



NATIONAL ASSOCIATION OF
Community Health Centers

NACHC's Fall Update: Federal Policy & Advocacy

Presentation to:
Hawaii Primary Care Association

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PRESENTATION OUTLINE

- **Health Center Background**
- **Vision for the Future: ACCESS For All America**
- **NACHC's Policy Agenda**
- **Developing a Culture of Advocacy**
- **Questions**



HEALTH CENTERS TODAY

- **Proud History** – 43 years of bringing good health to underserved communities, giving people served ownership & control of delivery system
- **Largest national network** – 18 million people served, 40% uninsured, 35% Medicaid/SCHIP, 92% low-income individuals
- **Record of Achievement** – cited by IOM, OMB, and GAO for excellence in care, disparities reduction, cost-effectiveness, and community benefit
- **Bipartisan support** – Congressional majority and key Presidential candidates praise work, mission of health centers, call for continuation & growth



HEALTH CENTER FACTS

- **Established in law – Section 330 of PHS Act**
- **Four Core principles:**
 - **Open to All, Regardless of Ability to Pay**
 - **Comprehensive Primary Care Services**
 - **Located in Medically Underserved Communities**
 - **Governed by Community Board**



HEALTH CENTER STATS

- **Health Care Home for 18 Million Americans**
 - 1 of 5 Low-income Uninsured Persons (6.6 million)
 - 1 of 8 Medicaid/CHIP Recipients (5.6 Million)
 - 1 of 4 Low-Income Children (5.3 million)
 - 1 of 3 Individuals Below Poverty (12 million)
 - 1 of 7 Rural Americans (7.2 Million)
 - 1 of 10 People of Color (10.1 Million)
 - 936,000 Farmworkers, Over 1 Million Homeless Persons



WHAT IS NACHC'S VISION FOR THE FUTURE?

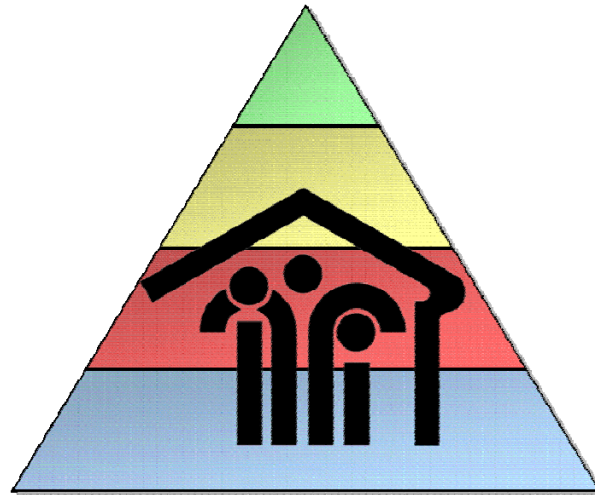
- **Grow health centers to become the health care home for 51 million medically disenfranchised Americans (30/2015)**
- **Reform health professions training programs to promote Primary Care careers, workforce diversity, and service in underserved areas via health centers**
- **Preserve the Medicaid, Medicare, and SCHIP guarantees of coverage for low-income families, children, elderly & disabled**



WHAT IS NACHC'S VISION (CONT'D)?

- **Wire every health center** for complete health information technology (HIT)
- **Lead the way** to a high-performing health system, grounded in primary care
- **Play a central role in emergency preparedness,** at the local & national levels

WHAT IS NACHC'S PLAN TO ACHIEVE THAT VISION?



