CALLEN-LORDE

NEW YORK STATE JOINT LEGISLATIVE HEARING
EXPLORING SOLUTIONS TO THE DISPROPORTIONATE IMPACT OF COVID-19 ON MINORITY COMMUNITIES

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TESTIMONY DELIVERED BY ANTHONY FORTENBERRY, RN
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Good Morning/Afternoon: My name is Anthony Fortenberry, and I am the Chief Nursing Officer at Callen-Lorde Community Health Center in New York City. On behalf of Callen-Lorde – its staff, Board of Directors and patients – I thank you for the opportunity to testify before you today.

Callen-Lorde Community Health Center is a growing community health center with a mission to reach lesbian, gay, bisexual and transgender communities, as well as people living with HIV, in New York City and beyond. Before the pandemic, we served more than 17, 000 patients annually from our Chelsea and South Bronx locations[1], a quarter of whom are living with HIV and a third of whom identify as transgender or gender non-binary. More than half of our patient population are people of color and 47 percent are under 40 years old. Fully one-third of our patients are uninsured and about 35 percent use public insurance. Our patients are people who have been systemically excluded from healthcare, housing, and economic stability. They also live, or come from, disinvested geographic communities.

[1] Callen-Lorde opened a satellite clinic in a medically underserved area of Brooklyn on May 14.

For Callen-Lorde, health equity equals racial equity; and we believe true liberation will only come when all our communities can adequately access culturally competent and comprehensive health care in all forms.

The COVID-19 pandemic is a devasting global phenomenon. Yet, in New York and the United States, we know that COVID-19 is disproportionately impacting Black and brown communities. The disparities in COVID-19 reflect larger and pervasive health and healthcare disparities, which impact low-income communities, African-Americans, Hispanics and Latinos, Asian Americans, immigrants, people with disabilities and LGBTQ people.[2] Racial and other discrimination in health care settings, including discrimination affecting LGBTQ people, is a major contributor to disparities in health and health care. Structural racism in society at large is also a fundamental driver of health inequities, systematically putting African-Americans and other racial/ethnic groups at an economic and health disadvantage.[3]

The COVID-19 pandemic has re-exposed the vexing structural racism, oppression and patriarchy that creates poorer health outcomes for people of color and LGBTQ communities. Specifically, people of color are more exposed to COVID and less protected from COVID because of living conditions, wage disparities and work circumstances, underlying health conditions and lack of access to quality health care.[4]

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, powerlessness, and their consequences, including lack of access to good jobs with fair pay, safe environments, and quality education, housing, and health care.[5] Located in high need areas, for underserved communities and open to all regardless of ability to pay, Community

[2] *What Can the Health Care Sector Do to Advance Health Equity*, *Executive Summary*, page 2; University of California San Francisco, Robert Wood Johnson, November 2019.
[3] Ibid
[4] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html, Accessed 5/16/2020.
[5] *What Can the Health Care Sector Do to Advance Health Equity*, *Executive Summary*, page 2; University of California San Francisco, Robert Wood Johnson, November 2019.

Health Centers (CHCs) – like Callen-Lorde - serve as a model for improving access to care, reducing health care disparities and achieving health equity.

Fortifying public investment in community health centers, is the single best strategy to addressing the disproportionate impact of COVID-19 on people of color. Federally qualified health centers (FQHCs) and state licensed health clinics are the front line of this pandemic and are functioning as a cost and clinically-effective means to keep patients out of overburdened hospitals and emergency rooms.

We are the safety net for our country's broken healthcare system. We exist to provide high-quality, patient centered care to communities without obstacle and regardless of ability to pay. Right now, our scare resources are stretched. Our statewide primary care association reports that 74% of New York Community Health Centers surveyed have had to close at least one site and 77% have had to furlough, lay off or reduce staff hours.[6]

Because of its standing as an FQHC, Callen-Lorde has been able to access some resources from the funding Congress earmarked for community health centers through its stimulus legislation in March and April, but it is not enough to keep us afloat during and beyond this pandemic. Callen-Lorde is currently operating at a $1.5 million loss per month; previously, our monthly results would be approximately breakeven.

With that in mind, we offer these recommendations:

Recommendations

1. Sustainability for CHCs Equals Access to Care for Patients

Reimburse Telephone Care: Callen-Lorde's patient visit volume currently is operating at approximately 55 percent of its usual volume. Despite our quick pivot to telephonic and telehealth visits, not all patients are able to access care in these modalities, and some patients prefer to postpone routine visits until they can see us in person. Approximately 85% of our

[6] CHCANYS COVID-19 Survey Results May 10, 2020 https://84611948-d82b-437a-91b9-7f0fcdcddcd4.usrfiles.com/ugd/846119_af006e9e93bb4e1a9f89da4089272d51.pdf

combined medical and behavioral health visits are taking place telephonically, 10% via telehealth (video conferencing) and 5% in-person. As our collective competencies around telehealth increase, we expect those percentages to shift to some extent, though many patients lack the technology needed for telehealth access.

