



**Health Center Partners of Southern California proudly represents
17 community health centers in San Diego, Riverside and Imperial Counties.**

March 2019 Talking Points

Recruiting, Training and Retaining the Best Workforce

Co-sponsor legislation to extend long-term and stable funding for the National Health Service Corps and Teaching Health Centers Programs.

- Federal and state workforce programs enable health centers to overcome persistent national clinician shortages and other staffing challenges, particularly in rural and medically-underserved areas. **Funding for two of these programs, the National Health Service Corps (NHSC) and the Teaching Health Center Graduate Medical Education Program (THCGME), will expire on September 30, 2019, without Congressional action.**
- **The THC model uniquely trains providers directly in underserved communities, improving their understanding of the issues facing health center patients and increasing the chances they will chose to practice in these communities.** In the 2017-18 academic year, THCGME supported the training of 732 residents in 57 health centers in 24 states. Since it began in 2011, the program has supported the training of over 630 new primary care physicians and dentists who have graduated and entered the workforce.
- **The NHSC supports roughly 11,000 clinicians in urban and rural communities. More than half of all NHSC placements are at health centers.** Thousands of additional applicants to join the NHSC go unfunded each year. Increased funding would boost the number of approved applicants, extending this opportunity to additional underserved communities.

Support a Strong Medicaid (Medi-Cal) Program

Preserve a strong Medicaid program and the FQHCs Prospective Payment System (PPS).

- **Medicaid is a critical program for community health centers (CHCs) and their patients.**
 - Half of all health center patients are covered by Medicaid.
 - Medicaid payments represent health centers' largest revenue source.
- **Legislators must ensure** state and federal policy changes account for the statutory requirements placed on CHCs and the unique needs of our patients.
- **PPS ensures predictability and stability** for CHCs while saving Medicaid money.

Integrated Behavioral Health & Substance Use Treatment

Support CHCs ability to improve access to and delivery of high quality, cost effective behavioral health and substance use disorder (SUD) treatment.

- **CHCs serve 1 in 6 Americans in rural communities**, where the opioid epidemic has hit the hardest.
- **Each CHC is required to serve all patients regardless of ability to pay or insurance status.** Uninsured and low-income people often cannot afford SUD treatment. CHCs offer full access to a wide range of affordable, high quality services, including alcohol and drug counseling, pain management and Medication Assisted Treatment (MAT) for opioid addiction.
- **CHCs support targeted and sustainable investments** and policy changes to continue to meet this challenge.

Telehealth

Support CHCs further utilization of telehealth services alongside sustainable reimbursement.

- **Telehealth has proven to result in better outcomes for patients**, making it a crucial tool to deliver comprehensive primary health care for all populations.
- **CHCs serve 1 in 6 Americans living in rural communities.** Telehealth programs are especially critical in rural areas, where many residents can face long distances between home and health provider, particularly specialized providers. In rural communities, nearly half (46%) of CHCs utilized telehealth for services outside the center.

340B Drug Discount Pricing Program

Community Health Centers need continued, assured access to 340B to sustain their essential model of care.

- **The 340B Program provides CHCs access to outpatient drugs** at reduced prices, ensuring low-income patients have **ACCESS** to **AFFORDABLE** prescription drugs.
- **CHCs reinvest savings** into improving quality of care, extending hours, hiring additional staff and expanding services.
- **CHCs are subjected to detailed programmatic and reporting requirements** and federal oversight which guide their participation in the 340B program.

