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## Hawai'i Primary Care Association

Beth Giesting, CEO, 808-791-7820, [bgiesting@hawaiipca.net](mailto:bgiesting@hawaiipca.net)

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### Public Policy that supports Community Health Centers

According to the National Academy for State Health Policy (NASHPE), “[a] state has many levers – including licensing, purchasing, and funding – that can help it assure that FQHCs are an integral part of its health care system and thus contribute to achieving performance goals for that system.” The following ideas reflect NASHPE’s observations as published in their publication, “Federal Community Health Centers and State Health Policy: A Primer for Policy Makers” at [www.nashp.org/Files/health\\_centers\\_primer.pdf](http://www.nashp.org/Files/health_centers_primer.pdf).

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#### Funding:

- Provide and direct state resources to support CHCs for serving underserved communities and special populations (e.g. the uninsured, homeless, Native Hawaiians, immigrants/Pacific migrants, or remote geographic areas such as Hāna or Ka’ū), capacity building, capital needs, HIT development, or quality initiatives.
  - General funds
  - Tobacco tax/settlement
  - Funds that support state purposes such as maternal child health, oral health, mental health, substance abuse, chronic and communicable disease prevention and control.

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#### Regulatory:

- Address licensing provisions that support CHC workforce needs.
  - Support recruitment and retention by making it easier for providers licensed in other states to practice in Hawai'i.
  - Expand professional scopes of practice to extend the capabilities of existing providers (e.g., psychologists, dental hygienists, pharmacists).
  - Explore licensing of new provider types such as mid-level dental providers.

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#### Medicaid:

- Require that Medicaid managed care plans
  - Contract with CHCs
  - Use a default formula that auto assigns Medicaid enrollees to CHCs if they make no provider choice.
  - Support CHC-affiliated health plans, which, in turn, support the CHCs.

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#### Other good policies for Hawai'i:

- Require meaningful working agreements between Critical Access Hospitals (CAHs) and CHCs.
- Encourage state-funded educational institutions that provide health care workforce training programs to work with CHCs and prioritize placement of trainees at CHCs.