



COMMUNITY HEALTH CARE ASSOCIATION of New York State

**New York City Council Committee of the Whole  
Oversight: Examining the City's Response and Delivery of Services to Migrants  
December 20, 2022**

The Community Health Care Association of New York State (CHCANYS) is thankful for the opportunity to provide written testimony to the New York City Council Committee of the Whole on Oversight: Examining the City's Response and Delivery of Services to Migrants. CHCANYS is the statewide primary care association representing New York's 70+ federally qualified health centers (FQHCs), also known as community health centers (CHCs)

CHCs are located in medically underserved communities and provide high quality comprehensive primary and preventive care to everyone, regardless of ability to pay, insurance coverage, or immigration status. CHCs do not collect information on immigration status. In NYC, CHCs serve more than 1.2 million patients at 490 sites across the city. CHCs are a vital safety net for quality affordable healthcare services for many New Yorkers who otherwise wouldn't have access to healthcare. Among NYC CHC patients, 83% are Black, Indigenous, and People of Color, 92% live at or below 200% of the federal poverty line, 12% are uninsured, 68% are on Medicaid and/or Medicare, and 29% are best served in a language other than English. In short, CHCs are NYC's primary care safety net providers - keeping people well in the community and out of emergency rooms.

**CHCs are Rapidly Responding to the Migrant Crisis**

When the news came that migrants would be bussed to NYC from the Texas/Mexico border, CHCs were among the first community partners to begin collaborating with NYC government to ensure migrants were connected to comprehensive primary care. CHCs continue to work to connect migrants to medical care, including mental health services, by conducting initial assessments to identify needs, providing vaccinations to children for school, setting up appointments, and even providing onsite care in hotel shelters. One health center has set up a dedicated medical room within a hotel to provide direct medical care onsite. The health center reported reduced calls to 911 and emergency room visits because of that care. CHCs are also providing enabling services to further enhance access to supportive services, including care coordination and patient education, translation, transportation, and temporary shelter. One health center shared the importance of ensuring migrants are provided culturally appropriate food, acknowledging that providing familiar food would make migrants feel safer, especially when they have not yet acclimated to their new environment.

Many CHCs operate school-based health centers (SBHCs), which are medical health centers located within NYC schools that help students manage their illnesses during the school day. SBHCs are a convenient healthcare option for students whose parents cannot always take them to medical appointments due to scheduling difficulties. One health center has seen almost 150 migrants enroll into their SBHC while utilizing the SBHC as their primary source of healthcare. In that instance, the SBHC staff have been providing comprehensive primary care including well child exams, vaccinations, and episodic care. At the same time, the staff have been working hard to obtain documentation necessary for school requirements (i.e. vaccination records, health histories, and insurances) and to get the students and their families health insurance and access to prescription drug coverage. This is truly a herculean effort, given city policy requiring documentation within 30 days of school enrollment.



## **Continued Workforce Challenges Amidst Rising Demand for Services**

The migrants' arrival to NYC comes amidst an unprecedented workforce shortage in CHCs and across the healthcare system. According to CHCANYS' 2021 survey on workforce-related challenges and priorities, CHCs reported immediate staffing needs across occupations including Licensed Clinical Social Workers/Licensed Professional Counselors, Psychiatrists, Nurses, Family Physicians/Internal Medicine, Nurse Practitioners/Physician Assistants, Dental Providers, and Case Managers. CHCs also reported insufficient educational pipelines, uncompetitive wages, and high clinical/case load requirements as some of the reasons for recruitment and retention challenges. All the while, 26,000 migrants have suddenly arrived, and all require access to comprehensive care. Although CHCs were able to integrate the migrants into existing workflows, those workflows have quickly become overwhelmed, and schedules are overfilled.

Significant investment in healthcare workforce is required to ensure that CHCs can keep up with the demand for services, especially in behavioral health – given that many migrants have endured long and potentially traumatic journeys and may have undiagnosed behavioral health needs. Investments might include funding for existing workforce programs, developing new loan repayment programs for nursing and behavioral health staff, especially in communities of color, expanding loan repayment programs for individuals living in medically underserved communities, and increasing workforce development opportunities in medically underserved communities and communities of color. More immediately, many CHCs are working with DOHMH to bring on DOHMH-hired staff to help with the urgent need to ensure all children enrolled in NYC schools meet vaccination requirements within 30 days of enrollment.

