



COMMUNITY HEALTH CARE ASSOCIATION of New York State

Talking Points: FY 2022-2023 Budget Priorities

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Healthcare Workforce

- Community health centers (CHCs) re-invest in the communities they serve by hiring individuals who live in the communities they serve. In 2020, health centers employed approximately 19,500 full time equivalent (FTE) staff, 12,500 were clinical staff and 7,000 were nonclinical staff.
- Patients trust CHCs because CHCs hire from the communities they serve. Clinical staff, nonclinical staff, and patients patronize the same grocery stores, have children who attend the same school, and ride the same transit.
- The healthcare and behavioral health workforce shortage has been exacerbated by COVID-19, with many CHCs reporting challenges with recruiting and retaining staff.

Asks:

- Support full funding for existing workforce programs (e.g. Doctors Across New York, Area Health Education Centers, Diversity in Medicine Program, and Ambulatory Care Training Program).
- Support Scope of Practice changes advanced in the Governor's budget.
- Recognize Certified Medical Assistants as staff that can provide injections, including immunization, and act under provider direction, pursuant to their training.
- Support Health Care and Mental Hygiene Worker Bonuses (\$1.6B) for essential frontline workers.
- Support new initiatives including the creation of Nurses Across New York, and New York State joining Interstate Medical and Nurses Licensure Compacts.

Telehealth Payment Parity

- Telehealth is a critical access point to healthcare for many low-income and underserved communities.
- Remote care decreases barriers that would usually inhibit the ability to visit a provider, like lack of transportation, childcare issues, or time off from work.
- CHCs report that the ability to offer remote working options to their providers has increased their ability to recruit new providers, especially behavioral health providers.
- Telephonic visits have decreased other barriers such as limited technology or internet access that prevent patients from accessing care via audio-visual visits.

Ask: Expand the Governor's telehealth initiatives to ensure payment parity among all remote visit types, regardless of patient and provider location.

\$7M Rate Equity Pool for CHCs

- Health centers are paid for services via rates that are set annually based on costs of a previous year.
- During pandemic, the stay-at-home order led health centers pivoting to telehealth. Health centers were reimbursed for audio visual equal to in-person rates but lower for audio-only.
- The shift to telehealth impacted the rate-setting cost calculation in 2020 – many health centers would have experienced catastrophic rate cuts beginning October 1, 2021.
- In response, DOH decided to disregard against implementing the 2020 rates so that health centers do not suffer rate cuts.
- However, this action will lead to a loss for a small number of health centers who would have seen an increase in their rates, not a decrease.

Ask: Establish a one-time \$7M Rate Equity Pool, the funds would be distributed by the NYS Department of Health and targeted to health centers that will experience rate reductions.

Repeal the Pharmacy Benefit Carveout

- The Federal Public Health Service Act 340B drug discount program was enacted in 1992 by Congress to allow safety net providers, like our CHCs access to pharmaceutical drugs at reduced costs and to reinvest the savings to expand access to healthcare in medically underserved communities.
- The pharmacy benefit carveout would devastate safety net providers who rely on the savings to fund life-saving programs that otherwise don't have a funding source.
- The looming April 1, 2023, deadline and uncertainty over the future of the 340B program undermines the safety net community's long term financial stability and ability to plan for the future.

Ask: Repeal the pharmacy benefit carveout and protect 340B.

Healthcare Access for the Uninsured

- CHCs treat everyone regardless of whether they are insured, but uninsured individuals experience the most barriers in accessing care outside of CHCs.
- People who are uninsured are more likely to receive an initial diagnosis in the advanced stages of a disease or live with unmanaged chronic conditions.

Ask: Allocate \$345M in state funds for the creation of an insurance coverage option akin to the Essential Plan to expand coverage for undocumented immigrants who are not currently eligible for any health insurance programs.

Investments in Capital Infrastructure, Telehealth, and Broadband Expansion

- Investments are needed to extend and expand care into additional communities and to enhance services at existing sites.

Ask: Support new Health Care Facility Transformation Program (\$1.2B) funding for health care providers, including community-based providers, and the set-aside funding of \$150M for telehealth transformation projects.

Maintain Enhanced Care Management and Comprehensive Access to Primary Care Services

- Coordinated care management is vital to supporting better chronic disease and behavioral health management, resulting in fewer ER visits.
- Patient centered medical home (PCMH) funding helps CHCs provide high quality comprehensive primary care services and is associated with improved health outcomes and reduced costs.
- New York's Health Home program enhances care coordination for eligible populations, who have two or more chronic conditions, live with HIV/AIDS, or experience serious mental illness. Enrollees are provided with intense care management to avoid hospitalizations and manage their conditions to prevent healthcare emergencies.

Ask: Maintain existing funding for Patient Centered Medical Home and Health Homes.

Expanding Access to Care for Underserved Populations

- Diagnostic and treatment center uncompensated care safety net pool provides crucial assistance to CHCs by offsetting costs of caring for the uninsured and promoting access to primary care.
- Migrant healthcare funding allows CHCs and other eligible providers to provide primary and preventive healthcare services to over 24,000 migrant and seasonal agricultural workers and their families.
- School based health centers provide comprehensive primary care, including mental health and dental services, on-site at schools to over 250,000 children throughout the State and is especially crucial for children who are undocumented, uninsured, or otherwise don't have access to care.
- Rural Health Access Network and Area health Education Centers (AHECs) are vital to rural communities to ensure that they are supported in health planning and enhancing workforce development opportunities.

Ask: Support continued funding for Diagnostic & Treatment Center Uncompensated Care Safety Net Pool, School Based Health Centers, Migrant & Seasonal Farm Workers Program, and Rural Health Access Networks.