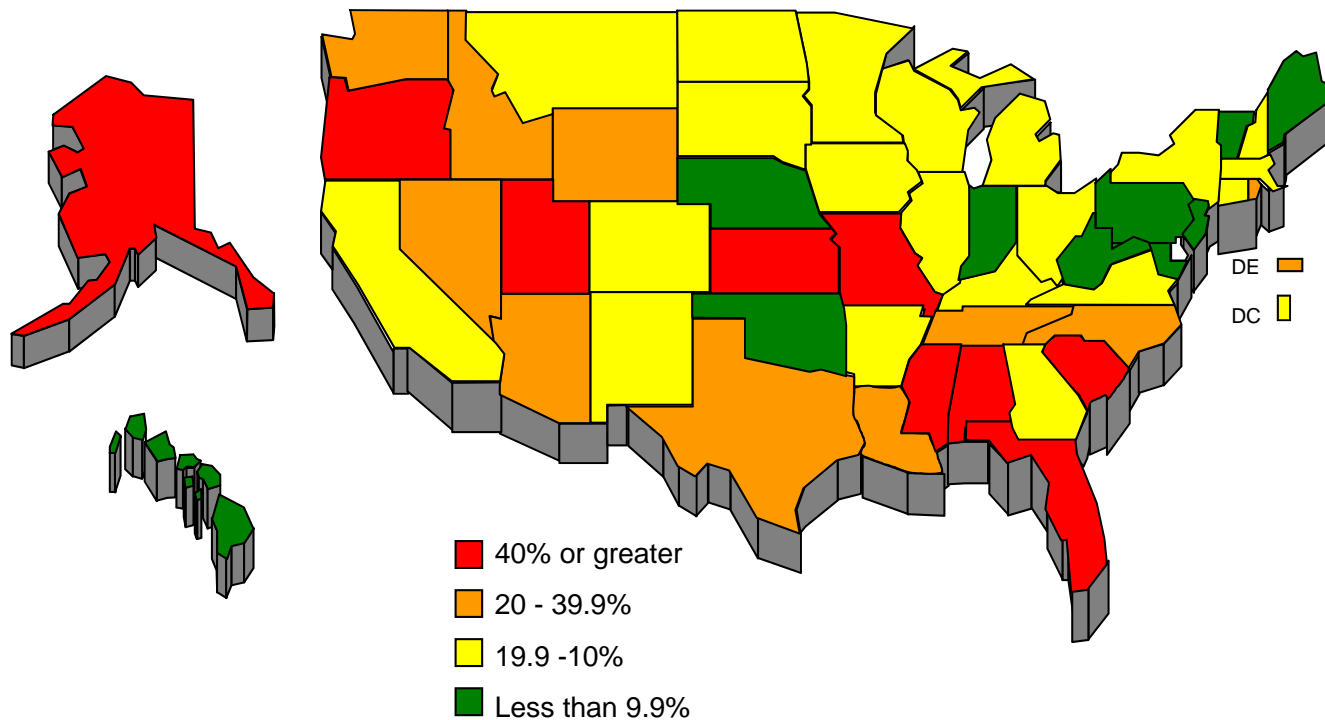
ACCESS FOR ALL AMERICA

*Expanding the Reach of Community Health Centers to
Provide Care To Those Without a Health Care Home*

WHY IS MORE GROWTH NEEDED?

56 Million People Are Medically Disenfranchised

Percent of State Population Without Access to a Primary Care Provider, 2005



National Average = 19.4%

Source: *Access Denied: A Look at America's Medically Disenfranchised*, NACHC 2007. Data from the Robert Graham Center, the Health Services and Resource Administration (HPSA, MUA/MUP data, 2005 Uniform Data System), 2006 AMA Masterfile, Census Bureau 2005 population estimates, NACHC 2006 data on non-federally funded health centers.

WHY HEALTH CENTERS?

- **Costs:**
 - Total patient care costs 41% lower than those served in other settings*
 - Save up to \$18 billion annually for taxpayers and society*
- **Access:**
 - Serve people & communities not served by others
 - Open to all regardless of ability to pay
- **Quality:**
 - Quality is equal or superior to other providers**

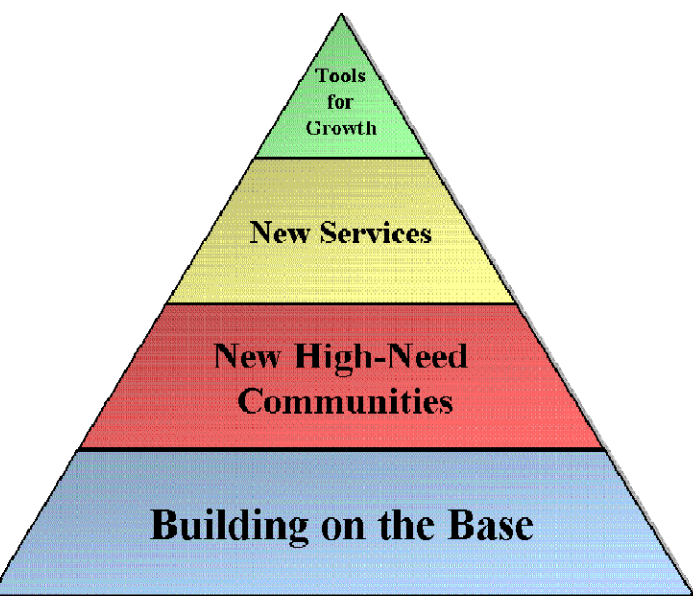
* Source: *Access Granter: The Primary Care* Payoff, NACHC 2007. Data and Analysis by the Robert Graham Center

** See "Measuring Health Centers against Standard Indicators of High Quality Performance: Early Results from a Multi-Site Demonstration Project," Shin, P., et al., The George Washington University, August, 2006.