## **More Care Coordination, Supports, and Services are Needed Than What is Currently Available**

### ***A. Care Coordination & Outreach***

The migrants need far more care coordination than what is currently being provided. It takes a significant amount of coordinated community care in order to help the migrants acclimate to a new environment with different customs, systems, and language. The US healthcare system itself is extremely complicated and confusing, even more so for people who are suddenly inserted into the system from another country. CHCs have identified the need for more Spanish speaking patient navigators to provide patient education on healthcare insurance, connections to care, and accessing pharmacies to eliminate confusion and increase access care.

### ***B. Translation & Interpretation Services***

Translation and interpretation services are a critically needed resource in providing care to migrants. According to DOHMH, Spanish is the most common language spoken among the migrants with Haitian Creole being the second most common. Although there are CHCs that do have staff who are bilingual and many CHCs are able to access translation and interpretation services, it is not enough to keep up with the demand for such services. Interpretation can be very costly, and the costs further increase when there are additional needs for education. More funding is needed to support the costs of providing translation and interpretation services which would greatly benefit both the migrants and the health center staff.

### ***C. Transportation Barriers***

Transportation is also an ongoing barrier to accessing care. Although the NYC transportation system is vast, it is very complicated for the migrants who do not understand how to navigate it. One CHC



reported that an escort is needed to assist migrants whenever they need to use the transportation system but that there aren't enough people to provide escorts every time someone needs assistance to use transportation. Another health center reported that some hotels where the migrants are temporarily housed are too far away from public transportation, making it difficult for migrants to utilize transportation to access services and supports. In sum, more support is needed to assist migrants in navigating transportation and to provide methods of transportation to and from care and other services.

#### ***D. Long-term, Stable Housing***

Even before the arrival of migrants, the NYC shelter system faced long wait times for connections to housing. Now, the City has partnered with hotels to open temporary shelter sites for migrants. However, CHCs are reporting that more housing supports are needed as the numbers of migrants arriving in NYC continue to increase. Hotels and shelters are not the solution for these migrants who need long-term stable housing so that they can thrive in their new home in the US. Increased investments in quality stable affordable housing are needed to transition migrants out of the hotels and shelters and to alleviate NYC's overwhelmed and overburdened shelter system.

#### ***E. Legal Services***

Several health centers reported that migrants want to work but that there is currently no legal avenue for them to do so since they must wait for a period of time before being able to start the paperwork. A solution needs to be developed so that migrants can work as soon as possible. Additionally, they need significant assistance in navigating the immigration system and have many questions that can only be answered by legal and immigration experts.

#### **The Impending State Medicaid Pharmacy Benefit Carve Out Will Reduce Access to Care**

The Federal Public Health Service Act 340B drug discount program was enacted in 1992 by Congress to allow safety net providers, including CHCs, access to pharmaceutical drugs at reduced costs and to reinvest the savings to expand access to healthcare in medically underserved communities. CHCs have been able to use 340B savings to provide migrants with access to free or low-cost drugs and other support programs that are not funded by Medicaid. 340B savings has been especially critical in supporting care for those migrants who have not yet been deemed eligible for state insurance.

However, the 340B program is currently under threat due to the State's proposal to carve the Medicaid pharmacy benefit out of managed care and into fee-for-service, which would result in an annual \$61M lost across NYC's CHCs. The carveout cause unprecedented disruptions for the safety net community, greatly impacting the provision of care to migrants who are benefiting from programs funded by 340B savings.

#### **Conclusion**

CHCANYS is grateful for the opportunity to submit this testimony to highlight the great work CHCs are doing in responding to the migrant crisis and the challenges that CHCs continue to face in keeping up with the demand for services. For questions or follow up, please contact Marie Mongeon, Senior Director of Policy, [mmongeon@chcanys.org](mailto:mmongeon@chcanys.org).