ability to pay. By mission and statute, community health centers provide care in medically underserved communities and to medically underserved populations.

Our members pride themselves on providing high-quality care throughout the state, whether they are the only primary care provider in a smaller rural community or are nestled in one of our state's more populous urban centers. In 2020, our 42 member organizations operated over 360 clinical sites in 85 counties, caring for 685,566 patients. Nearly 90 percent of our patients earn incomes below twice the poverty level, and 40 percent of our patients are uninsured. Thanks to health centers' sliding fee discount programs, which allow patients to pay proportional to their income, patients can afford to share in the cost of their care.

For more information about the mission and work of North Carolina's community health centers, please watch the <u>video "A Day in the Life – North Carolina's Community Health Centers</u>." For more details on community health center locations throughout the state, review the <u>interactive map of community health center clinical sites</u> on NCCHCA's website.

Appendix: NCCHCA Subrecipient Expenditures by Budget Category

Subrecipient Name (Under Federal HRSA Registration)	Functional Name or DBA Name, If Different	Employee Expenses	Contracted Labor Expenses	Other Service Expenses	Subcontract Expenses	Goods Expenses	Equipment Expenses	Other Expenses	Total Expenditures
All Subre	cipients	\$5,485,586.11	\$618,578.91	\$266,388.09	\$595,175.57	\$2,215,317.53	\$ 2,366,273.04	\$877,680.76	\$12,425,000.00
Advance Community Health	-	\$292,147.32	-	-	-	\$3,215.84	\$52,107.77	-	\$347,470.93
Appalachian District Health Department	AppHealthCare	\$169,506.39	-	-	-	\$75,856.79	\$4,261.28	\$15,289.19	\$264,913.65
Appalachian Mountain Community Health Centers	-	\$101,190.27	-	-	-	\$5,152.08	-	\$191,905.00	\$298,247.35
Bakersville Community Medical Clinic	Mountain Community Health Partnership	\$232,284.65	1	-	1	\$38,518.71	-	-	\$270,803.36
Bertie County Rural Health Association	-	\$223,018.48	\$10,089.57	-	-	\$5,061.93	-	-	\$238,169.98
Black River Health Services	-	\$39,242.74	-	\$976.90	\$1,706.93	\$5,953.19	\$6,874.02	\$1,536.40	\$56,290.18
Blue Ridge Community Health Services, Inc.	Blue Ridge Health	\$262,804.64	\$28,318.50	-	-	\$216,405.24	-	-	\$507,528.38
The C.W. Williams Community	-	\$57,562.82	\$5,270.50	-	\$69,230.95	\$10,862.01	\$163,303.08	-	\$306,229.36

Health Center,									
Inc.									
Cabarrus Rowan Community Health Centers	-	\$217,413.99	-	\$12,130.75	\$11,153.00	\$47,573.83	\$19,550.00	-	\$307,821.57
Carolina Family Health Centers	-	\$3,788.00	\$17,063.39	\$94,310.21	-	\$4,111.54	\$216,561.56	\$14,817.52	\$350,652.22
Caswell Family Medical Center	Compassion Health Care, Inc	\$33,309.55	\$11,963.99	-	-	\$11,042.76	\$167,950.04	\$23,584.25	\$247,850.59
Charlotte Community Health Clinic	-	\$140,296.77	\$1,095.00	\$99.99	\$9,281.00	\$43,665.37	\$48,172.02	\$15,705.58	\$258,315.73
Craven County Health Department	Craven County Community Health Center	\$93,452.45	\$23,567.25	-	\$1,174.08	\$23,763.41	-	-	\$141,957.19
Gaston Family Health Services	Kintegra Health	\$122,071.33	-	-	\$250,826.94	\$32,275.23	\$215,420.51	\$147,267.77	\$767,861.78
Gateway Community Health Centers	-	\$206,208.20	\$14,290.00	-	-	\$6,066.44	-	\$3,155.50	\$229,720.14
Goshen Medical Center Inc.	-	\$277,085.15	-	-	-	\$268,525.00	\$49,259.80	-	\$594,869.95
Greene County Health Care, Inc.	-	-	\$252,917.10	\$2,218.30		\$174,259.72	-	\$58,959.30	\$488,354.42
High Country Community Health	-	\$259,614.39	-	-	-	\$19,447.19	-	\$6,384.00	\$285,445.58
Hot Springs Health Program		\$401,329.78	-	-	-	\$114,013.76	-	-	\$515,343.54
Kinston Community Health Center, Inc.	-	\$54,596.54	\$4,657.29	-	-	-	\$215,904.01	-	\$275,157.84
Lincoln Community	-	\$168,480.37	\$-	\$20,459.25	-	\$167,467.78	\$120,589.40	-	\$476,996.80

Health Center,									
Inc									
Medical									
Resource Center for Randolph County, Inc	MERCE Family Healthcare	\$94,977.98	\$4,839.37	\$171.35	-	\$38,728.13	\$1,732.95	\$19,731.07	\$160,180.85
Metropolitan Community Health Services	Agape Health Services	\$8,044.48	\$15,495.81	-	-	\$55,274.45	\$173,951.73	-	\$252,766.47
NeighborHealth Center	-	\$90,178.57	\$10,652.31	\$68,466.48	\$63,357.30	\$8,917.01	\$230,484.20	\$128.40	\$472,184.27
New Hanover Community Health Center	MedNorth Health Center	-	\$70,200.20	-	\$20,200.00	-	\$179,431.50	-	\$269,831.70
Opportunities Industrialization Center, Inc.	OIC Of Rocky Mount / OIC Family Medical Center	-	-	\$2,028.00	\$16,214.51	\$140,886.73	\$55,408.25	\$87,882.60	\$302,420.09
Person Family Medical Center	-	-	\$26,136.00	\$6,600.00	\$4,356.00	\$114,157.22	\$100,304.94	\$4,955.00	\$256,509.16
Piedmont Health Services, Inc	-	\$611,335.71	-	-	-	-	-	-	\$611,335.71
Roanoke Chowan Community Health Center	-	\$152,850.73	\$50,387.33	-	\$15,000.00	-	\$92,662.57	\$20,296.79	\$331,197.42
Robeson Health Care Corporation	-		\$38,415.00	\$615.26		\$15,634.82	-	\$247,800.00	\$302,465.08
Rural Health Group, Inc	-	\$490,005.32	-	-	-	\$31,508.92	-	-	\$521,514.24
Stedman-Wade Health Services, Inc.	-	\$216,367.08	-			\$47,476.31	-	-	\$263,843.39
Tri County Community	Commwell Health	\$29,833.16	-	\$2,844.90		\$260,303.26	\$121,958.80	-	\$414,940.12

Health Council, Inc									
Triad Adult and Pediatric Medicine Inc.	-	\$38,115.38	-	\$37,966.70	\$76,345.65	\$71,385.00	\$88,352.81	-	\$312,165.54
United Health Centers	-	\$149,675.93	-	-	\$56,329.21	-	\$42,031.80	\$18,282.39	\$266,319.33
West Caldwell Health Council	-	\$32,417.19	-	-	-	\$103,884.55	-	-	\$136,301.74
Western North Carolina Community Health Services, Inc.	-	\$216,380.75	\$33,220.30	\$17,500.00	-	\$53,923.31	-	-	\$321,024.36