WHAT ARE THE KEY ELEMENTS OF THE NACHC PLAN?



HOW WILL OPERATING FUNDS BE DISTRIBUTED?



Building on the Base
Investing in Existing Health Centers

- Patient-centered growth that recognizes increased costs and patient loads
- Expanded Medical Capacity grants to bring care to more patients in underserved areas

New High-Need Communities
Bringing Access to Care to New Areas

- New health centers in communities with high need and no current access
- Planning Grants to improve communities health center proposals and implementation

Tools for Growth
Saving Costs and Improving Infrastructure

- FTCA and FEHBP coverage
- Networking and Health IT
- Loans and Loan Guarantees
- Construction Funding

New Services
Making Every Health Center a "One-Stop Shop"

- Service Expansion grants flexible enough to meet the needs of every health center
- Access to mental health, dental and pharmacy services at every center by 2015

Preserve

Strengthen

Expand

WHAT STEPS ARE NEEDED TO ACHIEVE THE PLAN?

- **Reauthorize the ‘Section 330’ Health Centers law *without change***
- **Increase health centers funding by at least \$248 million in FY2009, plus at least \$25 million for the NHSC**
- **Preserve Medicaid and SCHIP coverage, and improve *payments to safety net providers***
- **Reform health professions training programs, to produce clinicians for underserved communities, especially for health centers**



OTHER STEPS NEEDED...

- **Revise the *Medicare FQHC payment cap*,**
- **Extend *FTCA coverage* to include volunteers & emergencies**
- **Increase health center options for accessing affordable capital financing, both for facilities and equipment (including HIT)**
- **Allow health center staff to qualify for *FEHBP coverage***
- **Expand affordable health insurance coverage for low-income individuals and families**

WHERE DO WE STAND TODAY?

- **Reauthorization**: Congress unanimously passed H.R. 1343 and sent to President for enactment – 5-year extension for CHCs, NHSC with increasing \$\$ levels
- **FTCA expansions** – New CHC law includes 6-month feasibility study of coverage for volunteers
- **Appropriations**: House provided +\$100M, Senate +\$150M, both below NACHC's \$248M request for FY2009 – but no new \$\$ until Feb or March (C.R.)
- **Medicare cap**: \$100M Patch included in Medicare bill
- **SCHIP Reauthorization**: After failing to override Bush veto of bills that would have grown coverage & enact PPS for health centers, must wait 'til next year

Success! Health Care Safety Net Act (HR 1343)

Lead Authors: Senate - Ted Kennedy (D-MA) & Orrin Hatch (R-UT)
House - Gene Green (D-TX) & Chip Pickering (R-MS)
Co-sponsors: 75 Senators , 250 Representatives

Kudos to DE, DC, HI, ME, MT, RI, SD, UT & VT – all got 100% on both bills!!

- **5-year reauthorization** of with **specific growth targets**
 - **CHCs: \$2.065 Billion** in FY2008 to **\$3.337 Billion** in FY2012
 - **NHSC: \$131.5 Million** in FY2008 to **\$185.6 Million** in FY 2012
- **Permanent auto-HPSA** for all FQHCs
- **FTCA improvements:** 6-month study of extending FTCA to volunteers, and direction to HHS on coverage in emergencies
- Extension of **Rural Health and Dental Health Workforce programs** for 5 years



GETTING READY FOR WHAT IS TO COME: HEALTH REFORM

**MOST POLICY EXPERTS BELIEVE THAT THE
TOP NATIONAL POLICY ISSUE IN 2009
WILL BE HEALTH CARE REFORM**



CENTRAL FOCUS POINTS: HEALTH REFORM

- Closing gaps in insurance coverage is the number one priority action to improve care for vulnerable populations
 - Medicaid and SCHIP must be continued and expanded
 - Other affordable insurance coverage should be promoted
 - Also needed is adequate funding of primary care capacity in low-income underserved communities
- Patient-centered primary care is a crucial feature of reform
 - Make it easy to get appointments and obtain care
 - Shared decision-making can help improve and coordinate care, and engage patients as active partners in their care
- A strong safety net will be needed to make care available to those who remain uncovered, those who live in underserved areas, and those who are hard to reach and serve

WHAT ARE THE BIGGEST CHALLENGES WE FACE?

