



Hawai'i Primary Care Association

Talking Points for HPCA's 2008 Legislative Agenda

The 2008 Legislative session is the second year of the biennium, a time when few new initiatives typically get introduced. The Hawai'i Primary Care Association is introducing two items which are fundamental to the financial sustainability of community health centers across the state:

- 1. Increasing funding for the uninsured; and**
- 2. Fixing key rules for the administration of the Med-QUEST Prospective Payment System (PPS).**

Issue: Increased Funding to Care for the Uninsured.

110,000-130,000 Hawai'i residents do not have health insurance because of the high cost of health insurance premiums and the eligibility limits of publicly-subsidized coverage. Nonprofit community health centers across the state are most likely - and best situated - to serve the uninsured. Health centers provide needed medical, dental, and behavioral health services and prescription drugs. The state's network of health centers expects to have more than 50,000 uninsured visits in FY 2008.

While progressive State policy - and the hard work of community health centers and Hawai'i Covering Kids - resulted in a significant decrease in the number of uninsured children who are now enrolled in Med-QUEST programs, the population of uninsured adults continues to grow. Many adults are uninsured because they don't have employer-offered coverage and can't afford private insurance. Community health centers assist eligible clients to enroll in public insurance; however, many clients do not meet Med-QUEST eligibility standards. For adults, eligibility is generally restricted to those who are low-income, have no assets, and are U.S. citizens. It remains to be seen if the QUEST-ACE program's eligibility expansion to 200% of FPL will accommodate a significant portion of the uninsured people served by CHCs.

Summary of Bill

- Community health centers request that the Legislature add \$2 million to the \$3.5 million base available in the DOH budget for uninsured services.
- The requested \$2 million was previously appropriated as an add-on by the Legislature in 2004, 2005, and 2006 but inadvertently left out for FY 2007.
- Funds will be used to cover medical, dental, and behavioral health visits not covered by insurance, and to pay for prescription drugs needed by the uninsured.
- The additional \$2 million is expected to cover services for up to 5,000 more uninsured patients.

Talking Points for Community Health Center Boards and Staff:

- On average 30% of CHC patients were uninsured in 2006. The percentage varies by health center from 18% to 67%. In all cases, though, this is a very important source of funding that ensures access to basic care for the most vulnerable.
- Board members and/or patients need to tell Legislators how important the uninsured funding is to themselves or family members who rely on this help. If you use the health center, briefly tell them about your circumstances and experiences with getting care at the health center.
- Tell them about the quality of care including compassionate attitudes of staff who go the extra mile, and the good follow-up and case management they do.
- Emphasize the variety of services the CHC provides to help people, such as health education, case management, application assistance.
- Remind them that if the CHC wasn't there, everybody would have to go to the ER, which isn't the right thing to do.
- Let them know that there are a lot more people in the community who need to be reached and helped.