We welcomed the May 1st guidance from the State that gives FQHCs payment pathways for telehealth services. However, the rate for the telephonic visits (audio only) remains well below what we are typically reimbursed for in-person care. Importantly, these are not just brief 'telephone calls' to leave a message for a patient or schedule an appointment. These are medical, behavioral health, psychiatry and dental visits are being conducted – via the phone - by our FQHC staff of state-licensed clinicians. Symptoms are being evaluated and diagnosed, treatment plans are being put into place, medications are being monitored, therapy sessions are being conducted, and so much more.

Protect Medicaid: We urge you to reject any state-level cuts to Medicaid that may be proposed by the Division of Budget. Medicaid is a lifeline for Black, Hispanic, TGNB and people living with HIV. CHCs rely on Medicaid to fund the services we provide, and in New York State 50 percent of people enrolled in Medicaid are Black and Hispanic.[7] We ask that you reverse the pending decision to transition the pharmacy benefit from Medicaid managed care to fee for service. This decision eliminates millions of dollars from safety net providers and community health centers that participate in the federal 340b drug discount program and will threaten the sustainability of our organizations.

Call for Increased Federal Funding: Help us urge our Congressional Delegation to add into the next stimulus bill at least **$7.6 billion** to meet the immediate needs for COVID-19 response and emergency preparedness. We are pleased that the HEROES Act recently passed in the House includes this funding. However, we are deeply alarmed by the final section of the bill *Sec. 200015: Modification to Maintenance of Effort Requirement for Temporary Increase in Medicaid FMAP* (page 1815), which undoes protections in the Families First

[7] https://www.kff.org/medicaid/state-indicator/medicaid-enrollment-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D, Accessed 5/17/2020.

Coronavirus Response Act (FFCRA), allowing disastrous cuts to the Medicaid program in New York State.

2. Collaborate with Community

Contact tracing: We ask that the State include wide subcontracting to local clinical and community organizations in high need communities in its public-private contact tracing initiative and establish a meaningful community advisory council empowered to advise and guide this critical public health program. Community health clinics and service providers, for example, have extensive experience with the patient outreach and engagement that has been critical to New York's highly successful ending the HIV epidemic in New York.

Data collection: The State must work with local communities to build trust and support the collection and use of new data to fill gaps in knowledge about populations underrepresented by current methods including: People with co-morbidities including diabetes, and asthma, LGBTQ populations, people with a history of engagement with the criminal justice system or who have been released from incarceration, homeless populations, people with disabilities, people who use drugs and those in recovery and others. Where possible, this data should be disaggregated, for example, Department of Corrections data should be disaggregated in published data on COVID-19 totals.

3. Address the Social Determinants of Health

We must advance policies and increase funding for interventions that improve equity in the social determinants of health. At Callen-Lorde, we we continue to care for our own patients, but are also deploying staff to provide medical care and related services to other communities in need.

We have partnered with Housing Works to provide medical respite care for COVID-19 symptomatic or positive homeless individuals at a 170-bed hotel in Queens. As of recently, we have treated more than 200 patients, all of whom are challenged by a multiplicity of chronic conditions. We are treating these patients with dignity, offering them a quality of care they deserve but would otherwise not be receiving.

And just last week, we initiated a collaboration with The Door & Ali Forney Center to provide care for homeless youth. As with our Queens Hotel, our Youth Hotel is staffed around the clock with Medical, Nursing, Care Coordination, and Administrative staff to ensure we can provide comprehensive care. Funding and policies that address homelessness and create supportive housing will go a long way to reversing underlying social inequities.

4. Support Universal Health

The ongoing pandemic underscores the tragic inadequacy of our fragmented, profit-driven healthcare system: Hospitals are struggling to supply frontline workers with basic protective equipment and thousands of New Yorkers are losing their jobs and insurance at exactly the time when guaranteed, universal coverage is most needed—not just as a moral imperative, but as a matter of public health. Now is the time to pass the NY Health Act and build a truly universal healthcare system so we can beat back this pandemic with a fully-insured society.

Conclusion

Investing in community health care, is the single best strategy to addressing the disproportionate impact of COVID-19 on people of color. We are so grateful to all of you for your leadership during this devastating public health crisis. We call upon each of you to keep fighting to support the sustainability of community health clinics with additional state resources and to help us advocate for federal dollars; we call on you to partner with those of us in community on critical initiatives like contact tracing and data collection; to advance policies and increase funding for interventions that address the social determinants of health- such as affordable and supportive housing – and finally to advance state legislation

that will create universal healthcare in New York. Thank you for the opportunity to testify today.

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