- **Growth in Uninsured**: 46 million Americans (15%) are uninsured - 56 million Americans have NO regular source of care
- **Costs**: U.S. health care costs per person are 250% higher than the median for 29 other developed nations*
- **Decline in Charity Care**: Cutbacks by private providers squeezed by declining income
- **Changing Nature of Insurance Coverage**: Growing shift to high-deductible/HSA plans that cover little or no preventive/primary care, causing huge losses for CHCs

* Health Spending In OECD Countries In 2004: An Update, Health Affairs 26/5, Sept.-Oct. 2007



THE BOTTOM LINE

**THE SUCCESS (AND OUR FUTURE)
WILL DEPEND ON THE STRENGTH
OF ADVOCACY!**

NACHC AND HPCA NEEDS YOUR HELP!

**ADVOCACY CANNOT JUST BE A CLINICAL OR SOCIAL
WORK ACT FOR INDIVIDUAL PATIENTS, TO SUCCEED
IT MUST BE A RESPONSIBILITY OF LEADERS FOR
THEIR COMMUNITIES!**

GETTING INVOLVED: HC ADVOCATES

- ***BOARD MEMBERS***
 - 20% OF ALL HC ADVOCATES ARE HC BOARD MEMBERS
- ***HEALTH CENTER STAFF***
 - 60% OF ALL HC ADVOCATES ARE HC STAFF
- ***PATIENTS***
 - 10 -15% OF ALL HC ADVOCATES ARE HC PATIENTS
- ***COMMUNITY PARTNERS AND OTHER SUPPORTERS***
 - 5 -10% ARE COMMUNITY SUPPORTERS AND HC SUPPORTERS

BUILDING A CULTURE OF ADVOCACY: WHAT ARE HC'S DOING TO GET INVOLVED?

SIGNING UP HC ADVOCATES

- ADVOCATE DRIVES AND REGISTRATION CONTESTS
- TESTIMONIAL DRIVES
- COMMUNITY PARTNERS BECOME HC ADVOCATES

• SCHEDULING LEGISLATIVE VISITS

- FEDERAL, STATE & LOCAL
- RELATIONSHIP BUILDING

• MAKING ADVOCACY AN ORGANIZATIONAL PRIORITY

- ADVOCACY GOALS & TARGETS
- NACHC REGIONAL FIELD ORGANIZERS
- NATIONAL HEALTH CENTER WEEK
- VOTER REGISTRATION DRIVES
 - **COMMUNITY HEALTH VOTE**

• ADVOCACY AWARENESS CAMPAIGNS

- *HOW MANY OF YOUR FRIENDS & COLLEAGUES KNOW WHAT MAKES THE HC DIFFERENT?*

COMMUNITY HEALTH VOTE: EMPOWERING YOUR COMMUNITY



- **NONPARTISAN VOTER ENGAGEMENT.**
POWER FOR YOUR HEALTH CENTER. CLOUT FOR YOUR COMMUNITY.
- **COMMUNITY HEALTH VOTE HAS TWO PRIMARY GOALS:**
 1. TO INCREASE VOTER AND CIVIC PARTICIPATION BY HEALTH CENTER STAFF, BOARD, VOLUNTEERS AND CLIENTS
 2. TO BUILD AND EXPAND THE CAPACITY OF AMERICA'S HEALTH CENTERS TO INTEGRATE NONPARTISAN VOTER ENGAGEMENT ACTIVITIES INTO THEIR ONGOING WORK



WHAT DOES COMMUNITY HEALTH VOTE DO?

