



## COMMUNITY HEALTH CARE ASSOCIATION of New York State

### FY 2021-2022 Budget Priorities

- **Reject the pharmacy benefit carve out of Medicaid managed care.**
  - The pharmacy benefit carve out, enacted as part of last year's budget, eliminates community health centers' (CHCs) ability to recoup financial benefits from the 340B drug discount program.
  - The federal 340B program allows CHCS to use the savings to support unfunded programs, e.g.: COVID-19 vaccine administration, free or low-cost medications; food pantries; transportation vouchers; housing support, and more.
  - The pharmacy carve out disproportionately affects low income, Black and Brown communities. It will most severely harm the same communities that have been devastated by COVID-19.
  - Adopt the language in **A.1671(Gottfried)/S.2520(Rivera)** into the one house legislative budget resolutions, which delays the carve out as applied to CHCs, Ryan White Clinics, and special needs health plans for 3 years, giving time to develop a better approach.
  
- **Support proposals to enhance telehealth; ensure payment parity among all remote visit types.**
  - The pandemic accelerated the use of remote care and today, most CHCs offer remote care options.
  - CHC patients often do not have access to the technology needed to support audio-visual visits, making telephonic visits commonly used at CHCs.
  - Payment for remote care should incentivize all visit types – AV telehealth and the telephone – and payment parity among in-person visits and remote care is necessary to ensure CHC patients can continue utilizing telehealth. Without parity, access to remote care will be limited in medically underserved communities and those without reliable internet or broadband access.
  
- **Maintain Patient Centered Medical Home (PCMH) program funding at levels enacted in the 2020 Budget at a minimum for safety net providers to support access to comprehensive primary care services.**
  - 94% of NYS CHCs have achieved PCMH certification in support of the policy direction advanced by DOH, compared to just 1/3 of other primary care providers statewide.
  - NYS currently provides \$220M total and \$6 per member per month to providers to support key care management functions. This investment saves money, resulting in fewer ER visits and better chronic disease management.
  
- **Maintain level funding for the Diagnostic and Treatment Center (D&TC) Safety Net Pool.**
  - This funding (\$54.4M in state dollars) helps cover the cost of caring for the 15% of health center patients who are uninsured and ineligible for health insurance – many due to their immigration status. At some health centers, *more than half of the patients are uninsured.*
  - This pool receives an equal federal funding match.
  
- **Maintain current funding levels for existing programs.**
  - School Based Health Centers (\$8.32M)
  - Migrants & Seasonal Farm Workers program (\$406K)
  
- **Restore funding for existing programs.**
  - Health Homes (Restore to \$279M)
  - Doctors Across New York (DANY) program (Restore to \$9M)

**#ValueCHCs**