



INVEST IN COMMUNITY HEALTH CENTERS TALKING POINTS

Please use these talking points in conversations with your NYS Assembly Members and Senators and the media to demonstrate the need for health center rate reform. **Personalize these talking points to your health center and patient population.**

INVESTING IN CHCs = INVESTING IN NEW YORKERS

- **CHCs are the primary care safety net for New York's most underserved populations**, serving more than 2.3 million patients – of whom 62% are enrolled in Medicaid or Child Health Plus, 12% are uninsured, and 73% live in poverty.
- **CHCs are the key to expanding and strengthening access to comprehensive, high quality, and culturally effective care** in the state's under-resourced communities and help New York achieve its health equity goals.
- **CHCs have been and are integral to many of New York's initiatives** to transform its health care delivery and have expanded their capacity to effectively meet complex patient needs. They are also an important economic engine in the communities they serve.

NEW YORK MUST PROTECT & EXPAND CHCs' COMPREHENSIVE CARE MODEL

- **CHC reimbursement rates fall short of fully compensating CHCs and cover just 70% of their total costs.** The base reimbursement rate was set over twenty years ago – based off costs in 1999 – and has been limited to marginal increases over time.
- NYS Medicaid reimbursement methodology includes ceilings on operating costs to cap CHC payments. **Those ceilings have limited adequate growth in the rates.**
- **Rising operating costs far exceed reimbursement rates.** Costs today for personnel, benefits, equipment, medical supplies, and office space are significantly higher than they were decades ago and have risen exponentially since the pandemic.
- **CHCs are doing so much more than ever before. Patient demand is growing but the growth in the rate has been limited.** CHCs deliver a full spectrum of services, including many social care supports like providing housing, transportation vouchers, and food. The discrepancy between reimbursement rates for CHCs and actual costs is a barrier to further enhancing and expanding access to integrated and whole-person care that is crucial to effectively serve patients who are experiencing health inequities.

NEW YORK MUST BOLSTER COMMUNITY HEALTH CENTER WORKFORCE

- **CHCs have long experienced workforce shortages.** The pandemic exacerbated what is now an unprecedented amount of workforce attrition affecting operations and patient care.
- **CHCs often cannot provide competitive salaries** vs. travel nursing agencies or for-profit providers, especially for **nursing staff, behavioral health staff, and dental staff**, who are among some of the hardest to recruit and retain.
- **The cost of living is increasing**, however, CHCs often cannot adjust staff salaries to account for increases in cost of living, due to the stagnation of our funding streams, jeopardizing our ability to retain staff.

THE SOLUTION

New York must close the gap between CHC Medicaid payment rates and the costs of delivering services by implementing a new and updated payment rate that will account for increases in operational costs and the new, expanded model of health and social care that is the hallmark of community health centers (S.6959 Rivera/A.7560 Paulin).