- **TRAINING FOR YOUR HEALTH CENTER**
- **MATERIALS AND ONLINE RESOURCES**
- **GUIDANCE ON LEGAL QUESTIONS**
- **ONE-ON-ONE COACHING**

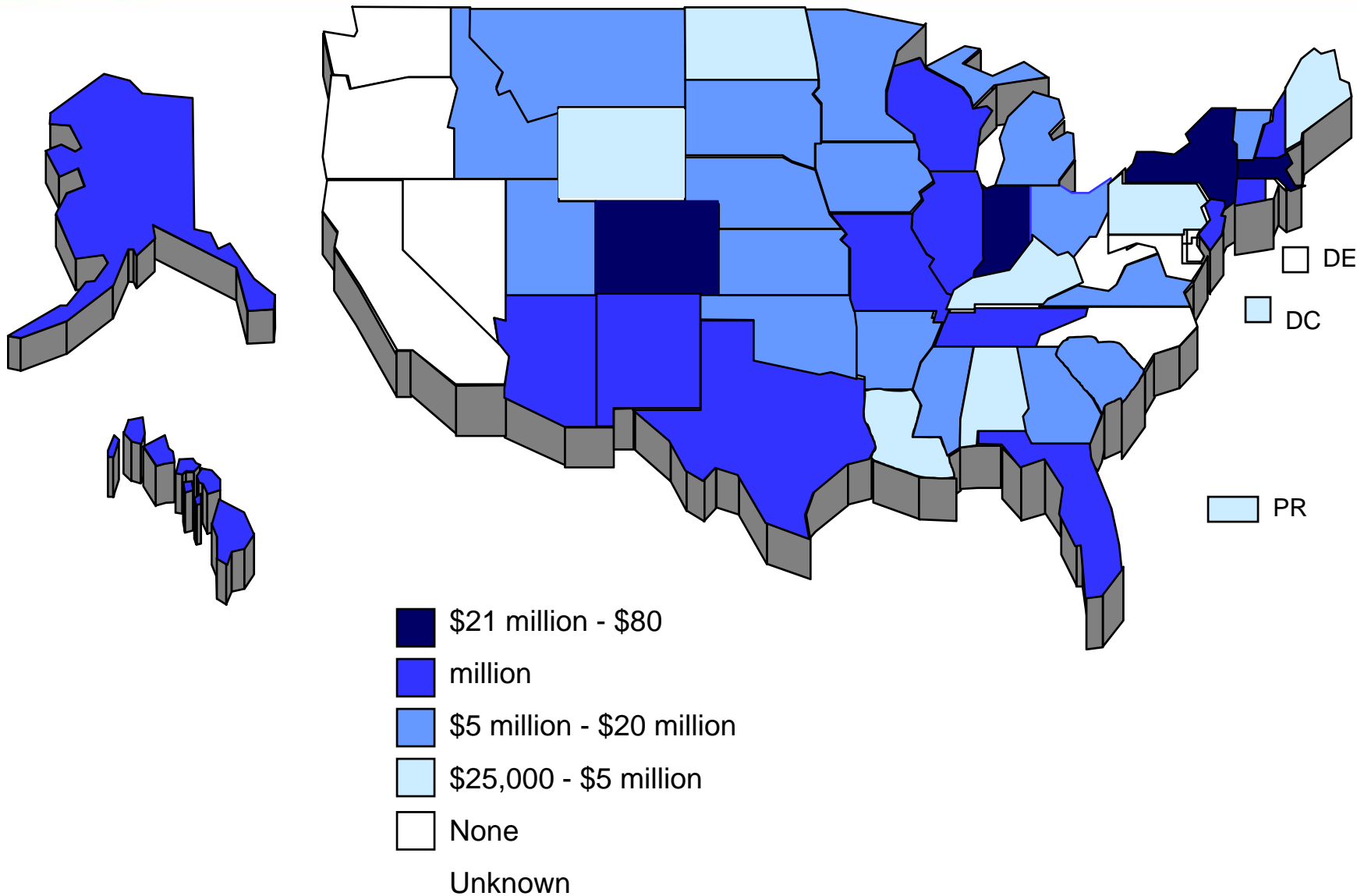
**JOIN THE MOVEMENT FOR COMMUNITY HEALTH CENTER
ENGAGEMENT.**

**SIGN UP NOW TO BE A PART OF COMMUNITY
HEALTH VOTE!**

ADVOCACY SUCCESS STORIES

- **\$60M IN HC DIRECT STATE FUNDING – MISSOURI**
- **\$30M IN HC DIRECT STATE FUNDING – INDIANA**
- **\$45M IN HC DIRECT STATE FUNDING, RECURRING – NEW JERSEY**
- **\$44M IN HC DIRECT STATE FUNDING - LOUISIANA**
- **\$207M FEDERAL HC FUNDING – FY2007 CR**
- **REMEMBER BIG BIRD!**

34 States Provide Direct State Funding to Health Centers, FY 09



Thank You!

**Any
Questions?**





CONTACT INFORMATION

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