

House Appropriations Committee – Member Day Hearing
Testimony of Congressman Troy Balderson (OH-12)
June 23, 2020

In support of community health centers:

Madam Chairman, thank you for the opportunity to testify today.

I am here today to advocate for three distinct, but related issues in dire need of funding: community health centers, telehealth, and rural broadband connectivity.

This COVID-19 pandemic has made clear that community-based health care must be a top priority for Congress.

Public health funding as a whole is critical, but providers that can bring public health initiatives into the community are essential.

We have heard this word a lot over the past months – essential. There is nobody more essential right now than the care providers who spend time with patients in their own communities.

Community health centers reach the most vulnerable Americans, including low-income and rural Ohioans. CHCs provide primary health services in medically-underserved areas.

In my district, there are five federally-qualified community health centers serving constituents who may otherwise not have access to care.

Throughout the pandemic, these CHCs have ensured rural and low-income Ohioans have had access to COVID-19 testing and triage care.

Just as importantly, CHCs are a trusted resource in their communities – patients trust nurses, doctors, and other care providers at CHCs.

This means they don't just treat patients; they educate entire communities on public health – which, of course, has been critical in slowing the spread of coronavirus and ensuring patients seek care when they need to.

CHCs have continued to provide primary care during the public health emergency, helping reduce crowding in hospitals and preventing our health care system from becoming overwhelmed.

These same primary care services – along with the dental care, maternal health care, and myriad other services – will remain important long after the public health emergency is over.

In many rural communities like mine, CHCs are the only access point to care.

I whole-heartedly support the work of community health centers and ask for their robust funding through the Health Resources and Services Administration.

In support of telehealth:

For these same rural and low-income constituents, telehealth services may offer a viable alternative and secondary access point to care.

Last week, I surveyed my constituents on their use of telehealth services – and my constituents overwhelmingly responded that they have used telehealth.

During this public health emergency, telehealth services connect providers with patients from the safety of their own homes.

This has proven invaluable in keeping the most vulnerable Americans safe from infection, while still ensuring they can access care.

Doctors from central Ohio have also shared with me that they support using telehealth broadly, both during and beyond the pandemic.

For the most vulnerable, including the elderly and those with pre-existing conditions, telehealth keeps them away from high-risk zones, but it also helps with care continuity for patients with other health needs or with mobility issues.

Additionally, telehealth keeps costs low for low-income and working Americans by pushing down bills related to in-office care, gas for travelling long distances to the nearest provider, and taking time off work for appointments.

For rural residents, telehealth keeps them connected to doctors without cross-state drives, lost days of work to get to an urban center, and weeks of waiting for the next appointment in an area served by too few providers.

This pandemic has revealed how successful telehealth can be at rapidly expanding access to care. That's why greater resources are urgently needed to develop telehealth capabilities across all communities.

In support of rural broadband connectivity:

Telehealth services, unfortunately, cannot work without another type of service – broadband internet.

For many Ohioans, connectivity isn't an everyday reality – they do not have WiFi in their homes, they do not have ethernet cables, or strong enough data on their phones to support telehealth services.

This same deficiency means a widening gap between rural and low-income Americans without broadband and Americans with it.

We have seen through this pandemic that life has moved online, seemingly overnight.

Now, Americans are opening their laptops and smart phones to access health care, to search for jobs or benefits following mass furloughs, to complete their schoolwork, and the list goes on.

And yet, so many of our constituents do not have the connectivity needed to accomplish these seemingly simple tasks.

Americans without the same access to high-speed internet are simply being left behind.

I am asking for full funding for programs like ReConnect, so the U.S. Department of Agriculture can partner with private telecommunications providers to bring high-speed broadband internet and related infrastructure to the one in five Americans living in a rural area.

According to the Federal Communications Commission, more than 30 percent of rural Americans do not have access to broadband.

That means more than 30 percent of our rural constituents across this country are hearing about telehealth, but can't access it.

Their doctors are ready to care for them, but cannot reach them in their homes, even after having built up that community-based trust.

We have an opportunity to help these Americans in a tangible way.

I hope you will join me in supporting these interconnected funding priorities.

Thank you, and I welcome your questions.