

LEGISLATIVE BRIEF

HEALTH CENTER FUNDING

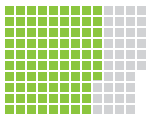
Vulnerable communities are even more devastated by the economic decline, leaving already underfunded providers in crisis

Community Health Centers are essential providers of care and operate with extremely limited resources. Using innovative programs and information technology to provide high quality health care services, CHCs not only met the needs of 120,000 Hawai'i residents, but also saved our health care system more than \$128 million.

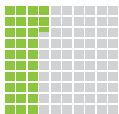
CHCs are increasingly filling the provider gaps in rural communities, where they are

- Providing essential primary care services in medically underserved areas;
- Building dental capacity where children with Medicaid coverage are not able to get service;
- Serving as the mental health safety net in the face of draconian State mental health cuts.

Community Health Centers are one of Hawai'i's most important health care assets. Their versatile and comprehensive model of care makes them even more essential in this unprecedented economic climate.



Of the 126,000 people in Hawai'i living under the Federal Poverty Level, 69% of them are served by CHCs.



Nearly a third of all uninsured people in Hawai'i receive their care at a CHC.



A fourth of all Med-QUEST patients in Hawai'i are CHC patients.

PRIORITY

In 2006 the Legislature increased taxes on cigarettes, with a portion of these taxes to be earmarked for Community Health Centers. We request that 100% of these CHC special funds be made available for health center needs in FY 2011.

The amount of cigarette taxes collected for the benefit of CHCs is estimated to be \$8 - 9 million for FY 2011, or less than \$70 per CHC patient.

Community Health Centers: Vital Partners in Our Health Care System

Hawai'i's network of 14 independent, nonprofit Community Health Centers (CHCs) play a vital role in our state's health care delivery system. CHCs provide quality health care services to everyone and specialize in caring for patients with complex medical conditions as well as individuals who have difficulty getting access to care.

The population served by CHCs in Hawai'i - nearly 120,000 in 2008 - is comprised disproportionately of those most vulnerable in our communities: Native Hawaiians and Pacific Islanders, the homeless, elderly, and recent immigrants. In rural areas, where provider shortages have existed for years, CHCs face significant pressure to increase services to fill gaps in basic primary care.

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PRESCRIPTIVE AUTHORITY

Economic turmoil, combined with significant cuts to public mental health funding, have created thousands of new patients without access to complete behavioral health care

PRIORITY

At the time the Hawai'i Primary Care Association went to press with the Agenda for Health, prescriptive authority for psychologists was a priority issue.

Since then, key discussions have led us to believe that perhaps a more productive direction, one that takes into consideration the current economic and social transitions occurring in our communities, is to focus on the larger need for Mental Health services across the State.

The association believes that prescriptive authority for psychologists will play a critical role in developing Hawai'i's mental health system and we hope to include the subject in broader discussions.

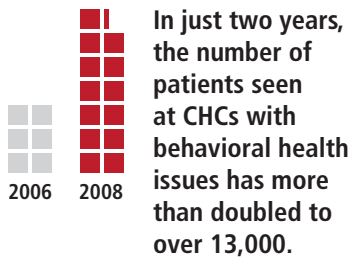
While prescriptive authority will remain on our radar, and we will support any independent advocacy efforts of community health centers, it is not part of the 2010 priorities for the Hawai'i Primary Care Association.

Behavioral health professionals in underserved communities report from their experiences what policymakers suspect: Hawai'i's attendant effects on the social and economic conditions of an alarmingly high number of patients with severe behavioral health conditions, and the near elimination of State mental health funding, disproportionately affects vulnerable populations and is an imminent public health crisis.

Community Health Centers have shown that alternative medical models, for both primary care and behavioral health management, must incorporate behavioral health into primary care medicine. However, the limited availability of behavioral health professionals throughout the state and the funding clearly point to a need for more behavioral health psychologists.

Psychologists who complete a post-doctoral master's degree-level psycho-pharmacology training program and a formal collaboration with a physician and at a Federally Qualified Health Center. Granting prescriptive authority to this well-prepared class of psychologists will greatly enhance the ability of CHCs to meet the needs of their communities.

Members once again request that the legislature grant prescriptive authority over a limited range of medications to psychologists who have met the training requirements. Psychologists will practice only in formal collaboration with a physician and at a Federally Qualified Health Center.



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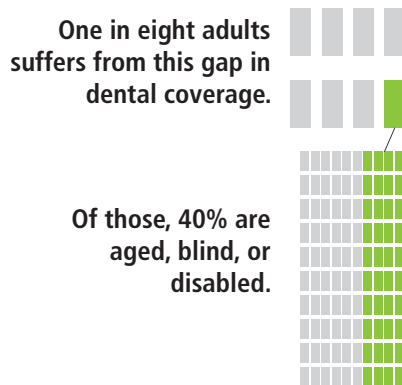
MEDICAID DENTAL BENEFITS

Lack of access to dental care can be fatal

Dental care is a basic and important health care service. Among adults, poor dental health is linked to heart disease, premature births, and diabetes.

People can and do die from lack of dental care. In September, an adult Medicaid beneficiary in Kona died due to complications resulting from an untreated dental abscess.

Restoring the basic dental benefit program in Medicaid is not prohibitively expensive. Given the potentially tragic human consequences, particularly for those who cannot afford to get care without assistance, **Hawai'i simply cannot afford to leave this benefit unfunded.**



PRIORITY

Community Health Centers request that the Legislature restore the basic dental benefit for indigent adults who are covered by the Medicaid program.

Approximately \$3.1 million in general funds will attract \$4.2 million in Federal matching funds to meet this need.

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